

The Global Action Report on Preterm Birth











Born Too Soon

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2012









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Main Abbreviations

ANC	Antenatal Care	MDG	Millennium Development Goal
ВМІ	Body Mass Index	MMR	Maternal mortality ratio
CHERG	Child Health Epidemiology Research Group	MOD	March of Dimes Foundation
CPAP	Continuous positive airway pressure	NCD	Non-communicable disease
DHS	Demographic and Health Surveys	NGO	Non-governmental organization
EFCNI	European Foundation for the Care of	NICU	Neonatal intensive care unit
	Newborn Infants	NIH	National Institutes of Health, USA
GAPPS	Global Alliance to Prevent Prematurity and Stillbirth	NMR	Neonatal mortality rate
GNI	Gross National Income	PMNCH	Partnership for Maternal, Newborn & Child Health
HIV	Human Immunodeficiency Virus	PREBIC	International PREterm BIrth Collaborative
IMCI	Integrated Management of Childhood Illnesses	pPROM	Prelabor premature rupture of membranes
IPTp	Intermittent presumptive treatment during	RCT	Randomized controlled trials
	pregnancy for malaria	RDS	Respiratory distress syndrome
IUGR	Intrauterine growth restriction	RMNCH	Reproductive, maternal, newborn and child health
IVH	Intraventricular hemorrhage	SNL	Saving Newborn Lives, Save the Children
KMC	Kangaroo Mother Care	STI	Sexually transmitted infection
LAMP	Late and moderate preterm	UN	United Nations
LBW	Low birthweight	UNFPA	United Nations Population Fund
LiST	Lives Saved Tool	UNICEF	United Nations Children's Fund
LMP	Last menstrual period	WHO	World Health Organization

Country groups used in the report

Millennium Development Goal regions: Central & Eastern Asia, Developed, Latin America & the Caribbean, Northern

Africa & Western Asia, Southeastern Asia & Oceania, Southern Asia,

sub-Saharan Africa. For countries see http://mdgs.un.org

World Bank country income classification: High-, middle- and low-income countries (details in Chapter 1)

Countdown to 2015 priority countries: 75 countries where more than 95% of all maternal and child deaths occur

(full list in Chapter 6)

Foreword



Ban Ki-moon
The United Nations Secretary-General

The response to the 2010 launch of the *Every Woman Every Child* effort has been very encouraging. Government leaders, philanthropic organizations, businesses and civil society groups around the world have made far-reaching commitments and contributions that are catalyzing action behind the Global Strategy for Women's and Children's Health and the health-related Millennium Development Goals (MDGs). Born Too Soon is yet another timely answer by partners that showcases how a multi-stakeholder approach can use evidence-based solutions to ensure the survival, health and well-being of some of the human family's most defenseless members.

Every year, about 15 million babies are born prematurely — more than one in 10 of all babies born around the world. All newborns are vulnerable, but preterm babies are acutely so. Many require special care simply to remain alive. Newborn deaths — those in the first month of life — account for 40 per cent of all deaths among children under five years of age. Prematurity is the world's single biggest cause of newborn death, and the second leading cause of all child deaths, after pneumonia. Many of the preterm babies who survive face a lifetime of disability.

These facts should be a call to action. Fortunately, solutions exist. Born Too Soon, produced by a global team of leading international organizations, academic institutions and United Nations agencies, highlights scientifically proven solutions to save preterm lives, provide care for preterm babies and reduce the high rates of death and disability.

Ensuring the survival of preterm babies and their mothers requires sustained and significant financial and practical support. The Commission on Information and Accountability for Women's and Children's Health, established as part of the *Every Woman Every Child* effort, has given us new tools with which to ensure that resources and results can be tracked. I hope this mechanism will instill confidence and lead even more donors and other partners to join in advancing this cause and accelerating this crucial aspect of our work to achieve the MDGs by the agreed deadline of 2015.

I launched the Global Strategy for Women's and Children's Health to draw attention to the urgency of saving the lives of the world's most vulnerable people. I was driven not only by my concern, but by the fundamental reality that what has been lacking in this effort is the will, not the techniques, technologies or science. We know what to do. And we all have a role to play. Let us act on the findings and recommendations of this report. Let us change the future for millions of babies born too soon, for their mothers and families, and indeed for entire countries. Enabling infants to survive and thrive is an imperative for building the future we want.

Commitments to preterm birth

In support of the *Every Woman Every Child* effort to advance the Global Strategy on Women's and Children's Health, more than 30 organizations have provided commitments to advance the prevention and care of preterm birth. These statements will now become part of the overall set of commitments to the Global Strategy, and will be monitored annually through 2015 by the independent Expert Review Group established by the Commission on Information and Accountability for Women's and Children's Health. For the complete text of each commitment, please visit: http://everywomaneverychild.org/borntoosoon

The Association of Women's Health, Obstetric and Neonatal Nurses' Late Preterm Infant (LPI) Research-Based Practice Project, supported by Johnson & Johnson, will raise awareness of risks associated with late preterm birth, help reduce complications and improve care. Outcomes include expanding the body of knowledge about LPI morbidity and increasing nurses' ability to provide appropriate care. An Implementation Tool Kit will include strategies for effective nursing care as pivotal to eliminating preventable late preterm infant complications.

The Bill & Melinda Gates Foundation commits to reducing preterm birth through its Family Health agenda with grants of \$1.5 billion from 2010 to 2014 to support three core areas: coverage of interventions that work (e.g. Kangaroo Mother Care, antenatal corticosteroids); research and development of new interventions; and tools to better understand the burden and reduce the incidence of preterm birth, such as the Lives Saved Tool and MANDATE Project.

CORE Group will increase awareness about practical steps to prevent and treat preterm complications to the CORE Group's Community Health Network, a community of practice of over 70 member and associate organizations, by disseminating this report and other state-of-the-art

DFID has set out clear plans to help improve the health of women and young children in many of the poorest countries and help save the lives of at least 250,000 newborn babies and 50,000 women during pregnancy and childbirth by 2015. The UK's commitments to improve the lives of women and children can be found in "UK AID: Changing lives, delivering results", on DFID's website.

The European Foundation for the Care of Newborn Infants in partnership with the Global Alliances, March of Dimes and other organizations, looks forward to reducing the severe toll of prematurity in all countries. As prematurity poses a serious and growing threat to the health and well-being of the future European population, EFCNI commits to making maternal and newborn health a policy priority in Europe by the year 2020.

The Flour Fortification Initiative joins efforts to see babies delivered at full term through communication, advocacy and technical support for increased fortification of foods in developing countries. Studies indicate a link between maternal iron deficiency anemia in early pregnancy and a greater risk of preterm delivery, and insufficient maternal folic acid can lead to neural tube defects, one cause of preterm deliveries. Projects include campaigns in Nigeria

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