

The unfinished agenda of preterm births

For several years, World Prematurity Day on Nov 17 has highlighted the global efforts to address preterm births. Initiated by the European Foundation for the Care of Newborn Infants (EFCNI), and later joined by the African organisation LittleBigSouls, the US organisation March of Dimes, and the Australian National Premmie Foundation, there are now many initiatives globally that every year shine a spotlight on the plight of preterm infants and their families. An estimated 15 million babies are born before 37 weeks' gestation worldwide and this number is increasing, with rates varying from 5% to 18% of births between countries. In its latest annual report card released on Nov 1, March of Dimes has given the USA a C grade as the rate of preterm births has increased for the first time in 8 years from 9.57% to 9.63%. And even more worryingly, there were widening racial and ethnic inequalities with the rate being 48% higher in black women and 15% higher among American Indian and Alaska Native women than in white women.

Preventing preterm births and caring for preterm infants well to avert mortality and minimise long-term morbidity is now one of the most urgent goals to make further progress in delivering the Sustainable Development Goal target of reducing mortality of children younger than 5 years. In 2015, neonatal disorders caused 45% (or 2.6 million) of under-5 deaths, according to the latest Global Burden of Disease data. Deaths from preterm birth complications became the leading cause of under-5 mortality in 2015. Complicating aspects are that many of the risk factors for preterm birth, such as hypertension, diabetes, and other non-communicable diseases, exposure to air pollution, advanced maternal age, and poor maternal nutrition are increasing not only in high-income countries, but especially in low-income and middle-income countries. And some of the greatest health disparities not only between but also within countries are found in antenatal care, access to contraception and family planning, skilled birth attendance, and post-natal care. Disadvantaged women and girls are at particular risk for premature births for many reasons, ranging from untreated infections and undernutrition to hard labour during pregnancy.

Prevention has to take a lifecourse approach, with preventing teenage pregnancies, improving nutrition and wellbeing of all women of childbearing age, spacing pregnancies, improved pregnancy care including the

optimum treatment of chronic diseases and counselling about risk factors such as alcohol and tobacco, and interventions such as antenatal steroids when appropriate. However, not all preterm births will be preventable and neonatal intensive care standards are crucial to improve survival and minimise long-term sequelae. EFCNI has developed the European Standards of Care for Newborn Health initiative—a collaboration of more than 220 health-care professionals, parent representatives, and selected industry specialists from more than 34 countries. The 11 broad areas of standards for neonatal health are: birth and transfer; patient safety and hygiene practice; infant and family centred care; follow-up and continuing care; data collection and documentation; medical care and clinical practice; care procedures; neonatal intensive care unit design; nutrition; ethical decisions; and education and training. Many of these standards, however, are currently far out of reach for low-income and middle-income countries, where the mortality of those born before 28 weeks' gestation remains extremely high.

The continuing progress in the survival of premature infants, at least in high-income countries where now more than 90% of those born at 28 weeks' gestation survive to discharge, raises further questions about the long-term outcomes of those born prematurely. There is evidence that children born prematurely have increased risk of respiratory illnesses and lower achieved lung growth, as well as emerging evidence that they have increased risk of type 2 diabetes, hypertension, and other chronic diseases earlier in adulthood than those born at term. However, much progress in neonatal care is relatively recent with exogenous surfactant only given to those born in the early 1990s.

What is most needed at a global level is the reassurance of the continuing UN commitment to the Every Woman, Every Child agenda and the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). Only with this broad lifecourse approach firmly rooted in human rights and equity, continuing and accelerated efforts by the many partners already involved, and firm financial support will we tackle the unfinished agenda of preterm births and neonatal mortality. The next UN Secretary-General, Antonio Guterres, must make this one of his top priorities. ■ *The Lancet*



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For more on the March of Dimes Report Card and World Prematurity Day see <http://www.marchofdimes.org/>