

# World Prematurity Day-2015



Save the Children

The Daily Star

NATIONAL level health programmes for prevention of premature birth along with proper care of pregnant mothers and premature babies should be taken up simultaneously to reduce neonatal mortality, said speakers at a roundtable discussion.

They emphasised stopping early pregnancy, birth spacing as well as scaling up of Kangaroo Mother Care (KMC) wherein a mother carries her baby at skin-to-skin contact right from birth to ensure the baby's temperature and better lung function.

In observation of the World Prematurity Day, The Daily Star, Save the Children, USAID, Unicef, World Health Organization, Icdrr, Bangladesh Neonatal Forum (BNF), Maternal and Child Health Integrated Program (MCHIP) jointly organised the programme at The Daily Star Centre in the capital yesterday morning.

Out of 15 million babies born too soon each year worldwide, one million die due to premature birth complications, said Dr Sayed Rubayet while presenting data to the participants who included physicians, public health officials, representatives from government bodies, UN agencies, development organisations and NGOs.

"In Bangladesh many babies are born too soon each year and 26,100 children under-5 die due to preterm complications," he said quoting an international study from 2010.

Dr Rubayet's presentation based on different studies and reports also showed that of all babies born in the country 14% are born before 37th week rather than the normal 40 weeks, 2200 are born per year before the 28th week and 22% of all babies are born with underweight. He also said direct preterm child death per year in the country is 26,100.

"Premature babies die because of three reasons. They cannot retain their body temperature, fail to get adequate breast milk and the third cause is infection," said Dr M.A. Mannan, professor and chairman of dept of Neonatology, Bangabandhu Sheikh Mujib Medical University (BSMMU).

He said KMC can take care of all these three causes adding that skin-to-skin contact with mother is far



Quoting Bangladesh Health Facility Survey, Joby George, Chief of party, MaMoni: Health Systems, Strengthening (HSS) project, Save the Children said, "Very few health facilities in the country are fully equipped to provide essential maternal and newborn health care services." He said medical colleges, district hospitals upazilla health complexes and union level facilities lacked physical readiness, staffing, equipment and supplies.

Chairing the programme, Prof Laila A Banu, president elect Obstetrical and Gynecological Society of Bangladesh stressed on the need for raising awareness in society which should start from stopping discrimination between girls and boys from early childhood. She also talked about the importance of training of field level health workers. Towards the end she talked about the role of media in covering/disseminating relevant health news and information.

Risk factors of premature birth include hypertension, obesity, diabetics, anemia, smoke from home cooking and use of substance by mothers were also discussed by speakers.

Prof Hosne Ara Begum, department head of Bangladesh Institute of Health Science and Hospitals, brought up the iatrogenic issue with regards to neonatal deaths. Dr SAS Md Musa, special advisor to Representative UNFPA, pointed out the role of midwives in scaling up KMC and postnatal care. Dr Rabeya Khatun, representing WHO, stressed on determining the accurate gestational age. She also said that preterm birth was not only responsible for infant death but it may lead to long-term disability. Dr Sanjoy Kumer Dey from BSMMU recommended inclusion of updated topics at the undergraduate medical curriculum. Dr Umme Salma Jahan Meena of USAID talked about different USAID programmes including a research support being carried out in Sylhet on causes and prevention of premature births.

Shams el Arifeen, director child and adolescent health, Icdrr, moderated the roundtable. Editor and Publisher of the Daily Star, Mahfuz Anam gave the vote of thanks.

## HIGHLIGHTS

- Kangaroo Mother Care (KMC) can take care of all these three causes adding that skin-to-skin contact with mother is far better method than any incubator.
- More than 100 children who had been given Kangaroo Mother Care instead of being kept inside incubator or other mechanical system, weighed more than other premature babies, had less infection and could go home early.
- Government plans to reduce adolescent pregnancy rate by preventing childhood marriage and delaying pregnancy.
- Need for raising awareness in society which should start from stopping discrimination between girls and boys from early childhood.
- Risk factors of premature birth include hypertension, obesity, diabetics, anemia, smoke from home cooking and use of substance by mothers
- 30 % of adolescents start child bearing in Bangladesh, which has one of the highest child marriage rates in the world.

better method than any incubator. "Plus the cost is low and the mother is happy too," he added.

Dr MAK Azad Chowdhury, professor and head of neonatology, Dhaka Shishu Hospital where KMC is being practised for the last one year shared his experience. He said that more than 100 children who had been given Kangaroo Mother Care instead of being kept inside incubator or other mechanical system, weighed more than other premature babies, had less infection and could go home early.

Dr Md Altaf Hossain, programme manager, Integrated Management of Childhood Illness (IMCI),

Directorate General of Health Services, informed that government has formed a guideline for KMC based on which a training manual is expected to be completed by the end of November 2015.

"We will first implement KMC in large facilities in Dhaka City such as Dhaka Shishu Hospital, BSMMU, Dhaka Medical College Hospital and other hospitals in divisional cities," he said. Hossain also talked about coming up with a proper guideline in the use and proper dosage of antenatal corticosteroid, medications given to pregnant women expecting preterm delivery.

Dr Md Ziaul Matin, health

specialist, Unicef said that 'Every New Born' action plan developed for the next five years wherein KMC would be scaled up in 200 facilities by 2021. Noting how child marriage leads to adolescent pregnancy, he said that 30% of adolescents start child bearing in Bangladesh, which has one of the highest child marriage rates in the world.

Dr Tapos Ranjan Das, Deputy Director (Maternal and Child Health Service) Directorate General of Family Planning spoke of government's plan to reduce adolescent pregnancy rate by preventing childhood marriage and delaying pregnancy.

Mentioning the current institutional delivery rate in Bangladesh, Dr Sufang Guo, regional health specialist Unicef said that access to institutional delivery should be increased. She also said that KMC would help reduce the out of pocket payment cost of health service which is more than 60% in Bangladesh.

Prof Md Mahbulul Haque, Secretary General, Bangladesh Neonatal Forum (BNF) said that the health care professionals should be trained on essential newborn care package, which should include temperature control, early breastfeeding and proper cord care.

## How to Reduce the Risk of Preterm Birth

A premature (preterm) baby is one who is born too early, before 37 weeks of pregnancy. Premature babies may have more health problems and higher risk of death. About 15 million babies born too soon each year (5% to 18% of all deliveries) and now globally preterm birth and its complications are the most common cause of death among under five years children. In many countries rates of premature births have increased between the 1990s and 2010s.

World Prematurity Day on November 17, 2015 is a key moment to generate global and national attention on the leading cause of deaths of children under 5 - complications from preterm birth accounted for more than 1 million child deaths in 2015.

### PRETERM BIRTHS AND DEATHS: BANGLADESH

In Bangladesh, 439,000 babies are born too soon each year and 26,100 children under five die due to direct preterm complications.

- Preterm birth rate (babies born <37 weeks): 14%
- Low birth weight rate (babies born <2,500g): 22%
- Babies born preterm per year: 439,000
- Ratio of boys to girls born preterm: 1.20
- Babies born per year <28 weeks: 22,000
- Direct preterm child deaths per year: 26,100

### KANGAROO MOTHER CARE: MOST PROMISING WAY TO SAVE PRETERM AND LOW BIRTH WEIGHT BABIES

Professor Dr. Mohammad Shahidullah, Professor of Neonatology, BSMMU, President Bangladesh Pediatric Association

Kangaroo Mother Care (KMC) is one of the most promising ways to save preterm and low birth weight babies in high- and low-income settings alike. This form of care, initiated in hospitals, involves teaching mothers and other caregivers how to keep newborns warm through continuous skin-to-skin contact on the mother's (or other family members) chest. A Proven Solution to Save Lives KMC has been shown to prevent infections, promote breastfeeding, regulate the baby's temperature, breathing, and brain activity, and encourages mother and baby bonding.

There is a large body of scientific evidence showing that continuous KMC is an effective life saving intervention for small and/or preterm babies initiated on an inpatient basis. A recent comparison of studies in 15 developing countries found that KMC was more effective than incubator care, cutting newborn deaths by 51% for preterm babies who were stable.

**KMC Implementation**  
KMC is endorsed by the World Health Organization and leading experts in newborn health, but country-level adoption and implementation has been limited to date. Recently Bangladesh declared KMC as a priority intervention for ending preventable child deaths and endorse KMC national guideline and also developed training materials.

**EXPERIENCE OF KANGAROO MOTHER CARE IN BANGLADESH**  
Prof M A K Azad Chowdhury, Professor and Head of Neonatology Dhaka Shishu Hospital KMC was first introduced into Bangladesh by Lamb Hospital in Dinajpur in the late 1990s but not until 2007, KMC was intensified

there. Subsequently in 2007, as part of its maternal, neonatal and child health project, KMC was introduced in Matlab hospital of icddr, b.

Dhaka Shishu Hospital began KMC in 2013 to further substitute the efficiency for preterm neonates and to guide the government to scale-up this simple method in public health facilities in Bangladesh with support from WHO, Bangladesh Country Office. Afterwards, Bangabandhu Sheikh Mujib Medical University (BSMMU) and BIRDEM also introduced KMC in their neonatal department.

Currently, Shaheed Suhrawardy

Medical College Hospital, ICMH, MCHTI, MFSTC and BIRDEM General Hospitals are well prepared to introduce KMC very soon with support from development partners. Outside Dhaka, medical college hospitals in Chittagong, Rangpur, Mymensingh and Khulna; District hospitals in Moulvibazar, Sirajgonj, Cox'sbazar, Netrokona, Kurigram, Tangail, Habigonj, Noakhali, Jhalkhathi, Laxipur and Kushtia; upazila health complexes in Daulatpur, Bheramara, Mirpur, Kumarkhali and Khoksa and Kushtia MCWC have taken initiatives to introduce KMC as early

as possible.

Situation analysis of KMC in Asia conducted in 2013 had some definite recommendations in regard to KMC scale-up in Bangladesh. On the demand side, specific suggestions are to create community awareness for sustainable KMC practice by informing mothers on KMC during antenatal care (ANC), informing the guardians and family members of the importance of KMC and using them to support and encourage mothers to practice KMC in hospital and at home. Also using mothers who have successfully practiced KMC to share their

• Pregnancy in adolescence is a major risk factor for preterm birth.

• Use of family planning methods to space births at least two years apart can significantly reduce the risk of preterm birth

• Proper care during pregnancy, timely antenatal check-up and safe delivery care help prevent the complications and negative consequences of preterm birth.

### UNIVERSAL ACCESS TO QUALITY HEALTH CARE PREVENTS THE MAJORITY OF PRETERM DEATHS

❖ Up to 75% of deaths of preterm babies are preventable. Investing and scaling up quality and

cessation, and eliminating early elective births.

• Improving care in pregnancy can reduce the risk of preterm birth through immunization, infection management, identification and management of high risk pregnancies with care by a health worker with midwifery skills.

• Essential newborn care can mean the difference between life and death for small babies and includes immediate drying after birth, warming, immediate and exclusive breastfeeding

• Kangaroo Mother Care (KMC) is one of the most promising ways to save preterm and low birth weight babies

• Mother's milk is an essential component of care for the preterm baby.

❖ Every woman and every baby needs access to educated, regulated and enabled health workers, especially midwives or other skilled birth attendants. The continuity of physiology-focused, relationship-based midwifery-led care can reduce preterm birth by 24%.

### Data Source:

1. UNICEF. State of the World's Children 2015;
2. Data from Every Premie-SCALE country stakeholder interviews and document review; 2015;
3. Blencowe H, Cousens S, Oestergaard MZ, Chou D, Moller AB, Narwal R, et al. National, regional, and worldwide estimates of preterm birth rates in the year 2010 with time trends since 1990 for selected countries: a systematic analysis and implications. *Lancet* 2012;379:2162-2172;
4. Blencowe H, Lee AC, Cousens S, Bahalim A, Narwal R, Zhong N, et al. Preterm birth-associated neurodevelopmental impairment estimated at regional and global levels for 2010. *Pediatr Res* 2013;74 Suppl 1:17-34.
5. WHO, UNICEF, UNFPA, The World Bank, United Nations Population Division. Trends in Maternal Mortality: 1990 to 2013. In: Geneva: WHO; 2014.

## MESSAGE

*"To end preventable child deaths by 2030, we must focus our renewed attention on preterm birth—the leading cause of death for children under age 5. There are 439,000 babies born preterm each year and over 26,000 babies die due to preterm related complications. As we have solutions to prevent and treat preterm birth complications, now is the time to scale up quality care to all women and newborns for them to survive, thrive to their full potential."*

- National Professor Dr MR Khan

experiences with mothers in hospital, at antenatal clinics and in the community, and wide-scale media coverage for health communication to sensitize the community about the beneficial effects of KMC should be done.

The experiences so far gathered for KMC introduction in Bangladesh make us believe that KMC is feasible in our country context.

### HOW TO REDUCE THE RISK OF PRETERM BIRTH

• The fundamental biological causes of preterm birth are unknown. Yet, there are known risk factors for preterm birth.

coverage of care for women and their babies will be a triple return on investment preventing 54% of maternal deaths, 71% of newborn deaths and 33% of stillbirths (death of babies before birth).

❖ Every mother and her baby should have the right to high-quality health care to ensure healthy outcomes for preterm and small babies.

❖ Cost-effective, proven interventions exist to prevent and treat preterm birth complications:

- Prevention includes access to family planning, improving health before pregnancy, smoking