



Prematurity - a Global Concern for Child Mortality

Maksudur Rahman*

Associate Professor, Neonatology Department, Bangladesh Institute of Child Health, Dhaka Shishu (Children) Hospital, Bangladesh

***Corresponding Author:** Maksudur Rahman, Associate Professor, Neonatology Department, Bangladesh Institute of Child Health, Dhaka Shishu (Children) Hospital, Bangladesh.

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Every year, an estimated 15 million babies that is more than 1 in 10 babies, are born preterm (before 37 completed weeks of gestation), and the rate of preterm birth ranges from 5% to 18% of babies born. Approximately 1 million children die each year due to complications of preterm birth. Preterm births can be sub-divided based on gestational age: extremely preterm (< 28 weeks), very preterm (28- < 32 weeks) and moderate preterm (32- < 37 completed weeks). Although majority of moderate and near term neonates do not pose much threat, the very and extremely preterm ones are at high risk of morbidity and mortality. For the babies who survive, many face a lifetime of significant disability including learning disabilities and visual and hearing problems.

Among the countries with the greatest number of preterm births, India ranks number 1, Pakistan number 4 and USA number 6. More than 60% of preterm births occur in Africa and South Asia. In the lower-income countries, on average, 12% of babies are born too early compared with 9% in higher-income countries. Within countries, poorer families are at higher risk.

So, it is a universal problem with known and unknown, preventable and non-preventable causes. It may be spontaneous or induced for medical and non-medical reasons. Spontaneous preterm birth is multi-factorial and in almost half of the cases, the cause may remain unidentified. It is an interaction of genetic and environmental factors. We know some basic causes like young and elderly mothers, maternal chronic illnesses, poor ante-natal care, short birth intervals, maternal stress, excessive physical work, low maternal body mass index (BMI), multiple pregnancy, etc.

Problems with prematurity are also multifocal –from functional immaturity of the organs to vulnerability to low temperature, unhygienic surroundings, taboos, prejudices, etc.

A preterm, low birth weight (LBW) baby is comparable to a malnourished baby who is an easy prey to other mortality factors like asphyxia, hypothermia, infections, metabolic derangements, haemorrhage, etc. Inequalities in survival rates around the world are stark. In low-income settings, mortality of babies born at or below 32 weeks are more due to a lack of feasible, cost-effective care, such as warmth, breastfeeding support, and basic care for infections and breathing difficulties than in high-income countries. Suboptimal use of technology in middle-income settings is causing an increased burden of disability among preterm babies who survive the neonatal period.

Timely establishment of breathing, keeping warm in hygienic way and initiation of feeding, preferably breast feeding are the essentials at birth. Although in an institutional setting it is not very difficult, but the problem is with the vast majority being born in the rural homes. A simple method called kangaroo Mother Care (KMC) which is basically skin- skin contact care with the mother's chest (or any other family member, if necessary) has been proved to improve the survival and benefit the preterms in various ways. Besides effective thermal control it ensures early initiation and longer duration of breast feeding, cardiac and respiratory stability, reduction in infection, satisfactory weight gain, more organized sleep patterns and better neurodevelopment. The physical closeness enhances bonding with the mother and boosts her confidence. This method can effectively be implemented in the health care centers as well as in the community after some training to the health workers.

To show importance of impact of prematurity on neonatal mortality and morbidity every year at November 17 world prematurity day is observed. This year the global motto for World Prematurity Day 2018 is "Working together: Partnering with families in the care

of small and sick newborns". Different researches are going on regarding identification of causes of prematurity and its prevention specially in developed countries. Different organizations like WHO, UNICEF, USAID etc. along with other government and nongovernment organizations around the world are continuously running their activities and programs to decrease the neonatal mortality and morbidity from prematurity specially in low income countries.

So, it should be our commitment and duties for proper addressing the prematurity and we should try to do our best for the prevention and management of the preterm babies and thereby improve our child survival for a healthy world [1-3].

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