

# BORN TOO SOON

2023

Decade of Action  
on Preterm Birth

*Findings and actions*



Women's,  
Children's and  
Adolescents'  
Health



World Health  
Organization



Born Too Soon: Decade of Action on Preterm Birth. Findings and actions.

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## The power of partnership

The 2012 *Born Too Soon* report ignited a movement to accelerate action on preterm birth, and maternal and newborn health more broadly, in the transition to the Sustainable Development Goals. A decade on, more than 70 organizations have come together to develop an updated *Born Too Soon* report. We asked what has changed in the last decade, and what has not? How can we pivot to move faster in the next decade?

This report has been developed by more than 140 individuals from 46 countries, spanning national governments, civil society, including parents' groups, health-care professional associations, young people, academic and research organizations, multilateral organizations, donors and foundations, and the private sector. Parents and families have shared their deeply personal experiences of preterm birth; a moving reminder that behind every statistic is a story of a family and a community deeply impacted, often for a lifetime.

This report is a testament to the power of partnership. Together, we are united in our call for a healthier and more equitable future for millions of babies, women and families.

## Acknowledgements

This report summarizes the findings and actions called for in *Born Too Soon: Decade of Action on Preterm Birth*. PMNCH coordinated the development of the report, working closely with WHO, UNICEF, UNFPA and many other partners. The comprehensive list of acknowledgements can be found in the full report, available at [www.borntoosoonaction.com](http://www.borntoosoonaction.com).

A Global Advisory Group provided strategic guidance for the development of the full report, with senior leadership from Anshu Banerjee (WHO, Switzerland) and Queen Dube (Ministry of Health, Malawi), and co-chaired by Bo Jacobsson (FIGO, Sweden) and Karen Walker (COINN, Australia).

The Managing Editors for the report were Anna Gruending (PMNCH, France), Bo Jacobsson (FIGO, Sweden), Etienne V Langlois (PMNCH, Canada), and Joy E Lawn (LSHTM, United Kingdom).

The Advocacy and Communications Team was co-chaired by Mercy Juma (BBC, Kenya), and Elo Otobo (Save the Children, United Kingdom).

A selection of stories from parents and survivors of preterm birth are profiled in the full report, and a selection of shorter versions are included on the back cover of this report. Mercy Juma (BBC, Kenya) and Mary Kinney (University of the Western Cape, South Africa) led the development of these stories with support from members of the Global Advisory Group. Deepest gratitude to the families profiled here and in the full *Born Too Soon* report who were willing to share their personal testimonies.



Mother embraces preterm baby, Brazil  
© Gláucia Galvão

# Big numbers should count to drive action

**Every 2 seconds, a baby is born too soon. Every 40 seconds, one of those babies dies.**

- 152 million babies were born too soon in the last decade.
- Preterm birth is the leading cause of child mortality, accounting for nearly 1 in 5 of under-5 deaths.
- 3 in 4 of stillbirths are born preterm based on data from high- and upper middle-income settings.



Antenatal care visit in India © White Ribbon Alliance

**Over the past decade there has been no measurable progress in reducing preterm birth rates in any region.**

- An estimated 13.4 million babies were born preterm in 2020.
- The global preterm birth rate was 9.9% in 2020, compared to 9.8% in 2010.
- There was also no change in preterm birth rates in any region, including the highest-burden regions (Southern Asia: 13.3% in 2010 and 13.2% in 2020, and sub-Saharan Africa: 10.1% in both 2010 and 2020).
- Only a handful of countries have made progress in reducing their preterm birth rates, and changes have been modest at 5% in 10 years, a mere 0.5% per year.
- For 13 countries with reliable trend data the rates of preterm birth are rising; there has been no measurable change in 52 countries.

**Inequalities result in unacceptable survival gaps for babies born preterm. Most preterm deaths and disabilities are preventable.**

- 9 in 10 extremely preterm babies (<28 weeks) survive in high-income countries; fewer than 1 in 10 survive in low-income countries.
- Globally, 85% of preterm births occur between 32-37 weeks where survival is usually possible without neonatal intensive care, but there are still far too many deaths in this age group in low-resource settings.
- In all countries, including high-income countries, there is an unacceptable gap in outcomes by race and for the poorest and most marginalized.

**Challenges disproportionately affect the most vulnerable citizens.**

- The “four Cs” – conflict, climate change, COVID-19 and the cost-of-living crisis – heighten threats for the most vulnerable women and babies in all countries.
- 1.2 million babies are born too soon in the 10 most fragile countries affected by humanitarian crises, where accessing care for women and babies is particularly challenging.
- Climate science is increasingly exposing the direct and indirect effects of climate change on pregnant women, stillbirths and preterm birth. More investment is needed to specifically mitigate risks and to increase focus on women and babies in policies and programmes addressing the climate emergency.





Preterm baby in Yemen  
© UNICEF/UNI224658/AlGhabri


# Progress in the past decade, and lost ground


## Born Too Soon: a decade of change


A decade ago, a global coalition of diverse partners came together and launched *Born Too Soon: The Global Action Report on Preterm Birth* (1). The report ignited a movement and catalyzed action, providing opportunities for faster progress.

 **Policies:** The Sustainable Development Goals (SDGs) included the first ever target on newborn survival and restated targets for maternal and child survival by 2030, and the *Global Strategy for Women's, Children's and Adolescents' Health* included a stillbirth reduction target (2).

 **Plans:** Countries resoundingly adopted resolutions on newborn and maternal health, including the *Every Newborn Action Plan*, and the *Ending Preventable Maternal Mortality* initiative. Most countries have set mortality targets, and many have national and subnational policies and plans.

 **Place:** The place where births happen and babies receive care has shifted, with 80% of births globally now occurring in health facilities.

 **Innovations:** New evidence and innovations have been reflected in updated global guidelines led by the World Health Organization (WHO).

 **Parent power:** Parent groups and health-care professional associations have multiplied and built strong global networks to advocate for change.

Despite these shifts, progress in the past decade has not gone fast enough or far enough for actual impact on preterm birth, and survival for those affected. In the last decade, 152 million babies were born too soon. There are still more than 4.5 million deaths of women and babies every year, including 2.3 million neonatal deaths, 1.9 million stillbirths and 287 000 maternal deaths (3,4). The “four Cs” – conflict, climate change, COVID-19 and the cost-of-living crisis – compound existing inequities, and present life-or-death challenges to those already facing extreme vulnerability.

## Born Too Soon: change for the next decade

At this juncture, more than 70 organizations from 46 countries have come together to develop an updated *Born Too Soon* report. This report shines a spotlight on country achievements that can inform and inspire further progress. It roots the agenda for preterm birth within the SDGs, recognizing that progress on maternal and newborn health also depends on collaboration across sectors. And it appreciates the importance of putting affected communities – women, babies and their families – at the centre and working with them as true partners.



Doris Andongoba is practicing kangaroo mother care in Cameroon. Her 2-week old twins Gabriel and Michael were born at 34 weeks.  
© UNICEF/UN0419336/Dejongh

*Born Too Soon: Decade of Action on Preterm Birth* looks to the future, setting an ambitious agenda to reduce the burden of preterm birth so that every woman and every newborn, even if facing preterm birth, can survive and thrive, enabling countries to meet and exceed their SDG targets.

Investment in the right care during this sensitive period can unlock more human capital than at any other time across the life-course, bolstering the case for investing now to gain significant human and economic returns on every dollar invested.

# Preterm birth is “flatlining,” hindering human potential and country progress

## Preterm birth: a huge and unacceptable burden on families, communities and societies

Worldwide, 1 in 10 babies is born preterm (<37 weeks’ gestation) – that’s one baby every two seconds. Being born too soon has devastating consequences for babies, their families, communities and societies. In 2020 it is estimated that nearly 1 million newborns

died due to complications of preterm birth (one baby every 40 seconds) and millions more survive with disabilities that follow them and their families throughout their lives. Preterm birth is the single largest killer of children under 5 years of age (3), and neonatal conditions are the leading cause of lost human capital, unchanged since 1990 (Figure 1) (5). The human and economic burden of preterm birth is staggering.

**FIGURE 1.** Neonatal disorders: the leading cause of burden of disease, 1990 and 2019

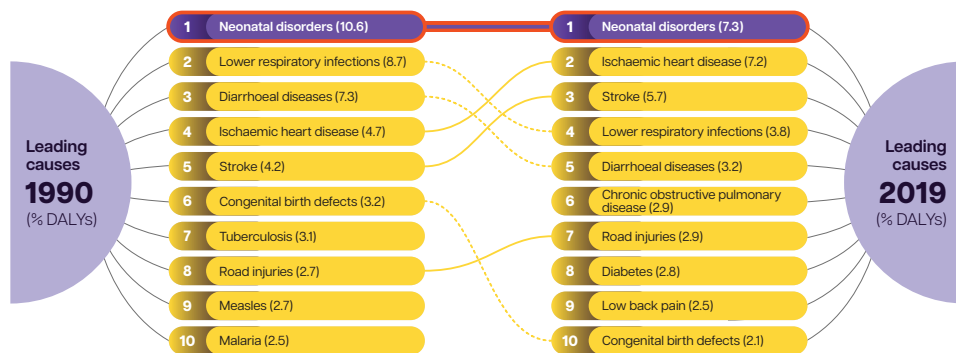
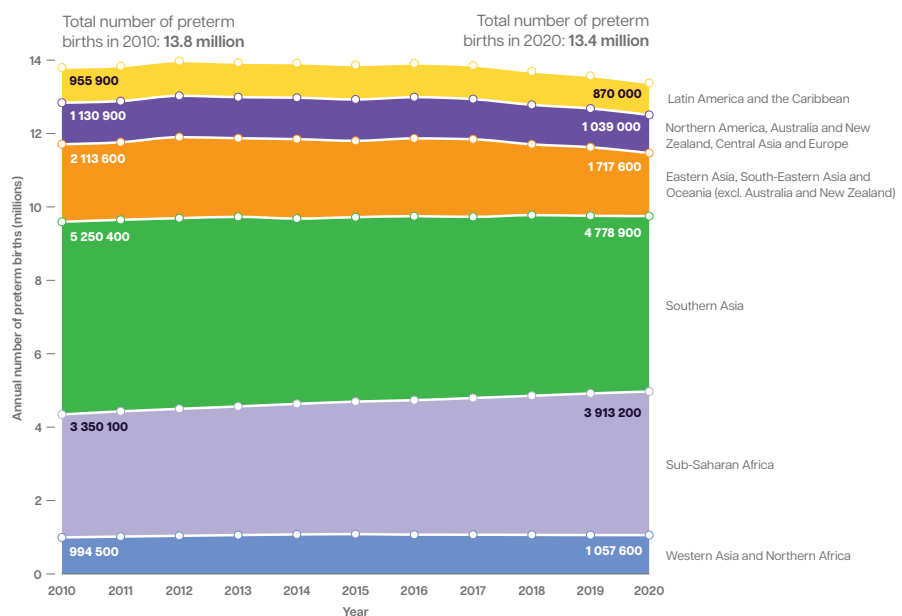


Figure shows global ranking for loss of human capital at all ages measured using disability-adjusted life years (DALYs). One DALY represents the loss of the equivalent of one year of full health. Source: Vos T et al. (5)

Rates of preterm birth have barely changed during the past decade (9.9% in 2020, compared to 9.8% in 2010), and in some countries rates are rising (6). The absolute number of babies born preterm decreased

slightly from 13.8 million in 2010 to 13.4 million in 2020, primarily due to fewer births globally and in many regions (Figure 2) (6, 7).

**FIGURE 2.** Trends in annual number of preterm births by SDG region, 2010–2020



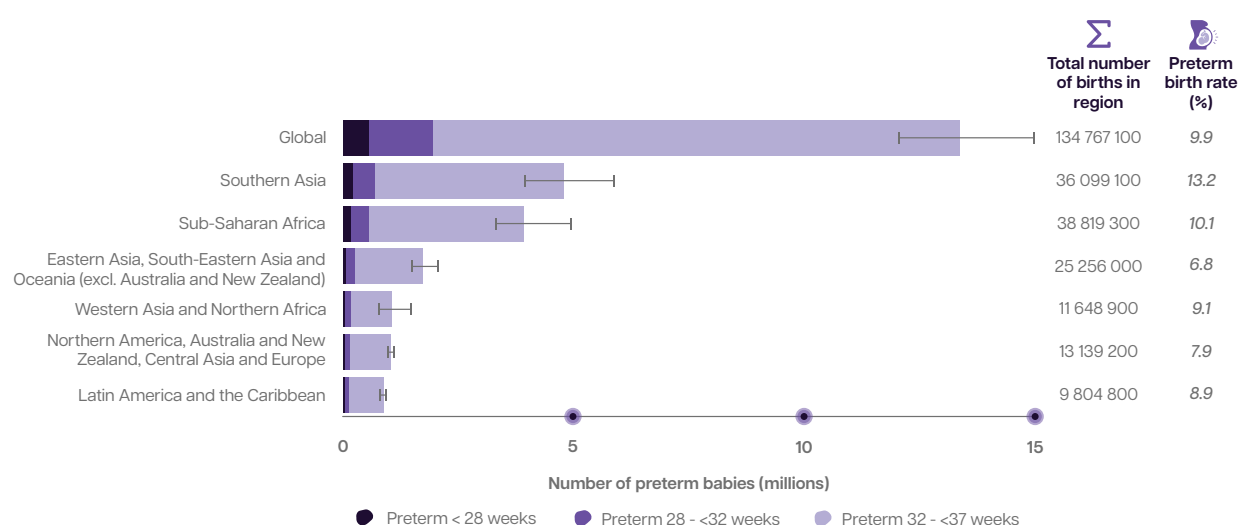
Data from WHO and UNICEF preterm birth estimates Source: Lawn et al. (7)

## Preterm birth around the world and in every country

Preterm birth rates vary between regions, the highest occurring in Southern Asia (13.2%) and sub-Saharan Africa (10.1%)

Africa (10.1%). These two regions collectively account for over 65% of preterm births globally and have seen no measurable change in preterm birth rates in the past decade (Figure 3).

**FIGURE 3.** Preterm birth by gestational age and region in 2020

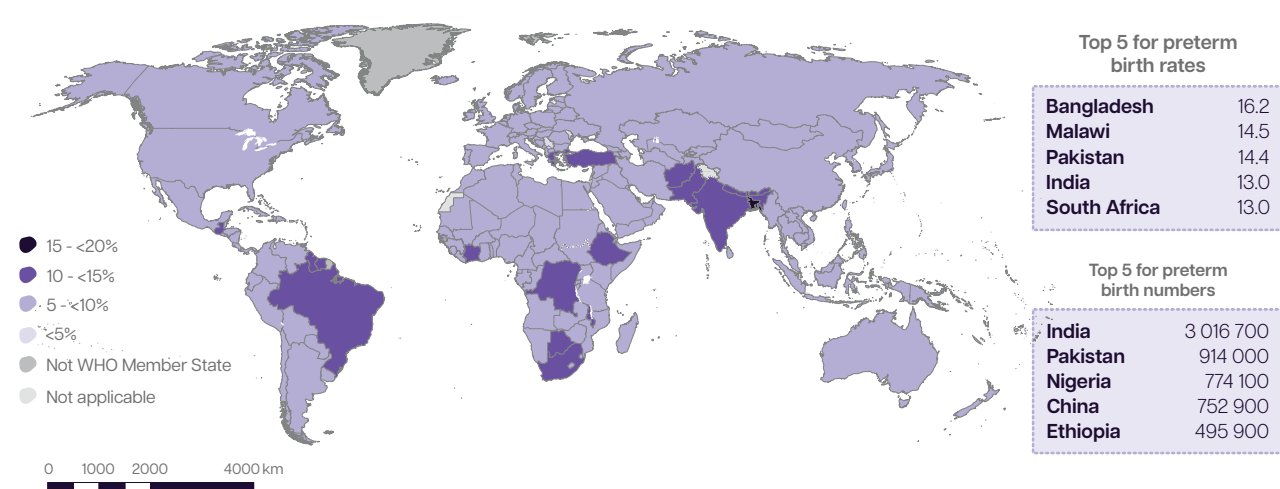


Source: WHO and UNICEF preterm estimates. Ohuma et al. (5)

In 2020, Bangladesh had the highest estimated preterm birth rate (16.2%), followed by Malawi (14.5%) and Pakistan (14.4%) (Figure 4). Rates are also high in high-income countries, such as Greece (11.6%)

and the United States of America (10.0%). Almost half (45%) of all preterm babies in 2020 were born in just five countries: India, Pakistan, Nigeria, China and Ethiopia (6).

**FIGURE 4.** Estimated national preterm birth rates and numbers in 2020



Source: UNICEF and WHO preterm estimates. Ohuma et al. (5)

## Devastating consequences, unacceptable inequities

There are huge inequities in the survival chances of preterm babies around the world which can and must be closed. In high-income countries, 9 in 10 extremely preterm babies (<28 weeks) survive; whereas fewer than 1 in 10 survive in low-income countries. In all countries, including high-income

countries, there is an unacceptable gap in outcomes by race and for the poorest and most marginalized. In 2020, 11.4 million newborns, including 1.2 million preterm, were estimated to have been born in the 10 most fragile countries affected by humanitarian crises, where women and babies face increased challenges in accessing care, especially higher-level care.

# Programmatic investment

*The data is sobering and the challenges vast, but they need not be the forces that shape the future. The evidence shows us that change is possible. Action in the coming decade needs to focus on two priorities: reducing the burden of preterm birth in the coming decade and*

## Track 1: Prevent preterm birth by upholding women’s rights and ensuring access to respectful, high-quality health care

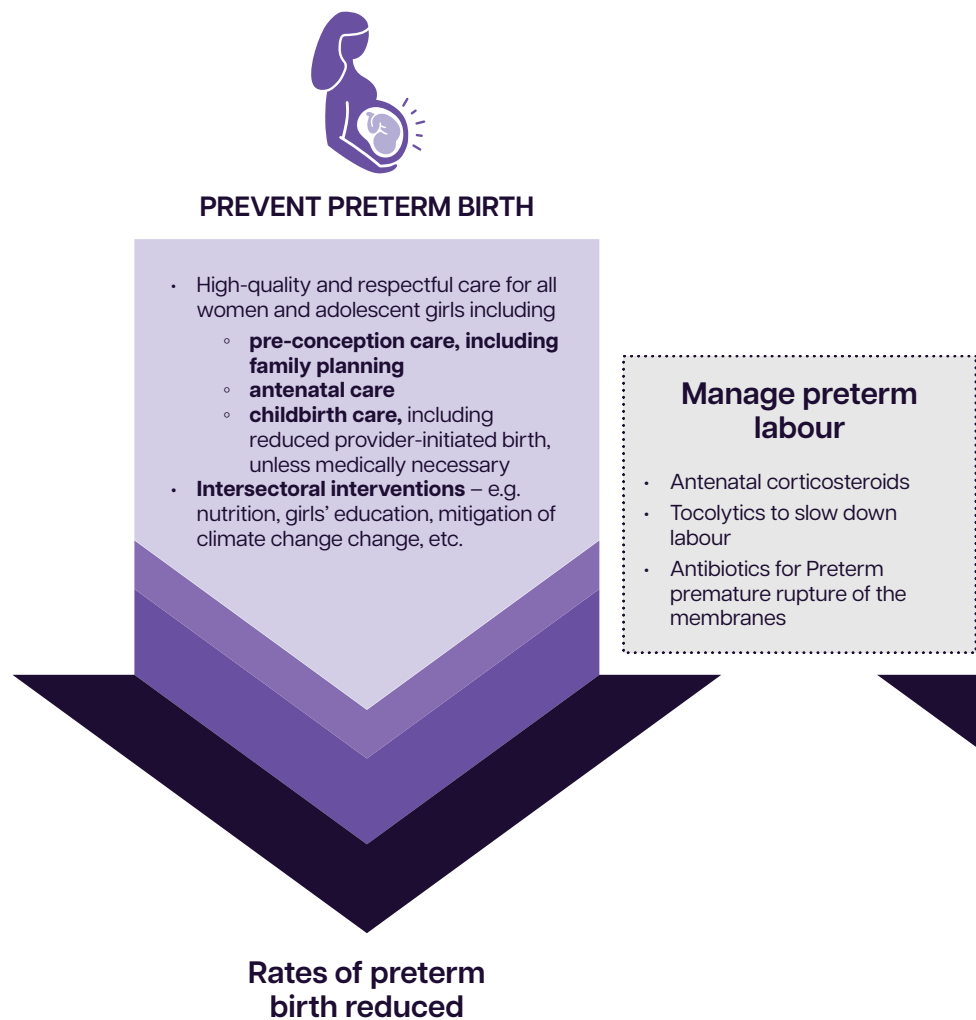
Progress in preventing preterm birth can and must be accelerated. This means acting more decisively on the known interventions for preterm birth risk factors, and investing more strategically in research, especially in the highest burden settings.

Women’s access to a comprehensive set of high-quality, respectful services for sexual, reproductive and maternal health is fundamental. It is critical for these services to be effectively integrated within universal health coverage (UHC), and invigorated efforts are needed to close gaps in *coverage* as well as *quality* across the continuum of care, even the most difficult and fragile settings. All countries need to focus on enabling women’s choices for family planning, with explicit efforts to reach adolescents and other underserved populations. More investments are needed in maternity care, including midwifery services, and enabling respectful care for all.

Important progress has been made in the past decade on the more effective use of tools to prevent, delay and manage preterm birth. The appropriate use of antenatal corticosteroids for women for whom preterm labour is imminent brings potential for major impact, yet coverage remains low. Infections are a cause of preterm birth, and known interventions such as for malaria with intermittent presumptive treatment and insecticide-treated bednets, and maternal immunizations, including new vaccines, need to be prioritized. There are also new

insights for addressing the epidemic of non-medically indicated caesarean sections, which can lead to preterm birth. Regulation of assisted reproductive technologies is also key for the health of women and their babies. All these advances must be better implemented at scale for the benefit of women and their babies everywhere.

**FIGURE 5.** Twin tracks to reduce the burden of preterm birth



Women and adolescents have a right to be active partners in the development and delivery of services to meet their needs, including enough space and privacy in facilities. Their views and voices must be respected.



# Steps to transform progress

the future for the world's women, babies and their families. Learning from the past decade priority tracks (Figure 5) and four key actions. Together we can enable rapid change to reduce and optimize high-quality care for women and babies.

## Track 2: Provide high quality care for vulnerable small and sick newborns

In the past decade some countries have shown that it is possible to reduce newborn mortality with investment and a strong focus on implementation. The 10 countries making the most rapid progress

birth and unlock human capital



### IMPROVE NEWBORN CARE

- High-quality, family-centred, respectful care for every newborn, including
  - **essential newborn care**, especially neonatal resuscitation and feeding support
  - **kangaroo mother care**
  - **small and sick newborn care** especially for respiratory distress syndrome, infections, jaundice
  - **neonatal intensive care**

### Death and disability reduced among babies born too soon

in newborn survival have dramatically reduced their neonatal mortality rates in the last decade; all of these have rapidly increased coverage of small and sick newborn care (SSNC) (8). If this care were universal with coverage reaching 95% of those who need it, 750 000 lives could be saved every year,

and many disabilities could be prevented. This gain from integrated care includes neonatal deaths from preterm birth as well as other conditions.

An estimated 30 million small and sick newborns have life-threatening conditions that require inpatient care in hospitals each year, half of whom are preterm. The *Every Newborn Action Plan* target for 2025 is for >80% of districts, or equivalent subnational planning units, to have at least one facility providing level-2 SSNC, with families at the centre, follow-up care, and functioning referral services from and to level-1 and level-3 facilities. This care must include continuous positive airway pressure for preterm babies needing respiratory support.

A “one at a time” approach cannot work – this requires a government-led, systems approach with widespread involvement and support from families, communities, professional societies, politicians and business communities. WHO and UNICEF specify 10 components of health systems that need improvement, underlining that high-quality, family-centred inpatient care requires the right space, the right people (especially more neonatal nurses), the right devices, and the right data to monitor and improve care (9). By implementing recent evidence-based innovations that also empower families, such as earlier kangaroo mother care, faster progress could be made in all countries (8,9).

More ambitious, committed investment in SSNC, including in areas of conflict and for marginalized populations, is urgently needed. Such investment has been shown to produce substantial returns. In South Asia, scaling up an evidence-based package of interventions to save the lives of newborns has been calculated to return US\$ 2-17 for every US\$ 1 invested (10). In Tanzania, a conservative investment case for SSNC to reach 146 district hospitals with neonatal care units showed similar promise, with major potential returns on investment. The investment required is not small, but the returns are huge.

Achieving impact and meeting the SDG target for a neonatal mortality rate of <12 per 1000 live births can only be achieved if countries take systemic local action now to bring improved newborn care units to every district of every country. Learning together, across countries, can bring critical innovations to high-burden populations everywhere.

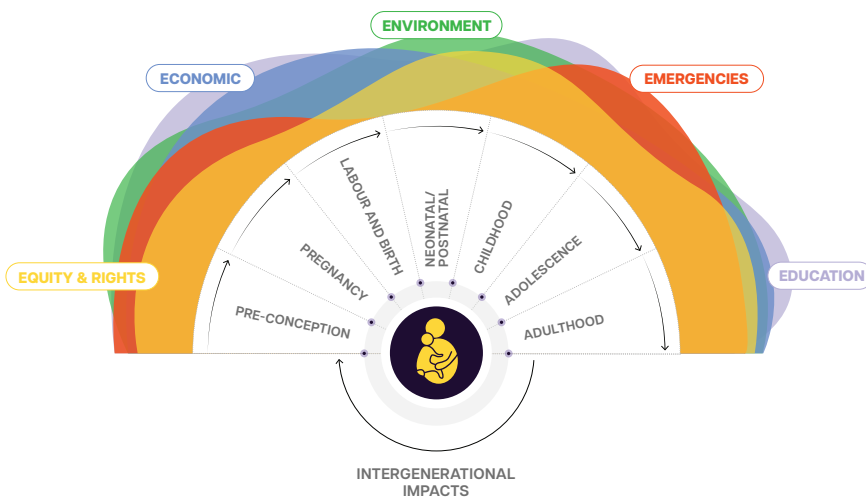
# Intersectoral action: integration for impact on preterm birth

Today, against the backdrop of the growing climate and economic crisis, and the emergence of new and more conflicts and epidemics, we have relearnt that action within the health sector is necessary but not sufficient: we also need stronger intersectoral action to achieve health-related goals. Our understanding of the potential of intersectoral action to reduce the burden of preterm birth has expanded in the past decade and is outlined in this report as the “five Es” (Figure 6).

For example, evidence from the past decade points to myriad impacts of climate change – both direct and indirect – on pregnancy resulting in stillbirths, preterm birth and small for gestational age. More investment is needed to specifically mitigate risks and to increase focus on women and babies in policies and programmes addressing the climate emergency.

Economic and social protection measures are vital for the families of preterm babies, for whom out-of-pocket payments may be substantial. Of 106 countries surveyed in 2022, over half (59) do not have an insurance scheme that covers all pregnant women and mothers (11). Despite fiscal constraints, this is a particularly important moment for countries to invest in UHC, prioritizing extending coverage to the most vulnerable so that they can access health services according to need, rather than ability to pay. Extended parental leave is another critical social protection measure that eases the burden on parents and that supports breastfeeding, a high-impact intervention for all newborns and especially important for those that are preterm and vulnerable.

**FIGURE 6.** The “5 Es” of intersectoral influence on preterm birth






## Rights and respect: putting people at the centre of the response

Over the past decade, it has increasingly been recognized that upholding rights and respecting women, babies, parents and families, and health-care providers is essential for good health and well-being, stronger health systems and societal progress. The trend towards respectful care has grown stronger worldwide, with a focus on respectful maternity care and family-centred care for babies, women and families. The critical role of parents – both as caregivers for their children and as advocates for action on preterm birth – has been recognized, even if there is still a long way to go in many settings to meaningfully partner with them.

Ensuring rights and respect in preterm birth prevention and care will require action across the continuum of care, across sectors, and with strong partnerships between women, families and health-





care professionals, as well as the communities and systems that support them. To operationalize respectful and rights-based care for preterm birth, this report calls for four shifts:

-  scaling up respectful care;
-  empowering and partnering with women and families;
-  addressing the shortage of health-care providers, especially midwives and nurses and protecting their rights; and
-  strengthening accountability in the health system.

# Poised for progress for the next decade

A decade since the first report, *Born Too Soon: Decade of Action on Preterm Birth* shows that we are poised for progress to implement known and cost-effective solutions. Together, we can ensure that every woman has access to high-quality sexual, reproductive and maternal health care, and that every baby born too soon – and other vulnerable newborns – can survive and thrive.

To achieve this vision, we need leadership at the highest level as well as strong and empowered grassroots movements to:

-  increase investments
-  accelerate implementation
-  better integrate with other sectors
-  fully leverage innovations.

Everyone has a role to play. We have the ability now to ensure that every baby born too soon – and

other vulnerable newborns – can survive and thrive. But this requires energy and action at the levels witnessed a generation ago on the prevention of and care for HIV/AIDS. We can and must do more to prevent preterm birth, to provide high-quality, respectful care before, during and after childbirth for all women and adolescent girls, everywhere, and to better address opportunities and threats beyond the health sector.

Together these actions would make a huge contribution towards improving health and human capital around the world, enabling countries to achieve the SDG targets for maternal and newborn health. The cost of inaction at the 2030 horizon is simply too great. This investment is about saving millions of families from heartbreak as well as producing stronger and healthier societies that will lead to major economic and social shifts.

**The next generation depends on us acting now.**

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Content in this summary comes from the full report which includes many more references, not all of which can be shown here.

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## Meet Ainsley from Kenya



Ashley and her daughter Ainsley

When 17-year-old Ashley found out that she was pregnant, she felt "lost." Ashley was hospitalized following abdominal pains 28 weeks into her pregnancy and gave birth to her baby girl, Ainsley, at 30 weeks. Just six weeks after her baby was born, she sat for her secondary school national exams. Ainsley is now 6 months old and thriving, despite some breathing complications. "Don't write off a girl just because she got pregnant early," says Ashley. "It is depressing and stressful, but it is not the end of life."

## Meet Abhishek and Koresh from Kenya



Anita and her sons Abhishek and Koresh

Anita gave birth to Abhishek and Koresh when she was seven months pregnant; she was worried, having previously had a miscarriage, and feared a repetition of that loss. The twin boys were taken to the neonatal intensive care unit at Bharatpur Hospital. Anita was able to provide kangaroo mother care and breastfeed both babies: "Health workers used to come and see me and take care of my babies. They helped when I was not feeling well, and they helped me to produce and feed milk to my babies."

## Meet Jalen from the USA



Memorial to Jalen

Gabriela and Jerome were excited about welcoming their third child to the family. Unfortunately, Gabriela went into preterm labour, and their son, Jalen, was stillborn, having died of a common bacteria known as group B streptococcus or GBS. "I held on to hope and never imagined to hear 'there is no heartbeat.'" This traumatic experience made Gabriela and Jerome realize the lack of resources for families that suffer a pregnancy or infant loss. They started an organization in honour of Jalen to help other affected families.

## Meet Santiago from Costa Rica



Santiago in the NICU

Katherine went into preterm labour in February 2020, and her son, Santiago, was born at 25 weeks. Due to the COVID-19 pandemic, her husband, Pablo, had limited access to his wife and son during the delivery and after. "I was not allowed to see my son. Only mothers and women could enter the area, no men were allowed in. I felt so powerless." Santiago was discharged when he was 4 months old, and was later diagnosed with cerebral paralysis and West Syndrome. Today, his parents enjoy every moment and milestone.

Visit [www.borntoosoonaction.org](http://www.borntoosoonaction.org) for the full report:



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