

What is preterm birth?

A preterm birth is when a baby is born alive but before 37 weeks of pregnancy are completed.¹ In Tanzania, one in four newborn deaths are due to preterm birth complications (2013 estimate).^{2,a} Babies born too soon are approximately seven times more likely to die during the first four weeks of their lives than babies born at term.³

In addition, preterm survivors often suffer from lifelong disabilities, such as visual and hearing impairments, chronic lung disease, long term cardiovascular ill-health, learning and behavioural impairments.¹ Prematurity has a far-reaching impact on their development and on their health as children and adults.

Preterm birth is a public health problem in Tanzania

Tanzania ranks twelfth in the world for the number of preterm births^{4,5,b} - every year 236,000 babies are born before 37 weeks of pregnancy are completed^{4,5,b} - this is one in every 9 babies born alive.^{4,c} Prematurity is the second largest cause of death for babies in the first month of life², with 9,400 newborn deaths due to preterm birth every year.^{2,6,d}

What can be done in Tanzania?

Many of these deaths could be prevented, through both prevention of preterm birth, and care for the premature baby.

- Ⓒ Adolescent pregnancy, older age pregnancy, short time gaps between births, chronic and infectious diseases, and unhealthy pre-pregnancy weight increase the risk of preterm birth.¹
- Ⓒ Family planning strategies, including birth spacing and adolescent-friendly services, can reduce the risk of preterm birth¹.
- Ⓒ Encourage early initiation and exclusive breastfeeding.¹
- Ⓒ Quality antenatal and postnatal care, along with skilled care at delivery, can help to reduce deaths due to preterm birth. Investing in trained and equipped health workers is key, with a focus on the 48 hours surrounding birth.¹
- Ⓒ In August 2015, the World Health Organization (WHO) published new recommendations to improve the survival and health of babies born too soon⁷. Decision-makers should review and revise national clinical guidelines and essential medicines lists; promote the new recommendations widely; strengthen the skills of health workers to deliver the interventions; support health workers to accurately assess gestational age; and monitor adherence to the guidelines.⁷

Through these largely simple cost-effective solutions and technologies, more than **three quarters of deaths due to prematurity** could be averted with the right care before, during and after delivery.

In 2014 Tanzania committed to the Every Newborn Action Plan⁸ and the Sharpened One Plan⁹. These strategies set out the priority solutions, and call for a united effort to dramatically reduce maternal and newborn deaths, and preventable stillbirths. We must prioritise the evidence-based, cost-effective and feasible solutions in all health facilities that provide pregnancy and delivery services, as well as ensure better data collection on pregnancy outcomes to enable responsive action where it is most needed.

Now is the time to scale up quality care to all women and newborns for them to survive, thrive and transform society!





Prematurity in Tanzania

Number of newborn deaths in the first month of life (2015)⁶	38,600
Mortality rate in the first month of life (per 1000 babies born alive) (2015) ⁶	19/1000
Preterm birth rate (as a % of babies born alive) (2010)⁴	11.4%
Country rank for preterm birth rate (2010) ⁴	70
Number of babies born preterm (2015)^{4,5,b}	236,000
Country rank for number of babies born preterm (2015) ^{4,5,b}	12
Number of newborn deaths due to preterm birth complications (2015)^{2,6,d}	9,400
Share of newborn deaths caused by preterm birth complications (2013) ^{2,a}	24%
Demand for family planning satisfied (2010)¹⁰	61%
Antenatal care of four or more visits (2010) ¹⁰	43%
Skilled attendant at delivery (2010)¹⁰	51%
Mothers & babies who received postnatal care within two days of birth (2010) ¹⁰	31%
Early initiation (within one hour) of breastfeeding (2010)¹⁰	49%
Proportion of babies 0-5 months who are exclusively breastfed (2010) ¹⁰	50%

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Notes:

- a. In Tanzania, the estimated number of newborn deaths for 2013 is 38,611 and the estimated number of deaths due to preterm birth complications is 9,394.² These estimates were used to calculate the proportion of newborn deaths due to preterm birth complications: $(9,394/38,611) \times 100 = 24.3299\%$ (1 in 4).
- b. We calculated the number of preterm births in Tanzania by using the most recent preterm birth rate (2010)⁴ and applying this to the 2015 estimate of live births⁵. In Tanzania, the estimated number of live births for 2015 is 2,064,600⁵. The 2010 preterm birth rate is applied to the 2015 live birth estimate: $(11.44532/100) \times 2,064,600 = 236,277.1861$ (rounded to 236,000). Countries are ranked by number of preterm births based on these estimates for 2015.
- c. The preterm birth rate is 11.4%⁴; this is equivalent to 1 baby out of every 9 being born preterm.
- d. We calculated the number of deaths due to preterm birth complications in the first 28 days of life in Tanzania by using the latest data (2013) on the proportion of newborn deaths from preterm birth (24.3299%)^{2,a} and applying this to the 2015 estimate of the number of newborn deaths (38,575)⁶. This is equivalent to: $(24.3299/100) \times 38,575 = 9385$ (rounded to 9,400). 9,400 is the estimated number of deaths due to preterm birth complications in the first 28 days of life in Tanzania in 2015. If including those who die from preterm birth complications between 0 and 5 years the figure is 10,800 (estimate provided by Healthy Newborn Network, 2015).