



Time to Improve the Outcome of Preterm Births in Middle and Low-income Nations

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DEAR EDITOR,

Preterm babies have remained extremely prone to serious illnesses, including death during the neonatal period and long-term disabilities with significant impact on the quality of life with respect to their health, growth, development, and psychosocial functioning.^[1] In fact, preterm birth has been acknowledged as the leading cause of perinatal, neonatal, and under 5-year-age group mortality.^[1] The recent estimates released by the World Health Organization (WHO) suggest that close to 15 million babies are born preterm across the globe every year, with majority of them from low- and middle-income nations.^[1,2]

A wide range of challenges like weaknesses in the health care delivery system, human resource constraints, and poor awareness activities have been identified in low- and middle-income nations.^[1,3] Time and again, it has been reiterated that most of the cases of infant deaths and morbidity resulting because of preterm birth can be averted, provided appropriate interventions are targeted against the high-risk mother, and preterm neonate immediately after birth.^[1,2] In fact, the WHO in consultation with various national and international stakeholders and agencies have released a set of guidelines to assist health professionals in ensuring improvement in outcomes of preterm births.^[1]

These guidelines focus on two major areas, namely women who are at high-risk for an outcome of preterm birth and care of preterm babies during the newborn period.^[1] In those women, who may have a preterm birth in less than a week period, administration of steroid injections, antibiotics (for preterm prelabor rupture of membranes), and magnesium sulfate (to prevent future neurological impairment of the child) are recommended.^[1,4] However, for preterm infant, measures

like kangaroo mother care (for clinically stable babies), safe oxygen use for infants with respiratory distress, and use of surfactant to help infants breathe more easily have been recommended.^[1] All these measures are targeted to respond to the various morbidities of the preterm neonate, and their overall success depends on the accurate gestational age.^[1]

In addition, other interventions like ensuring optimal involvement of the nursing staffs, strengthening of the primary care, screening for risk factors, and prompt initiation of breastfeeding, and continuing the same for the first 6 months of life can significantly reduce the prevalence of global prematurity and end preventable preterm newborn deaths.^[2,5] At the same time, it has even been suggested that not to administer surfactant as a prophylaxis tool without confirming the diagnosis of respiratory distress syndrome or use a higher percentage of oxygen in cases of preterm infants.^[1] Similarly for the women who are anticipated to have a preterm birth, it has been envisaged that no antibiotics are given for preterm labor in which membranes have not been ruptured, and no steroids to women with chorioamnionitis should be administered.^[6]

To conclude, as the lives of millions of preterm baby is at stake every year worldwide, it is of extreme importance that each of the concerned stakeholders should realize their responsibility and play their part in improving the outcome of preterm births in accordance with the guidelines released by the WHO.

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