Newborns are perhaps the most vulnerable population the world over. Preterm or babies born too early, less than 37 weeks gestation, are particularly at risk. Currently, prematurity is the leading cause of death among children under five around the world, and a leading cause of disability and ill health later in life. Sub-Saharan Africa and south Asia account for over 60 percent of preterm births worldwide. Of the fifteen million babies born too early each year, more than one million die due to complications related to preterm birth. Low birth weight (newborns weighing less than 2,500 grams at birth), due to prematurity and/or restricted growth in utero, is also a major contributor of newborn and child deaths, as well as disability and non-communicable diseases globally.

Nearly 85 percent of preterm babies are born between 32 and 37 weeks gestation and most of these babies do not need intensive care to survive. Solutions to improve the survival and health of vulnerable preterm and low birth weight babies exist. Essential newborn care (drying, warming, immediate and exclusive breastfeeding, hygiene and cord care) as well as basic care for feeding support, infections and breathing difficulties can mean the difference between life and death for small babies. More effort is needed to identify women at risk of preterm labor and support them to give birth in a health facility that can offer extra care when needed, such as support for adequate feeding with breast milk, continuous skin to skin contact, antibiotics, and antenatal corticosteroids. To do this, it is critical that families, communities and health care workers value small babies so that they receive the life-saving care they need. To turn the tide on these preventable deaths, we need action across the spectrum of care from adolescence and preconception, pregnancy, the safe management of labor and delivery, and effective immediate and later postnatal care.

In the Democratic Republic of the Congo, 382,000 babies are born too soon each year and 38,200 children under five die due to direct preterm complications.

Current, local data are crucial to inform priorities and drive scale-up. This national level profile provides the most current national-level information on the status of prevention and care for preterm birth and low birth weight in the Democratic Republic of the Congo. Data presented highlight a number of risk factors relevant to preterm and low birth weight in the Democratic Republic of the Congo as well as the coverage of important care for women and newborns from pregnancy, labor and delivery and the postnatal period. There is also information that provides insights into the health workforce, health policies, health information and community mobilization relevant to preterm birth and low birth weight.

The information provided here can be used to understand the current situation, increase attention to preterm births in the Democratic Republic of the Congo and to inform dialogue and action among stakeholders. Data can be used to identify the most important risk factors to target and gaps in care in order to identify and implement solutions for improved outcomes.

Much is already being done to prevent preterm birth and low birth weight and to improve outcomes for small babies. A safe and healthy start to life is at the heart of human capital and economic progress in every country, making care for small babies an essential investment in both the short- and long-term. As government leaders, civil society organizations, health workers, families, communities and other partners come together to enact change, we can prevent babies from being born too early and too small, and ensure that small babies get the critical life-saving care and nurturing they need.

Democratic Republic of the Congo - National Clinical Standards for Care of Preterm Newborns at the Hospital Level

- ACS
- Tocolytics
- Magnesium Sulfate
- Antibiotics for pPROM
- No antibiotics w/ intact membranes
- Vaginal birth preference
- KMC
- CPAP for RDS
- Safe oxygen
- Surfactant

Based on the 10 elements of care recommended by WHO for improved preterm birth outcomes.
RISK FACTORS FOR PRETERM BIRTH

Adolescent birth rate per 1,000 girls: 111
Birth interval <24 months: 27%
Short stature among women of childbearing age: 5%
Anemia among women of childbearing age: 38%
Obesity in women of childbearing age: 16%
Short stature among women of childbearing age: 6%

11%
1%
3%
49%
13%

Hypertension in women
Adult HIV prevalence
Tobacco use amongst women
Households with place to wash hands, soap and water
Solid fuel used for indoor cooking
Violence during pregnancy

REPRODUCTIVE HEALTH & CARE DURING PREGNANCY

Contraceptive prevalence rate (all methods): 30%
Met need for birth spacing: 14%
At least 1 antenatal care visit: 93%
4+ antenatal care visits: 79%
First antenatal care visit <20 weeks: 17%
ITN use in pregnancy: 60%
HIV+ pregnant women receiving ARVs: 47%
Pregnant women <34 weeks receiving ACS for threatened preterm labor: No Data

BIRTH & POSTNATAL CARE

Births attended by skilled attendant: 94%
Births by caesarean section: 5%
Infants weighed at birth: 90%
Newborns initiated on KMC: No Data
Early initiation of breastfeeding within 1 hour: 25%
Exclusive breastfeeding up to 6 months: 33%
PNC within 2 days (mothers): 80%
PNC within 2 days (newborns): 86%

DEMOGRAPHICS

Total population: 77,267,000
Annual births: 3,217,000
Total fertility rate per woman: 5.9

Maternal deaths: 693 (436)
Per 1,000 total births: Total
22,300

Stillbirths: 27.3
Per 1,000 live births: Total
87,800

Neonatal deaths: 30 (21)
Infant deaths: 75 (36)
Under 5 deaths: 98 (52)

*Numbers in parentheses refer to mortality estimates from recent national household surveys

PRETERM BIRTHS AND DEATHS

Preterm birth rate (babies born <37 weeks): 12%
Low birth weight rate (babies born <2,500g): 10%

Babies born per preterm per year: 382,000
Ratio of boys to girls born preterm: 1.17

Impaired preterm survivors per year: 8,300
Direct preterm child deaths per year: 38,200

HEALTH FACILITY READINESS

DELIVERY FACILITIES WITH ACS IN STOCK

DELIVERY FACILITIES WITH SPACE DESIGNATED FOR KMC

HEALTH WORKFORCE

Number of physicians, nurses and midwives per 10,000 population: 6.4
Clinical standards for preterm care at hospital level: 4/10
Nursing students receive formal education in neonatal care

HEALTH POLICY

Preterm birth plan for RMNCAH
Policy for kangaroo care
Policy for antenatal corticosteroids use
Policy for safe oxygen use and CPAP

HEALTH INFORMATION

Perinatal mortality audit in policy
Birthweight captured in health management information system
Gestational age captured in health management information system

COMMUNITY ENGAGEMENT

National advocacy group for parents of preterm babies

No Data

www.EveryPreemie.org