

# World Prematurity Day 2021 Advocacy Message Guide

**The year 2021** has been unique in many ways as the global COVID-19 pandemic has continued to pose serious challenges to the political, economic, cultural, and social sectors in countries across the globe. It has repeatedly pushed healthcare systems to the brink of functionality – and in some cases even beyond. The pandemic has particularly affected families with a baby born too soon, too small, or too sick since these babies are particularly vulnerable, often need specialised and intensive care, and have to remain in hospital for longer periods of time.

In order to protect both staff and patients from contracting and spreading the virus, many clinics and hospitals were forced to take strict safety precautions and put rigorous hygiene measures in place. Unfortunately, this has also meant that the contact between parents and their baby was often massively restricted. Women had to give birth on their own, without a trusted person by their side to support them. Many NICUs also limited the number of family members who were allowed to enter the unit and the amount of time they were allowed to spend there, effectively keeping parents from seeing their baby for longer periods of time. In some cases, parents were not allowed to look after their baby in the NICU at all. So far, studies have suggested that these safety measures do not prevent the spread of COVID-19 to the extent that they justify separating parents and babies – especially since research has shown the negative long-term effects of familial separation.

**Babies born too soon** refers to babies born before 37 weeks of pregnancy are completed.

Preterm birth complications are the **leading cause of death for children under 5**, causing an estimated 1 million deaths in 2015 globally.

An estimated **15 million babies** are born preterm every year – more than 1 in 10 babies around the world.

**Rates of preterm birth are rising** in the majority of countries with adequate data. Across 184 countries, the rate of preterm birth ranges from 5% to 18% of babies born.

*(Key facts preterm birth. WHO, 02/2018.)*

This is why the motto of this year's World Prematurity Day is

## Zero separation

**Act now! Keep parents and babies born too soon together.**

With this slogan, we advocate that safe, infant- and family-centred developmental care for babies born too soon, too small, or too sick is possible even in times of a global pandemic. On World Prematurity Day, we want to raise our voices for babies born too soon and their families because parents and their babies belong together – always.



As research and reports have repeatedly shown, the restrictions put in place to stop the COVID-19 pandemic affect the provision and the quality of neonatal care across the globe. Supported by its international network of partner parent organisations, EFCNI undertook a global study with the aim of exploring parents' experiences of neonatal care during the pandemic. The study's focus rested on the impact the restrictions had on key aspects of infant- and family-centred developmental care during the first year of the pandemic.

The full report will be published on 11 November 2021. Its core findings are that restrictions related to COVID-19 severely hindered and at times outright blocked central elements of infant- and family-centred developmental care. While COVID-19 related restrictions are generally necessary to stem transmission, disregarding evidence-based cornerstones of infant- and family-centred developmental care increases the risks of morbidity and mortality for vulnerable newborns across the globe. These risks are, however, so high that they effectively cancel out any gains in safety and security for these babies. Therefore, we call for a policy of zero separation for parents and their babies.

While not claiming to be exhaustive, this document contains background information and tips on how we can all work towards improving the quality of care for babies born too soon, too small, or too sick. The chapters put the focus on

- how we can support families,
- how we can support healthcare professionals, and
- how we can strengthen healthcare systems.

The document concludes with a short note on the precarious situation for families in underserved and humanitarian settings.

We are aware that each country and each region has different challenges and needs, requiring an individual and tailored approach to improve neonatal care. Feel free to use the suggested messages and/or arguments, adapt them according to your needs, or use them to supplement your own messages and calls for action.

## Supporting families

### WHY?

Having parents who are actively involved in the care of their newborn and who are in close physical and emotional contact with their baby as early after birth as possible and during hospitalisation can positively impact the short- and long-term outcome of their baby. This includes for example: less need for respiratory support, increased weight gain, improved breastfeeding, shortened hospital stay, less readmission to hospital, or better neurodevelopmental outcome. Active involvement also reduces parental stress, equips parents to take better care of their baby, and has positive effects on the parent-child relationship and family life at home, after hospitalisation.

- Enabling parents to care for their hospitalised baby and strengthening them to fulfil their parental role decreases parental stress and anxiety, improves physical health, and helps to prepare them for taking care of the baby after hospitalisation at home.
- Skin-to-skin contact as early after birth and as continuously as possible has positive and protective effects, including, e.g., the regulation of cardiac and respiratory rates, the prevention of sepsis, hypothermia and hypoglycaemia, and reduced hospital readmission. It has been linked to better reflexes at term and better development at preschool age and beyond. It also supports early initiation and continuation of exclusive breastfeeding.
- Early and exclusive breastfeeding and providing mother's own milk have a positive impact on the baby's short- and long-term physiological and neurodevelopmental outcomes.

### HOW?

Promote respectful, culturally appropriate and responsive infant- and family-centred developmental care and support, including the provision of necessary space and facilities. Educate parents so that they gain self-confidence, feel comfortable in fulfilling their parental role, and can bond with their baby.

- Engage parents from the beginning with good communication, education, participation in care giving, and decision-making.
- Keep the baby and parents together (zero separation).
- Facilitate and encourage skin-to-skin contact between baby and parents.

- Provide adequate space in the hospital unit and amenities allowing parents to stay.
- Educate and support parents with breastfeeding.
- Respect the parents' right to information and consent in all treatments and interventions, invite them to participate in medical rounds.
- Recognize parents as the ultimate caretakers for their baby; listen to their concerns, and provide psychosocial support for their own well-being.
- Ensure mothers of inpatient preterm, small, or sick babies receive routine postnatal care and management of complications, including assessment and management of anxiety, depression, or any other mental health conditions.
- Promote responsive care and early stimulation through a stimulating environment to improve essential neurosensory development for preterm babies whose senses may only be beginning to develop.
- Educate and engage non-birthing partners to understand the needs, risks, and danger signs of pregnancy, childbirth, and the postnatal period. Provide space for non-birthing partners in health facilities.
- Test innovative parent-community / parent-healthcare provider partnership models to expand access to facility-based services and post-discharge follow-up care.
- Develop and implement programmes for financial and social support of families with low social or financial status or living in underserved, marginalised areas during hospitalisation. This should also include follow-up support.
- Develop, validate, and contextualize tools that measure types of support that parents, families, and newborns receive. Give them opportunities to provide feedback and to evaluate their care experience.
- Adapt care to the needs of adolescent mothers – ensure ample time is provided during consultations so that they fully understand the care provided to their babies and what is expected of them. Where possible, hold group counselling sessions with adolescents for peer support and to promote positive behaviour. Assess support available from partners and/or families, encourage their participation, and, if support is not available, explore community options to address this. Ensure linkage to mental health services especially during inpatient care for newborns.
- Create opportunities for sharing/mentoring by other parents to allay anxiety of parents/families.
- Adopt “Water and Sanitation for Health Facility Improvement Tool (WASH FIT): A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities”. Emphasize its use in Low- and Middle-Income Countries (LMIC).

With gratitude to: [Survive and Thrive: Transforming care for every small and sick newborn](#), WHO, 2019.

## Supporting healthcare professionals

### WHY?

**Evidence-based, high-quality treatment and care are provided in a timely, people-centred manner by a well-trained, specialised multidisciplinary team. Safe staffing levels improve health outcomes and enhance staff satisfaction.**

- Newborn health is closely linked to adequate numbers of qualified nurses and/or midwives working per shift in a newborn unit.
- Multidisciplinary teams provide the necessary skill set to deliver appropriate high-quality inpatient care. Specialists help enhance feeding, neurodevelopmental, and social outcomes of the baby and form part of a broader support system for families during and after hospital stay.
- Avoid harm to newborns who are receiving more advanced clinical care including, for example, appropriate supplemental oxygen. Disabilities can be prevented or mitigated with good-quality, developmentally-supportive care.
- Pain affects brain development with potentially long-term effects: It can lead, e.g., to hypersensitivity to pain at school age as well as older and lower motor and intellectual developmental indices. Healthcare providers should ensure that newborns do not experience discomfort and painful procedures where possible and apply interventions that relieve pain during necessary painful procedures.
- Outcomes for babies can be improved by delivering developmentally supportive care to babies born too soon, small, or sick. This includes, for example, respecting a baby's sleep, paying attention to correct positioning, minimising noise and light, recognising signs of stress, and pausing interventions when possible.

### HOW?

**Ensure optimal working conditions including sufficient resources, adequate staff training, and supervisory support as well as support by hospital managers and health policy makers. Promote respect for healthcare providers and their work.**

- Provide specific and continued training / continuous professional development and supportive supervision to advance skills and competencies, including safe use of WASH (Water, Sanitation, and Hygiene) and IPC (Infection, Prevention, and Control) facilities.

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- Respect and recognise the profession and highly intense working conditions and responsibilities with, e.g., incentives such as increased remuneration, career opportunities, or establishment of a neonatal nursing cadre.
  - Establish innovative approaches to motivate and facilitate the work of clinical staff and identify ways to prevent distress and burn-out.
  - Ensure each level of care has the necessary staff per shift, equipment, commodities, supplies, and diagnostics so that providers can safely care for babies born too soon, too small, or too sick.
  - Identify and procure diagnostics/equipment that are affordable, safe, effective, and appropriate for use in low resource settings.
  - Establish clean, functional health centres to support safe delivery and empower women and families to demand and access quality health services from clean and safe healthcare facilities. Highlight the importance of respectful care, particularly for women at risk of disrespect and abuse due to age, socioeconomic status, or marital status. Determine conditions under which disrespect and abuse happen and put in place reporting and redress mechanisms.

*With gratitude to: [Survive and Thrive: Transforming care for every small and sick newborn](#), WHO, 2019.*

## Strengthening healthcare systems

### WHY?

**Universal access to and focus on equitable, high-quality, affordable services during and after birth are critical to ensure the survival and health of women and newborns. They represent a smart investment in the future of our societies.**

- There is great need for country policies on universal health coverage, including financial protection mechanisms that guarantee access to a comprehensive package of interventions for small and sick newborns. Social and financial barriers that limit access to care, including for female newborns who are especially vulnerable in some populations, must be eliminated.
- While global data availability remains limited, the latest JMP estimates highlight the urgent need to accelerate progress in Least Developed Countries where, in 2019, 50% of healthcare facilities had basic water services, 37% had basic sanitation services, 74% had hand hygiene at points of care and 30% had basic healthcare waste management services.<sup>1</sup>
- More than one million deaths each year are associated with an unclean surrounding environment at birth while infections account for 26% of neonatal deaths and 11% of maternal mortality. Water, Sanitation, and Hygiene (WASH) services must be available at every stage before, during, and after birth to enable a clean birth environment and safe inpatient care.<sup>1</sup>
- High-quality health systems could prevent one million newborn deaths and half of all maternal deaths each year.<sup>2</sup> The provision of effective care for all women and babies at the time of birth in facilities could prevent an estimated 113,000 maternal deaths, 531,000 stillbirths, and 1.3 million neonatal deaths annually by 2020 at an estimated running cost of US\$ 4.5 billion per year (US\$ 0.9 per person).<sup>3</sup>
- Health system investments alongside investments in high-impact health interventions for the health of mothers, newborns, children, and adolescents, at a cost of US\$ 5 per person per year up to 2035 in 74 high-burden countries, could yield up to nine times that value in economic and social benefits. These returns include greater GDP growth through improved productivity and preventing 32 million stillbirths and the deaths of 147 million children and 5 million women by 2035.<sup>3</sup>
- A child's brain and other systems develop most rapidly through the first three years of life. Investments in early development are essential to promote the physical, mental, and social development that shape each individual's present and future health. Enabling children to develop their physical, cognitive, language, and socio-emotional potential, particularly in the first three years of life, has rates of return of 7-10% across

the life course through better education, health, sociability, economic outcomes, and reduced crime.<sup>3</sup>

- A decrease of 70% in a country's maternal mortality rates and 3% decrease in infant mortality rates could be achieved by a 10% reduction in child marriage. High rates of child marriage are linked to lower use of family planning, higher fertility, unwanted pregnancies, higher risk for complications during childbirth, limited educational advancement, and reduced economic earnings potential.<sup>3</sup>
- Investments to ensure girls complete secondary school yield a high average rate of return (around 10%) in low- and middle-income countries. The health and social benefits include, among others, delayed pregnancies and reduced fertility rates, improved nutrition for pregnant and lactating mothers and their infants, and improved infant mortality rates.<sup>3</sup>

<sup>1</sup> [Water, sanitation, and hygiene in health care facilities: practical steps to achieve universal access to quality care](#), WHO/UNICEF, 2019.

<sup>2</sup> [High-quality health systems in the Sustainable Development Goals era: time for a revolution](#), Margaret E Kruk et al, The Lancet Global Health Commission, vol. 6, no. 11, E1196-E1252, 1 November 2018.

<sup>3</sup> [The global strategy for women's, children's and adolescents' health \(2016 - 2030\): survive, thrive, transform](#), Every Women Every Child, 2015.

## HOW?

**Establish/update evidence-based laws, policies, and regulations as well as organisational structures around the time of birth and care for preterm, small, and sick newborns to ensure equitable access to high-quality care for all newborns in need.**

- Provide political leadership at all levels, supporting the prioritisation of the needs and rights of women and newborns across government sectors.
- Achieve and maintain WASH (Water, Sanitation, and Hygiene) services in healthcare facilities for better infection prevention and control as well as patient safety, particularly during the time around birth.
- Integrate “the LINC Factors” (lifestyle, infection, nutrition, and contraception) into service delivery. Link these with other strategies targeting families and communities to increase awareness of how to prevent preterm birth.
- Develop context-specific national action plans and allocate adequate financial resources to include inpatient care for mothers and newborns and effective follow-up after hospitalisation.
- Make care services for mothers and newborns available for populations in humanitarian settings.

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- Adapt the WHO global maternal and newborn care standards, standards for improving the quality of care for small and sick newborns in health facilities, and/or the European Standards of Care for Newborn Health (ESCNH), and make them available in local facilities.
  - Support the maintenance of equipment and adequate supplies of drugs and other items in order to fight the low quality of maternity services and delay in care provision, particularly found in rural settings in Low- and Middle-Income Countries.
  - Support data collection efforts and harmonisation to increase understanding of where, when, and why mothers and newborns are dying – and how this connects to care delays.
  - Decide on measures to attract and retain healthcare providers in rural areas (including, e.g., housing, good working conditions, performance recognition, and remuneration).
  - Involve women, children, and adolescents in decision-making for health policies and programmes that affect their health and well-being. Include the respective organisations supporting and representing these groups.
  - Develop/expand context-specific national action plans to include antenatal care, high risk identification, and prioritised care, inpatient newborn care, post-discharge follow-up care. Allocate adequate financial resources.
  - Use of media to create awareness of risk factors and care for preterm birth.

*With gratitude to: [Survive and Thrive: Transforming care for every small and sick newborn](#), WHO, 2019.*

## Families in underserved and humanitarian settings

Wealth, place of birth, coverage of care at birth, and, in some cultures, also the newborn's gender greatly impact the risk of dying and the health outcome of a newborn. The most vulnerable newborns are those in marginalised groups, rural areas, urban slum environments, conflict areas, and humanitarian settings. Too many newborns have only limited or no access to cost-effective, life-saving interventions, and the equity gap is continuously growing. Every day in fragile and humanitarian settings, an estimated 500 women and girls die from complications due to pregnancy and childbirth.

Some concrete examples of what can be done to help newborns survive under these most difficult circumstances:

- Keep babies and parents together: they are the most reliable source of warmth, feeding, and protection in crises.
- Strengthen and scale up essential care for mothers and newborns, focusing on cost-efficient and high-impact interventions, including empowering mothers with information on their individual risk level during pregnancy, thermal care, infection prevention, neonatal resuscitation, early initiation and support for breastfeeding, postnatal checks, delayed cord clamping, vitamin K administration, and eye prophylaxis at birth.
- Educate communities and health workers to identify danger signs before, during, and after pregnancy and monitor these. Develop systems of reliable transportation and communication to facilitate appropriate referral of mothers and newborns when danger signs are detected.
- Share broadly information of essential medicines and commodities (e.g. the field guide "[Newborn Health in Humanitarian Settings](#)") to support safe birth and newborn survival during emergencies. Integrate these medicines into national essential medicines lists and implementing organisations' supply lists.
- Recognise and guarantee the rights of newborns including birth registration and legal status. Count every newborn in all settings, including humanitarian settings, using birth (and death) registration.
- Integrate family planning during antenatal and postnatal care, encourage early and exclusive breastfeeding, and improve spacing between pregnancies.

*With gratitude to: [Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings 2020-2025](#), ENAP, 2019 and [Global estimates for WASH in healthcare facilities](#), JMP, 2019/2020.*

## Acknowledgements

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