



FIGO

INTERNATIONAL FEDERATION OF GYNECOLOGY & OBSTETRICS

FIGO House, Suite 3, Waterloo Court, 10 Theed Street, London SE1 8ST, United Kingdom
Tel: +44 20 7928 1166 Fax: +44 20 7928 7099 Email: figo@figo.org Website: www.figo.org

14 November 2012

Dear Colleagues

This coming Saturday, 17 November, a number of organisations will mark World Prematurity Day for the first time.

This is an initiative to highlight the burden of preventable morbidity and mortality arising from prematurity and its complications. The Day provides an opportunity to disseminate and debate some recently published material that has set out in detail the scale of the problem of prematurity, but has also highlighted how much could be achieved with interventions to mitigate that burden. Obstetricians have an important part to play both in direct service provision for mothers at risk of premature birth, but also in the health policy, planning and resourcing arenas, as many of our colleagues are influential in their professional and wider community networks. With this in mind, FIGO has partnered with the International Pediatric Association to publish the attached statement in brochure form: 'Prevention and Treatment of Preterm Births'.

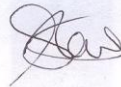
We write to ask you to circulate the statement among your members in the coming days and use your networks such as media links, government ministries, hospitals and private health institutions as a means of disseminating the messages therein. From among the points highlighted in the section of the statement on 'The Role of Obstetricians', you might care to give special emphasis to two topics within the remit of obstetricians that could have a rapid impact to improve outcomes. These are:

1. The need for maternity services to be able to offer tocolysis with oral nifedipine to allow steroids to work. While the importance of corticosteroids is widely understood, tocolytics are not available in many parts of the world despite being included in the WHO List of Essential Medicines.

2. Detection and referral for women with hypertensive disease who are likely to need early delivery, so this can be undertaken under optimal conditions. Planned delivery following control of hypertension and administration of corticosteroids is likely to improve outcomes for mothers and preterm newborns.

Please encourage your members and associates to participate actively in World Prematurity Day and take full advantage of the various web materials and social media channels that are planned around this event (see also http://www.who.int/pmnch/media/news/2012/20121117_world_prematurity_day/en/index.html)

Kind regards



Professor Sir Sabaratnam Arulkumaran, FIGO President

Professor William Stones, Chair of the FIGO Committee for Safe Motherhood and Newborn Health

15 million babies are born too soon every year

- More than one in 10 babies are born preterm, affecting families all around the world.
- Over one million children die each year due to complications of preterm birth.

Rates of preterm birth are rising

- Preterm birth rates are increasing in almost all countries with reliable data.
- Prematurity is the leading cause of newborn deaths (babies in the first four weeks of life) and now the second-leading cause of death after pneumonia in children under the age of 5.

Prevention of preterm birth must be accelerated

- Family planning, and increased empowerment of women, especially adolescents, plus improved quality of care before, between and during pregnancy can help to reduce preterm birth rates.

Premature babies can be saved now with feasible, cost-effective care

- Over 75% of deaths from preterm birth complications can be prevented even without the availability of neonatal intensive care.

Everyone has a role to play

- Everyone can help to prevent preterm births and improve the care of premature babies, accelerating progress towards the goal of halving deaths due to preterm birth by 2025.

Together rapid change is possible

Together, as professionals, as policy-makers and as parents, we commit to our common goal: all pregnancies wanted and healthy, all women survive, and all babies – including those born too soon – with a healthy start in life, and thriving as children, fulfilling their potential as adults. The actions, research and innovation for preterm birth would improve reproductive and maternal health, reduce disability and chronic disease and build sustainable health systems.

More information:

March of Dimes, PMNCH, Save the Children, WHO. Born Too Soon: The Global Action Report on Preterm Birth. Eds CP Howson, MV Kinney, JE Lawn. World Health Organization. Geneva, 2012. Available at: www.who.int/pmnch/media/news/2012/preterm_birth_report/en/index.html

Related materials and interactive map of preterm births:

www.marchofdimes.com/bornতোsoon

Every Woman Every Child commitments to preterm birth:

www.everywomaneverychild.org/

World Prematurity Day on November 17
www.facebook.com/WorldPrematurityDay

Access the complete Joint Statement from the International Pediatrics Association and the International Federation of Gynecology and Obstetrics on preterm births at:
ipa-world.org and figo.org

FIGO / IPA JOINT STATEMENT



Photo: Colin Crowley/Save the Children

PREVENTION AND TREATMENT OF PRETERM BIRTHS



international pediatric association
association internationale de pédiatrie
asociación interna ional de pediatria

The role of obstetricians

Antenatal corticosteroids could save 400,000 babies each year if provided to 95% of women in preterm labor

Many of the interventions to address preterm births are also well recognized for their benefits for fetal wellbeing and maternal health. Measures to be advocated for and implemented by the obstetrician include:

- Behavioral and community interventions to reduce smoking, prevent violence against pregnant women, and address other social stressors linked to increased risk of preterm delivery.
- Prevention of iatrogenic, multiple pregnancy
- Promotion of adequate spacing between pregnancies
- Antenatal care packages for all pregnant women and identification and treatment of pregnant women at higher risk of preterm birth
- Avoiding unnecessary induction of labor or caesarean section
- Provision of progesterone for prolonging pregnancy when appropriate and interventions for structural abnormalities
- Diagnosis and management of women in preterm labor with antenatal steroids and tocolytics
- Use of antibiotics for PROM to increase survival chances of preterm baby
- Strict infection control at preterm birth

Proven interventions save lives

Almost one million babies can be saved per year if interventions with proven benefit were to be made universally available to women and their babies by 2025 (covering 95% of those at risk).



Photo: March of Dimes

Prevention and management of preterm birth requires close collaboration between all cadres of health workers, obstetricians and paediatricians with midwives and neonatal nurses. Evidence-based interventions to prevent preterm births and reduce death and disability among preterm babies have been identified, now it is time to act.

PREVENTION OF PRETERM BIRTH

- Preconception care package, including family planning (e.g., birth spacing and adolescent-friendly services), education and nutrition especially for girls, and STI prevention
- Antenatal care packages for all women, including screening for and management of STIs, high blood pressure and diabetes; behavior change for lifestyle risks; and targeted care of women at increased risk of preterm birth
- Provider education to promote appropriate induction and cesarean
- Policy support including smoking cessation and employment safeguards of pregnant women

MANAGEMENT OF PRETERM LABOR

- Tocolytics to slow down labor
- Antenatal corticosteroids
- Antibiotics for pPROM

CARE OF THE PREMATURE BABY

- Essential and extra newborn care, especially feeding support
- Neonatal resuscitation
- Kangaroo Mother Care
- Chlorhexidine cord care
- Management of premature babies with complications, especially respiratory distress syndrome and infection
- Comprehensive neonatal intensive care, where capacity allows

REDUCTION OF PRETERM BIRTH

MORTALITY REDUCTION AMONG BABIES BORN PRETERM

The role of paediatricians



In the event of a preterm birth, implementing key evidence-based interventions can save lives and improve outcomes. Working with midwives, nurses and

others, paediatricians should help ensure:

- Essential newborn care for all babies, including thermal care, exclusive breastfeeding and infection prevention
- Neonatal resuscitation, as required.
- Extra care for small babies, including Kangaroo Mother Care and extra support for feeding and extra care for preterm babies with complications
- Management of babies with signs of infection
- Safe oxygen management and supportive care for babies with respiratory distress syndrome
- Management of babies with significant jaundice
- Hospital care of preterm babies with respiratory distress syndrome and, if appropriate and available, nasal CPAP and/or surfactant
- Neonatal intensive care

Kangaroo Mother Care could save 450,000 babies each year if provided to 95% of premature babies