



HIGH QUALITY CARE DURING PREGNANCY REDUCES THE RISK OF DELIVERING A BABY PRETERM.



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**CARING FOR A SMALL OR PRETERM BABY IS
ESPECIALLY INTENSIVE.**

**FAMILIES OF SMALL AND PRETERM BABIES NEED EXTRA
SOCIAL, EMOTIONAL, WORKPLACE, AND FINANCIAL SUPPORT.**



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**FOR BABIES BORN EARLY OR
SMALL, WHO RECOMMENDS
STARTING KANGAROO
MOTHER CARE
IMMEDIATELY AFTER BIRTH.**



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AMONG INFANTS BORN EARLY OR SMALL, **KANGAROO MOTHER CARE** HAS BEEN SHOWN TO REDUCE

INFANT DEATHS
BY UP TO **40%**

HYPOTHERMIA BY
MORE THAN **70%**

SEVERE INFECTIONS
BY **65%**



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**KANGAROO MOTHER CARE
INCLUDES SKIN TO SKIN
CONTACT AND EXCLUSIVE
BREASTFEEDING.**

**IT INCREASES SURVIVAL
OF BABIES BORN EARLY OR
SMALL, AND HELPS THEM
GROW AND DEVELOP.**



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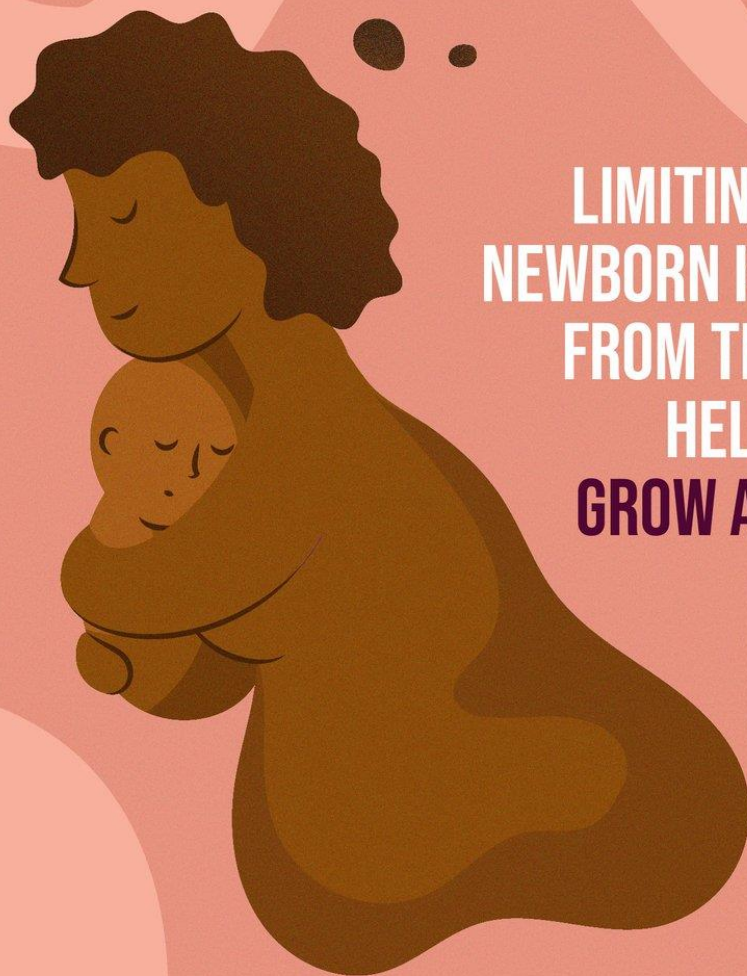
**PARTNERS AND OTHER
FAMILY MEMBERS CAN ALSO
HOLD THEIR PRETERM BABIES
SKIN TO SKIN, SUPPORTING
MOTHERS IN PROVIDING
CONTINUOUS KANGAROO
CARE TO THE BABY**



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**LIMITING THE TIME A
NEWBORN IS SEPARATED
FROM THEIR MOTHER
HELPS THE BABY
GROW AND DEVELOP.**

Referral and tertiary-level facility	<ul style="list-style-type: none"> Intensive newborn care Special newborn care Essential newborn care Postnatal care 	<p>Preterm or LBW infants who need intensive care*</p> <p>Initiate KMC immediately after birth and continue in newborn intensive care unit, where the mother can stay with the newborn on a 24/7 basis.**</p> <p><i>(Plus provide KMC to other preterm or LBW infants who do not need intensive care)</i></p>
Second-level facility	<ul style="list-style-type: none"> Special newborn care Essential newborn care Postnatal care 	<p>Preterm or LBW infants who need special newborn care*</p> <p>Initiate KMC immediately after birth and continue in newborn special care unit, where the mother can stay with the newborn on a 24/7 basis.**</p> <p><i>(Plus provide KMC to other preterm or LBW infants who do not need special care)</i></p>
First-level facility	<ul style="list-style-type: none"> Essential newborn care Postnatal care 	<p>Preterm or LBW infants who do not need special newborn care</p> <p>Initiate KMC immediately after birth in delivery room/postnatal ward.**</p>
Community	<ul style="list-style-type: none"> Essential newborn care for home births Postnatal home visits for mothers and newborns 	<p>Home births: preterm or LBW infants</p> <p>Initiate KMC immediately after birth and refer those with danger signs or below country threshold for low birth weight to hospital.</p>
		<p>Facility births: preterm or LBW infants after discharge</p> <p>Continue KMC at home for all infants who received KMC in the facility; initiate KMC if not already started in the facility. In either case with close monitoring and follow up.</p>

KMC: kangaroo mother care; LBW: low birth weight.

* Unless the newborn is unable to breathe spontaneously even after resuscitation, is in shock, or requires mechanical ventilation.

** If the mother is sick, father or partner or other family member could stay with the newborn on 24/7 basis till mother recovers.

In 2020, a quarter (an estimated 35.3 million) of babies born alive were born with one or more of three vulnerabilities:



If fully implemented in low-income and middle-income countries, these **eight proven interventions** could prevent 5·2 million vulnerable births per year:



Failure
to agree on a definition for newborn vulnerability and on the best ways to address it

Failure
to frame the problem attractively

Failure
to build a broad coalition of actors

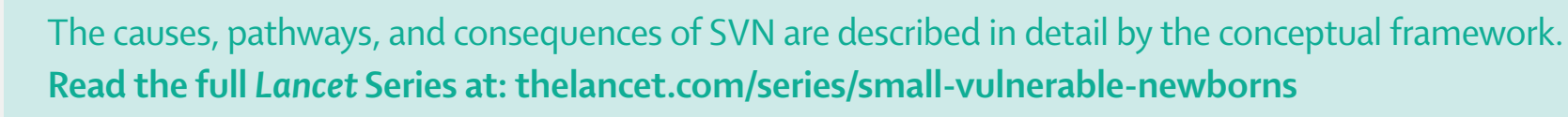
Failure
to build a suitable governance structure to implement change







Small Vulnerable Newborn

SVN can be categorised into three main groups...

Group	Population Size	Risk Level
Those born SGA but not preterm	21.9 million	Increased risk of neonatal death
Those born preterm but not SGA	11.9 million	Higher risk of neonatal death
Those born both premature <u>and</u> SGA	1.5 million	Highest risk of neonatal death

Together, these three groups account for **99.5%** of the 19.8m babies born LBW



		 Problem recognition	 Intervention implementation	 Increased accountability
	Target	Make SVN prevention a health priority	Scale up high-quality care, particularly during pregnancy and at birth	Improved measurement and monitoring
	National action	Develop or integrate within other national action plans, budget and invest to meet targets and contribute to SDG ⁴ acceleration	<div>Ensure early start of high-quality antenatal and childbirth care for all pregnant women</div> <div>Scale up proven interventions integrated with WHO recommended ANC⁵, and include in UHC⁶ planning</div>	<div>Date all pregnancies, weigh all newborns and stillbirths, collate data nationally on rates of preterm birth and SGA</div> <div>Promote societal level action with a multisectoral approach using health in all policies</div>
	International action	Update guidelines for SVN prevention, and support context-sensitive adaptation	<div>Allocate sufficient funding for national ANC⁵ and childbirth programmes</div> <div>Increase research investment into potential interventions for SVN prevention</div>	<div>Improve international statistics, ensure regular reporting on the incidence of different SVN types</div> <div>Agree on approaches and a possible governance structure for international support to country activities on SVN and stillbirth prevention</div>

⁴ Sustainable Development Goals; ⁵ Antenatal Care; ⁶ Universal Health Coverage.

Read the full *Lancet* Series at: thelancet.com/series/small-vulnerable-newborns