

Experts call for acceleration of research and interventions for prematurity and stillbirth

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A new report issued today identifies the enormous global impact of preterm birth and stillbirth—and what can be done to decrease it. Globally, an estimated 13 million babies are born preterm each year. Newborn deaths now account for more than 42 percent of mortality in children under the age of five, a rise from 37 percent in the year 2000. Additionally, an estimated 3.2 million are stillborn each year, and many of these losses are linked to maternal deaths.

The Global Report on Preterm & Stillbirth, published with the *BMC Pregnancy and Childbirth*'s latest supplement (<http://www.biomedcentral.com/bmcpregnancychildbirth/>), identifies known causes and 21 proven interventions that could now be widely used to improve these extremely distressing yet under-addressed outcomes. Additionally, it outlines the urgent need for increased focus and attention on research. This is crucial for understanding the magnitude, causes, and consequences of preterm birth and stillbirth, and for speeding up the development of diagnostics, treatment and prevention strategies.

The report, led by the Global Alliance to Prevent Prematurity and Stillbirth (GAPPS), and supported by the Bill & Melinda Gates Foundation and Seattle Children's, is a collaborative effort undertaken by an interdisciplinary team of maternal, newborn and child health experts from around the globe.

"We can save more lives, but we urgently need more action and resources to better understand the causes of prematurity and stillbirth,

and to guide development of cost-effective interventions," said Dr. Craig E. Rubens, executive director of GAPPS. "For the first time ever, experts from around the world have agreed to a comprehensive, evidence-based approach to solving these global tragedies."

"Tremendous progress has been made toward saving the lives of children under 5, except in the early neonatal period, the first week of life, when about 3 million newborns die each year, many with complications of prematurity," said Gary Darmstadt, director of the Family Health Division at the Bill & Melinda Gates Foundation. "Attention to this crucial stage of life will help make progress toward the Millennium Development Goals of reducing child mortality and improving safe motherhood, because maternal, newborn and child health is so intertwined, and a healthy start to life sets the stage for lifelong health."

Preterm Birth and Stillbirth Affect all Countries

Although the impact of preterm birth and stillbirth is most widely felt in low- and middle-income countries, preterm birth rates are also rising in high-income countries. Preterm birth is the number one cause of newborn deaths worldwide, and those who survive can experience serious short- and long-term health problems. One million stillbirths occur each year during childbirth that could be reduced with existing interventions.

In the United States, great disparities exist between racial and ethnic groups: the preterm birth rates in 2005 vary from 18.4% among African American women to 11.7% among non-Hispanic white women and 10% among Asian and Pacific Islander women. An even larger disparity exists between costs and research. In the United States, for example, preterm birth is the 7th leading U.S. health care expenditure (\$26B), yet perinatal health research ranks 63rd in NIH funding.

"*BMC Pregnancy and Childbirth* is pleased to present this important report," said Melissa Norton, Editorial Director (Medicine) at BioMed Central. "To date there has not been enough attention given to preterm births and stillbirth, and this report will contribute considerably in reducing the 13 million preterm births and 3.2 million stillbirths worldwide."

"Preterm births and stillbirths are major health issues in rich and poor countries alike, a private loss to many families that should be on the public's priority list," said Dr. Joy Lawn of Save the Children's Saving Newborn Lives program and a co-author of the report. "With greater understanding of the causes of preterm birth and stillbirth, we can prevent many losses, and make every birth count."

New Repository of Tissue Samples will Contribute to Global Research

Researchers lack access to quality specimens linked with phenotypic data, which has been a major impediment to solving the complex problems of preterm and stillbirth. To better understand and reduce the numbers of preterm births and stillbirths worldwide, GAPPS is establishing the GAPPS Repository

(http://www.gappsseattle.org/assets/pdf/2010-02-19_Repository_Fact_Sheet_gs.pdf), a unique large collection of prospective data and specimens from diverse populations of pregnant women and their newborns. This will serve as a critical resource for researchers to develop projects that strive to understand and prevent preterm birth and stillbirth.

GAPPS is partnering closely with hospitals, universities and research institutes in the United States and internationally to establish the repository. This resource, which has great potential for furthering

advances in medical and public health research, will include a large pool of samples collected from a network of global sites in a systematic and scientifically standardized manner. This will enable the study of multiple factors at different points throughout pregnancy, necessary for predicting adverse outcomes and their relation to gestational age.

The GAPPS Repository will drive discovery science research on these important health issues and accelerate biomarkers that can lead to predicting, treating, and ultimately preventing preterm birth and stillbirth. The repository will also serve as a resource for studies aimed at understanding other poor birth outcomes and fetal origins of adult disease, both acute and chronic. The GAPPS data and samples will be available to researchers worldwide.

Global Action Agenda

The BMC report outlines the first-ever comprehensive review on preterm births and stillbirths. It also includes a Global Action Agenda that was developed by more than 200 stakeholders at the 2009 International Conference on Prematurity and Stillbirth. Global leaders outlined collaborative strategies to achieve four key goals:

- **Increase awareness and understanding of the magnitude of the problem**

Global health leaders typically are unaware of the magnitude of the health problems caused by preterm birth and stillbirth, and their relationships to maternal, child and adult health. Other global health leaders have been aware of the problem, but have not known what to do.

- **Close the research gaps**

The biology of pregnancy and childbirth is poorly understood, as are the causes of preterm birth and stillbirth. Additionally, it is difficult to calculate the magnitude of the problem as there are no global standards for data collection.

- **Support the discovery, development and delivery of interventions**

More research is needed to determine which interventions are most effective. Effective interventions that are already available in low-resource settings should be promoted for scale-up. Effective interventions that are only available in high-income countries should be adapted and evaluated for effectiveness in low-resource settings.

- **Increase resources for research and implementation**

Significant funding, commitment and a coordinated effort are needed to reduce preterm births and stillbirth.

"This call to action presents a unique opportunity to move the prematurity and stillbirth agenda forward," said Dr. Rubens. "GAPPS is forging a collaborative effort toward achieving common goals to prevent [preterm birth](#) and [stillbirth](#). There is significant momentum and we look forward to raising visibility for these critical issues so that we can fuel investments, accelerate innovative research and interventions, and promote effective health policies that will improve maternal, newborn

and child health worldwide."

Provided by Seattle Children's

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