World Prematurity Awareness Day 2026







Small babies, big potential. Invest in follow-up care to Protect their future

NATIONAL PRIORITY STRATEGIES AND INTERVENTIONS

Ms J MAHUNTSI: MATERNAL AND NEONATAL

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2030 NDP

WORLD PREMATURITY DAY

Preventing Preterm Births and Improving Survival

FROM SURVIVAL TO THRIVING

Strengthening integration between PHC and community-based services

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National Department of Health

The Burden of Prematurity in Numbers (2024)

112,982
low birth weight births (<2,500 g)
16.3% of 692,193 births

22,664
very low birth weight births (<1,500 g)
3.3% of all births

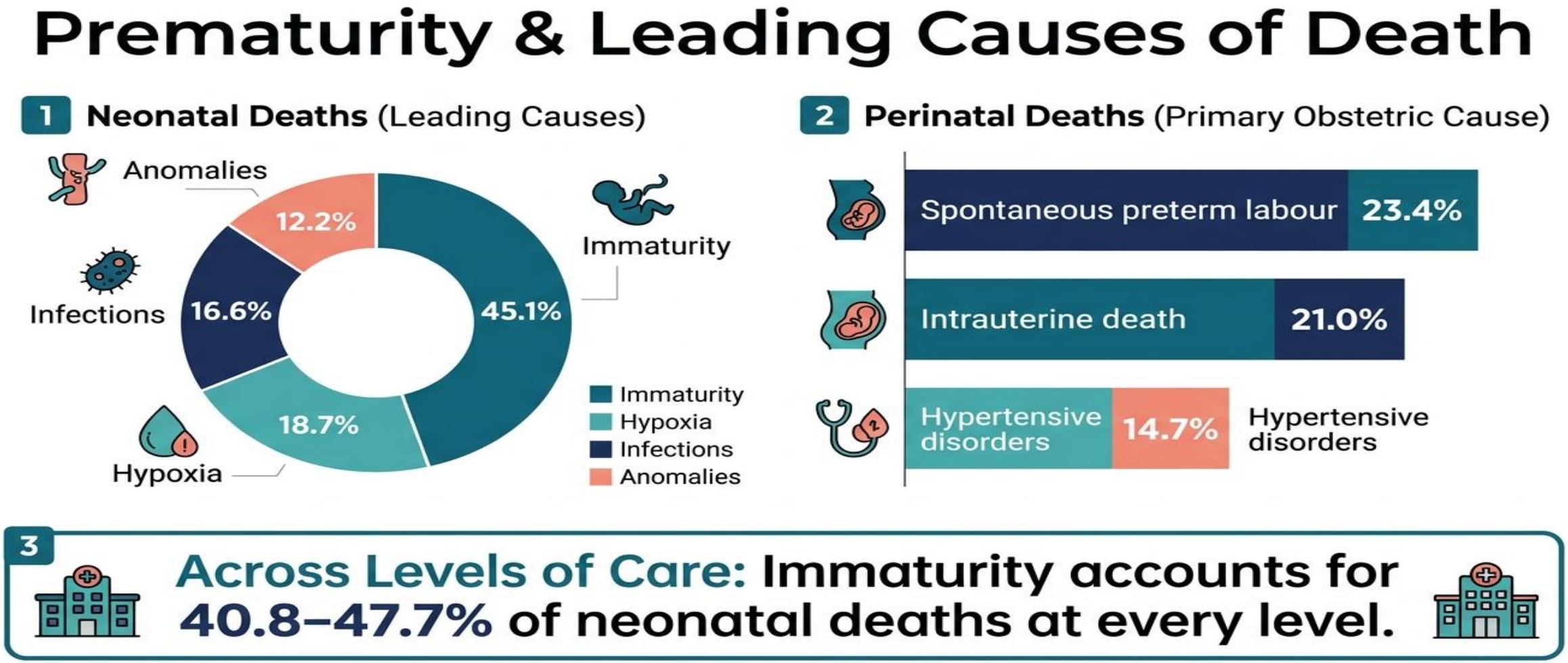
472.6
neonatal deaths per 1,000 births at 500–999 g (9,730 births)

148×
higher neonatal mortality at 500–999 g than at ≥2,500 g (3.2 per 1,000)

Perinatal mortality rate: 645.4 per 1,000 at 500–999 g vs 7.5 per 1,000 at ≥2,500 g; 315.1 per 1,000 at 1,000–1,499 g.

Source: PPIP 2024. Birth weight is used as a proxy for prematurity; gestational age data are not reported in this deck.

The Burden of Prematurity in Numbers (2024)



The burden extends beyond the neonatal unit



NEONATAL SURVIVAL

Preterm birth remains a leading cause of death among children under five.

EARLY DEVELOPMENT

Survivors may face neurodevelopmental, growth and feeding challenges.

LIFELONG WELLBEING

Some children experience chronic health conditions and learning difficulties.

THE OUTCOME WE SEEK

More babies born at the right time. More preterm babies surviving. More children thriving.

The response must connect prevention, quality clinical care, rehabilitation, developmental support and family-centred follow-up.

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Prematurity: a survival and development priority



1

PREVENT

Avoid preventable preterm births through quality care before and during pregnancy.

2

SURVIVE

Ensure every small and sick newborn receives timely, evidence-based care.

3

THRIVE

Protect growth, development, family wellbeing and long-term health.

Prematurity is not only a cause of neonatal death. It can shape a child's health, learning, and development long after discharge.

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POLICY TO PRACTICE NDoH priorities: act across the whole system



01	**Prevent avoidable prematurity**	Quality ANC (BANC plus)• risk identification- disease screening (HIV, syphilis, hepatitis, all STIs) • management of maternal conditions- PIH, HIV
02	**Improve care for small & sick newborns(MSSN)**	Essential newborn care • KMC • respiratory and feeding support – milk banks (Clinical care)
03	**Strengthen health-system readiness**	Skilled workforce • referral pathways • commodities • reliable data
04	**Make care family- and community-centered**	Discharge planning • community follow-up- CHW program, household visits• family empowerment

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A preterm baby's journey must be connected



1 — 2 — 3 — 4 — 5

PREGNANCY
ANC & risk detection

MATERNITY
Safe birth & stabilisation

NEONATAL UNIT
Specialized newborn care

PHC FACILITY
Follow-up & prevention

HOUSEHOLD
Family and community support

ONE CONTINUUM • SHARED ACCOUNTABILITY • NO MISSED HANDOVERS

Fragmented services, weak referral communication and missed follow-up create avoidable risks.

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Community-based services bring care closer to families



Preconception preparation for pregnancy (delaying, planning, avoiding adolescent pregnancy)

Promote early ANC attendance, Good maternal Nutrition

Support nutrition and wellbeing

FAMILY & BABY

Recognise danger signs & refer

Support KMC, breastfeeding & follow-up

COMMUNITY HEALTH WORKERS CONNECT HOUSEHOLDS, PHC AND HOSPITALS

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Improve survival with proven newborn interventions



LABOUR & BIRTH

- Skilled birth attendance
- Antenatal corticosteroids when indicated
- Newborn resuscitation

FIRST HOURS

- Thermal protection
- Infection prevention
- Early breastfeeding / expressed milk
- Timely respiratory support

ONGOING CARE

- Kangaroo Mother Care
- Feeding and growth support
- Family involvement
- Follow-up and developmental monitoring

Evidence-based interventions save lives when they are available, timely, safe and consistently delivered.

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CALL TO ACTION



Every sector has a role in helping preterm babies

POLICY MAKERS

Enable integrated systems

MANAGERS

Strengthen service linkages

HEALTH WORKERS

Deliver evidence-based care

COMMUNITY TEAMS

Reach and support families

FAMILIES

Partner in care and follow-up

Preventing preterm birth is everyone's responsibility. Improving survival requires an integrated system where every mother and newborn receives continuous, quality care from pregnancy through childhood."

FROM SURVIVAL TO THRIVING | NO BABY LEFT BEHIND

TAKE AWAY MESSAGES



1. Prevent avoidable preterm births through quality care before and during pregnancy.
2. Timely, evidence-based newborn care improves survival.
3. Preterm babies need coordinated care beyond the neonatal unit.
4. PHC and community services are essential for continuity after discharge.
5. Families are partners in care, not passive recipients.
6. Integrated services and multisector action to prevent, help babies survive and thrive.

2

INTEGRATED APPROACH TO SURVIVAL AND THRIVING

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THANK YOU





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