

PREMATURE BIRTH: A PUBLIC HEALTH CHALLENGE

Premature birth, which happens before 37 weeks of gestation, is a perinatal problem and has been showing increasing tendencies. The World Health Organization estimates that around 15 billion of premature births occur worldwide every year, and that more than a million children die annually of complications resulting from prematurity⁽¹⁾. In Brazil, the number of premature births stood at 6% in 2000, and went up to 10% in 2011, with increment attributed mainly to newborns with 34 to 36 gestational weeks⁽²⁾.

Premature birth is a strong predictor of neonatal morbidity and mortality. Children born prematurely present elevated risks of sequels, bring exhaustion to their families, and demand high public expenses. Among them, those born before the 30th week of gestation are worth of greater attention; they are the extreme premature babies, and have higher levels of respiratory distress, jaundice, convulsions, apnea and eating problems, in addition to high risk for developing long-term neurological deficit⁽³⁾.

Prematurity has multifactorial causes that range from socioeconomic characteristics, characteristics of previous gestations, maternal complications during gestation, quality of the health assistance during prenatal care and delivery, and lifestyle, to the woman's individual characteristics. This complexity of determinant factors requires the enhancement of the access to and the quality of attention to the healthcare of women during gestation, the assistance during birth and to the newborn.

Over the last few years, prematurity has been the target of innumerable researches in many countries and in Brazil, approaching the evolution of premature birth with time, going through the study on the determination of risk factors, consequences to the mother and to the child in the course of their lives.

In our reality, socioeconomic disparities, in addition to gaps in the quality and offer of health services between Brazilian regions, evidence regional differences in the incidence of premature birth. Such differences reinforce the need for regionalized and localized studies to determine factors and consequences that are consonant with the real need for public actions and policies towards promotion, prevention and care, in order to decrease the frequency of premature birth.

Considering that prematurity is a public health aggravation, complex and serious, strategic investment in innovation and research is necessary so that studies are conducted aiming to investigate and assess measures with an impact on premature birth.

On the other hand, it is the role of health services and professionals to provide the population a high-quality assistance since the pre-conceptive period and during prenatal care to prevent preterm labor and premature birth.

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1 WHO. Born too soon: the global action report on preterm birth. 2012.

2 Matijasevich A, Silveira MF, Matos ACG, Rabello Neto D, Fernandes RM. Estimativas corrigidas da prevalência de nascimentos pré-termo no Brasil, 2000 a 2011. Epidemiol. Serv. Saúde, Brasília, 22(4):557-564, 2013.

3 Johnson S, Fawke J, Hennessy E, Rowell V, Thomas S, Wolke D. Neurodevelopmental Disability Through 11 Years of Age in Children Born Before 26 Weeks of Gestation. Pediatrics. 124(2):124-249, 2009.