



Preterm Birth in Canada: An Environmental Scan prepared for the Canadian Premature Babies Foundation-Fondation pour Bébés Prématurés Canadiens is the first Canadian scan on preterm birth with such diverse stakeholders. (parents, nurses, lactation consultants, neonatologists, policy makers, and researchers).

Facts:

1. The proportion of infants born preterm in Canada is increasing.
2. The Canadian rate of preterm birth in 2011/12 was 7.8% (29,000 infants/year). This rate varies across the country from 6.2% in the Yukon to 13.9% in Nunavut.¹
3. Preterm birth is higher in Aboriginal than non-Aboriginal populations. For example, the risk of preterm birth is nearly one and a half times higher in Inuit-inhabited Canada than the rest of Canada.
4. Preterm birth is the largest cause of infant death in Canada and causes approximately one third of all infant deaths.
5. Preterm birth is responsible for three-quarters of neonatal morbidity.
6. Eighty-five percent of preterm births occur between 34 and 37 weeks of gestation (late preterm).
7. Most preterm births happen spontaneously, although sometimes preterm births are medically indicated for maternal or fetal health reasons. However, a proportion of preterm births are medically induced or by caesarian section for non-medical reasons.
8. Kangaroo care, also known as skin-to-skin care, is an important part of newborn developmental care and is positively associated with cardiorespiratory and temperature stability, sleep organization and duration of quiet sleep, neurodevelopmental outcomes, breastfeeding and reduced pain.
9. Family-centred care supports infants and families both in the NICU and beyond, and plays a role in increasing parental knowledge, comfort and empowerment.
10. Family-centred care has been shown to decrease length of stay in hospital, enhance infant-parent attachment, improve long-term outcomes, improve infant weight gain and increase rates of breast-feeding.

¹ All sources can be found in „Premature Birth in Canada: An Environmental Scan“

11. Decision-making processes should include both parents and health professionals, and should be individualized to the needs and circumstances of each individual patient taking into account research evidence, prognosis, and the needs and desires of the family.
12. Children born preterm are at increased risk of lifelong neurodevelopmental disabilities, such as cerebral palsy, mental retardation, vision impairments and hearing loss.
13. Children born preterm utilize more health-care resources following their initial discharge from hospital than children born at term.
14. Parents of infants born preterm can experience increased levels of distress including anxiety, depression and other symptoms of trauma.
15. Compared with adults born at term, those born preterm are at increased risk of a reduced capacity to work due to disability. In late preterm infants the risk is twice that of term infants and in extremely preterm infants it is seven times that of term infants.
16. Studies of adults born preterm report either no differences or small reductions in self-reported quality of life compared with adults born at term.
17. There are 32 neonatal intensive care units (NICUs) across Canada and approximately 100 neonatologists who provide care for preterm and sick babies. There are 135 hospitals across the country with either a special care nursery or NICU.
18. Stakeholders conveyed significant variability in the neonatal and pediatric services provided across the country and even from centre to centre within provinces.
19. Population-based programs that address risk factors for preterm birth can contribute to improving the chance of healthy birth outcomes.

Definitions:

Preterm Birth: babies born alive before 37 weeks of pregnancy are completed. Preterm babies are divided into three main categories:

- Extremely preterm: less than 28 weeks
- Very preterm: 28 to less than 32 weeks
- Moderate to late preterm: 32 to less than 37 weeks

Developmental Care: encompasses a group of interventions and design features that are intended to reduce the stress of the NICU environment.

Family-Centred Care: is a philosophy and approach that includes treating all family members with dignity and respect, sharing information and providing education to family members, encouraging family collaboration and input into decision-making, offering the family appropriate emotional support, and facilitating family participation in the care of the infant.



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