

Treat premature birth admissions seriously

The 45 percent annual rise in pre-term birth admissions researchers have reported in Ugandan hospitals from 2015 to 2019 is, by any measure, a startling statistic that must galvanise action. The implications of the findings, which show that about 226,000 babies are annually born prematurely, are sobering. To be clear, the fate of the aforementioned 226,000 babies that end up in neonatal care is grim even when death is averted. Telling improvements in the standards of newborn care for those delivered before 37 completed weeks of pregnancy does not insulate pre-term babies from facing a set of fateful outcomes.

These include developmental delays, deafness, blindness, cerebral palsy and behavioural issues. Empirical evidence shows that little progress has been made in preventing these associated developmental problems.

It, therefore, goes without saying that addressing the underlying issues that occasion pre-term birth admissions is an undertaking of enormous importance. In our reportage

yesterday, we disclosed that scientists at the Uganda National Institute of Public Health (UNIPH) came to the conclusion that pre-term admissions shot up from 2,678 in 2015 to 15,391 in 2019 behind a range of issues. These included, our report noted, rising use of fertility treatment, exposure to air pollution, hypertensive disorders in pregnancy, urinary tract infections (UTIs), malaria and improved case reporting.

It is imperative that the responsible authorities think intently about the interventions that could address the social and biological factors, whose downstream implications are tangible in a spike of pre-term birth admissions.

Why, for one, are most expectant mothers presenting with hypertension and diabetes? These chronic conditions pose significant risks, with pre-pregnancy hypertension proving to be such a sticky issue. Secondly, what do UTIs say about that hygiene of

our public toilets, which most expectant mothers say they dread?

The revelation that air pollution could be a contributing factor to some, if not most, of the premature births, should not come as a surprise.

Air pollution is a big issue in Uganda, with Kampala—the capital—not covering itself in glory. A recent study conducted by The Real Urban Emissions (TRUE) Initiative in partnership with the United Nations Environment Programme (Unep) found that “ambient air pollution in Kampala, to which road transport is a significant contributor (up to 60 percent), exceeds the World Health Organisation (WHO) limit for particulate matter by up to 12 times, and is estimated to account for 19 percent of adult deaths from non-external causes.”

With the health of an unborn baby inextricably linked to that of its expectant mother, Uganda's poor air quality must not be downplayed. WHO defines poor quality air as concentrations of PM_{2.5} above 5 µg/m³ a day, with a 2021 study by Makerere University researchers showing that Kampala is 10 times above the safe limit. TRUE Initiative's recent findings indicate that Kampala now “exceeds the WHO limit for particulate matter by up to 12 times.” Evidently, the country is in worse straits. Responsible authorities cannot keep skirting issues. They have to act with urgency.

The issue:

Pre-term birth admissions

Our view:

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