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Prevalence of preterm deliveries and their neonatal outcomes in edward francis small teaching hospital, The Gambia

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Background: Preterm birth has remained a public health priority because of its mortality. Most countries lack accurate information on their rate of preterm birth. Of the 3 million neonatal deaths annually around the world, 1 million are directly attributable to prematurity. Very few studies have been conducted in the Gambia to determine the prevalence and neonatal outcomes of preterm births. This study, therefore, aimed to determine the prevalence and outcome of preterm births at the Edward Francis Small Teaching Hospital, Banjul, The Gambia.

Methods: This was a retrospective study from the hospital data of all preterm neonates delivered at the Edward Francis Small Teaching Hospital from January 1, 2022, to December 31, 2022. Data extracted were the mothers' age, parity, and medical conditions in pregnancy; the infants' gestational age at birth; birthweight; neonatal diagnosis, and outcomes.

Results: A total of 1806 live births were recorded, of which 267 were preterm births; hence the prevalence of preterm births was 15%. The mean maternal age was 28 years. Most had no formal education(45.7%) but were married(93.6%). Most mothers(73.2%) gave birth to a singleton. There were more males(143; 53.6%), with a male:female ratio of 1.2:1. The mean gestational age at delivery of the preterm infants was 33.3 weeks, and the mean birth weight was 1650g. Predisposing factors for preterm births include pregnancy-induced hypertension(42.4%) in mothers, premature membrane ruptures(19.6%), antepartum hemorrhage(11.2%), and urinary tract infections(11.2%). The commonest morbidities diagnosed in the admitted infants were hypothermia (53.3%), respiratory distress syndrome (RDS;43.5%), and suspected sepsis. The preterm neonatal mortality for this study was 38.7%. There was a significant association between gestational age and neonatal deaths($p<0.001$). More males died(45.6%) than females(39.4%). Also, 70% of neonates diagnosed with RDS died. Most deaths were early neonatal deaths, with nearly half occurring within the first 24 hours of life

Conclusion: This study recorded a very high prevalence of preterm births. Various predisposing risk factors for preterm birth were identified. The mortality was very high, with many of the mortalities occurring within 24 hours of life, drawing attention to the emergency obstetric and neonatal facilities available in the country.

Biography

Abdou Jammeh is a Gambian medical researcher whose work has shed crucial light on maternal and neonatal health in rural Gambia. Born in The Gambia, he later trained at the University of Oslo and Oslo University Hospital, where he conducted pivotal research from 2008–2010 on stillbirths in rural hospitals. In a cross-sectional study of 1,519 deliveries, he documented an alarmingly high stillbirth rate (~156 per 1,000 births), with fresh stillbirths comprising nearly 58%. His findings emphasized that lack of antenatal care, low birth weight, emergency cesarean sections, and referral delays significantly increased risk. Jammeh's work remains important for informing improvements in obstetric care, emergency transport systems, and skilled birth attendance across rural Gambian health facilities. Though less is publicly recorded about his later career, his early contributions continue to influence policies aimed at reducing perinatal mortality in West Africa.

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