

Preterm birth: what can be done?



See *Series* page 75

Preterm birth (birth before 37 weeks of gestational age) is the leading cause of perinatal mortality (defined here as stillbirth at gestational age >28 weeks and death within 7 days of birth) in developed countries. Although improvements in neonatal care have increased survival for preterm infants, prevention research and knowledge to date have not managed to reduce the rate of premature births. The frequency of preterm birth is high—12–13% in the USA and 5–9% in many other developed countries—and the incidence is increasing. To highlight this growing and neglected problem, in today's *Lancet*, we start a three-part Series, led by Robert Goldenberg, which reviews what is known about the causes of preterm birth, the interventions to reduce the morbidity and mortality associated with it, and the long-term health consequences for preterm survivors.

With more preterm babies surviving into adulthood, clinicians and health-care providers will have to be prepared to meet their long-term health problems, which can include cerebral palsy, language and learning disabilities, and poor growth. Follow-up of preterm

survivors into middle age is also needed to establish any other later-emerging health risks.

The causes of preterm birth are multifactorial and complex and include infection and inflammation, vascular disease, and stress. Disturbing disparities exist between different racial groups in the prevalence of preterm birth, with African-American and Afro-Caribbean women in the USA and UK being two to three times more likely to deliver early than white women. However, not all of this difference can be explained by socioeconomic factors (eg, access to prenatal care) and maternal behaviour (eg, drug and alcohol use)—gene-environment interactions also have a part to play.

Elucidating the underlying mechanisms by which known risk factors, such as black race, lead to early birth is the most important task ahead for perinatal researchers. Only with serious commitment and investment in this area can clinicians begin to develop interventions to bring down the unacceptably high rates of premature births and the infant death and disability associated with it. ■ *The Lancet*

Europe's plans for health



The European Union's (EU) Second Programme of Community Action in the Field of Health 2008–13 began on Jan 1. The strategy is for a value-driven approach, with the realisation that health is a driver of economic growth, that health needs to be integrated into all policies, and that the EU needs a stronger voice in global health. The programme emphasises the importance of increasing healthy life-years for Europe's citizens.

After the strategy was adopted last October by the European Commission, a senior EU official gave a robust defence against the idea that the EU would become a super-nanny state. The EU adds value across countries without telling them what to do individually, the official said. The threat of pandemics and bioterrorism calls for EU-wide action, the official continued, as does tobacco control, which crosses borders, but bans on smoking in bars are something each country has to decide on.

The population is ageing in Europe as elsewhere, and there are wide gaps in health indicators between EU member states. For instance, a boy born in Latvia

will live on average 12 years less than one born across the border in Sweden. The new strategy aims to reduce such inequalities. It also plans to engage with threats to health, by developing surveillance for communicable disease and improving patients' safety. The Programme's emphasis on global health will include tackling the worldwide shortage of health professionals and improving access to medicines.

As the Programme acknowledges, in terms of transparency, coherence, and monitoring, good governance will be an essential element to judge success. Unfortunately, the European Commission's initial request for funds was scaled back considerably, so that the Second Programme will have less money than the First—€321 million versus €353 million—even though the EU has expanded from 15 to 27 countries. If the EU wants to remain as a superpower in the field of health-care provision and health policymaking, its member states might just need to be prepared to dig deeper into their communal pockets. ■ *The Lancet*

For *The Second Programme* see http://ec.europa.eu/health/ph_overview/pgm2008_2013_en.htm