

Reducing the global burden of preterm births

We welcome the updated global, national, and regional estimates of preterm birth and of pneumonia in young children (January, 2019).^{1,2} Despite general progress in perinatal and paediatric outcomes, both conditions continue to contribute substantially to the overall global burden of morbidity and mortality in childhood. We were surprised that both reports only briefly highlight actions needed to address this.

We wish to emphasise the role of effective tobacco control in reducing both preterm birth and childhood respiratory infections. Tobacco use is the primary preventable risk factor for morbidity and premature mortality worldwide, and has considerable impact on children's health by increasing the risk of stillbirth, preterm birth, low birthweight, infant mortality, asthma exacerbations, and respiratory infections.³ Important reductions in preterm birth (−4%), severe asthma exacerbations (−10%), and severe lower respiratory tract infections (−18%) have been shown after implementation of comprehensive legislation to prohibit smoking in public places, including the workplace.⁴ Reductions in infant mortality have furthermore been shown following cigarette price increases in various countries.^{4,5}

Children have the right to grow up in a smoke-free world. Given the overwhelming evidence supporting the child health benefits of effective tobacco control, including reductions in preterm birth and lower respiratory tract infections, there is an urgent need to integrate tobacco control efforts into global strategies to reduce adverse perinatal and child health outcomes. We strongly urge the WHO–UNICEF–*Lancet* Commission on Child Health and Wellbeing to incorporate the child health benefits

of tobacco control in their upcoming report.

We declare no competing interests.

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