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Preterm Birth and Healthcare Access in a Conflict-Affected Setting:

Prevalence and Determinants in Public Hospitals of the West Bank, Palestine.

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Background & Objectives

Preterm birth (PTB) remains a leading cause of neonatal morbidity and mortality worldwide, with a disproportionate burden in conflict-affected and resource-limited settings. In the West Bank, Palestine, healthcare access challenges coexist with maternal and obstetric risk factors that may contribute to preterm birth; however, evidence remains limited.

Objective

To estimate the hospital-based prevalence of PTB and identify maternal, social, geographic, and healthcare access-related determinants among women delivering in public hospitals.

Methods

3 Governmental Hospitals (North, Central, South) → **1,235** women (singleton live births) → **Apr – Aug 2025** → Postpartum interview (24–48 h) + medical records → Multivariable logistic regression (aOR, 95% CI)



Purposive selection of hospitals to capture geographic variation in maternal and neonatal healthcare provision in a conflict-affected setting.

Results

14.1%
Hospital-based prevalence of PTB
174 / 1,235
singleton live births



Independent determinants of PTB (aOR, 95% CI)

Age ≤24 years	**1.90**	(1.07 – 3.37)
Age 25–34 years	**1.72**	(1.06 – 2.79)
Household <3 members	**2.40**	(1.20 – 4.80)
Northern West Bank residence	**3.67**	(2.07 – 6.52)

Safe & timely healthcare access

↓ aOR **0.67** (0.46 – 0.98)

Lower odds of PTB among women reporting safe and timely access to healthcare services during pregnancy.



Safe access to healthcare is associated with a lower risk of preterm birth.

Neonatal Outcomes

Preterm vs Term	
NICU admission	↑ Higher
Very low birth weight	↑ Higher



Preterm infants **experienced** poorer neonatal outcomes, including higher NICU admission and very low birth weight compared with term infants.

Conclusion

- PTB represents a substantial burden in selected public hospitals in the West Bank.
- Geographic and social inequalities are associated with PTB.
- Equitable and timely maternal healthcare access should be strengthened, particularly in underserved regions.



Implications / Recommendations

- Strengthen antenatal care access
- Improve emergency obstetric services
- Establish effective referral pathways
- Enhance neonatal care
- Promote equity-focused and resilient health systems

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