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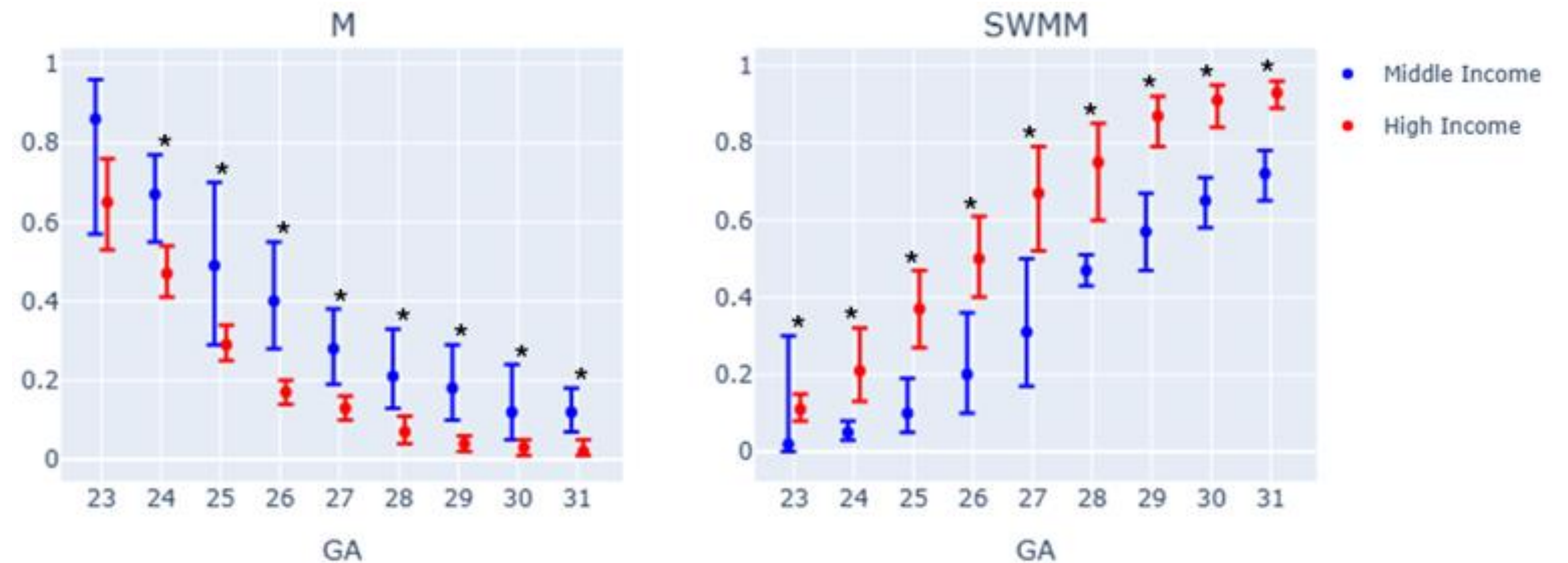
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Objectives: To compare mortality before discharge and survival without major morbidity (SWMM) in liveborn infants <32 weeks in high- and middle- income countries according to gestational age (GA).

Methods: Cohort studies (2000 onward) of infants <32 weeks in level III NICUs/university hospitals in high- and middle-income settings were included. Multiple databases, grey literature, and references were searched. Three reviewers extracted data and assessed risk of bias (Newcastle–Ottawa) and evidence certainty (GRADE). Outcomes were mortality before discharge and SWMM (severe brain injury, Bell II–III necrotizing enterocolitis, chronic lung disease at 36 weeks, retinopathy of prematurity). Random-effects meta-analyses with subgroup analyses by GA and income setting were performed.

Results: We identified 5,708 records; 540 full texts were assessed, and 165 studies were included. Overall mortality before discharge was 15% (95% CI 12–18; $I^2 = 99\%$; 76 studies; 530,544 infants). By income group, mortality was 11% (95% CI 9–14) in high-income and 21% (95% CI 16–28) in middle-income settings ($p=0.0003$). SWMM was 63% (95% CI 57–68; $I^2 = 99\%$; 23 studies; 113,898 infants), with 68% (95% CI 62–74) in high-income and 54% (95% CI 45–63) in middle-income settings (subgroup difference $p=0.0026$).

Proportion of mortality at discharge and survival without major morbidity according to gestational age and income setting at birth.



Results are presented as proportions and IC 95%. M: Mortality at discharge; SWMM: Survival without major morbidity; *: $p < 0.05$

Conclusion:

Among preterm infants born before 32 weeks, mortality was higher, and SWMM was lower in middle-income settings as compared with high-income settings, with these differences being significant across all gestational ages.