

Utah Health Status Update: *Low Birth Weight*

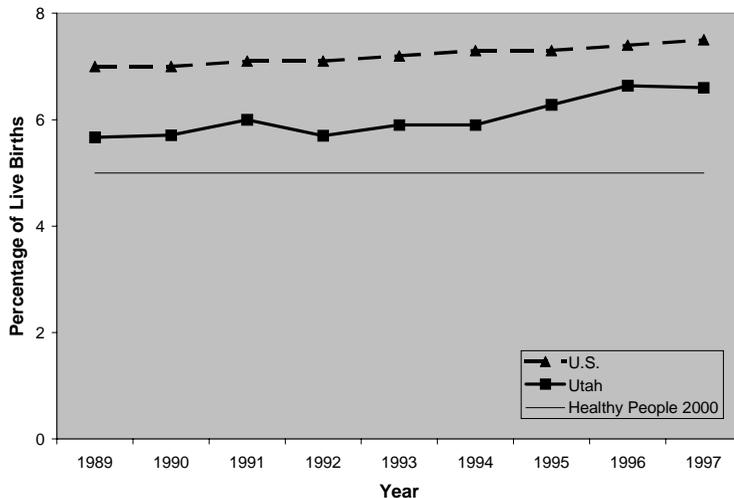
Low birth weight is the birth of an infant weighing less than 2,500 grams (about 5 1/2 lb.). Low birth weight substantially increases the risk of morbidity and infant death. Low birth weight infants often require intensive care at birth and may require special health care and education services later in life.

Reducing the low birth weight (LBW) rate is an important public health goal. The Healthy People 2000 objective is to reduce the percentage of LBW infants to 5%. Nationally and in Utah the LBW rate has increased, however. That trend has prompted an examination of trends and risk factors for low birth weight in Utah. This Health Status Update presents highlights of a recent report, *Low Birth Weight in Utah*. Important findings included:

- Nationally, the LBW rate increased from 6.8% of births in 1986 to 7.5% in 1997. In Utah, the LBW rate increased from 5.4% in 1986 to 6.6% in 1997.

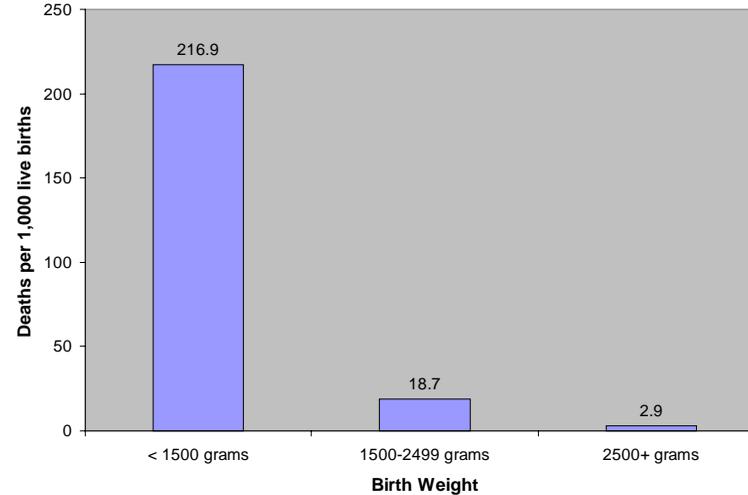
Low Birth Weight Trends - U.S. and Utah

Percentage of infants with low birth weight (<2,500 grams) by year, Utah and United States, 1989-1997.



Low Birth Weight and Infant Deaths

Infant death rates (deaths <1 year of age per 1,000 live births) by birth weight, Utah, 1995-96.



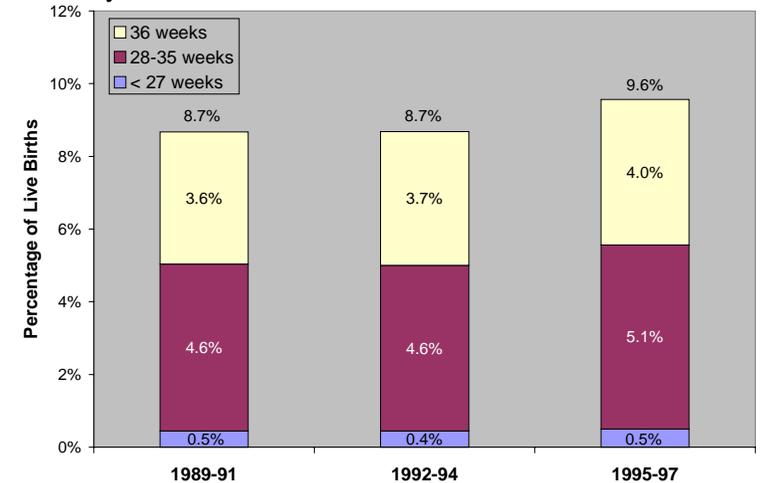
- The risk of infant death is substantially higher for LBW infants.
- 1997 Utah hospital charges were 6 times higher for newborns with birthweight 1,500-2,499 grams, and nearly 85 times higher for those less than 1,500 grams as compared to normal weight newborns.
- LBW can result from preterm delivery (before 37 weeks) or from poor fetal growth, or both in combination. In Utah, during 1995-1997, two thirds of LBW births were delivered before 37 weeks.
- The increased rate of LBW births in Utah appears to have been due to:
 - an increase in the frequency of preterm deliveries (8.7% of live births in 1989-91 to 9.6% in 1995-97) and
 - an increase in the percentage of preterm births that were LBW (39.6% of preterm infants in 1989-91 to 45.3% in 1995-97).

– Some of the increase in LBW rates was probably due to improved perinatal care resulting in live births of LBW infants that would have been fetal deaths in the past, and in earlier induction of delivery where the mother or fetus's health was in jeopardy if the pregnancy was allowed to continue.

- Between 1989 and 1996, infant death rates decreased for both normal and LBW infants.

Preterm Deliveries

Percentages of live births according to gestational age at delivery, Utah, 1989-1997.



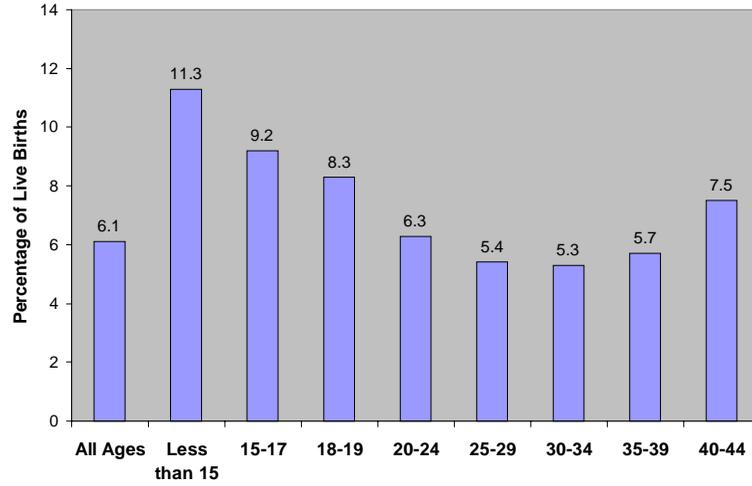
Source: Utah Birth Certificate Database

- Factors that increased risk of LBW in Utah included maternal age (young and older mothers), smoking, lower income and educational attainment, history of a previous LBW infant, multiple gestation pregnancies, low prepregnancy weight for height, short interpregnancy spacing, and lack of or inadequate prenatal care. Most LBW infants were born to mothers without identifiable risk factors, however.

- The proportion of LBW infants born in facilities with neonatal intensive care units increased from 68% in 1989 to 82% in 1997.
- LBW rates varied substantially among different communities in Utah, from less than 4% in St. George to 8% or more in downtown Ogden, Glendale, South Salt Lake, and Taylorsville.

Low Birth Weight and Maternal Age

Percentage of infants with low birth weight by maternal age, 1989-1997.



Substantial reductions in LBW rates will require effective interventions to prevent preterm delivery. Recommendations of this report included:

- early prenatal care and thorough risk assessments for all pregnant women;
- preventing smoking among reproductive age women and facilitating smoking cessation among pregnant women;
- improved preconceptional care to enhance health prior to pregnancy and encourage optimal pregnancy spacing and planing; and
- further research into the causes of low birth weight and preterm delivery.



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Copies of the complete report, *Low Birth Weight in Utah*, can be obtained from Nan Streeter, Reproductive Health Program, Division of Community and Family Health Services, Utah Department of Health, P. O. Box 142001, Salt Lake City, Utah 84114-2001, (801) 538-9970, FAX (801) 538-9409, email: nstreete@doh.state.ut.us. Additional information about this topic is available from the Center for Health Data, Utah Department of Health, P O Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-9191, FAX (801) 536-0947, email: phdata@doh.state.ut.us. Please send any comments on this report to the Center for Health Data.

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