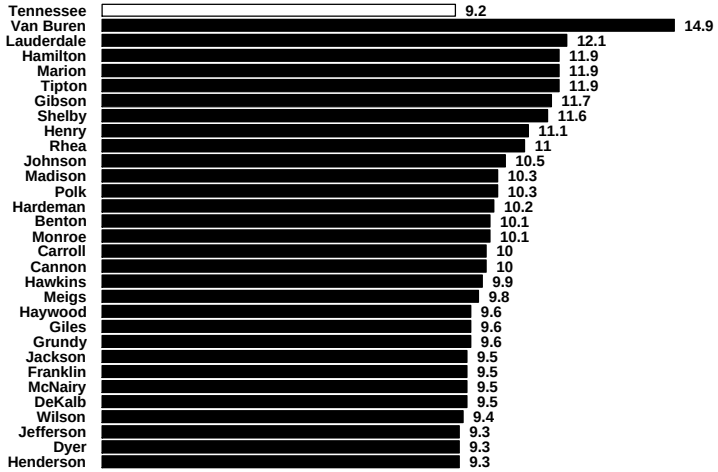
Low Birthweight Babies

Babies of low birthweight are more likely to have problems as they move through the growth stages than babies of normal birthweight (Annie E. Casey Foundation, 2002). In fact, health problems for these children may be manifest throughout the lifespan (March of Dimes, 2002). Among the problems encountered by low birthweight babies is infant mortality. Per the Annie E. Casey Foundation (2002), the risk of dying during the first year of life for low birthweight babies is 24 times higher (60.5 deaths per 1,000 births) than for babies of normal birthweight (2.5 deaths per 1,000 births). Figures from the March of Dimes (2002) place the infant mortality likelihood for babies born at low birthweight 22 times that of their normal birthweight counterparts. The risk of mothers having a low birthweight baby at birth is further increased if the mother lacks health insurance or fails to obtain adequate prenatal care early during pregnancy (Annie E. Casey Foundation, 2000).

Tennessee's 2000 percentage of 9.2 of all live births exceeds the U.S. percentage of 7.6 for the same time period (NCHS, 2002). Nationally and in Tennessee the rate of low birthweight-babies has inched up over a decade. Incidences of low birthweight in babies are generally higher in the western and mid-eastern regions in Tennessee.

Counties with Low-Birthweight Rates Above the Statewide Percentage, 2000

Less Than 5 lbs., 8 ounces - (Rate per 100)



Source: Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research; Rate is based on live births.

Low birthweight babies weigh less than 2,500 grams (about 5.5 pounds or 5 pounds, 8 ounces) at birth (Annie E. Casey Foundation, 2002). There are two categories of low birthweight babies. Preterm births, also known as premature births, occur before the end of the 37th week of pregnancy. The data show that more than 60 percent of low birthweight babies are preterm. Certainly, the earlier the baby is born, the less developed are its organs. Then there are the small-for-date babies, also referred to as small for gestational age or growth-restricted babies. Babies in this category may be full term yet underweight. Their low birthweight is a function, at least in part, of the slowing or temporary halting of growth in the womb. Some babies fit both categories, which places them at extremely high risk for problems in later life (March of Dimes, 2002).

All causes of low birthweight in babies are not yet known. Sometimes low birthweight can be the result of a single factor, but it is most likely associated with a combination of factors. Fetal defects may limit normal development and cause low birthweight, as can an improperly functioning placenta or multiple births (twins, triplets, or higher). The mother's medical problems can affect birthweight, especially if she has high blood pressure; certain infections; or heart, kidney or lung problems. An abnormal uterus or cervix can increase the mother's risk of having a preterm baby of low birthweight as well. Socioeconomic factors, such as low income and lack of education, are linked with increased risk of having a baby of low birthweight. Other risk factors include pregnancy in women under the age of 17 or over the age of 35, being unmarried, and having a prior history of preterm birth. Excessive stress or being a victim of domestic violence or other abuse tends to increase the risk of having a low birthweight baby (March of Dimes, 2002).

The March of Dimes (2002) acknowledges low birthweight as one of the major health problems of babies in America and has set the following goal: to reduce low birthweight to no more than 5 percent of all live births. This goal is the same as that used by Healthy People 2000 and now Healthy People 2010 (NCHS, 2001). In our state, only Weakley County met the criterion for 2000, with a rate of 4.5.