Factors Related to Low Birth Weight Newborns in Ramathibodi Hospital

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Introduction: Low birth weight (LBW) is defined by the World Health Organization (WHO) as weight at birth less than 2500 g. (5.5 lb), which is a major factor associated with infant morbidity and mortality. LBW has also been associated with adverse effects on child development throughout life, such as higher predisposition to chronic diseases, problems related to affective-motivational aspects, cognitive performance difficulties, and negative psychological and emotional consequences. LBW continues to be a significant public health globally and is associated with a range of both short- and long-term consequences. Overall, it is estimated that 15% to 20% of all births worldwide are LBW, representing more than 20 million births a year. The goal is to achieve a 30% reduction of the number of infants born with a weight lower than 2500 g. by the year 2025.

Purpose: This retrospective cohort study investigated the relationship between several maternal factors. These included the personal factors of age, height, educational level and occupation. Health factors including gestational age at birth, parity, quality of antenatal care, total weight gain, abortion history, preterm birth history, number of fetus, newborn gender, and the complication factors including pregnancy induced hypertension, antepartum hemorrhage and anemia with low birth weight newborns.

Methods: The research participants consisted of 725 low birth weight newborns in Ramathibodi Hospital from January 2014 to June 2016. The data were collected from medical records, labour records, antenatal books and the EMR program of Ramathibodi Hospital. The data were analyzed using descriptive statistics and Chi-square Test.

Results: The study results found that the selected factors did not correlate with low birth weight newborns.

Conclusion: The results of the study suggest that the incidence of low birth weight newborns cannot be determined specifically factors. Further research should continue in the future. Therefore, the inclusive assessment and screening should be provided in order to find the prevention guideline upon LBW. Moreover, health education on risk factors for LBW should be provided to pregnant women in order that the awareness upon warning signs will be enhanced. Especially, the self care manual for pregnancy women who have high risk upon premature labor pain and low birth weight in the obstetric unit.

Title:
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Keywords:
complication factors, health factors and personal factors
Abstract Summary:
Low birth weight is a major factor associated with infant morbidity and mortality. LBW has also been associated with adverse effects on child development throughout life, such as higher predisposition to chronic diseases, problems related to affective-motivational aspects, cognitive performance difficulties, and negative psychological and emotional consequences.

Content Outline:
Low birth weight (LBW) is defined by the World Health Organization (WHO) as weight at birth less than 2500 g. (5.5 lb), which is a major factor associated with infant morbidity and mortality. LBW has also been associated with adverse effects on child development throughout life, such as higher predisposition to chronic diseases, problems related to affective-motivational aspects, cognitive performance difficulties, and negative psychological and emotional consequences. LBW continues to be a significant public health globally and is associated with a range of both short- and long-term consequences. Overall, it is estimated that 15% to 20% of all births worldwide are LBW, representing more than 20 million births a year. The goal is to achieve a 30% reduction of the number of infants born with a weight lower than 2500 g. by the year 2025.

Main Point: This study investigated the relationship between several maternal factors. These included the personal factors of age, height, educational level, and occupation, Health factors including gestational age at birth, parity, quality of antenatal care, total weight gain, abortion history, preterm birth history, number of fetus, newborn gender, and the complication factors including pregnancy induced hypertension, antepartum hemorrhage and anemia with low birth weight newborns.

Supporting point: This study was retrospective cohort study. The research participants consisted of 725 low birth weight newborns in Ramathibodi Hospital from January 2014 to June 2016.
The data were collected from medical records, labour records, antenatal books and the EMR program of Ramathibodi Hospital. The data were analyzed using descriptive statistics and Chi-square Test. The study results found that the selected factors did not correlate with low birth weight newborns.

Conclusion: The results of the study suggest that the incidence of low birth weight newborns cannot be determined specifically factors. Further research should continue in the future. Therefore, the inclusive assessment and screening should be provided in order to find the prevention guideline upon LBW. Moreover, health education on risk factors for LBW should be provided to pregnant women in order that the awareness upon warning signs will be enhanced. Especially the self care manual for pregnancy women who have high risk upon premature labor pain and low birth weight in the obstetric unit.

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