

Low Birthweight Infants

DEFINITION

Low birthweight infants is the percentage of infants born weighing under 2,500 grams (5.5 pounds). The data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

A baby's birthweight is a key indicator of newborn health and is directly related to infant survival and healthy development. Infants born weighing less than 5.5 pounds are at greater risk for physical and developmental problems than infants of normal weight.^{1,2} Babies born with low birthweight may be born prematurely and/or small for their gestational age.³ Increased risk of low birthweight is strongly associated with poverty, maternal smoking and low levels of educational attainment.⁴

Low birthweight babies are at higher risk of death or long-term illness and disability than infants of normal birthweight.⁵ They are 24 times more likely than babies of normal weight to die within the first year of life.⁶ Children born low birthweight are significantly more likely than their peers to have developmental delays, poor school performance and special education needs.⁷

At almost all educational levels, socioeconomic levels, and age categories, Black mothers are at greater risk for having a preterm delivery and a low birthweight infant.^{8,9} These disparities are not entirely explained by differences in income or health behaviors.¹⁰ In Rhode Island between 1998 and 2002, the percentage of low birthweight among Black infants was nearly double the percentage among White infants and was higher than all other racial/ethnic groups.¹¹

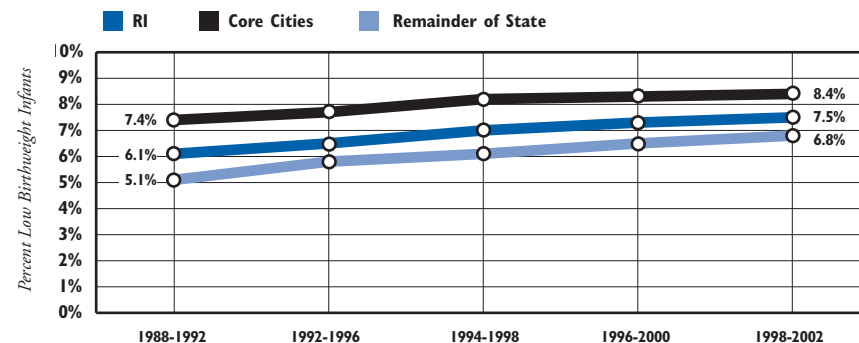
Low Birthweight Infants		
	1990	2001
RI	6.2%	7.3%
US	7.0%	7.7%
National Rank*		20th
New England Rank**		5th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: *The Right Start for America's Newborns*. (2004). Baltimore, MD: The Annie E. Casey Foundation.

Low Birthweight Infants, Rhode Island, Core Cities and the Remainder of the State, 1988-2002



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1988-1992, 1992-1996, 1994-1998, 1996-2000, 1998-2002. Data for 2000-2002 are provisional.

- ◆ Over the past decade, the percentage of low birthweight infants has increased for Rhode Island as a whole, in the core cities, and in the remainder of the state. The increase in low birthweight has occurred among all racial and ethnic groups.¹²
- ◆ One reason for the increase in low birthweight infants is the growing numbers of twin, triplet and higher-order multiple births. Twins and other multiple births are more likely to be low birthweight than singleton births.¹³ From 1998 to 2002, 6% of singletons were born low birthweight, compared to 52% of twin births and 96% of triplets and higher-order multiple births in Rhode Island.¹⁴
- ◆ Research shows that expanding access to family support programs and health care, including primary health care and mental health services, for pregnant women and for all women of childbearing age are effective in preventing low birthweight.¹⁵

Table 16.

Low Birthweight Infants, Rhode Island, 1998-2002

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	825	32	3.9%
Bristol	1,069	64	6.0%
Burrillville	795	70	8.8%
Central Falls	1,795	140	7.8%
Charlestown	456	25	NA
Coventry	2,004	145	7.2%
Cranston	4,209	280	6.7%
Cumberland	1,744	142	8.1%
East Greenwich	582	31	5.3%
East Providence	2,452	168	6.9%
Exeter	339	14	NA
Foster	195	16	NA
Glocester	467	25	NA
Hopkinton	458	40	NA
Jamestown	206	13	NA
Johnston	1,500	113	7.5%
Lincoln	974	66	6.8%
Little Compton	176	17	NA
Middletown	1,077	58	5.4%
Narragansett	618	43	7.0%
New Shoreham	56	2	NA
Newport	1,609	95	5.9%
North Kingstown	1,525	83	5.4%
North Providence	1,571	132	8.4%
North Smithfield	521	45	8.6%
Pawtucket	5,119	415	8.1%
Portsmouth	906	54	6.0%
Providence	13,980	1,270	9.1%
Richmond	491	23	NA
Scituate	488	34	NA
Smithfield	801	51	6.4%
South Kingstown	1,286	71	5.5%
Tiverton	670	31	4.6%
Warren	568	52	9.2%
Warwick	4,402	346	7.9%
West Greenwich	302	13	NA
West Warwick	2,028	143	7.1%
Westerly	1,321	74	5.6%
Woonsocket	3,024	238	7.9%
Unknown	2	0	NA
Core Cities	27,555	2,301	8.4%
Remainder of State	35,054	2,373	6.8%
Rhode Island	62,611	4,674	7.5%

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1998-2002. Data for 2000-2002 are provisional.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

NA: Percentages were not calculated for cities and towns with less than 500 births, as percentages for small denominators are statistically unreliable.

The denominator is the total number of live births to Rhode Island residents from 1998-2002.

References for Indicator

- ^{1,6} *KIDS COUNT Data Book: State Profiles of Child Well-Being*. (2003). Baltimore, MD: The Annie E. Casey Foundation.
- ² *Maternal, Infant and Child Health in the United States*. (2001). Washington, DC: March of Dimes.
- ^{3,5,8,13} *America's Children: Key National Indicators of Well-Being 2003*. (2003). Washington, DC: Federal Interagency Forum on Child and Family Statistics.
- ⁴ *Child Health USA 2002*. (2002). Rockville, MD: U.S. Department of Health and Human Services, Maternal and Child Health Bureau.
- ⁷ Fewell, R. and Deutscher, B. (Winter 2002). Contributions of Receptive Vocabulary and Maternal Style: Variables to Later Verbal Ability and Reading in Low-birthweight Children. *Topics in Early Childhood Special Education*.
- ^{9,10,15} Shore, R. (2002). *KIDS COUNT Indicator Brief: Preventing Low Birthweight*. Baltimore, MD: The Annie E. Casey Foundation.
- ^{11,12,14} Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1988-2002. Data for 2000-2002 are provisional.