

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 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 1999 and 2003, the percentage of low birthweight among Black infants (12%) was nearly double the percentage among White infants (7%) and was higher than all other racial/ethnic groups.¹¹

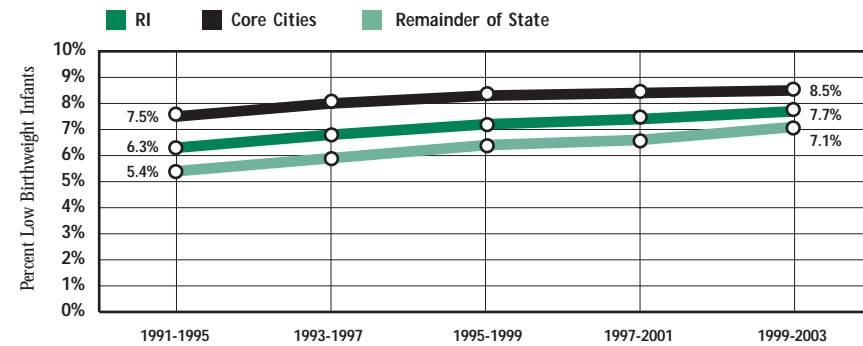
Low Birthweight Infants		
	1990	2002
RI	6.2%	7.9%
US	7.0%	7.8%
National Rank*		24th
New England Rank**		6th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: *The right start for America's newborns: City and state trends.* (2005). Baltimore, MD: The Annie E. Casey Foundation.

Low Birthweight Infants, Rhode Island, Core Cities and the Remainder of the State, 1991-2003



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1991-2003. Data for 2002-2003 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 babies 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 1999 through 2003, 6% of singletons were born low birthweight, compared to 53% of twin births and 95% 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, 1999-2003

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	839	33	3.9%
Bristol	1,034	72	7.0%
Burrillville	803	71	8.8%
Central Falls	1,862	142	7.6%
Charlestown	459	24	NA
Coventry	2,003	168	8.4%
Cranston	4,305	286	6.6%
Cumberland	1,763	148	8.4%
East Greenwich	569	32	5.6%
East Providence	2,478	176	7.1%
Exeter	343	18	NA
Foster	196	23	NA
Glocester	429	22	NA
Hopkinton	453	38	NA
Jamestown	206	10	NA
Johnston	1,470	132	9.0%
Lincoln	988	65	6.6%
Little Compton	170	21	NA
Middletown	1,075	60	5.6%
Narragansett	631	47	7.4%
New Shoreham	54	2	NA
Newport	1,576	92	5.8%
North Kingstown	1,503	86	5.7%
North Providence	1,614	131	8.1%
North Smithfield	521	40	7.7%
Pawtucket	5,219	433	8.3%
Portsmouth	869	54	6.2%
Providence	14,306	1,311	9.2%
Richmond	500	30	6.0%
Scituate	472	33	NA
Smithfield	769	53	6.9%
South Kingstown	1,293	73	5.6%
Tiverton	655	37	5.6%
Warren	559	52	9.3%
Warwick	4,416	352	8.0%
West Greenwich	305	13	NA
West Warwick	2,035	143	7.0%
Westerly	1,308	75	5.7%
Woonsocket	3,092	258	8.3%
Unknown	15	6	NA
Core Cities	28,090	2,379	8.5%
Remainder of State	35,052	2,477	7.1%
Rhode Island	63,157	4,862	7.7%

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1999-2003. Data for 2002-2003 are provisional.

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

NA: Percentages were not calculated for cities and towns with fewer 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 1999-2003.

References for Indicator

- ^{1,6} *KIDS COUNT data book: State profiles of child well-being 2004*. (2004). 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} Federal Interagency Forum on Child and Family Statistics. (2003). *America's children: Key national indicators of well-being, 2003*. Washington, DC: U.S. Government Printing Office.
- ⁴ Maternal and Child Health Bureau. (2002). *Child health USA 2002*. Rockville, MD: U.S. Department of Health and Human Services.
- ⁷ Fewell, R. & Deutscher, B. (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, 1991-2003. Data for 2002-2003 are provisional.