

LOW BIRTH WEIGHT

- Birth weight of less than 2.5 kg irrespective of gestational age
- < 2.5 kg = Low birth weight (LBW)
- 2.5-1.5 kg = Moderately Low birth weight (MLBW)
- 1.5-1 kg = Very Low birth weight (VLBW)
- < 1 kg = Extremely Low birth weight (ELBW)
- Prevalence- 18% in India & 15% in world
- In India most of LBW babies are in between 2 to 2.5 kg, so if cutoff is reduced to 2kg than the expected prevalence will be

5.5%

- Percentage is based on measurement of at least 500 babies

RISK FACTORS

- Maternal malnutrition Associated with fetal growth retardation [Linear relation between maternal nutrition & birth weight]
- Hard physical labor during pregnancy
- Smoking (reduces birth weight by 170 gm)
- Infections
- Short maternal

stature

- Young age
- Unregulated fertility
- High parity
- Most common cause of LBW - Prematurity
- Leading cause of death in LBW babies [PAPI]
- Pneumonia
- Atelectasis • Pulmonary hemorrhage
- Intra cranial

bleeding

- LBW is NOT a C/I for vaccination except Hep B viz C/I in premature child of $< 2\text{kg}$
- LBW babies Includes
- 1. Preterm babies
- 2. Small for date babies

PRE TERM BABIES

- Babies born alive before 37 weeks (< 259 days)
- > 42 weeks = Post term

pregnancy

- 42-37 weeks = Term pregnancy
- < 37 weeks = Pre-term
- 37-34 weeks = late preterm
- 34-32 weeks = Moderate preterm
- 32-28 weeks = Very preterm
- < 28 weeks = Extremely preterm
- Spontaneous preterm birth
- Spontaneous onset of

labour

- or following Pre-labor Premature Rupture of Membranes (pPROM)
- Risk factors- multiple pregnancy, diabetes, undernutrition, smoking, excess alcohol
- Provider initiated preterm birth
- Induction of labor or elective caesarian before 37 completed weeks

SMALL FOR DATE BABIES

- Weigh less than 10th percentile for the gestational age born at term or post term
- Babies born as a result of

IUGR

- Factors associated
 - i. Maternal causes
 - Very young age
 - Short maternal status
 - Malnutrition
 - Anemia
 - ii. Placental causes
 - Placental abnormalities (abruptio placenta / placenta previa)
 - Intrauterine infections
 - iii. Fetal

causes

- IUGR
- Multiple gestation

PREVENTION OF LBW

- 1. Direct intervention
- Increasing food intake
- Supplementary feeding, distribution of iron folic acid tablets, food fortification
- Controlling infections > Maternal infection- cytomegalovirus, toxoplasmosis, rubella, syphilis
- Early detection & treatment of

medical disorders > Hypertension, diabetes

- 2. Indirect intervention
 - Family planning, avoidance of smoking, improved sanitation, maternal leave with full wages etc.

TREATMENT OF LBW BABIES

- Treatment of LBW babies
 - 1. Under 2 kg - Neonatal care in NICU until the weight reaches to 2 kg
 - 2. Between 2-2.5 kg - Incubatory care,
 - Feeding through nasal catheter,