Assessment of Birth Weight and Its Related Factors among Infants Born in the Hospitals of Ahwaz Jondishapour University

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Abstract

Background: Given the importance of birth weight and the effects of anthropometric indices and socioeconomic status on it, this study was conducted to assess birth weight and its related factors among infants born in the hospitals of Ahwaz Jondishapour University.

Methods: This cross-sectional study was carried out on 269 newly born babies and their mothers in hospitals of Ahwaz Jondishapour University during 2009. Neonate anthropometric measures were obtained from hospital reports. The mothers were asked about their weight before pregnancy, their weight gain and demographic and socioeconomic data. SPSS software version16 was used to analyze the data. Relationships among infants and mothers' anthropometric indices were assessed using bivariate correlation. **Results:** 86.8% of the infants were normal as to weight, 8.7% were underweight, and 4.5% overweight. Mothers' weight gain during pregnancy and BMI before pregnancy were 12.18±5.18(kg) and 24.75±4.78(kg/m²), respectively. There was a significant correlation between infant's birth weight and mother's weight, height and weight gain during pregnancy.

Discussion: Results of this study showed that mothers' weight before pregnancy and their pregnancy weight gain have a key role in infant birth weight, so controlling the mother's weight gain according to recommendation has a great effect on infant's health.

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Keywords: Birth Weight; Pregnancy; Weight Gain

Introduction

Birth weight is one of the important determinants of health.¹ Low birth weight (LBW) is related to neonatal mortality.^{2,3} In fact, LBW endangers health for the whole life and causes growth and development retardation, and even medical impairments during adulthood.^{2,4} Moreover, compared to normal weight infants, the risk of metabolic syndrome in adulthood is more among LBW infants.⁴

On the other hand, giving birth to overweight infant is related to obstetric complications and birth weight is an index for predicting the risk of obesity, diabetes and cardiovascular diseases in adulthood.¹ Many factors can affect birth weight including the mother's weight, height,⁵ BMI before pregnancy,^{6,7} mother's weight gain during gestation,^{5,7} mother's nutritional status, socioeconomic status, and genetics.^{8,9}

Some studies indicate that among the mentioned factors mother's weight gain during pregnancy and her BMI before pregnancy are the best predictors of infant birth weight.^{10,11}

Regarding the mentioned issues, we decided to assess the prevalence of low birth weight and its related factors among infants born in the hospitals of Ahwaz Jondishapour University.

Materials and Methods

This cross-sectional study was carried out on 269 neonates and their mothers in the hospitals of Ahwaz Jondishapour University during autumn 2009. Data were collected on mother's weight, height and BMI before pregnancy, neonate's weight and height, mother's weight gain during pregnancy, and demographic and socioeconomic status. Neonates' anthropometric measures were obtained from hospital reports. Mother's height was measured bare foot using a Seca stadiometer to the nearest 0.1 Cm. Mothers' weight before predgnancy, mothers' weight gain and demographic and socioeconomic questions were recorded. SPSS version 16 was used to analyze the data. Normality of variables was assessed using Kolmogrov-Smirnov test. Association between mothers' anthropometric indices, mothers' weight gain and infants' anthropometric measures was obtained using bivariate correlation.

Results

We assessed 269 infants consisting of 118(43.9%) girls and 115(56.1%) boys. Mean±SD of birth weight, infant height and head circumference were $3167.85\pm530.47(gr)$, $51.05\pm3.89(Cm)$ and $34.75\pm2.08(Cm)$, respectively. 8.6% of the infants were LBW(Table 1).

Mean and standard deviation of mothers' age were 26.26 ± 5.80 (year), height 161.09 ± 6.72 (Cm), pregnancy weight gain 12.18 ± 5.18 (Kg) and BMI before pregnancy 24.75 ± 4.78 (Kg/m²). Mothers' socioeconomic status and anthropometric indices are presented in Table 2.

| Table 1: Frequency of anthropometric indices and gender of the infants | | | | | |
|--|-----------|---------|----------------|-----------|--|
| Infant characteristics | Frequency | | mean±SD | Range | |
| | Number | Percent | | | |
| Gender | | | | | |
| Girl | 118 | 43.9 | | | |
| boy | 151 | 56.1 | | | |
| Weight(gr) | | | 3167.85±530.47 | 1400-6100 | |
| 2500 | 23 | 8.6 | | | |
| 2500-3999 | 231 | 86.8 | | | |
| <u>4000 ≤</u> | 12 | 4.5 | | | |
| Height(Cm) | | | 51.05±3.89 | 39-74 | |
| Head circumference(Cm) | | | 34.75±2.08 | 29-55 | |

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| Table 2. Socioconomia status and | anthronomatria indians of the mothers |
|-----------------------------------|---------------------------------------|
| Table 2. Socioeconomic status and | anunopoineuric marces or me mouners |

| Mother's characteristics | r's characteristics Frequency | | mean±SD | Range |
|---|-------------------------------|---------|-------------|-------------|
| | Number | Percent | | |
| Age(year) | | | 26.26±5.80 | 15-43 |
| ≤18 | 15 | 5.6 | | |
| 19-35 | 241 | 89.6 | | |
| ≥36 | 13 | 4.8 | | |
| $BMI(kg/m^2)$ | | | 24.75±4.78 | 16.20-42.97 |
| 18.5 | 37 | 14.1 | | |
| 18.5-24.9 | 132 | 49.0 | | |
| ≥25 | 88 | 36.9 | | |
| Pregnancy weight gain(kg) | | | 12.18±5.18 | 2-25 |
| Less than recommended | 94 | 34.8 | | |
| Equal recommended | 84 | 31.6 | | |
| More than recommended | 89 | 33.7 | | |
| Height(Cm) | | | 161.09±6.72 | 130-180 |
| 155 | 40 | 15.8 | | |
| ≥155 | 226 | 84.2 | | |
| Weight(kg) | | | 64.56±11.49 | 42-110 |
| Education | | | | |
| Illiterate | 44 | 16.4 | | |
| Primary | 103 | 38.3 | | |
| Diploma | 103 | 38.3 | | |
| Academic | 19 | 7.1 | | |
| Parity | | | 2.09±1.35 | 1-9 |
| 1 | 117 | 44.7 | | |
| 2 | 109 | 41.6 | | |
| ≥3 | 36 | 13.7 | | |
| Duration since pervious pregnancy(year) | | | 4.86±3.52 | 1-20 |
| 2 | 70 | 26.5 | | |
| 3-4 | 89 | 32.7 | | |
| <u>≥5</u> | 110 | 40.8 | | |

The results of Pearson correlation test showed that there were significant correlations between infants' birth weight and mothers' weight, height, and pregnancy weight gain. Also, there were significant correlations between infants' height and head circumference and mothers' height (Table 3). No significant correlations were found among infants' anthropometric indices and mothers' education, parity or pregnancy intervals (Table 4).

Discussion

Results of our study indicated that 86.8% of the neonates were normal in weight, 8.7% were underweight and 4.5% overweight. Gashtasbi et al in a study in 2009 reported that 2.2% of infants born in Mahdieh and Lolagar hospitals in Tehran were LBW and 4.7% were overweight.⁹ Also Fallah et al reported 9.35% LBW among the newborn infants in Yazd in 2007.¹²

In the present study there was a correlation between infant's birth weight and mother's weight, height and weight gain during pregnancy. Also we found a significant correlation between the infant's height and head circumference and mother's height. In agreement with our findings, Delaram et al.¹³ also Zohur et al.¹⁴ found that infant's birth weight was correlated to mother's weight before pregnancy. It seems that taller mothers with larger size had bigger placenta so they gave birth to heavier infants. Besides, giving birth to LBW infants is more probable in underweight mothers due to their small placenta.¹⁵ Tabandeh et al.¹⁶ and Carneran et al.¹⁷ reported that mother's weight gain was significantly correlated to infant's birth weight; this is in agreement with our results. Some of the studies indicated that among the infant's birth weight factors, mother's weight gain was more important than other factors.¹⁰ Mother's weight gain during pregnancy is closely correlated to the intake of energy and nutrients, which in turn result in more appropriate intrauterine growth.⁹

In spite of the results of several studies which showed infant's birth weight was correlated to mother's education and socioeconomic status, we did not find such a correlation which could be explained by the participants' homogeneity with regard to education and socioeconomic status.

The main limitation of our study was relying on the memory of participants for values of mother's weight gain and their weight before pregnancy; it was inevitable as it was a cross-sectional study. In order to obtain more accurate results, cohort studies are recommended.

In conclusion, the results of our study indicate that mother's weight before pregnancy and pregnancy weight gain have a key role in infant's birth weight. So, according to recommendations of the institute of medicine, controlling the mother's weight gain during pregnancy can lead to giving birth to healthier infant.

Acknowledgments

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| Anthropometric indices | | Infant's weight | Infant's height | Infant's head circumference |
|------------------------|--|-----------------|-----------------|-----------------------------|
| Mother height | | r=0.14 | r=0.15 | r=0.18 |
| | | P=0.027 | P=0.022 | P=0.006 |
| Mother weight | | r=0.23 | NS | NS |
| - | | P=0.001 | | |
| Pregnancy weight gain | | r=0.13 | NS | NS |
| 0 7 0 0 | | P=0.043 | | |

 Table 3: Correlation of mothers' and infants' anthropometric indices

Pearson correlation has been done for all; NS: Not significant

| Table 4: Relationship of | mothers' characteristic | es and infants' anthro | opometric indices |
|--------------------------|-------------------------|------------------------|-------------------|
| | | | |

| Table 4. Relationship of moties enalacteristics and mants antiroponeuric indices | | | | | | |
|--|------------------------|---------------------|----|---------------------|----|--|
| | Anthropometric indices | Infant's weight(gr) | Р | Infant's height(cm) | Р | |
| Mother's character | ristics | | | | | |
| Education | | | | | | |
| Illiterate | | 3120±475 | | 50.68±3.88 | | |
| Primary | | 3160±542 | NS | 51.32±3.27 | NS | |
| Diploma | | 3150±471 | | 50.29±3.30 | | |
| Academic | | 3300±461 | | 50.44±2.17 | | |
| <u>Parity</u> | | | | | | |
| 1 | | 3090±517 | NS | 50.85±3.40 | NS | |
| 2 | | 3180±547 | | 50.83±4.19 | | |
| ≥3 | | 3310±507 | | 52.22±4.18 | | |
| Duration since per- | vious pregnancy(year) | | | | | |
| 2 | | 3340±679 | | 51.50±3.58 | | |
| 3-4 | | 3180±513 | | 51.32±5.55 | | |
| ≥5 | | 3150±471 | NS | 50.98±3.44 | NS | |

ANOVA has been done for all; NS: Not significant

Conflict of Interest: None declared

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