

## Commentary on Maternal Risk Factors of Low Birth Weight Neonates

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### DESCRIPTION

As indicated by World Health Organization (WHO) Low birth weight (LBW) has been characterized as weight at birth of less than 2500 g (up to and including 2499 g). The estimation being taken ideally within the first hour of life. The birth weight of a newborn infant is the absolute most significant determinant of its odds of survival, healthy development and growth. There are two principal gatherings of low birth weight babies those born prematurely (short incubation) and those with fetal growth retardation. In countries where the number of low birth weight neonates children is less, a short incubation period is a significant reason. In nations where the extent is high (for example India-27%), most cases can be associated with foetal growth retardation [1].

Low birth weight (LBW) is a significant indicator of reproductive health and the general health status of the population. Various variables are adding to LBW both maternal and foetal. Weight at birth is straightforwardly affected by the general level of the health status of the mother. Maternal health condition is the main determinant of birth weight, and factors that obstruct normal circulation across the placenta cause poor supplement of nutrients and low oxygen supply to the foetus, and retard growth. The maternal risk factors are naturally and socially interrelated [2].

The WHO assesses that, universally, occurrence of LBW is 15.5% which implies that about 20.6 million such infants are conceived every year, 96.5% of them developing nations [3]. The degree of LBW in developing nations (16.5%) is more than twofold the level in developed nations (7%). India is one of the nations with the highest incidence rate of LBW. About 27% of infants brought into the world in India are of LBW, and the death rate among them is high during the first year of life. The infant death rate is around multiple times greater for all LBW infants if compared to different infants. South Asia has the most elevated rate, with 28% of all newborn infants with LBW, while East Asia/Pacific has the least (6%). Nearly 40% of all LBW infants in the creating scene are brought into the world in India [4].

Krammer has distinguished 43 likely factors for low birth weight. Some of the important factors were maternal age, maternal height, pre-pregnancy weight, mean weight gain, maternal anaemic status (<11 g/dl), schooling/education, occupation, financial status, kind of family(Nuclear Family), type of parity, birth space between the current and last pregnancy was taken as a persistent variable, Antenatal care (ANC) during current pregnancy, iron and folic acid tablets intake and strenuous physical active work during pregnancy. History was asked with respect to utilization of tobacco in any structure consistently. History of foetus removal (abortion) was delegated ever/never had early termination [5]

### ASSOCIATED MATERNAL RISK FACTORS FOR LOW BIRTH WEIGHT NEONATES

Of mothers who were aged 20 years and below conveyed LBW babies. Maternal age was found to have a high relationship with LBW. Youthful mothers (<20 years) were found to deliver more LBW infants. Primiparous mother had higher significant chances of an LBW rate. Further, a maternal height <145 cm and a weight <40 kgs, likewise contributed essentially to a higher rate LBW [6,7].

Mean weight gain during pregnancy of mother was [6.5 kg ≥], Spacing <2 years among this and last pregnancy, pregnancy-induced hypertension, tobacco utilization, lower financial status (class IV+V), pre pregnancy weight <45 kg, late antenatal care (ANC) enlistment were recognized as huge danger factors for LBW neonates. Critical association was found between maternal education (illiterate/primary), preterm baby, cesarean section, maternal occupation (laborer worker), nuclear family, primigravida, iron deficiency[Hb:11g/dl ≥], lacking ANC[8].

On the basis of WHO and United Nations International Children's Emergency Fund (UNICEF) criteria those women should have ≥ 4 ANC visits with an appropriate healthcare provider

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