Original Resea	Volume - 12 Issue - 12 December - 2022 PRINT ISSN No. 2249 - 555X DOI : 10.36106/ijar
COROL # 4010	Neonatology "A STUDY OF MATERNAL FACTORS INFLUENCING VERY LOW BIRTH WEIGHT BABIES"
Dr. Ajay Kumar	PG 3rd year, Department of Pediatrics, Siddhartha medical college, Vijayawada, Krishna (dist.), Andhra pradesh.
Dr. Sasi Rekha	PG 3rd year, Department of Pediatrics, Siddhartha medical college, Vijayawada, Krishna (dist.), Andhra pradesh.
Dr. Suneetha	Associate professor, Department of pediatrics, Siddhartha medical college, Vijayawada, Krishna (dist.), Andhra pradesh.
Dr. Sravani	MD Pediatrics, from Department of pediatrics, Siddhartha medical college,

ABSTRACT Background: In developed countries, because of improvement in health care facilities and increased funds spent for health, the problem of VLBW has been reduced. But in developing countries like India, where lacunae in health care facilities and funds, the survival and long term complications of very low birth weight babies still remain the challenge. Objectives: 1 To study the influence various maternal factors like age, parity, occupation, obstetric history etc on the outcome of birth weight babies. Materials And Methods: Study design: Prospective case control study Study area: Government general hospital, siddhartha medical college, vijayawada, Krishna district, Andhra pradesh. Study period: January 2019 to July 2019. Study population: All newborn babies with birth weight <1500 gms irrespective of gestational age Sample size: Study consisted of 100 newborns (50 cases and 50 controls). Sample method: Simple random sampling method. Study tools and data collection: All newborns less than 1500 gms irrespective of gestational age, examined and detailed antenatal, natal history was obtained and recorded. Results: The incidence of very low birth weight newborn was found to be 2.08%, and the most common cause is preterm delivery. There is NO relation found between family structure, mother occupation, antenatal visits and incidence of very low birth weight. As the literacy rate of mothers increases, the weight of the baby increases. Conclusion: Birth weight of babies has significant association with maternal factors like parity, birth interval and previous bad obstetric history. Literacy rate of mothers had a positive correlation.

Vijayawada, Krishna (dist.), Andhra pradesh.

KEYWORDS:

INTRODUCTION

- WHO defined LBW as weight less than <2.5 kg at birth irrespective of their gestational age, VLBW is defined as weight <1.5 kgs irrespective of their gestational age
- In developed countries, because of improvement in health care facilities and increased funds spent for health ,the problem of VLBW has been reduced. But in developing countries like India. where lacunae in health care facilities and funds, the survival and long term complications of very low birth weight babies still remain the challenge.
- The high incidence of neonatal morbidity and mortality in our country is due to neglect of maternal health, education, empowerment of women in society, early teenage ,marriages, frequent pregnancies bad obstetric history, maternal diseases, infections are important factors for the incidence of VLBW.
- Keeping all these in views, an attempt was made to carry out a study on maternal factors with VLBW.

METHODS

Prospective case control study was conducted in in govt general hospital, Vijayawada which is affiliated to Siddhartha medical college during the period of January 2019-July 2019

Inclusion Criteria

- Live singleton pregnancies
- All newborns delivered in SMCH and admitted in SMCH NICU with weight <1.5 kgs, irrespective of gestational age.

Exclusion Criteria

- Still birth
- Multiple pregnancies
- Congenital anomalies
- Sample population :a equal number of newborns of weight ≥2.5kgs selected by simple randomized techniques on the very same day of selection of study (control)
- A total of 50 controls and 50 cases were included in the study.

MATERNAL VARIABLES

Mother age

INDIAN JOURNAL OF APPLIED RESEARCH 10

- Weight
- Parity
- Birth interval
- Occupation
- Maternal disease (PIH,DM,oligohydramnios,Hepatitis,thyroid • disease.cervical incompetence)
- Bad obstetric history NEWBÓRN VARIABLES .
- Sex
- Gestational age of baby (from modified ballard score examination)

Statistical Analysis

- Analysis between study and control group were analyzed using pearson chi square test
- Test is considered as significant if p value < 0.05

RESULTS

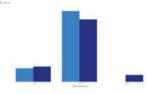
- A total number of 108 newborns with birth weight less than 1500 gms were admitted in NICU out of newborn in 6 months. In that 6 are multiple births and 2 had major congenital malformations. On excluding both multiple births and congenital malformations, only 100 newborns were included in the study for 6 months. The incidence of VLBW newborns was found to be 2.08%.
- The most common cause of VLBW is preterm delivery. In that preterm AGA constitutes 92 %. The remaining 8% is from term SGA babies.
- There is no relation found between family structure, mother's occupation, antenatal visits and the incidence of very low birth weight.
- Literacy rate of the mother increases and the weight of the baby also increases.

Age (groups)	Cases	%GT Cases	Controls	%GT Controls
<20	8	16.00%	9	18.00%
=20-30	42	84.00%	37	74.00%

0.00%

50 100.00%

Total



Mother age is divided into three groups. <20, 20-30 >30. Mother age does not have statistical significance in our study. With p value-0.2

8.00%

100.00%

50

- Height

Volume - 12 | Issue - 12 | December - 2022 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Height (groups)	Cases	%GT Cases	Controls	%GT Controls	Controls Cases 30
<145	12	24.00%	4	8.00%	20
=145-155	28	56.00%	25	50.00%	
>155	10	20.00%	21	42.00%	10
Total	50	100.00%	50	100.00%	0 <145

HEIGHT is into above three groups.Height have statistical significance p value-0.01 divided

Total	50	100.00%	50	100.00%	+55 +45-55 <45 Weight (prospail
>55	24	48.00%	25	50.00%	
=45-55	25	50.00%	22	44.00%	23 15 10
<45	1	2.00%	3	6.00%	25 5 ²⁰
Weight (groups)	Cases	%GT Cases	Controls	%GT Controls	Controls and Cases by Weight (groups) Controls Cases

Weight is divided into three groups. <45, 45-55, >55. Weight have statistical significance p value-0.01

Anemia (grm/dl) (groups	2 Cases	%GT Cases	Controls	%GT Controls	(grm/dl) (groups) 2
4	12	24,00%	28	56.00%	Controls Cases 30
		24.00%			20
>10	9	18.00%	6	12.00%	10
Total	50	100.00%	50	100.00%	<1 +9-1 Anamia iy

Anemia is divided into three groups. <9, 9-10, >10. Anemia has statistical significance p value-0.02

Cases %GT Cases Controls %GT Controls • Cases PIH (groups) - \$ 40

Total	50	100.00%	50	100.00%		P	IH (g
RECURRENT PIH	1	2.00%	0	0.00%	0	NORMAL	
PIH	14	28.00%	6	12.00%	in trols		
NORMAL	35	70.00%	44	88.00%	10 D		

PIH is divided into three groups. Normal, PIH, Recurrent PIH. PIH has no statistical significance p value-0.1

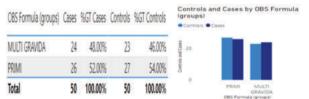
DM (groups) Cases %GT Cases Controls %GT Controls

Total	50	100.00%	50	100.00%	a	NO
NO GDM	45	90.00%	43	86.00%	Controls.	
GDM	5	10.00%	7	14.00%	Ind Cases	
					50	

DM is divided into two groups. GDM, No GDM. GDM has statistical significance p value-0.01

=2-3 12 24.00% 10 20.00%	>3 Total	1	2.00%	3 50	6.00% 100.00%
	=2-3	12	24.00%	10	20.00%
	Spacing (groups)	Cases	%GT Cases	Controls	%GT Controls

Birth spacing is divided into the above groups. spacing <2 yrs have significant statistical significance with p value-0.05



Gravida is divided into the above two groups. primi gravida has a significant association with very low birth rate with p value 0.01.

OBS Formula (groups) 2	(2585	%GT Cases	Controls	%GT Controls	Cases and Controls by 🍞 5 🖂 (groups) 2 • Cases • Controls
BAD OBSTETRIC HISTORY	6	12,00%	4	8.00%	V Concerte
NO BAD OBSTERTIC HISTORY	4	88.00%	46	92.00%	. .
Total	50	100.00%	50	100.00%	NO BAD BAD OBSTER OBSTET HISTORY HISTORY OBS Formula (groups) 2

Boh is divided into the above two groups. BOH, no BOH. It has statistical significance.p value 0.03.

Thyroid Disorders (groups)	Cases	%GT Cases	Controls	%GT Controls	Controls and Cases by Thyroid Disorders (groups) Controls @Cases
NOTHYROID DISORDERS	48	96.00%	48	96.00%	so su company
THYROID DISORDER	2	4,00%	2	4.00%	Centrals
Total	50	100.00%	50	100.00%	O NOTHYR THYROID DISORD DISORDER Thyroid Disorders (recent)

Thyroid is divided into the above two groups. No significance p value 0.1



Sex no significance. P Value 0.5

DISCUSSION

ases by Anemia

Controls and Cases by DM (groups)

- In this study incidence of VLBW 2.08%.
- Most common cause of VLBW is preterm delivery which is around 84%.
- Significant association between primi gravida and VLBW.
- Incidence of VLBW is higher when the birth interval is <2yrs when compared to more than 2yrs.
- Mothers height has a significant relation between VLBW.

CONCLUSION

- VLBW of babies has significant association maternal factors like parity literacy, birth interval, and previous bad obstetric history
- Hence the study implies that pregnant women should be counseled continuously by skilled health persons and nutritionists
- Higher incidence with mother weight <40 kgs.
- Mothers literacy had a strong positive relationship.
- No association between uterine and cervical anomalies.
- Significant association between BOH and VLBW.

REFERENCES

United Nations Children's Fund and WHO: Low Birth Weight country, regional and 1.

- United Nations Children's Fund and WHO: Low Birth Weight country, regional and global estimates. New York;2004. Availablea t http://www.unicef.org/publications/index_24840.html. Last accessed on 24 May 2013. UNDP: Infants with low birth weight. Available at http://dirtats.undp. org/indicators/ 67.html. Accessed on 17 December 2006. Rajaeefard A, Mohammadi M, Choobineh A, Preterm delivery risk factor: a prevention 2.
- 3.
- 4.
- Rajaeefard A, Mohammadi M, Choobineh A. Preterm delivery risk factor: a prevention strategy in Shiraz, Islamic Republic of Iran. East Mediterr Health J. 2007;13:17. Ballard JL, Khoury JC, Wedig K, Wang L, Eilers- Walsman BL, Lipp R. New Ballard Score, expanded to include extremely premature infants. J Pediatr. 1991;119(3):417-23. Evaluation and Validity of a new risk score (CLEOPATRA score) to predict the probability of premature delivery for patients with threatened preterm labor. I Tekesin, LHJ Eberhart, V Schaefer, D Wallwiener, S Schmidt. A Review of the literature relating caffeine consumption by women to their risk of memoducing hormed. A Lexitor. L Course Faced and Abaria Terminal Tamical and and a Lexitor. 5
- 6 reproductive hazards. A Leviton, L Cowan-Food and chemical Toxicology, 2002-Elsevier.
- Listvict.
 Short stature in Scandinavian women: An obstetrical risk factor. B Kappel, G Eriksen, KB Hansen, L Hyidman, B Krag-Olsen, J Nielsen, P Videbech, M Wohlert, Acta Obstetrica et Gynecologica Scandinavica 66(2), 153-158, 1987. 7.
- Effect of hypertensive diseases in pregnancy on birth weight, gestational duration and small-for-gestational-age births. CV Ananth, A Peedicayil, DA Savitz Epidemiology, 8. 1995-JSTOR.
- A Simplified risk-scoring system for prematurity, Michael G Ross, Calvin J Hobel, J Robert Bragonier, Moraye B Bear, Rose L Bemi. American journal of perinatology 3 (04), 339-344,1986. 9.
- 10 Relationship of Street Drug Use, Hospitalisation, and Psychosocial Factors to Low Birthweight Among Low-Income Women. Betty Lia-Hoagberg, Sheldon Swaney, Gertrude Carlson, Sara Mullett. Birth 15 (1), 8-13, 1988.