

## History of Low Birth Weight

---

### Definition/ cut-off value

Birth of an infant weighing #5 lb. 8 oz (#2500 grams)

Pregnant Women: Any history of low birth weight  
Breastfeeding/Non-Breastfeeding: Most recent pregnancy.

---

### Participant category and priority level

Category	Priority
Pregnant Women	I
Breastfeeding Women	I
Non-Breastfeeding Women	III

---

### Justification

A woman's history of a delivery of a low birth weight (LBW) baby is the most reliable predictor for LBW in her subsequent pregnancy (1). The risk for LBW is 2-5 times higher than average among women who have had previous LBW deliveries and increases with the number of previous LBW deliveries (1). This is true for histories in which the LBW was due to premature birth, fetal growth restriction (FGR) or a combination of these factors. The extent to which nutritional interventions (dietary supplementation and counseling) can decrease risk for repeat LBW, depends upon the relative degree to which poor nutrition was implicated in each woman's previous poor pregnancy outcome. Nutritional deficiencies and excesses have been shown to result in LBW and pregnancy loss. The pregnant woman's weight gain is one of the most important correlates of birth weight and of FGR (2, 3).

---

### Clarifications/ Guidelines

Before assigning this risk code, be sure pregnancy outcome history is documented on the WIC-45, WIC-40, or WIC-41, whichever is appropriate.

All infants that are delivered alive and weigh less than 5 lbs 8 ounces at birth are defined as low birth weight. NOTE: this risk code may be used in combination with risk code 321 – History of Spontaneous Abortion, Fetal or Neonatal Loss, if the infant did not live beyond 28 days.

---

### References

1. Institute of Medicine: Committee to Study the Prevention of Low Birth Weight: Preventing Low Birth Weight; 1985; p. 51.
  2. Institute of Medicine: Nutrition During Pregnancy; National Academy Press; 1990, pp.176-211
  3. Kramer: Intrauterine Growth and Gestational Duration Determinants. Pediatrics; October 1987; 80(4):502-511.
-