

Closely Spaced Pregnancies

Definition/ cut-off value

Conception before 16 months postpartum.

Pregnant Women: current pregnancy

Breastfeeding/Non-Breastfeeding: most recent pregnancy

Participant category and priority level

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

Justification

Pregnancy stimulates an adjustment of the mother to a new physiological state, which results in rapid depletion of maternal stores of certain nutrients. Mothers with closely spaced pregnancies do not have sufficient time to replenish the nutritional deprivations of the previous pregnancy. Breastfeeding places further nutritional demands on the mother and may increase risks to the pregnancy. After birth, readjustments take place. It is undesirable for another pregnancy to occur before the readjustment is complete since a short interconceptional time period may leave the woman in a compromised nutritional state and at risk for a poor pregnancy outcome (1). Among low income, inner-city, multiparous women, inter-pregnancy intervals of less than 12 months have been associated with lower folate levels in the postpartum period (5).

There is a sharply elevated relative risk for low birth weight (LBW) when the interconception interval is less than 6 months (2). An increased risk persists for inter-pregnancy intervals of up to 18 months and holds when adjusted for potential confounders (3). The increased risk is for small gestational age term births rather than for LBW due to prematurity (4).

In one study, postpartum women who received WIC supplements for 5-7 months, delivered higher mean birth weights and lengths and had a lower risk of low birth weight than women who received supplements for two months or less. Women who were supplemented longer had higher mean hemoglobin values and a lower risk of maternal obesity at the subsequent pregnancy (3, 8).

Recognizing the potential problems associated with closely spaced pregnancies, WIC Program Regulations specifically include this condition.

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.

332 (continued)

**Clarifications/
Guidelines (cont)**

Miscarriages are included under this risk code. The duration or length of gestation will not apply to miscarriages and closely spaced pregnancies.

References

1. Worthington-Roberts, B.S. and Williams, S.R.: Nutrition in Pregnancy and Lactation; 1989; pp. 401-402.
2. Institute of Medicine: Committee to Study the Prevention of Low Birthweight: Preventing Low Birthweight; NAS; 1985; pp. 103-106.
3. Lieberman et al.: The association of interpregnancy interval with small for gestational age births; Obstet. Gynecol.; 1989; 74:1-5.
4. Lang and Lieberman: Interpregnancy Interval and Risk of Preterm Labor; Am. J. of Epidem; 1990; vol 132(2) 304-309.
5. Schall, J.L. et al.: Maternal Micronutrient and Short Interpregnancy Interval: Abstracts Society for Epidemiologic Research: Annual Meeting, Buffalo; June 1991; vol. 134(7) p. 770.
6. Caan, et al.: Benefits associated with WIC supplemental feeding during the interpregnancy interval; American Journal Clin. Nutr.; 1987; 45:29-41.
7. WIC Program Regulations: Section 246.7 (e)(2)(ii).