

Mum's health plays greater part in premmie babies

October 20 2014, by Denise Cahill



The study found the highest overall prevalence of SGA babies was in Cambodia with 18.8 per cent followed by Nepal (17.9 per cent), the Occupied Palestinian Territory (16.1 per cent) and Japan (16 per cent). Credit: Kashfi Halford

An international study on premature babies has found medical conditions such as chronic hypertension and pre-eclampsia play a greater role in the untimely birth and not the mother's sociodemographic status, as was previously thought.

The study, using data from the WHO Multi-Country Survey on Maternal and Newborn Health Research Network, examined more than 295,000 single births across 29 countries including Asia, Africa, Latin America and the Middle East. Australia was not included in the study.

Former UWA alumni Dr Joshua Vogel, who is now based in Switzerland with the World Health Organisation, says the study was designed to explore important questions related to why some babies are born too small, and how it could be prevented.

"Primarily, the study identified that small for gestational age (SGA) infants are at a significantly higher risk of death or disease, which was seen quite consistently across higher and lower-income countries, and whether the babies were premature or not," he says.

"We also identified potential risk factors for why SGA may have occurred, particularly maternal conditions like [high blood pressure](#) and pre-eclampsia."

The study found the highest overall prevalence of SGA babies was in Cambodia with 18.8 per cent followed by Nepal (17.9 per cent), the Occupied Palestinian Territory (16.1 per cent) and Japan (16 per cent).

Afghanistan with 4.8 per cent had the lowest proportion of SGA [babies](#) followed by Uganda (6.6 per cent) and Thailand (9.7 per cent).

SGA babies account for large amount of early deaths

Dr Vogel says from a global perspective SGA infants accounted for a significant proportion of stillbirths and newborn deaths.

He says a lot more work was needed to identify and manage women where the baby was SGA or could develop SGA to reduce the number of

deaths.

"This is particularly challenging in lower-income countries where health services may be poor," he says.

"Good antenatal care is important to optimise a baby's growth and manage maternal diseases during pregnancy.

"However, a lot of death and disease—not just in SGA infants—can be averted through improving the quality of care women receive during labour and childbirth in facilities worldwide."

Study lead researcher Professor Erika Ota says the results also demonstrated preterm SGA's were not associated with sociodemographic status such as education and age.

"This means we need [to] focus on [medical conditions](#) and also focus on adolescent women and older women (over 35) and less educated [women](#), single mothers, first pregnancy are more higher risk," she says.

"Adequate nutrition during pregnancy is also an important intervention."

More information: Ota E, Ganchimeg T, Morisaki N, Vogel JP, Pileggi C, et al. (2014) "Risk Factors and Adverse Perinatal Outcomes among Term and Preterm Infants Born Small-for-Gestational-Age: Secondary Analyses of the WHO Multi-Country Survey on Maternal and Newborn Health." *PLoS ONE* 9(8): e105155. [DOI: 10.1371/journal.pone.0105155](#)

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