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ABSTRACT

Birth weight is probably the single most important factor that affect perinatal, neonatal and post neonatal morbidity and mortality and is therefore an important determinant of child survival. Neonatal and Infant mortality has declined appreciably during the past four to five decades in Sri Lanka. However low birth weight continues to be a problem.

A descriptive cross sectional study was conducted to study some factors that may affect birth weight of babies born at Base Hospital, Avissawella for four months from 24th April, 1995. An interviewer administered questionnaire was used to collect the data.

The data of 548 mothers were analysed and the study results revealed a mean birth weight of 2859.55 g and the percentage of low birth weight was 15.3%. The majority (97.6%) of low birth weight were due to intrauterine growth retardation and the rest (2.4%) were premature. An increase in the pregnancy interval was associated with an increase in mean birth weight and a decline in the percentage of low birth weight. A better pregnancy outcome is associated with increasing maternal height. Abdominal girth measurement of

pregnant mother before delivery give a significant association with birth weight of their babies.

A past history of abortion/still birth and pregnancy induced hypertension have a negative effect on birth weight. The effect of mother's level of education, monthly family income, household appliances, type of household cooking place and ventilation in the cooking place on birth weight were inconclusive in this study. But, a better latrine facility (water seal) was associated with a favourable pregnancy outcome.

To reduce low birth weight, the following recommendations are made.

1. Family planning and breast feeding which are the potent factors to improve birth interval should be promoted and effectively monitored to ensure a minimum period of 24 months pregnancy interval.
2. To ensure a better pregnancy outcome, the high risk mothers should be identified early in the pregnancy and provided a comprehensive care during pregnancy and at delivery.
3. As the primi para carry a poor pregnancy outcome, all primi paras should be provided with special attention during the ante-natal and natal periods.