# **Health Fact Sheets**

# Low birth weight newborns in Canada, 2000 to 2013









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- . not available for any reference period
- .. not available for a specific reference period
- ... not applicable
- 0 true zero or a value rounded to zero
- 0s value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
- p preliminary
- r revised
- x suppressed to meet the confidentiality requirements of the Statistics Act
- E use with caution
- F too unreliable to be published
- \* significantly different from reference category (p < 0.05)

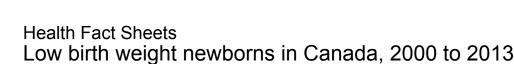
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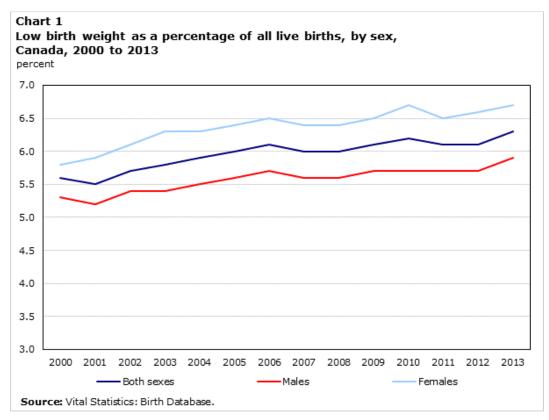
Low birth weight rates are strong indicators of numerous public health problems. For example, low birth weight infants have a higher risk of sudden death syndrome (SIDS), diabetes, hypertension, heart disease, asthma, hearing problems, and blindness. <sup>123456</sup> This fact sheet analyzes Canadian low birth weight newborns (live births) relative to the child's sex, child's birth-order, mother's age at time of birth, and by geographic location (province or territory).

# About low birth weight

Low birth weight is defined by the World Health Organization (WHO) as the weight of an infant at birth of less than 2,500 grams (5.5 pounds) irrespective of the gestational age of the infant. <sup>7</sup>

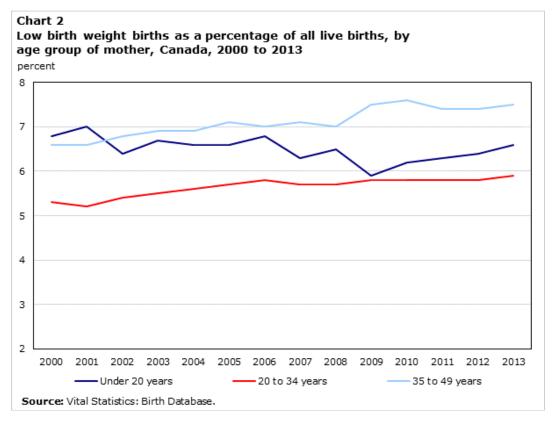
# Higher proportion of female births at risk with low birth weight

Over the last fourteen years, the proportion of births that were low birth weight babies increased for both males and females, but more so among females. The proportion of female low birth weight births increased from 5.8% in 2000 to 6.7% in 2013, while a smaller increase was observed among males (5.3% to 5.9%) (Chart 1).



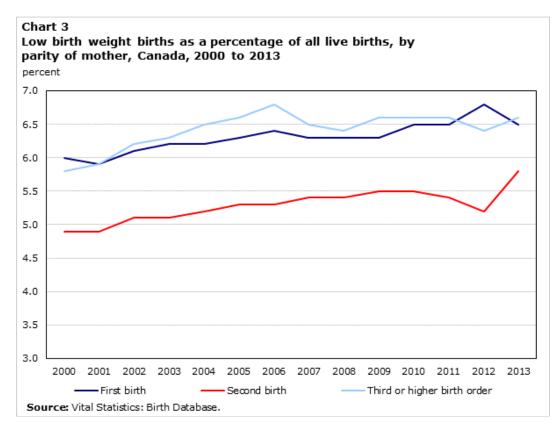
# Age of mother can be associated with low birth weight

The age of the mother can be associated with a newborn's birth weight. Among women less than 20 years of age, the proportion of all live births that were low birth weight babies generally decreased from 2000 to 2008, but consistently increased from 2009 to 2013. Comparatively, the proportion of births that were low birth weight births increased slightly among mothers aged 20 to 34 years and increased even more so among mothers aged 35 to 49 years (Chart 2). The proportion of live births that were low weight babies was consistently higher among women aged 35 to 49 years than among mothers in the most common childbearing years (ages 20 to 34). In 2013, 7.5% of the babies born to mothers aged 35 to 49 years were considered low birth weight babies, compared to 5.9% for mothers aged 20 to 34 years and 6.6% for mothers less than 20 years of age.



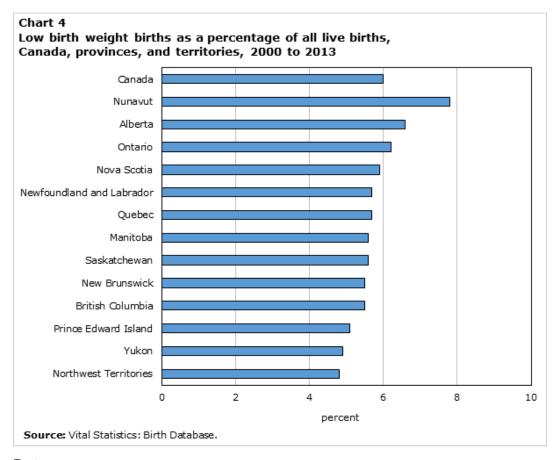
#### Second-order births least likely to be low birth weight babies

Parity refers to the number of live births a female has had to date. In terms of parity, second-order babies were less likely to be low birth weight births than either first-order live births or third- or higher-order births. In 2013, 5.8% of second-order births were low birth weight babies, compared to 6.5% for first-order and 6.6% for third- or higher-order births (Chart 3). Since 2000, there has been a gradual increase in the low birth weight share of births among all birth orders. <sup>8</sup>



#### Low birth weight births by province or territory

While annual provincial and territorial low birth weight rates fluctuated between 2000 and 2013, notable differences are evident when the period is analyzed as a whole. Of all the births in Canada during the years 2000 through 2013, Nunavut had the highest proportion of low birth weight births (7.8%), followed by Alberta (6.6%), Ontario (6.2%) and Nova Scotia (5.9%) (Chart 4). Provinces and territories with the smallest low birth weight share of births were the Northwest Territories (4.8%), Yukon (4.9%), and Prince Edward Island (5.1%). The remaining provinces and territories ranged between 5.5% and 5.7%. The low birth weight share of births for Canada as a whole was 6.0% during this period.



#### **Data**

Additional data on Canadian births and characteristics of mothers are available in CANSIM tables 102-4501 to 102-4513.

#### Notes

- 1 Canadian Lung Association. 2014. Sudden infant death syndrome (SIDS). 2012. Ottawa, Ontario.
- <sup>2</sup> Goldenberg, R.L. and Culhane, J.F. 2007. "Low birth weight in the United States." *The American Journal of Clinical Nutrition*. 85(2): 5845-5905.
- 3 Johansson, S., Iliadou, A., Bergvall, N., et al. 2008. "The association between low birth weight and Type II diabetes: contribution of genetic factors." *Epidemiology* 19 (5): 659-65.
- 4 Sonnenschein-van der Voot, A.M., Arends, L.R., de Jongste, J.C., Annesi-Maesano, I., et al. 2014. "Preterm birth, infant weight gain, and childhood asthma risk: a meta-analysis of 147,000 European children." *Journal of Allergy Clinical Immunology*. 133 (5): 1317-29.
- 5 Veen, S., Sassen, M.L., Schreuder, A.M., et al. 1993. "Hearing loss in very preterm and very low birth weight infants at the age of 5 years in a nationwide cohort." *International Journal of Pediatric Otorhinolaryngology*. 26:11-28.
- 6 Gibson, D.L., Sheps, S.B., Hong, S., Schechter, M.T., McCormick, A.Q. 1990. "Retinopathy of prematurity-induced blindness: birth weight-specific survival and the new epidemic." *Pediatrics* 86 (3). September: 405-412.

- 7 OECD. 2013. Health at a Glance 2013: OECD Indicators. OECD Publishing.
- The *multiple birth check* is a process that ensures a proper accounting of the parity of the mother and other information in the event of a multiple birth. This check was performed for years prior to 2012 and again for 2013, but not for 2012 data. Additionally, parity information was in general given greater scrutiny in 2013 than in years past.