

ABSTRACTS FOR ORAL PRESENTATIONS

**Prevalence and Risk Factors of Low Birth Weight Infants in Hospital Wanita dan Kanak-kanak Sabah from 2014 – 2017**

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**Keywords:** low birth weight, parity

**Background:** There is a strong need to reduce costs of hospital and advocating health economics in countries like the United States of America. The rising cost of healthcare globally especially in the United States of America has interestingly outraged the temper of many citizens about the Obamacare and Trumpcare. The issue about high cost in healthcare is the failure for people globally to recognize that healthcare facility is a 24-hour round-the-clock service. It therefore involves doubling of the utility bills, tripling the manpower due to shifts and rest, wear-and-tear of basic electrical devices is short-lived, breakdown period of huge machine is consistently due to overloaded usages in the government hospitals and poor knowledge of the maintenance programme. Low birth weights (LBW) is a public health concern because it has a well-known predisposition to increased risk for perinatal infections, respiratory distress and ultimately mortality. There is also a higher risk of poor health outcomes throughout the life course of the LBW newborns that includes Type 2 diabetes, high blood pressure, neurodevelopmental disabilities and cardiovascular diseases. The World Health Organization and United Nations Child's Fund estimate the prevalence of low birth weights in the world ranges from 3% to 32%. Albania in the year 2000 recorded prevalence of low birth weight of 3% whereas Yemen recorded a low birth weight of 32% in 1997. In 2015, the US national vital statistics pointed out that 83.9% of preterm birth (PTB) are LBW. This indicates

that prevention of PTB will lead to a decrease in the incidence of LBW. **Objectives:** (1) To plot the prevalence of the risk factors of LBW in association with LBW. (2) To restructure our Primary Health Care interventions on IUGR with local data analysis. **Methods:** A cross-sectional study of babies born in Hospital Wanita dan Kanak-kanak Sabah between 2014 and 2017. The secondary data were obtained from the National Obstetric Registry. Hospital consent was obtained in condition that appreciation, acknowledgement and sharing of the conclusions were conveyed officially to the Director's office and the relevant stakeholders. Risk factors studied were prevalence associated to population between 2014 – 2017 in Kota Kinabalu, socio-economic, age of mother and parity. **Results:** Preliminary tabulation of results before analysis shows

that this hospital has low birth weight rates of between 13.0 to 14.0%. There were significant associations of low socio-economic status of family below RM1,000 with low birth weight. Teenage pregnancies had smaller babies than mothers above 35 years. Primigravida babies are significantly smaller than babies born by multiparous mother. The rest of the risk factors has yet to be analysed. **Conclusion:** The study although not concluded shows that our health system depends a lot on Hospital Wanita dan Kanak-kanak Sabah as a health institution to treat longterm stay of low birth weight babies especially prematurity. Better socioeconomic status of a family and reduction in teenage pregnancy can help reduce these numbers of prevalence but the significant validity is not yet known (analysis of numbers is not finalized).