

Low Birth Weight for Singleton Births

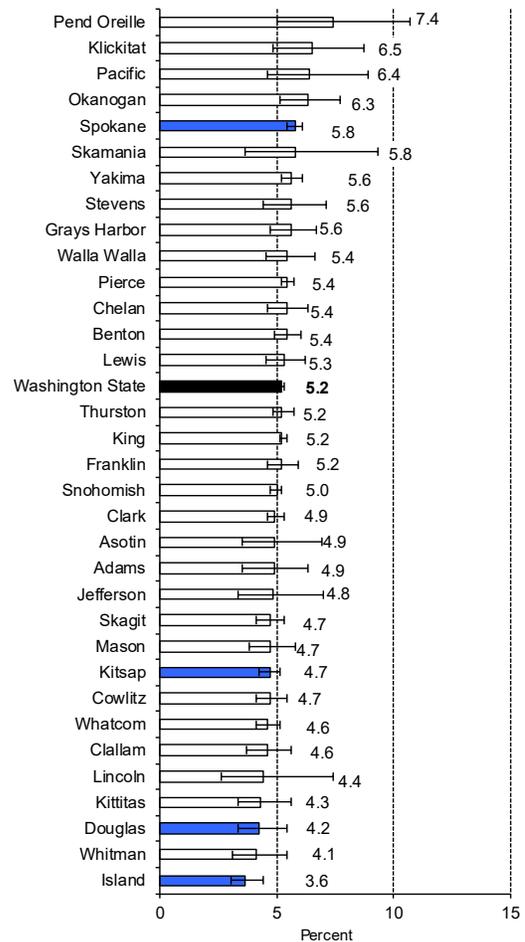
Key Findings:

- Low birth weight (LBW) is a major contributor to infant morbidity and mortality. Care of the LBW infant can be expensive. Some LBW infants need care in a neonatal intensive care unit in addition to other costly interventions.¹ Data shown are limited to singleton births to explore factors other than plurality (multiple births) which may influence LBW trends.
- In 2019, Washington State's LBW rate for singleton births was 5.1 percent (4,218 births) which was lower than the national rate of 6.7 percent. Washington's overall LBW rate, which includes multiple plurality births, was 6.4 percent (5,460 births), which was lower than the national rate of 8.3 percent.^{2,3}
- The singleton LBW rate increased from 4.3 percent in 2000 to 5.1 percent in 2019. The overall Washington LBW rate also increased from 5.6 percent in 2000 to 6.4 percent in 2019. This met the Healthy People 2020 objective of 7.8 percent.^{2,4}
- Singleton LBW births were more common among younger (age 15-19) and older (age 35-44) people when compared to other age groups. Rates were higher among Black/African American individuals compared to individuals of other races and ethnicities.²
- Singleton LBW birth rates were higher among individuals receiving TANF (6.4 percent) when compared to individuals receiving Medicaid's Pregnancy Medical coverage (5.6 percent) and non-Medicaid covered individuals (4.3 percent).^{5,a}

Definition: Low birth weight is a newborn birth weight less than 2,500 grams (5 lbs. 8 oz). Data presented in this report are from 2017-2019 unless otherwise stated.

- In Washington State, female infants were more likely to be LBW than male infants.²

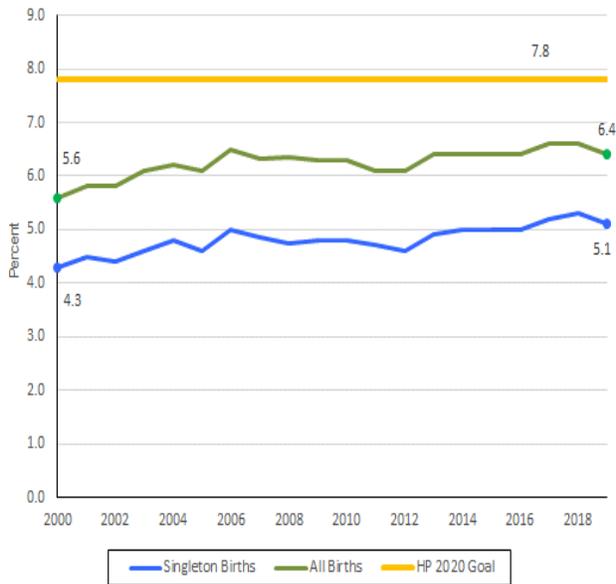
Singleton Low Birth Weight by County, 2017-2019²



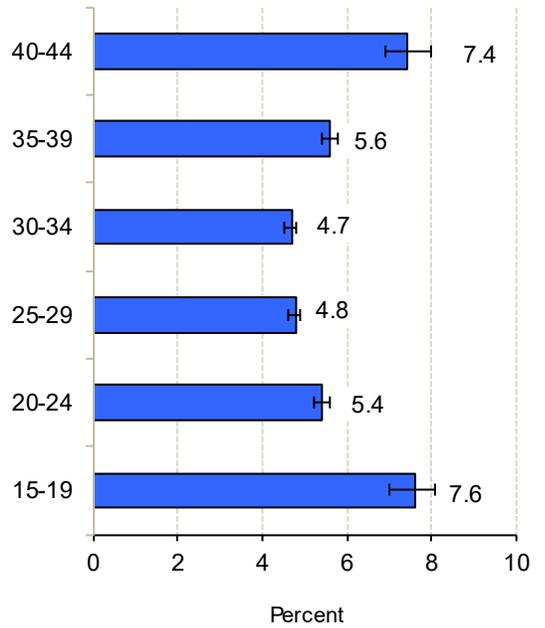
County rate not displayed for Columbia, Ferry, Garfield, San Juan and Wahkiakum counties. These counties either had less than 5 infants born with low birth weight or had estimated rates with a relative standard error $\geq 30\%$

 Significantly different from state rate.

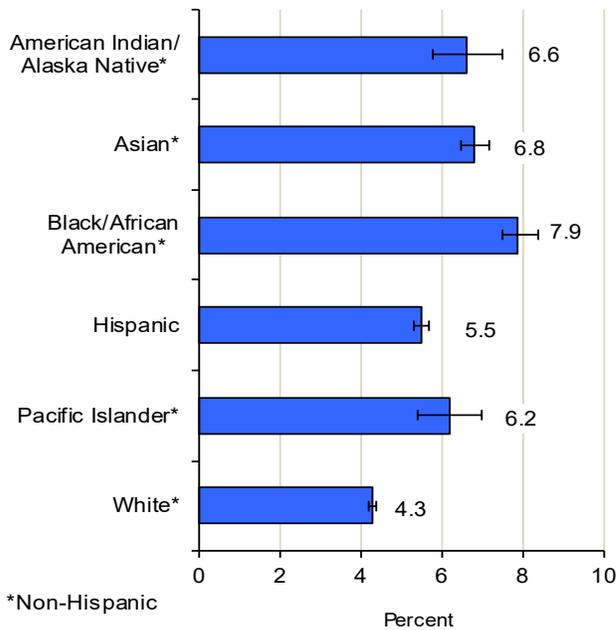
Overall and Singleton Low Birth Weight by Year, 2000-2019 ^{4,5}



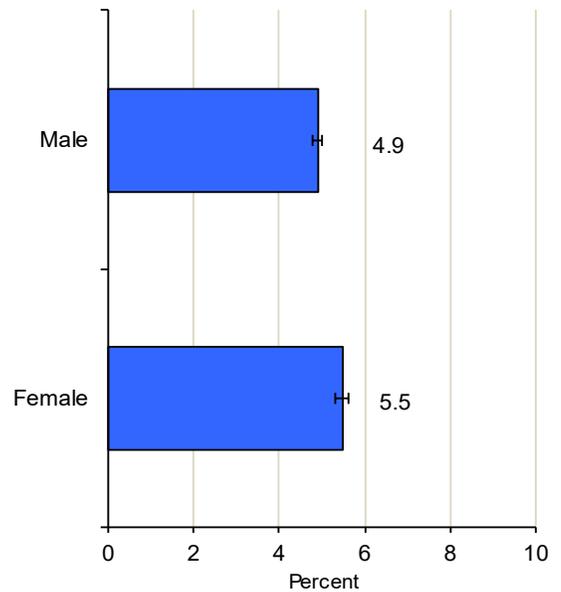
Singleton Low Birth Weight by Maternal Age, 2017-2019 ²



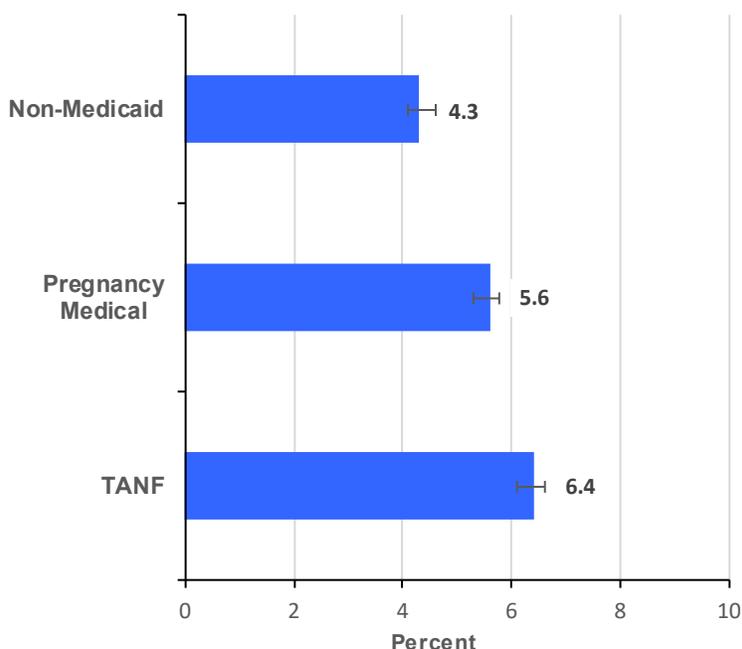
Singleton Low Birth Weight by Maternal Race and Ethnicity, 2017-2019 ²



Singleton Low Birth Weight by Infant Sex, 2017-2019 ²



Singleton Low Birthweight Births by Medicaid Program, 2017-2019 ^{6, a}



Data Sources

1. “Low Birthweight” Children’s Hospital of Philadelphia <https://www.chop.edu/conditions-diseases/low-birthweight>
2. Washington State Department of Health, Center for Health Statistics, Birth Certificate Data, 2017-2019
3. Martin, JA, Hamilton, BE, Osterman, MJK, Driscoll, AK. Births Final Data for 2019. National vital statistics reports, vol. 70, no. 2.
4. U.S. Department of Health and Human Services. Healthy People 2020. At <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>
5. Washington State Department of Health, Center for Health Statistics, Birth Certificate Data, 2000-2019
6. Washington State Health Care Authority. *Selected Measures by Medicaid Status for Live Births And for all Mothers with Deliveries Washington State 2017-2019*. Washington State Department of Social and Health Services, Research and Data Analysis. 4/15/21.

Endnotes

- a. Medicaid recipients were divided into two major subgroups based on program eligibility. **Pregnancy Medical** were individuals eligible for the pregnancy medical assistance program. These individuals were eligible to receive Medicaid because they were pregnant and had incomes at or below 195% the federal poverty line; **TANF** were individuals enrolled in the Temporary Assistance for Needy Families (TANF) program. These individuals were very low income (generally < 50% the federal poverty level) and received cash assistance (TANF) in addition to Medicaid.

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