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# Babies need to bulk up

## Healthy Start Initiative addresses low birth weight in Worcester County

### WHERE WE LIVE

By Thomas Caywood TELEGRAM & GAZETTE STAFF

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While infant mortality rates have declined with advances in medical care, one important indicator of a baby's health hasn't improved. Babies born in Central Massachusetts are as likely to be underweight as they were eight years ago, according to state figures.

Doctors and public health officials say low birth weight is a serious concern that can have medical ramifications into adulthood.

"The last nine years, the low-birth-weight rate has been lower in Worcester County than for the state as a whole, but it does seem for the last several years that the overall trend is going up slightly, and that's true for the state as well," said Dr. Lauren A. Smith, a pediatrician and medical director for the state Department of Public

## Birth rates

### Worcester County

Year	Resident Births	Low Birthweight	Percent
2006	9,908	717	7.2%
2005	9,828	746	7.6%
2004	9,902	703	7.1%
2003	10,104	744	7.4%
2002	10,069	701	7.0%
2001	10,257	707	6.9%
2000	10,010	695	6.9%

Source: Massachusetts Department of Public Health  
T&G Staff

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Dr. Tiffany A. Moore Simas, assistant professor of obstetrics, gynecology and pediatrics at the University of Massachusetts Medical School in Worcester, said a woman's age and weight can play a role in low weight births.



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The proportion of babies born in Worcester County with low birth weight — less than 5-1/2 pounds — was 7.2 percent in 2006, the most recent year for which state health department figures are available. The state rate was 7.9 percent and the national rate was 8.2 percent.

The Worcester County rate was down from 7.6 percent in 2005, but up from 6.9 percent in 2000. Numerous studies have established a correlation between low birth weight and serious medical conditions such as high blood pressure, cerebral palsy, deafness, blindness, asthma as well as behavioral and cognitive development problems.

Dr. Smith said the DPH has put together a working group to study premature and low weight births, among other issues.

“We are involved in some additional analysis of the data to look at what might be contributing to it,” she said. Part of the explanation for the lack of progress in reducing low-birth-weight rates appears to be the age and, to a lesser extent, weight of pregnant women, said Dr. Tiffany A. Moore Simas, assistant professor of obstetrics, gynecology and pediatrics at the University of Massachusetts Medical School in Worcester.

“Women are delaying child bearing, and with increased age comes more potential medical problems that could lead to low-birth-weight babies,” Dr. Simas said.

At the other extreme of child-bearing age, high teen pregnancy rates also appear to be contributing to low birth weights, she said.

In addition to increasing extremes in age, increasing extremes in weight among pregnant women could be a factor. Overweight and obese mothers are more likely to have high blood pressure and other medical conditions that have some role in underweight babies, Dr. Simas said.

“We’re concerned for a number of reasons,” she said. “Low-birth-weight babies can require more care up front with difficulty managing temperature and feedings, et cetera. And there’s a whole new body of literature that says we’re programmed in utero for the health of the rest of our lives.”

Dr. Simas and Dr. Smith both said that one of the easiest and most-effective ways women can help lessen their chances of having an underweight baby is to talk with their doctors before they conceive about medications they take and their medical conditions.

Dr. Smith cited a growing field called “preconceptual care.” “Even if we get folks into prenatal care early, and that’s the standard and the goal, we also need to be focusing on women needing to be healthy before they get pregnant,” she said.

Dr. Simas said only a very small percentage of women thinking of trying to get pregnant discuss health issues and medications with her now, and roughly half of pregnancies are unplanned.

In the city, the Worcester Healthy Start Initiative is trying to take the message to some of those women with outreach and education, said Project Director George M. Portuphy.

The initiative, funded by a \$750,000-a-year federal grant, recruits women into the program and assigns them to a case worker. The goal is to reach pregnant women by their first trimester and teach them about risk factors for infant

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mortality and low birth weight — such as smoking, drug abuse, depression, domestic violence and lack of adequate housing.

“All of that and eating healthy and exercising. All of these are causal factors that could result in low birth weight,” said Mr. Portuphy, adding that some women in the city have only a vague idea about steps to help ensure a healthy baby.

“We serve a lot of immigrant groups in the city who don’t have the health information that we see as common knowledge,” he said.

The initiative has recruited roughly 8,000 women since its inception eight years ago.

“Our observation is that the low-birth-weight rates are going down for those enrolled in Healthy Start, but not for the city or the county,” Mr. Portuphy said. “The problem is that we have limited resources. While we see the rate decline for our program, we don’t see a huge impact on the city or county.”

The low birth weight rate among women monitored by the initiative was 6.5 percent in 2006 and 5.8 percent in 2005, “indicating better birth outcomes for WHSI participants, even though a higher percentage of our participants are very high risk clients,” said Mr. Portuphy. Dr. Simas and Dr. Smith noted the overlap between prematurity, in which a baby is born before full term and likely to be smaller than average, and low birth weight in full-term babies. Both conditions increase the risk of certain medical problems, and prematurity is a major cause of low birth weight, they said.

While it’s not clear exactly how far doctors and public health officials can hope to reduce low-birth-weight rates, differences between the rates in various racial groups show there’s still plenty of progress to be made.

The Worcester County low birth weight rate for blacks and Asians, for example, was slightly more than 9 percent in 2006, while the rates for whites and Hispanics were 6.9 percent and 7.1 percent, respectively. Closing that gap would reduce the overall low-birth-weight rate significantly.

“That’s an example where, clearly, we have room to work to drive numbers down,” Dr. Smith said.

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