Birth Weight and Gestational Age in Bahrain

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ABSTRACT

The birth weight of all Bahraini infants who were born as a result of uncomplicated pregnancy in all Bahraini Government Maternity Hospitals during 1984 and 1985 were analysed. The study showed that the mean birth weight varied between 1628g at 30-31 weeks to 3261g at term. The percentiles were computed, plotted and compared with four different studies. The birth weight values for Bahraini infants were less than those reported from various populations.

Birth weight is considered as an index for the health standard of a community. Social and economic status plays an important part on the variation in the intra-uterine growth rate¹.

Annually throughout the world about 20 million infants are born with low birth weight, the majority of them are from developing countries². Poor intra-uterine growth is associated with increased risk of perinatal mortality and morbidity³ as well as long term physical, intellectual and neurological sequelae⁴.

Information about fetal growth came in the past from postmortem studies^{5,6} measurement of aborted fetuses at different ages⁷ and direct measurements of fetuses obtained by hysterotomy⁸.

Of the various measurements that have been studied to demonstrate the pattern of fetal growth, birth weight is the one most frequently used, being the simplest and the least liable to error. A great deal of the information on this subject comes from

developed countries. Relevant data are lacking in most of the Arabian Gulf countries including Bahrain. This study was undertaken to establish a birth weight and gestational age curve for Bahraini women and also to determine the percentiles of birth weight for Bahraini infants.

METHODS

All infants who were live-born at Bahraini Government Maternity Hospitals from January 1984 till December 1985 were weighed immediately after birth by a baby weighing machine (SECA) with a beam balance. The weights were recorded by the midwives in the labour room register and in the birth notification forms. The data for this study was collected from the registers of the different maternity hospitals. The analysis of the data was done on IBM 370–155 and DEC PDP 11–34A Computer Systems using SPSS software.

The gestational age of the baby at birth was determined from the date of the last menstrual period and the date of delivery; cases were excluded from the analysis if the date of the last menstrual period was uncertain or unknown; or if clinical considerations cast a doubt on the calculation of the gestational age.

In order to improve reliability when discussing normality, careful screening was done to exclude all known conditions which might affect the birthweight of infants e.g. hypertensive disorders, diabetes, intra-uterine growth retardation, multiple pregnancy and congenital malformations.

RESULTS

The range of gestational age for 13,834 infants, 6947 males and 6887 females used in the study was from 30–41 weeks. The mean (SD) birth weight by gestational age is shown in Table 1. It varies between 1628.97g with SD 327.9 at 30–31 weeks gestation to 3335.59g with SD 459.8 at 41 weeks.

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TABLE 1

Mean (SD) Birth Weight by Gestational Age

| Gestational Age | | Birth Weight (g) | | |
|--------------------|------------------|------------------|-------|--|
| (Weeks) | N (No. of cases) | Mean | SD | |
| 30-31 | 39 | 1628.97 | 327.9 | |
| 32 - 33 | 68 | 1891.47 | 331.2 | |
| 34-35 | 118 | 2224.91 | 374.9 | |
| 36 | 306 | 2489.77 | 345.6 | |
| 37 | 420 | 2618.36 | 308.8 | |
| 38 | 1819 | 3106.75 | 499.3 | |
| 39 | 2626 | 3219.47 | 478.4 | |
| 40 | 7218 | 3261.83 | 464.9 | |
| 41 | 1220 | 3335.59 | 459.8 | |
| Total | 13834 | | | |

TABLE 2

Mean (SD) Birth Weight by Gestational Age and Sex

| Gestational Age | | Bir | th Weight (g | ·) | | | | |
|--------------------|------|------------------|--------------|------|---------------------|-----|--|--|
| Weeks | M | Tale $(N = 694)$ | 7) | Fe | Female $(N = 6887)$ | | | |
| | N | Mean | SD | N | Mean | SD | | |
| 30-31 | 16 | 1723 | 352 | 23 | 1564 | 301 | | |
| 32 - 33 | 29 | 2019 | 356 | 39 | 1797 | 280 | | |
| 34-35 | 71 | 2225 | 338 | 47 | 2225 | 429 | | |
| 36 | 138 | 2472 | 367 | 168 | 2507 | 326 | | |
| 37 | 204 | 2597 | 300 | 216 | 2638 | 316 | | |
| 38 | 929 | 3166 | 467 | 890 | 3044 | 524 | | |
| 39 | 1310 | 3270 | 493 | 1316 | 3171 | 459 | | |
| 40 | 3657 | 3318 | 470 | 3561 | 3202 | 452 | | |
| 41 | 593 | 3382 | 480 | 627 | 3293 | 437 | | |

TABLE 3

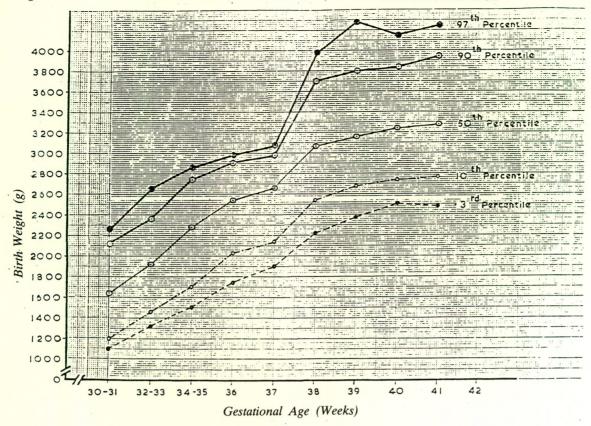
Percentiles of Birth Weight by Gestational Age

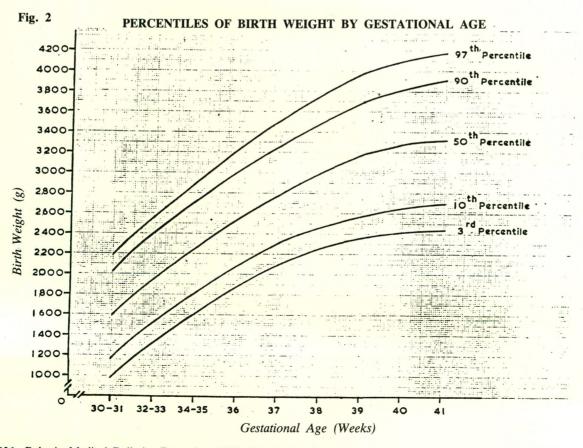
| Gestational | | | Percentiles of Birth Weight(g) | | | | | | | | | | |
|------------------|------|------|--------------------------------|------|------|------|------|------|------|------|------|------|------|
| Age (in weeks) 3 | 5 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 95 | 97 | |
| 30-31 | 1096 | 1110 | 1200 | 1330 | 1400 | 1450 | 1640 | 1700 | 1850 | 1950 | 2120 | 2190 | 2250 |
| 32-33 | 1320 | 1370 | 1458 | 1646 | 1697 | 1798 | 1915 | 1950 | 2012 | 2122 | 2373 | 2448 | 2657 |
| 34-35 | 1487 | 1564 | 1699 | 1848 | 2017 | 2150 | 2280 | 2380 | 2440 | 2514 | 2731 | 2800 | 2870 |
| 36 | 1750 | 1888 | 2027 | 2200 | 2311 | 2450 | 2530 | 2630 | 2720 | 2812 | 2900 | 2950 | 2978 |
| 37 | 1900 | 2020 | 2140 | 2350 | 2480 | 2580 | 2650 | 2750 | 2820 | 2900 | 2980 | 3005 | 3058 |
| 38 | 2221 | 2350 | 2534 | 2730 | 2870 | 2980 | 3070 | 3200 | 3330 | 3500 | 3700 | 3850 | 3980 |
| 39 | 2380 | 2458 | 2677 | 2850 | 3000 | 3070 | 3170 | 3270 | 3400 | 3550 | 3800 | 4151 | 4280 |
| 40 | 2500 | 2583 | 2730 | 2900 | 3020 | 3130 | 3240 | 3350 | 3450 | 3600 | 3830 | 4020 | 4140 |
| 41 | 2493 | 2600 | 2750 | 2982 | 3100 | 3180 | 3295 | 3430 | 3570 | 3730 | 3950 | 4120 | 4235 |

TABLE 4

Difference in Percentile between Bahrain and other Countries

| Centile | Kuwait | Newcastle- Upon-Tyne | Hong Kong | Australia |
|--------------|----------|-------------------------|-----------|-----------|
| 10th Centile | 30-200 g | 100-300 g | 100-400 g | 150-200 g |
| 50th Centile | 70-300 g | 100-350 g | 30-350 g | 140-400 g |
| 90th Centile | 50-600 g | 100-700 g | 100-500 g | 150-500 g |





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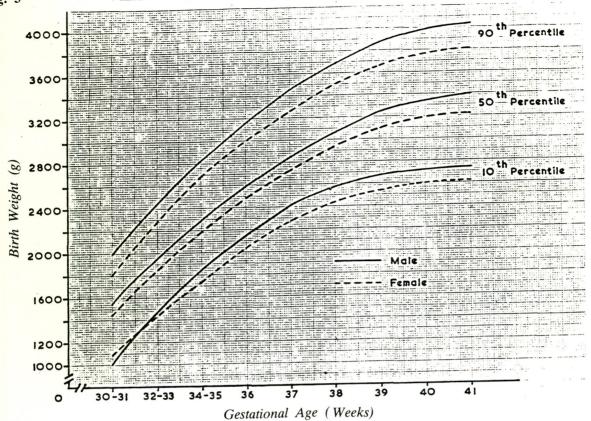


Figure 1 shows the actual percentiles of birth weight by gestational age.

Figure 2 shows the smoothed birth weight percentiles for gestational age between 30-41 weeks.

The mean birth weight by gestational age and sex is tabulated in Table 2 and graphed in figure 3. The mean birth weight at term for males was around 150g heavier than females.

The percentiles of birth weight by gestational age is tabulated in Table 3.

Table 4 shows the difference in the percentiles of birth weight between Bahrain and four other different studies. It is noted that the values of 10th, 50th and 90th percentile were all less in Bahrain than those reported by different studies for different countries.

DISCUSSION

The two parameters which have been used to establish the pattern of normal growth and deviation from it are birth weight and gestational age. To estimate birth weight all that one needs is a reasonably accurate pair of scales, but the estimation of gestational age is absolutely fundamental⁹.

Through this study we tried to meet the three epidemiological requirements put by Thomson et al. 10. Our measurements were accurate, based on unselected live births of Bahraini infants. We excluded all cases with any known condition mentioned before which might affect the birth weight.

Lubchencco et al.¹¹ made an important contribution to the study of the weight of the fetus in relation to its age. Others also presented similar studies^{10,12}. Our study follows a similar linear course and is illustrated in figure 2.

The effect of fetal sex on birth weight is well known. Birth weight by sex were practically identical at 32–33 weeks and then gradually diverged, males being about 150 grams heavier than females at term¹⁰. Our study confirmed the above findings.

The tenth, fiftieth and ninetieth percentiles for Bahrain were compared with various reported percentiles for other populations from Kuwait¹³, Newcastle-upon-Tyne¹⁰, Hong Kong¹⁴, and Australia¹⁵.

TENTH PERCENTILES

The tenth percentile values of all other compared studies were higher than those of Bahrain. The difference between 10th percentile values for Bahrain and those for Kuwait, Newcastle-upon-Tyne, Hong Kong and Australia were 30–200g, 100–300g, 100–400g, and 150–200g, respectively.

FIFTIETH PERCENTILE

The Fiftieth percentile or the mean birth weight for Bahrain study was again less than all others. The difference between this value for Bahrain and those for Kuwait, Newcastle-upon-Tyne, Hong Kong, and Australia were 70–300g, 100–350g, 30–350g and 140–400g respectively.

NINETIETH PERCENTILE

The Ninetieth percentile values for Kuwait and Australia were always more than those of Bahrain and the difference being 50-600g and 150-500g respectively. In case of Newcastle-upon-Tyne and Hong Kong the differences were 100-700g and 100-500g respectively.

In all percentiles from all various compared studies the discrepancy reached its maximum at 37 weeks.

Our findings suggest that on the whole the birth weight values for Bahrain are less than those reported from various populations. This agrees with our assumption except in the case of Kuwait where we have expected the values to correlate with those

of Bahrain on account of similar race, same culture and geographical location. However, we found that such was not the case. This finding could be explained by the inclusion of different nationalities in the latter study.

CONCLUSION

The mean birth weight for Bahraini infants in this study has been found smaller than the mean birth weight found in other studies of Kuwait, Newcastle-upon-Tyne, Hong Kong and Australia.

REFERENCES

- 1. Ratten GJ, Kenny JM, Targett CS, Beisher NA. The effect of maternal socio-economic status on fetal and placental weight at birth. NZ Obstet Gynaecol 1974;14:148–155.
- 2. WHO. The health of mothers and children, key issues in developing countries in point of fact. 1986;33:1-4.
- 3. Battaglia FC, Lubchenco LO. A practical classification of newborn infants by weight and gestational age. J Paediatr 1967;71:159–163.
- 4. Fitzhardinge, PM Steven EM. The small for date infant: II. Neurological and intellectual sequelae. Paediatrics 1972;50:50-57.
- 5. Streeter GL. Weight, sitting height, head size, foot length and menstrual age of the human embryo. Contributions to embryology 1920;11:143-170.
- 6. Scammon RE, Calkins LA. The development and growth of the external dimensions of the human body in the fetal period. Minneapolis: University of Minnesota Press, 1929.
- 7. Iffy L, Jakobvits A, Westlake W, et al. Early intra-uterine development: rate of growth of Caucasian embryos and fetuses between 6th and 20th weeks of gestation. Paediatrics 1975;56:173-186.
- 8. Birkbeck JA, Billewicz WZ, Thomson AM. Fetal growth from 50–150 days of gestation. Ann Hum Biol 1975;2:319–326.
- 9. Willocks J. Some aspects of fetal growth and function. In: Macdonald RR, ed. Scientific basis of obstetrics and gynaecology, 2nd ed. London: Churchill Livingstone, 1978;5:109-149.

- 10. Thomson AM, Billewicz WZ, Hytten FE. The assessment of fetal growth. J Obstet Gynaecol Br Commonw 1968;75:903–916.
- 11. Lubchenco LO, Hansman C, Dressler M, Boyd E. Intra-uterine growth as estimated from live-born birth weight data at 24 to 43 weeks of gestation. Paediatrics 1963;32:793–800.
- 12. Neligan GA. Gestational age, size and maturity, In: Dawkins MJR, Mac-Greagor WG, eds. The spastics society clinics in developmental medicine. London: Heinemann 1965;19:28-32.
- 13. Kamel SM, Taha MAH, EbuElzein FM. Fetal growth standard for Kuwait birth weight for gestational ages from 36 to 43 weeks. J Kwt Med Assoc 1985;19:23-30.
- 14. Rogers MS, Wong FWS, Chang MZ. Determinants of birth weight in the new territories of Hong Kong. Aus NZ J Obstet Gynaecol (In Press).
- 15. Beischer NA. Birth Weight from the Mercy Maternity Hospital. Aus NZ J Obstet Gynaecol (In Press).

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