

MEETING ABSTRACT

Open Access

# Obstetrical risk factors of ELBW

Nicola Rizzo\*, Giuliana Simonazzi, Alessandra Curti

From XXI Congress of the Italian Society of Neonatology  
Palermo, Italy. 24-26 September 2015

Preterm birth is the leading cause of perinatal morbidity and mortality worldwide [1]. It contributes to 70% of neonatal mortality and approximately half of long-term neurodevelopmental disabilities [2]. The obstetrics precursors leading preterm birth are delivery for maternal or fetal indications, spontaneous preterm labour with intact membranes and preterm premature rupture of membranes (pPROM) [3]. It is estimated that about 30-35% of all preterm births are indicated, 40-45% follow spontaneous preterm labour and 25-30% occur after pPROM [3].

Premature infants born at a gestational age of 32 weeks or less are obviously at greatest risk. The term “*extreme low birthweight*” (ELBW) is used to identify newborns with birthweight less than 1000 g. Although their prevalence is less than 1%, these newborns disproportionately account for nearly one-half of all perinatal deaths [4].

Antecedent risk factors for ELBW neonates, though geographically heterogeneous, include nulliparity and multiple gestations, each accounting for one-third and one-fourth of all births, respectively [5]. Spontaneous preterm labor precedes 34% of these deliveries and premature rupture of membranes in 25%. The pregnancy is complicated by hypertensive disease in about 20% of cases and bleeding and chorioamnionitis in 18%, respectively. Moreover, small for gestational age infants rate ranged from 16 to 20%. When the frequencies of these factors is compared between the United States and other countries, PROM rate is similar between the groups (25% vs. 26%, respectively), while others are not (chorioamnionitis: 18% vs. 37%, respectively). These variations may be due to publication bias, differences in maternal demographic characteristics, differences underlying burden of maternal or fetal illness, and/or differences in obstetrical practice patterns.

Published: 24 September 2015

\* Correspondence: nicola.rizzo@unibo.it  
Obstetrics and Prenatal Medicine – S.Orsola Hospital, Alma Mater Studiorum – Bologna University, Italy

## References

1. Goldenberg RL, Culhane JF, Iams JD, Romero R: **Epidemiology and causes of preterm birth.** *Lancet* 2008, **371**:75-84.
2. Mathews TJ, Menacker F, MacDorman MF: **Infant mortality statistics from the 2002 period: linked birth/infant death data set.** *Natl Vital Stat Rep* 2004, **53**:1-29.
3. American College of Obstetricians and Gynecologists: **Perinatal care at the threshold of viability; ACOG practice bulletin no. 38.** Washington, DC: ACOG; 2002, reaffirmed 2010.
4. Chauhan SP, Ananth CV: **Periviable births: epidemiology and obstetrical antecedents.** *Semin Perinatol* 2013, **37**(6):382-388.

doi:10.1186/1824-7288-41-S1-A35

Cite this article as: Rizzo et al.: **Obstetrical risk factors of ELBW.** *Italian Journal of Pediatrics* 2015 **41**(Suppl 1):A35.

Submit your next manuscript to BioMed Central  
and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at  
[www.biomedcentral.com/submit](http://www.biomedcentral.com/submit)

