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Editorial

Low Birth Weight in Kuwait-An Opportunity for Nutrition Interventions

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In both developed and developing countries, birth weight is probably the single most important factor that affects neonatal mortality [1]. Low birth weight (LBW) is defined by the WHO as a birth weight less than 2500g, since below this value birth-weight-specific infant mortality begins to rise rapidly. Low birth weight infants are far more likely to exhibit growth deficiencies [2], which appear to be permanent. Short stature can lead not only to lowered self-esteem, but can also impair physical working capacity, a sequela of special importance in developing countries, where individual and societal welfare may depend on the ability to carry out manual labour. A country where the majority of babies are born with low birth weight may face significant health costs, because these babies are more vulnerable to disease and tend to remain so throughout their lives (unless they change the environment, food, and other influential conditions) Further, low birth weight is associated with malnutrition and higher risk of chronic diseases later in life. A country where babies are born with a higher-than-average birth weight may also have to face significant health costs, but for different reasons. These babies are more likely to develop cardiovascular diseases linked to obesity in particular. Moreover, evolution in size is an indicator of a population moving towards a relatively rich and varied diet. Hence, the size and weight of new-borns can be used as indicators of a country's development, just like average wages or the proportion of children enrolled in school [3]. Low birth weight is one of the frequently used health indicators of a country's development.

The objective of this editorialis to comment on the rates of low birth weight in Kuwait between the years 2000 and 2013 to see if these have decreased. This is then discussed as an indicator of development in Kuwait. It was hypothesised that a reduction in the number of cases of low birth weight has taken place chronologically indicating an improvement in health care attention and overall development of the country. The data was taken from the 2013 Annual Bulletin of Health Statistics compiled by the Central Statistical Bureau of the State of Kuwait [4]. These data include both governmental and private sector health statistics and is reporting on live births weighting less than 2500g at birth. Data are presented for Kuwaitis and non-Kuwaitis, as well as total numbers. The data is here is shown as rates per 1000 live births although it is also available as per total number of births fewer than 2500g at birth.

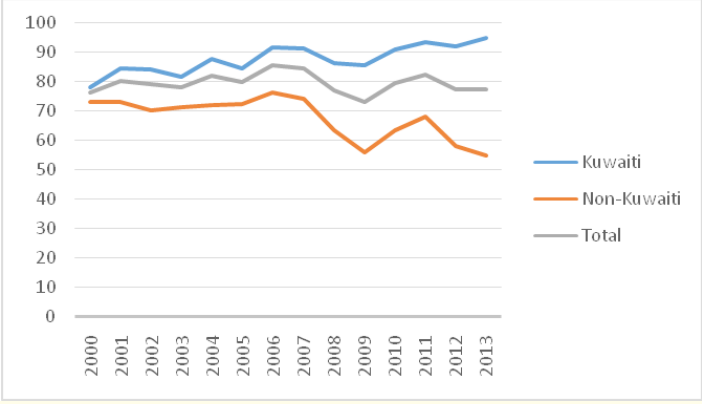

***Figure 1:** Live births (rate/1000 live births) weighting less than 2500g at birth.*

Contrary to what was hypothesised, the rate of low birth weight in Kuwait, for both Kuwaitis and non-Kuwaitis, has not decreased from 2000-2013. Affordable, accessible and appropriate health care is critical for preventing and treating low birth weight. Due to the limited data, and the lack of causal exploration, the reasons behind these low birth rates in Kuwait can only be speculated. As supported by the literature, findings are attributed mainly to suboptimal maternal nutrition before and during pregnancy, multiple pregnancies and young maternal age.

Countries can reduce their neonatal and infant mortality rates by improving the care for the mother before and during pregnancy and childbirth. The importance of proper nutrition at these critical stages of life can only be highlighted. Providing women of childbearing age with adequate dietary guidance and support strategies, as well as by promoting other public health nutrition strategies such as the encouragement of breastfeeding, may help ameliorate the rates of low birth weight.

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