

Follow-up care for a child with a history of low birth weight (LBW) is needed

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The World Health Organization (WHO) defines low birth weight (LBW) as a birth weight of an infant of less than 2,500 grams (or up to and including 2,499 grams), regardless of gestational age. In 2020, an estimated 19.8 million newborns (14.7% of all babies born globally) had low birth weight. This represents a slight decrease from 16.6% in 2000. Most LBW cases (around 95-96%) occur in developing countries, including Indonesia. The Indonesian Nutrition Status Survey (SSGI) 2021 reported that the prevalence of LBW was 6.6%.

The LBW, often linked to prematurity or intrauterine growth restriction (IUGR), is one of the leading causes of neonatal and infant mortality worldwide. LBW infants are about 20 times more likely to die than heavier infants. Globally, 1.2 to 1.6 million Deaths annually can be attributed to LBW complications, primarily due to prematurity and infection. The LBW has a significant impact on a child's health and

development throughout their first five years of life and even into adulthood. Some health effects of LBW are increased risk of stunting and malnutrition, developmental delays, cognitive Impairment, neurodevelopmental Issues, respiratory problems, Increased Risk of Chronic Diseases in Adulthood (foetal origins of adult disease), behavioural and emotional issues, and increased healthcare utilization.

To prevent long-term effects due to LBW, follow-up care is needed until the baby is at least five years old. It is crucial for improving survival, promoting healthy development, and preventing long-term complications.

Why is follow-up care essential for LBW? To prevent complications, Early Detection and Intervention, parental support and education, and optimizing long-term outcomes. Several countries have established national policies or programs to ensure follow-up care for low birth weight (LBW) infants, especially those born

preterm or with complications. These policies are often part of broader maternal and child health programs, such as those in India, Bangladesh, Brazil, South Africa, and Indonesia. But the follow-up care policy only applies until the baby is a few months old, not until the baby is over 3 years old. Only a few countries, such as the United Kingdom, the United States, and Canada, have follow-up care policies with multidisciplinary assessments and long-term tracking components.

Hopefully, international health organizations, such as the WHO and other relevant organizations, can develop policies on follow-up care for LBW up to the age of 5 years. It is also hoped that this policy can be implemented and serve as a guideline worldwide.