Low birthweight (LBW) reflects both the infant's current and future morbidity, as well as maternal exposure to health risks. For the infant, LBW indicates whether a child has had a “healthy start” because LBW is a predictor of mortality and morbidity over the life course. For example, LBW has been associated with developmental and growth problems, a higher risk of cardiovascular disease later in life, and a greater rate of respiratory illnesses. Maternal exposures of concern include the mother's health behaviors, access to health care, and the social and economic environment to which she is exposed.

The primary cause of a low birth weight is premature birth since the baby had less time to grow and gain weight. Another cause of LBW is intrauterine growth restriction (IUGR), which occurs when the baby does not grow well during pregnancy which may be due to the mother's health, placental problems, or birth defects. Full-term babies with IUGR may be physically mature, but tend to be small and have poor health outcomes. Premature infants with IUGR are both very small and physically immature. Smaller infants have a more difficult time eating, gaining weight, fighting infections, and meeting developmental milestones. Other factors associated with LBW include race, mother's age, multiple births (e.g. twins), and mother's health. Prenatal care is a key factor in preventing premature and LBW births.

Both Santa Cruz County and the state had better LBW rates than the Healthy People 2020 Objective over the past ten years (Figure 1). Very low birthweight (VLBW) rates are more variable at the county level, due to small numbers, but state rates are more stable, and both have consistently been lower than the Healthy People 2020 Objective (Figure 2).

**Sources**