

# **Variations in Year of Maternal Age and Maternal Birthweight among Women Who Delivered Infants with Gastroschisis in Washington State, 1987-2006**

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# Gastroschisis

Before



After



# Motivation – Birth Defects

- Inborn syndromes, diseases, disorders, and malformations that occur before birth
- Serious, adverse effect on health, development, or functional ability
- Leading causes of
  - Pediatric hospitalizations
  - Medical expenditures
  - Infant mortality

# Empirical Model

## Possible Gastroschisis Risk Factors

### Maternal

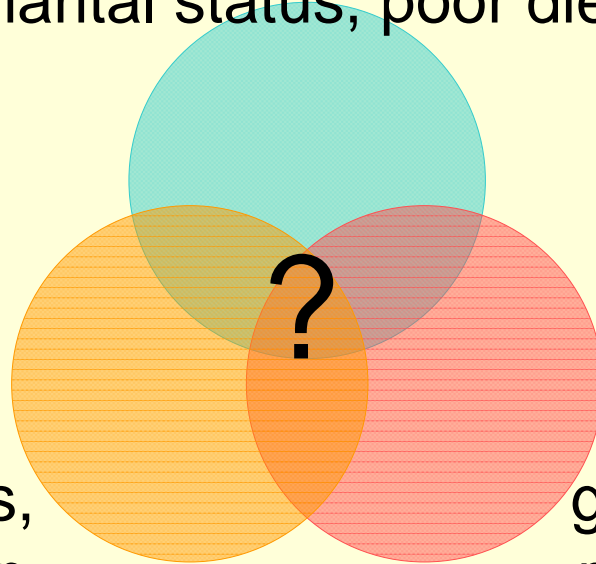
age, first pregnancy, birthweight, smoking, illicit drug use, race, education, marital status, poor diet, BMI, occupation

### Medications

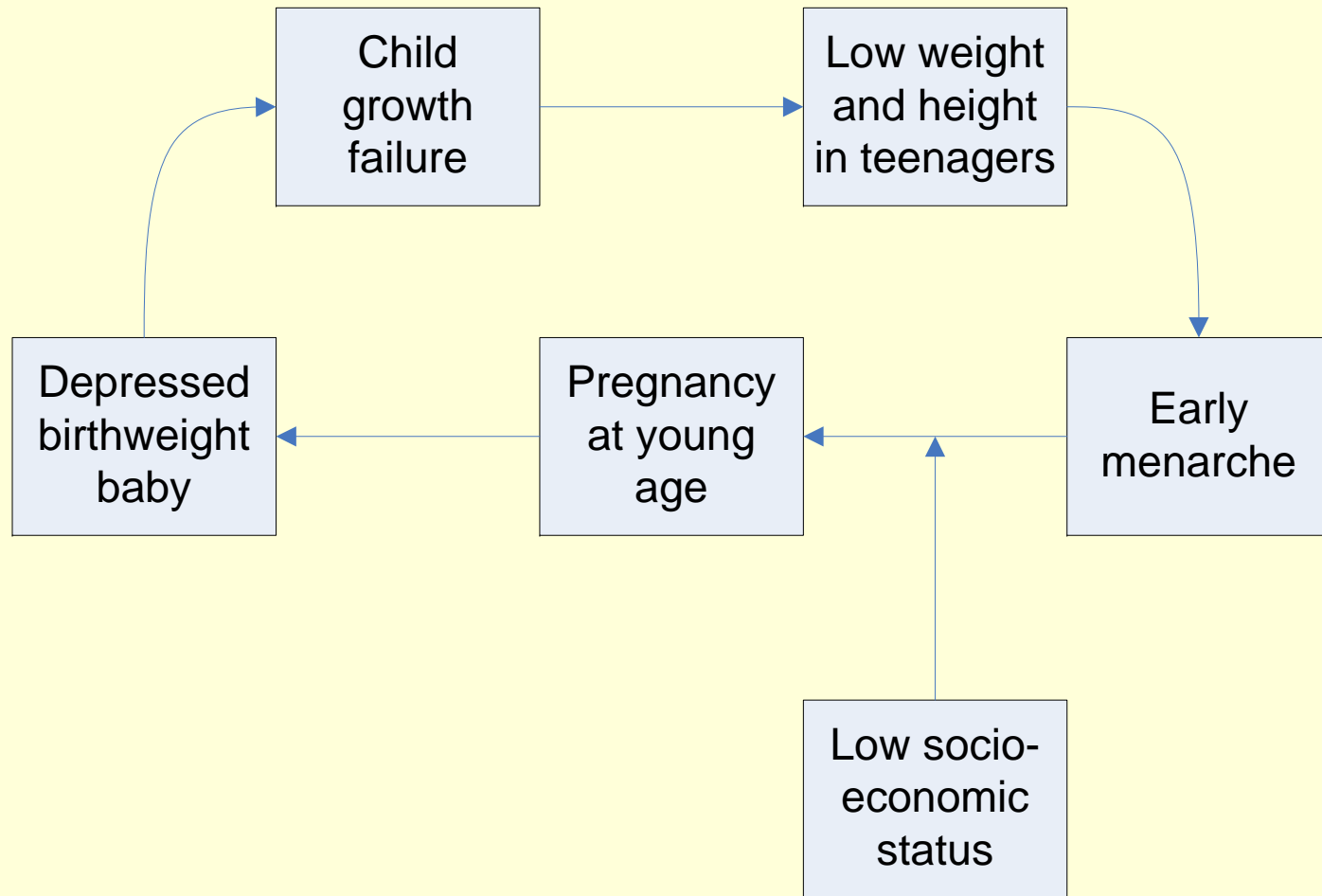
decongestants,  
acetaminophen,  
aspirin, ibuprofen

### Environmental

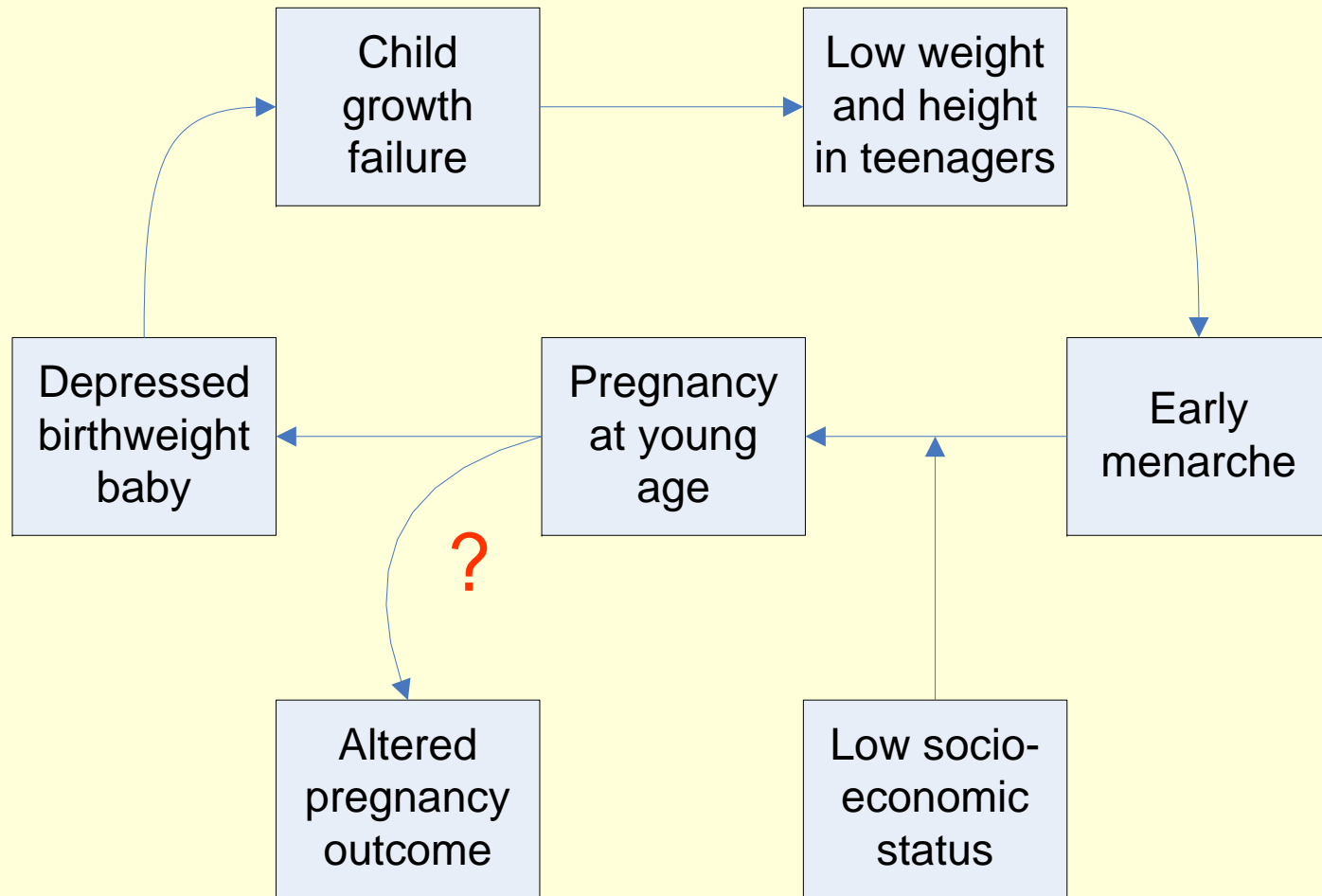
geographic variations,  
pesticides, fertilizers,  
solvents



# Intergenerational cycle of growth failure



# Intergenerational cycle of growth failure



# Specific Aims

- Estimate rate of gastroschisis births by year of mothers' age.
  - Describe the relationship between rate of gastroschisis and mothers' year of age.
- Describe birthweights of mothers delivering infants with gastroschisis, stratified by maternal age.

# Study Design & Data Source

- Descriptive retrospective review, 1987-2006
- Washington State birth certificate data linked with hospital discharge records
- Main Analysis
  - Explore rate of gastroschisis by year of maternal age at delivery
- Subanalysis
  - Explore differences in maternal birthweight among mothers of infants with gastroschisis



# Subject Selection

Singleton births, WA State, 1987-2006  
N = 1,544,660

Main analysis: Infants who had surgery  
to repair gastroschisis, N = 259

Excluded: Infants whose mothers were  
born outside WA, birth weight unknown

Subanalysis: Infants whose mothers  
were born in WA 1968-1990, N = 93

# Statistical Methods

- Descriptive analysis of maternal characteristics
- Calculated rate (per 10,000) by year of maternal age =  
$$\frac{\text{\# infants with gastroschisis in WA 1987-2006}}{\text{Total \# singleton live births in WA 1987-2006}} \times 10,000$$
- Summary statistics of maternal birthweight
  - Compared maternal birthweight means via one-way analysis of variance
- Stata 10.0 & Microsoft Office Excel 2003 software used

# Results – Main Analysis (N=259)

<b><u>Characteristic</u></b>	<b><u>%</u></b>
Race/ethnicity	
White	70.3
Black	1.9
American Indian / Alaska Native	4.6
Asian / Pacific Islander	6.6
Hispanic	16.2

# Results – Main Analysis (N=259)

<b><u>Characteristic</u></b>	<b><u>%</u></b>
Appropriate educational attainment for age	64.9
No previous pregnancy	52.1
Married	32.4
Smoked during pregnancy	26.6
Public payment source	67.7

# Results – Main Analysis (N=259)



Year of maternal age at delivery of gastroschisis infant modeled as a quadratic term

# Results – Subanalysis (N=93)

<u>Maternal age</u> <u>(years)</u>	<u>%</u>	<u>Mean maternal</u> <u>birthweight (g)</u>	<u>SD</u>
13-15	3	3288	158
16-17	18	3354	571
18-19	26	3303	389
20-21	22	3303	528
22-23	15	3515	503
24-25	9	3593	295
26-27	4	3281	227
28-29	0	.	.
30-33	3	3515	986

One-way analysis of variance

# Results – Subanalysis (N=93)

<u>Maternal Birthweight (grams)</u>	<u>N</u>	<u>Mean maternal age (years)</u>	<u>SD</u>
<2500	2	18.00	2.83
2500-2999	19	19.84	3.70
3000-3499	39	20.13	3.96
3500-3999	24	20.46	2.69
4000-4499	6	20.50	2.59
4500-4999	3	23.33	6.51

# Limitations

- Potential case under-ascertainment
  - Coding system to classify gastroschisis
- Study design
  - Inference
  - Effects of confounding biases



# Conclusions

- Rate of gastroschisis highest among infants of teenagers, specifically women aged 18 years
  - Public health interventions to reduce teen pregnancies should incorporate this message
- Maternal birthweight has little relationship to maternal age at delivery of gastroschisis infant
- Future research directions: epidemiology, clinical management, prevention

# Acknowledgments

## Thesis Committee

Jane Rees, PhD, MS, RD (chair)

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