

Abstract

Aim

We examined the effects of being born small for gestational age (SGA) on the risk of being hospitalised for common diseases during childhood.

Methods

This Japanese nationwide, population-based longitudinal survey followed babies born before 42 weeks of gestation from 10-17 January and 10-17 July 2001, using data from the Government's Longitudinal Survey of Babies in the 21st Century. Our study followed 41,268 children until 5.5 years of age: 39,107 full-term (8.7% SGA) and 2,161 preterm (15.5% SGA). We evaluated the relationship between SGA status and hospitalisation using their history of hospitalisation for common diseases and comparing full-term or preterm births. Logistic regression analysis, adjusted for potential confounders, estimated the odds ratios (ORs) and 95% confidence intervals (CIs).

Results

The full-term and preterm children who were born SGA were more likely to be hospitalised during infancy and early childhood than those born non SGA. The ORs for hospitalisation from 6-18 months of age were 1.23 (95% CI 1.10-1.37) for full-term and

1.67 (95% CI 1.23-2.25) for preterm subjects. Higher risks of hospitalisation due to bronchitis, pneumonia, bronchial asthma and diarrhoea were also observed.

Conclusion

Being born SGA was associated with all-cause and cause-specific hospitalisation in early childhood, particularly for term infants.