

Australian national birthweight percentiles by sex and gestational age, 1998–2007

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Birthweight remains one of the strongest predictors of infant mortality and morbidity,^{1,2} and it has been established that assessing an infant's birthweight requires summary data that account for gestational age.³ Birthweight percentiles form a reference incorporating weight and gestational age of infants at birth and are used as an adjunct for detecting neonates at higher risk of neonatal and postneonatal morbidity and growth impairment. A birthweight small or large for gestational age, often defined as being lower than the 10th percentile or higher than the 90th percentile, provides an indication of risk of perinatal morbidity and mortality.⁴

Australia's first birthweight percentiles based on national population data were published in 1999.⁵ The period since this publication has seen numerous changes in maternal characteristics:

- Maternal age has increased, with the proportion of mothers aged 35 years and over increasing from 15.7% in 1998 to 22.3% in 2007.^{6,7}
- The proportion of women reporting smoking during pregnancy has reduced from 18.4% in 2002⁸ to 16.6% in 2007;⁷ with the proportion in New South Wales reducing from 22.0% in 1994 to 13.8% in 2005.⁹
- Maternal overweight and obesity has increased in Australia, as it has in other developed countries,¹⁰ from 34% in the 1998–2002 calendar years¹¹ to 50% in 2008.¹² Mothers who are overweight or obese are more likely to have an indicated preterm birth, with infants born to overweight or obese women more likely to weigh more than 4 kg.¹³
- The ethnicity of mothers in Australia has changed, with 22.0% in 1998 reporting that they were not born in Australia (7.4% were Asian born),⁶ compared with 24.3% in 2007 (9.6% Asian born).⁷

Identification of babies who are small or large for gestational age is important for clinical management,¹⁴ and Australian birthweight percentiles continue to be used for both

Abstract

Objective: To present updated national birthweight percentiles by gestational age for male and female singleton infants born in Australia.

Design and setting: Cross-sectional population-based study of 2.53 million singleton live births in Australia between 1998 and 2007.

Main outcome measures: Birthweight percentiles by gestational age and sex.

Results: Between 1998 and 2007, women in Australia gave birth to 2 539 237 live singleton infants. Of these, 2 537 627 had a gestational age between 20 and 44 weeks, and sex and birthweight data were available. Birthweight percentiles are presented by sex and gestational age for a total of 2 528 641 births, after excluding 8986 infants with outlying birthweights. Since the publication of the previous Australian birthweight percentiles in 1999, median birthweight for term babies has increased between 0 and 25 g for boys and between 5 g and 45 g for girls.

Conclusions: There has been only a small increase in birthweight percentiles for babies of both sexes and most gestational ages since 1991–1994. These national percentiles provide a current Australian reference for clinicians and researchers assessing weight at birth.

clinical and research purposes.^{15,16} Current national birthweight percentiles are therefore required.

Our study presents national birthweight percentiles for all male and female singleton infants born in Australia over the 10-year period between 1998 and 2007.

Methods

We obtained data on singleton live births between 1998 and 2007 from the National Perinatal Data Collection (NPDC) of the Australian Institute of Health and Welfare (AIHW) National Perinatal Statistics Unit. Information is included in the NPDC for all births in Australia of at least 400 g birthweight or at least 20 weeks' gestation. Birthweight is recorded to the nearest 5 g, with gestational age recorded in completed weeks based on the first day of the last menstrual period or the best available clinical estimate (including early pregnancy ultrasound examination).

We excluded implausible birthweights using a method based on Tukey's box-and-whisker plots.¹⁷ For each sex and gestational age combination, birthweights below the first quartile minus twice the interquartile range, or above the third quartile plus twice the interquartile range, were considered outliers and were excluded from analyses.

We calculated exact percentiles, means and standard deviations of birthweight by sex for each gestational age between 20 and 44 weeks. Percentiles were tabulated and plotted by sex for each gestational age. Results for the fifth and 95th percentiles (and more extreme) are presented only for gestational ages with a minimum of 100 births, consistent with the previously published Australian percentiles. Mean birthweight was calculated by year and sex to examine any change over time.

We included births from all mothers, including mothers not born in Australia. Births were not classified by Indigenous status because of ethical restrictions on the use of the perinatal data collection.

All analyses were performed using SAS 9.2 for Windows (SAS Institute Inc, Cary, NC, USA).

The study was approved by the AIHW Ethics Committee (EC341). Approval for use of data was provided by all states and territories.

Results

Between 1998 and 2007, there were 2 539 237 live singleton births recorded (Box 1). Of these infants, 5.9% were born preterm (birth before 37 completed weeks of gestation) while 4.8% were low birthweight (<2500 g) and 0.8% very low birthweight (<1500 g)

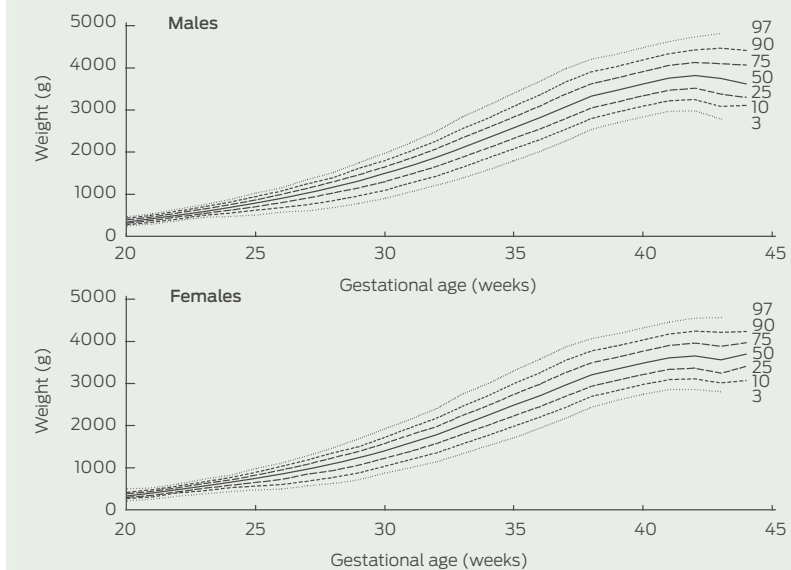
1 Maternal and infant characteristics — all live singleton births, Australia, 1998–2007

Characteristic	Number (%)
Total	2 539 237
Sex of infant	
Male	1 305 356 (51.4%)
Female	1 233 284 (48.6%)
Indeterminate	146
Not stated	451
Birthweight (g)	
< 1500	19 693 (0.8%)
1500–2499	102 259 (4.0%)
2500–4499	2 368 899 (93.3%)
≥ 4500	47 672 (1.9%)
Not stated	714 (< 0.1%)
Gestational age (weeks)	
20–31	22 911 (0.9%)
32–36	126 701 (5.0%)
37–41	2 349 889 (92.5%)
42–44	39 340 (1.5%)
> 44	12 (< 0.1%)
Not stated	384 (< 0.1%)
Maternal age (years)	
< 20	119 749 (4.7%)
20–24	387 486 (15.3%)
25–29	735 480 (29.0%)
30–34	821 946 (32.4%)
35–39	398 315 (15.7%)
≥ 40	75 768 (3.0%)
Not stated	493 (< 0.1%)
Birth order	
1st births	1 047 055 (41.2%)
2nd or greater	1 489 629 (58.7%)
Not stated	2 553 (0.1%)
State	
New South Wales	851 912 (33.5%)
Victoria	621 556 (24.5%)
Queensland	498 582 (19.6%)
Western Australia	252 444 (9.9%)
South Australia	175 635 (6.9%)
Tasmania	56 632 (2.2%)
Australia Capital Territory	47 026 (1.9%)
Northern Territory	35 450 (1.4%)

(Box 1). We excluded from analysis 1610 births (0.1%) for which one or more of the key variables — sex, birthweight and gestational age — was missing; among these were 12 with gestational age more than 44 weeks and 146 with sex recorded as indeterminate.

Of the 2 537 627 live singleton births with gestational age between 20 and 44

2 Birthweight percentiles for live singleton infants born to Australian women



weeks and available data on sex and birthweight, 8986 (0.4%) were removed as outliers, with 7599 (0.3%) being above the higher Tukey limit, and 1387 (0.1%) being below the lower Tukey limit. Percentiles were calculated for a total of 2 528 641 births (1 300 273 males and 1 228 368 females).

Box 2 shows birthweight percentiles by gestational age for male and female infants, and exact birthweight percentiles are listed in Box 3 and Box 4. Median birthweights were lower for female than male infants at all gestational ages apart from 44 weeks. The mean birthweight remained stable between 1998 and 2007 for both male and female infants (Box 5).

Discussion

The birthweight percentiles presented are based on 10 years of high-quality population data that have been shown to be accurate and complete.¹⁸ Our percentiles provide a reference for babies born in Australia and update those published in 1999 to better reflect the characteristics of Australian mothers. The data are sufficient in number to provide reliable percentiles for babies of early gestational age. Our approach to excluding implausible birthweights has been used in constructing birthweight percentiles in other countries.^{4,19} The high quality of Australian birthweight data is demonstrated by the fact that the percentiles

from the remaining observations resulted in curves that did not need smoothing.

Changes such as the increase in maternal age, obesity and use of assisted reproductive technology⁷ have resulted in small increases in the gestational age- and sex-specific birthweights. Comparing term babies of the same gestational age, the median birthweight is between 0 and 25 g higher for male infants, and between 5 g and 45 g higher for female infants, than 10 years ago. Similar increases in 90th and most 10th percentiles for boys and girls were also observed. While these increases may seem small, at a population level they have a large impact. A mean increase in birthweight of 23 g between 1990 and 2005 for male babies in NSW translated into an 18% increase in those identified as large for gestational age. For female babies, an increase of 25 g translated into a 21% increase in those identified as large for gestational age.⁹ Increases in age-specific 10th and 90th percentiles observed from current data will therefore increase the rate of small for gestational age and decrease the rate of large for gestational age for term births, compared with using the previous percentiles.

It is noteworthy that the mean birthweights are relatively stable over time, with a maximum variation over a decade of 13 g for male infants, and 6 g for female infants, in spite of changes in maternal characteristics associated with

3 Birthweight percentiles for live singleton male infants, Australia, 1998–2007

Gestational age (weeks)	Number of births	Mean (SD) birthweight (g)	Birthweight percentile (g)										
			1st	3rd	5th	10th	25th	50th	75th	90th	95th	97th	99th
20	230	349 (60)	210	248	254	273	310	340	390	430	450	470	500
21	335	418 (66)	270	290	300	335	375	420	460	500	540	542	575
22	401	505 (76)	350	370	390	410	460	500	554	600	630	650	690
23	395	595 (82)	390	450	470	500	540	588	650	700	730	756	800
24	640	681 (105)	426	470	500	550	618	684	750	810	850	875	970
25	715	783 (131)	440	505	530	620	700	785	865	944	995	1030	1100
26	937	894 (152)	500	576	621	680	802	900	996	1078	1130	1155	1210
27	1 069	1016 (194)	510	605	660	752	904	1030	1138	1250	1320	1352	1440
28	1 345	1146 (217)	591	680	735	844	1030	1165	1295	1395	1470	1522	1640
29	1 524	1301 (252)	662	782	860	964	1150	1311	1463	1620	1700	1757	1860
30	2 105	1 474 (283)	774	900	984	1 091	1 300	1 498	1 650	1 800	1 920	1 980	2 182
31	2 576	1 666 (304)	915	1 055	1 126	1 270	1 480	1 680	1 855	2 028	2 142	2 230	2 435
32	3 895	1 867 (331)	1 075	1 214	1 294	1 430	1 659	1 880	2 080	2 270	2 405	2 503	2 710
33	5 599	2 106 (371)	1 200	1 381	1 473	1 638	1 880	2 106	2 340	2 560	2 710	2 845	3 070
34	9 824	2 340 (385)	1 400	1 580	1 690	1 860	2 100	2 340	2 580	2 810	2 990	3 120	3 343
35	16 054	2 585 (408)	1 600	1 795	1 920	2 080	2 330	2 578	2 835	3 095	3 275	3 410	3 665
36	32 747	2 826 (428)	1 805	2 015	2 120	2 295	2 550	2 820	3 095	3 360	3 550	3 690	3 930
37	73 986	3 093 (449)	2 050	2 265	2 372	2 540	2 800	3 080	3 378	3 670	3 865	3 990	4 235
38	230 003	3 344 (439)	2 340	2 540	2 640	2 800	3 050	3 330	3 625	3 910	4 090	4 215	4 445
39	293 109	3 486 (430)	2 510	2 700	2 800	2 950	3 195	3 470	3 765	4 040	4 220	4 335	4 560
40	409 976	3 632 (434)	2 650	2 840	2 940	3 090	3 340	3 620	3 915	4 195	4 370	4 490	4 708
41	1 921 54	3 769 (438)	2 780	2 970	3 070	3 220	3 470	3 755	4 060	4 340	4 515	4 630	4 850
42	1 980 4	3 832 (462)	2 760	2 980	3 095	3 250	3 520	3 820	4 130	4 430	4 615	4 740	4 970
43	797	3 761 (540)	2 615	2 785	2 935	3 085	3 380	3 750	4 100	4 470	4 670	4 825	5 180
44	53	3 715 (563)	—	—	—	3 110	3 300	3 620	4 070	4 415	—	—	—

4 Birthweight percentiles for live singleton female infants, Australia, 1998–2007

Gestational age (weeks)	Number of births	Mean (SD) birthweight (g)	Birthweight percentile (g)										
			1st	3rd	5th	10th	25th	50th	75th	90th	95th	97th	99th
20	197	333 (65)	190	210	230	265	290	320	374	410	450	490	525
21	256	386 (69)	210	250	270	300	340	390	433	470	510	515	530
22	333	474 (72)	260	325	355	400	425	480	520	560	589	610	620
23	376	558 (89)	320	375	400	445	506	560	615	660	700	725	800
24	528	637 (95)	380	430	480	520	580	641	700	754	793	815	860
25	599	730 (128)	410	470	498	559	645	740	817	884	940	975	992
26	809	825 (166)	428	490	520	594	717	840	940	1 026	1 072	1 106	1 186
27	879	949 (188)	500	568	598	675	840	965	1 077	1 175	1 240	1 280	1 390
28	1 136	1 073 (230)	495	622	675	764	928	1 090	1 230	1 347	1 410	1 470	1 610
29	1 188	1 215 (252)	572	712	790	870	1 055	1 240	1 380	1 494	1 595	1 680	1 840
30	1 656	1 394 (277)	725	870	918	1 030	1 220	1 400	1 571	1 715	1 840	1 920	2 130
31	2 052	1 582 (302)	880	1 000	1 060	1 190	1 385	1 590	1 780	1 948	2 065	2 146	2 338
32	3 119	1 772 (322)	970	1 140	1 230	1 348	1 570	1 780	1 970	2 170	2 290	2 400	2 620
33	4 421	2 014 (356)	1 180	1 330	1 424	1 560	1 790	2 011	2 235	2 450	2 616	2 746	2 970
34	8 108	2 242 (375)	1 331	1 525	1 615	1 764	2 005	2 240	2 470	2 705	2 870	2 995	3 220
35	13 104	2 486 (403)	1 525	1 710	1 820	1 980	2 230	2 480	2 735	2 995	3 175	3 300	3 516
36	28 386	2 720 (420)	1 750	1 940	2 040	2 198	2 445	2 710	2 980	3 250	3 450	3 575	3 810
37	66 928	2 979 (439)	1 970	2 175	2 275	2 430	2 690	2 965	3 255	3 545	3 735	3 865	4 100
38	214 002	3 215 (425)	2 256	2 440	2 540	2 690	2 930	3 200	3 490	3 770	3 945	4 062	4 290
39	282 046	3 351 (415)	2 420	2 600	2 690	2 830	3 070	3 340	3 620	3 890	4 060	4 175	4 390
40	398 257	3 493 (416)	2 566	2 740	2 830	2 975	3 210	3 480	3 765	4 030	4 200	4 316	4 525
41	1 814 34	3 619 (424)	2 680	2 855	2 945	3 090	3 330	3 605	3 900	4 170	4 340	4 455	4 670
42	1 770 1	3 665 (445)	2 670	2 850	2 950	3 110	3 360	3 650	3 955	4 240	4 420	4 545	4 760
43	801	3 579 (463)	2 660	2 800	2 865	3 010	3 240	3 560	3 880	4 210	4 385	4 560	4 760
44	52	3 705 (523)	—	—	—	3 070	3 403	3 695	3 965	4 230	—	—	—

5 Mean birthweight (g) for live singleton infants by sex, Australia, 1998–2007

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Male	3462	3464	3470	3466	3461	3463	3463	3457	3461	3463
Female	3340	3335	3341	3341	3341	3339	3340	3338	3337	3339

birthweight.⁹ This apparent contradiction can be explained by the fact that the mean birthweights are not adjusted for gestational age. For example, while rates of smoking during pregnancy have decreased, there has been a reduction in gestational age (with preterm births increasing from 6.8% of all births in 1991²⁰ to 7.4% in 2007⁷). Hence, the expected increase in average birthweight as a result of reduced maternal smoking may have been offset by decreased birthweights from preterm births. It is difficult to assess how other changes in maternal characteristics act together to explain the stability in mean birthweights, highlighting the need for birthweight percentiles to be presented separately by sex and gestational age.

In contrast to the birthweight percentiles published using 1991–1994 calendar year data,⁵ we calculated percentiles for all singleton births in Australia. Therefore, our percentiles may not be directly comparable with the earlier percentiles derived from non-Indigenous singleton births to Australian-born mothers.

Customised birthweight percentiles have been recommended,²¹ but their usefulness has been debated.²² There are two recognised features of customised percentiles: first, they use regression-based coefficients adjusted for maternal factors; and, second, they use estimated fetal weight. It is primarily the estimate of fetal weight that contributes to improved prediction of adverse perinatal outcomes, rather than adjustment for maternal characteristics.²² However, fetal (in-utero) weights are not routinely assessed in current practice. Furthermore, the proposition that identifying small for gestational age from customised percentiles, rather than from population reference curves, better predicts adverse outcomes is based on inconsistent evidence.^{23,24} A simulation study demonstrated that the use of customised percentiles did not improve the identification of infants with intrauter-

ine growth restriction, and concluded that, for the customisation to be useful, the factors used in the customisation model would need to explain an unrealistically high amount of variability in actual birthweight.²² Whether differing points of view and fine areas of disagreement on customised and conventional birthweight percentiles for gestational age have important practical research or clinical implications is questionable.²⁵

Australian birthweight percentiles continue to be used in clinical practice and research.¹⁵ The percentiles presented here have a role as a basis for identifying high-risk babies and are recognisable, practical and easily incorporated into charts and presentations. These percentiles provide an up-to-date reference for clinicians and researchers.

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- 1 Graner S, Klingberg-Allvin M, Phuc HD, et al. Adverse perinatal and neonatal outcomes and their determinants in rural Vietnam 1999–2005. *Paediatr Perinat Epidemiol* 2010; 24: 535–545.
- 2 Ng SK, Olog A, Spinks AB, et al. Risk factors and obstetric complications of large for gestational age births with adjustments for community effects: results from a new cohort study. *BMC Public Health* 2010; 10: 460.
- 3 Lubchenco LO, Hansman C, Dressler M, Boyd E. Intrauterine growth as estimated from liveborn birth-weight data at 24 to 42 weeks of gestation. *Pediatrics* 1963; 32: 793–800.
- 4 Vashevnik S, Walker S, Permezel M. Stillbirths and neonatal deaths in appropriate, small and large birthweight for gestational age fetuses. *Aust N Z J Obstet Gynaecol* 2007; 47: 302–306.
- 5 Roberts CL, Lancaster PA. Australian national birthweight percentiles by gestational age. *Med J Aust* 1999; 170: 114–118.
- 6 Nassar N, Sullivan EA, Lancaster P, Day P. Australia's mothers and babies 1998. Canberra: AIHW, 2001. (AIHW Cat. No. PER 15; Perinatal Statistics Series No. 10.) <http://www.aihw.gov.au/publication-detail/?id=6442467227> (accessed May 2012).
- 7 Laws P, Sullivan EA. Australia's mothers and babies 2007. Canberra: AIHW, 2009. (AIHW Cat. No. PER 48; Perinatal Statistics Series No. 23.) <http://www.aihw.gov.au/publication-detail/?id=6442468312> (accessed May 2012).

- 8 Laws P, Sullivan EA. Australia's mothers and babies 2002. Canberra: AIHW, 2004. (AIHW Cat. No. PER 28; Perinatal Statistics Series No. 15.) <http://www.aihw.gov.au/publication-detail/?id=6442467675> (accessed May 2012).
- 9 Hadfield RM, Lain SJ, Simpson JM, et al. Are babies getting bigger? An analysis of birthweight trends in New South Wales, 1990–2005. *Med J Aust* 2009; 190: 312–315.
- 10 Heslehurst N, Ells LJ, Simpson H, et al. Trends in maternal obesity incidence rates, demographic predictors, and health inequalities in 36,821 women over a 15-year period. *BJOG* 2007; 114: 187–194.
- 11 Callaway LK, Prins JB, Chang AM, McIntyre HD. The prevalence and impact of overweight and obesity in an Australian obstetric population. *Med J Aust* 2006; 184: 56–59.
- 12 Dodd JM, Grivell RM, Nguyen AM, et al. Maternal and perinatal health outcomes by body mass index category. *Aust N Z J Obstet Gynaecol* 2011; 51: 136–140.
- 13 Dodd JM, Turnbull DA, McPhee AJ, et al. Limiting weight gain in overweight and obese women during pregnancy to improve health outcomes: the LIMIT randomised controlled trial. *BMC Pregnancy Childbirth* 2011; 11: 79.
- 14 Bonellie S, Chalmers J, Gray R, et al. Centile charts for birthweight for gestational age for Scottish singleton births. *BMC Pregnancy Childbirth* 2008; 8: 5.
- 15 Flenady V, King J, Charles A, et al. Perinatal Society of Australia and New Zealand Perinatal Mortality Group. PSANZ clinical practice guideline for perinatal mortality. Version 2.2. April 2009. http://www.stillbirthalliance.org.au/doc/Section_7_Version_2.2_April_2009.pdf (accessed May 2012).
- 16 Gordon A, Raynes-Greenow C, McGeachan K, et al. Stillbirth risk in a second pregnancy. *Obstet Gynecol* 2012; 119: 509–517.
- 17 Tukey JW. *Exploratory data analysis*. Reading, Mass: Addison-Wesley, 1977.
- 18 Lain SJ, Hadfield RM, Raynes-Greenow CH, et al. Quality of data in perinatal population health databases: a systematic review. *Med Care* 2012; 50: e7–e20.
- 19 Arbuckle TE, Wilkins R, Sherman GJ. Birth weight percentiles by gestational age in Canada. *Obstet Gynecol* 1993; 81: 39–48.
- 20 Lancaster P, Huang J, Pedisch E, Australian Institute of Health and Welfare Perinatal Statistics Unit. Australia's mothers and their babies 1991. Canberra: AIHW, 1994. (AIHW Cat. No. AIHW 240; Perinatal Statistics Series No. 1.) <http://www.aihw.gov.au/publication-detail/?id=6442466628> (accessed May 2012).
- 21 Resnik R. One size does not fit all. *Am J Obstet Gynecol* 2007; 197: 221–222.
- 22 Hutcheon JA, Zhang X, Platt RW, et al. The case against customised birthweight standards. *Paediatr Perinat Epidemiol* 2011; 25: 11–16.
- 23 Hutcheon JA, Zhang X, Cnattingius S, et al. Customised birthweight percentiles: does adjusting for maternal characteristics matter? *BJOG* 2008; 115: 1397–1404.
- 24 Larkin JC, Hill LM, Speer PD, Simhan HN. Risk of morbid perinatal outcomes in small-for-gestational-age pregnancies: customised compared with conventional standards of fetal growth. *Obstet Gynecol* 2012; 119: 21–27.
- 25 Resnik R. To customise or not to customise: that is the question. *Paediatr Perinat Epidemiol* 2011; 25: 17–19.

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