

High Parity and Young Age

**Definition/
cut-off value** Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome.

Pregnant Women: current pregnancy

Breastfeeding/Non-Breastfeeding: most recent pregnancy

Participant category and priority level	Category	Priority
	Pregnant Women	I
	Breastfeeding Women	I
	Non-Breastfeeding Women	III, IV, V, or VI

Justification The IOM Report (p. 204) states, “empirical evidence on the interactions of high parity with both age and short interpregnancy interval does suggest significant [nutritional] risks associated with high parity at young ages and high parity with short interpregnancy intervals (1).”

Since factors such as adolescent pregnancy (<18 years of age) and short interpregnancy interval are used independently as risk criteria, women with such risks would be eligible for participation in WIC. Studies by Kramer (1987) and MacLeod & Kiely (1988) (pg. 202) show that “multiparity increases the risk of low birth weight (LBW) for women under age 20.” Kramer further reports “multiparity has little effect for women age 20-34 years and decreases for women over age 35.” These studies demonstrate the risk of delivering LBW babies for women under the age of 20 years. Thus, low birth weight increases the likelihood of physical and mental developmental deficiencies among surviving infants, and even a higher incidence of infant death.

- References**
1. Institute of Medicine. WIC nutrition risk criteria a scientific assessment. National Academy Press, Washington, D.C.; 1996.
 2. Kramer MS. Determinants of low birth weight: Methodological assessment and meta-analysis. Bull. World Health Organ 1987;65:663-737.
 3. MacLeod S, Kiely JL. The effects of maternal age and parity on birthweight: a population-based study in New York City. Int.J.Gynaecol.Obstet. 1988;26:11-9.
 4. Taffel SM. Trends in low birth weight: United States, 1975-85. Vital Health Stat.21 1989;1-30.