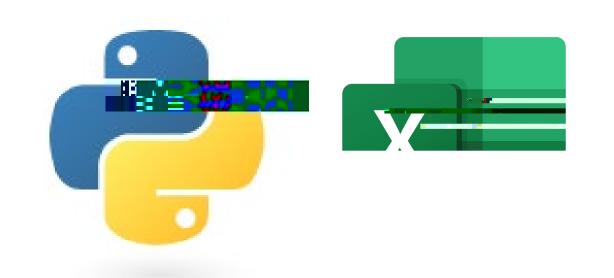
Predictive Modeling for Low Birth Weight Classification Brandi Jones

Faculty Advisor: Dr. MinJae Woo



INTRODUCTION

Figure 1: Correlation Heatmap of Explanatory Variables

METHODS

Dataset

• Infant dataset was obtained from the National Survey of Family Growth (NSFG) survey conducted by the Centers for Disease Control and Prevention (CDC) from 12039.

The purpose of this study is to explore the use of current

modeling methods for infant low birth weight prediction

using a variety of maternal and paternal factors.

- Survey collects information on fertility, family planning, and reproductive health in the United States.
- The sample was designed to be representative of live births in the United States using continuous interviewing/fieldwork survey methodology.
- Dataset included 101,400 live births and 41 variables.

Data Processing

- Low Birth Weight (LBW) binary classification response variable created using 5.511557 lbs (2500 g) as threshold.
- MICE Imputation performed for missing values after handling of coded missing.
- Use of 60:20:20 ratio for train/validate/test sets for all models.

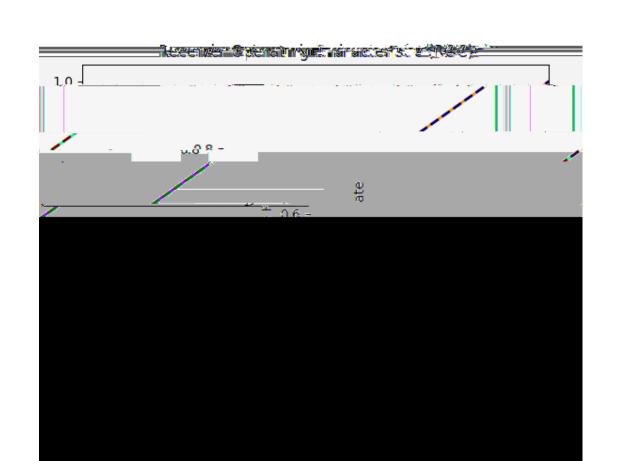
Modeling Methods Used

- XGBoost
- Hyperparameter Tuning
- *Code adapted from Dr. MinJae Woo DS7140 Notes*
- Naïve Bayes
- Random Forest
- Logistic Regression

Modeling Results

- AUC/ROC Curves calculated for each model.
- Confusion Matrix created for each model.
- Accuracy, F1 Score, Precision and other model performance metrics calculated.

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RESULTS

Model Outcomes (Table 2)

- XGBoost had the highest AUC/ROC curve score of all models.

- Naïve Bayes' higher accuracy and precision preferable in development of screening programs aimed at confidently identifying LBW infants.
- Relative model simplicity makes it ideal with limited computational resources.

Limitations

- Regardless as fnodel performance, ability to interpiet crucial for clinicians' acceptance.
- Predictive modeling in healthcare warrants ethical considerations as regards biases in the data or algorithms.