

TOP TEN LIST

TEN BEST WAYS TO MISUSE INFANT MORTALITY STATISTICS

With apologies to David Letterman, and thanks for editorial assistance to Elizabeth Kirby and for their insights to the following Internet contributors:

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Number 10 The Shell Game

Need to highlight a specific infant health issue? Just regroup the conditions in the “leading cause of death” categories.

This is especially useful when providing data to advocacy organizations: one year they might want birth defects to be the leading cause of death, and the next year the focus is prematurity.

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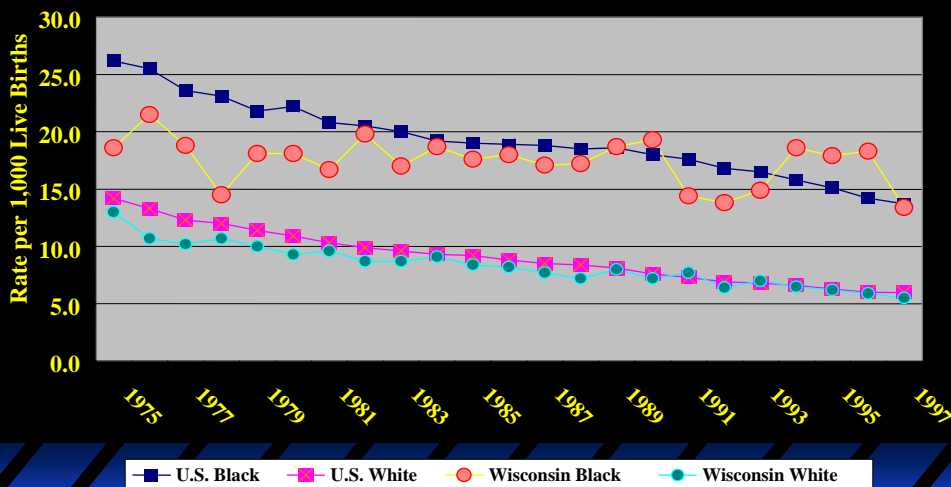
Number 9

Cry Wolf!

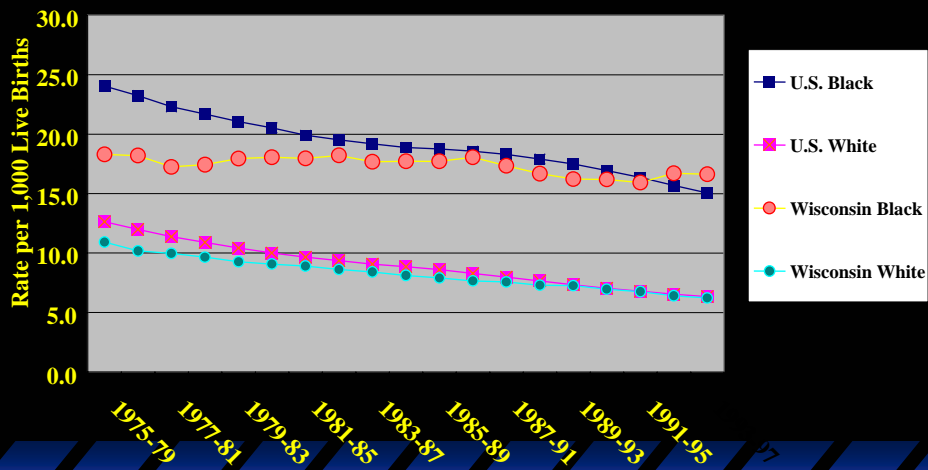
Infant mortality statistics are real. If the rate (or number of deaths) rises from 2001 to 2002, however small the change, it is a political crisis. Year to year variations are never random fluctuations around a stable long-term trend.

Here's an example:

Infant Mortality (Deaths per 1,000 Live Births) for U.S. and Wisconsin Whites and Blacks, 1975 to 1997



Infant Mortality (Five-Year Running Average) U.S. and Wisconsin Whites and Blacks, 1975 to 1997



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Number 8 Paint by Number

Always quote statistics based on death cohort numerators. This is especially important for subgroup analyses with small cell sizes. Also, these statistics are available faster.

So, the numerator is larger than the denominator? Just round off to 100% - no one will know the difference.

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Number 7

Is a Kia the Same as a Porsche?

Now that all hospitals in the United States have 24/7 perinatology service and Level II or higher NICUs, analyses of infant or perinatal mortality by characteristics of hospital of birth are irrelevant and should not be performed.

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Number 6

Keeping up with the Jones . . .

In justifying emphasis on the state infant mortality rate, always make the claim that it is an excellent indicator of socioeconomic status and health care in countries.

And remember:

The Political Purpose of Infant Mortality Statistics

“The first lesson that you must learn is, when I call for statistics about the rate of infant mortality, what I want is proof that fewer babies died when I was Prime Minister than when anyone else was Prime Minister. That is a political statistic.”

- Winston Churchill

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Number 5

Close Enough for Government Work

All demographic and clinical data reported on birth, fetal and infant death certificates are accurate, valid, and reliable. After all, these are ‘official’ legal documents.

So, use all the data in your analyses, including alcohol use, weight gain, prenatal care utilization, maternal health conditions, congenital anomalies, and especially, underlying cause of fetal or infant death.

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Number 4

Don't Color Outside the Lines

The distinction between neonatal and postneonatal mortality is sacrosanct, and must be observed in all tabulations – especially for analyses of perinatal periods of risk.

Endogenous causes of infant death always occur within the first month after birth.

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Number 3

Do I See What I See

The infant deaths are the only observations that matter. Those other babies didn't die, so why study them or include their data in the analysis?

Example: if 10 out of 50 mothers with infant deaths used illicit substances during their pregnancies, this is an important 'risk factor' and a recommendation should be made by the FIMR committee.

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Number 2

Spring Cleaning

Don't store any documentation or metadata. No one will want to use your datasets in the future, and if they wish to, lack of clarity works in your favor because it allows for re-interpretation of the data to fit the current needs.

And why waste money updating storage technology?

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Number 1

Blame the Victim, Shoot the Messenger

All statistical 'associations' revealed in epidemiologic analyses of infant mortality are causal.

This is especially true of observed associations by 'race' or 'ethnicity'. These are both "risk factors", and at least in the case of ethnicity, a **modifiable** risk factor.

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A Final Thought

All the News That's Fit, We Print

No one is interested in infant mortality data before the annual vital statistics report is published.

Wait until the 'statistical year' closes out on March 31 following, and only then begin the process of linking infant deaths to their birth certificates and cleaning the datasets.