

# **TOP TEN LIST**

## **TEN BEST WAYS TO MISUSE FETAL DEATH DATA**

**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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## Top Ten List: Ten Best Ways to Misuse Fetal Death Data

### Number 10

**They say ‘timing’ is everything – but does it really matter for fetal deaths?**

**Don’t analyze the data by whether the event occurred antepartum or intrapartum, or better yet, don’t even collect this information.**



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# Number 9

### “Less is Better”

**Collect less information than is necessary to understand the context of any given record.**

**This helpful hint, taken from the ‘Ten Best Ways to Ensure a Bad Helpful Database’, is especially useful in this context, as it has been followed religiously by American vital statisticians for almost a century.**

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### Number 8

**Tabulate the fetal deaths only by birth weight, excluding all macerated antepartum deaths - these events are not relevant because it is difficult to obtain stable weight estimates.**

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### Number 7

**In gestation-specific analyses, always compare fetal deaths of a given gestational age to live born deliveries of the same gestation. This is a valid comparison.**

**The fetuses-at-risk denominator is too complicated to explain to lay audiences such as MCH directors or state health officers.**

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### Number 6

**Accept all reported fetal deaths as valid cases.**

**No one would ever misreport a fetal death as a live birth, or vice versa. All deliveries with 1, 5, and 10 minute Apgar scores of 0 should be reported as live births, and infant deaths.**



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### Number 5

**No one cares about causes of fetal death. Everyone knows most fetal deaths are due to prematurity, respiratory distress, or lethal congenital anomalies like polydactyly or hemangioma.**

**If, as an analyst, you are asked to tabulate the leading causes of fetal death, be sure to have 'unknown' as the first line in the table, as it has the highest frequency.**

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### Number 4


**In population-based record linkage projects, any fetal death that does not link directly to a hospital discharge record should be removed from the analysis.**

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### Number 3

**In building a data warehouse, include birth certificates, but not fetal deaths.**

**They are not alive, and don't need services (other than, of course, postmortem, bereavement and genetics counseling), and they definitely aren't eligible for Medicaid or SCHIP. Since MCH programs aren't interested in these events, why waste public funds studying them?**



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### Number 2

**Don't tell anyone that the fetal death dataset exists at all.**

**After all, since no one is interested in it, if no one knows about it, no one will ask to use it. This will make FIMR and PPOR programs much easier in operation too.**



## Top Ten List: Ten Best Ways to Misuse Fetal Death Data

### Number 1

**Marshal advocates around the nation to cajole state legislatures into passing bills creating “Certificates of Fetal Death”, thereby requiring dual systems of registration and sufficient confusion to ensure that little attention is paid to data quality in the vital registration process.**

Top Ten List: Ten Best Ways to Ensure a Bad Health Database

## **Y2K Bonus**

**For consistency as you deal with the Y2K crisis in your health databases, use Roman numeral formats for ALL numeric fields, not just for dates.**

