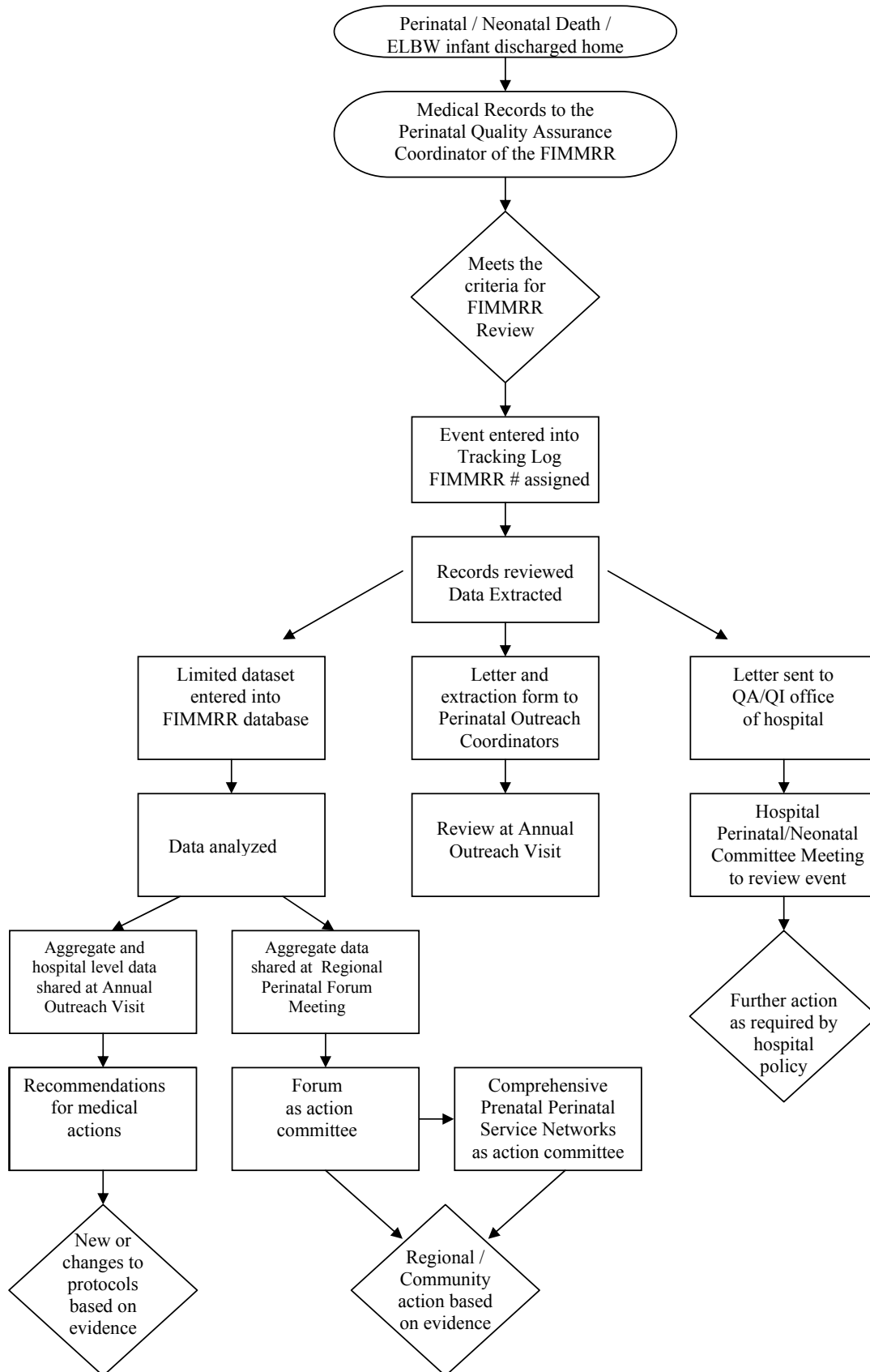


Central New York Fetal-Infant Mortality/Morbidity Registry/Review (FIMMRR)



# Perinatal Periods of Risk (PPOR) Analysis

The Perinatal Periods of Risk (PPOR) approach, which has been used by CDC to monitor and investigate fetal-infant mortality for over a decade, allows one to identify periods of risk and the potential opportunity gaps, and to target further investigations and prevention efforts in each period.

The results of the PPOR analysis are presented as the PPOR maps. On the PPOR map, fetal and infant deaths are placed in a two-dimensional matrix with Age at Death at the horizontal axis and Birthweight at the vertical.

PPOR's three categories for Age at Death are Fetal Death, Neonatal Death, and Postneonatal Deaths. These time periods are chosen in part because they generally imply different causes of death and different courses of community action.

Birthweight has two categories: less than 1,500 grams (VLBW) and 1,500 grams or more.

Note that that PPOR map of fetal-infant mortality does not include fetal deaths that occur before 24 weeks of gestation; fetal deaths and live births weighing under 500 grams; and spontaneous and induced abortions.

The cells of the map are converted into groups or Perinatal Periods of Risk. For the VLBW infants, Fetal, Neonatal and Postneonatal Deaths are combined into one large Perinatal Period of Risk.

The labels given to these Perinatal Periods of Risk suggest the primary preventive direction for the deaths in that group.

For Maternal Health and Prematurity, prevention may need to focus on preconceptional health, unintended pregnancy, smoking, drug abuse, and specialized perinatal care.

For Maternal Care, prevention may need to focus on early continuous prenatal care, referral of high-risk pregnancies, and good medical management of diabetes, seizures, post maturity, or other medical problems.

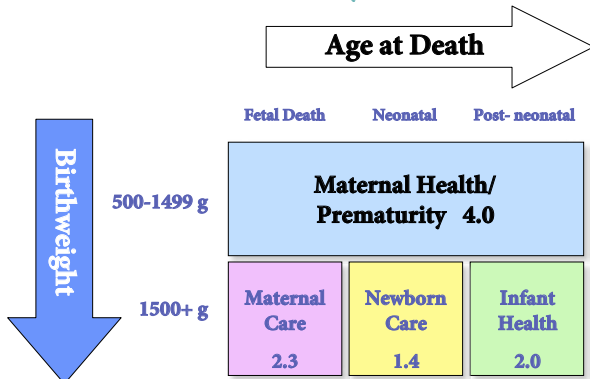
For Newborn Care, the focus may need to be on improving Perinatal Management, advanced neonatal care, and treatment of congenital anomalies.

For Infant Health, communities may need to focus on initiation and continuation of breastfeeding, and SIDS and injury prevention. ❖

## Map of Fetal-Infant Mortality Rates

Onondaga County 2000-2002

Overall Fetal-Infant Mortality Rate 9.7 per 1,000 Live Births & Fetal Deaths



## Map of Fetal-Infant Mortality Rates

Onondaga County 2006-2007 (preliminary) ≥ 500 grams only

Overall Fetal-Infant Mortality Rate 7.3 per 1,000 Live Births & Fetal Deaths

