About Perinatal Periods of Risk (PPOR)

- Based on birth weight and age at death, fetal and infant deaths are partitioned into four corresponding risk periods.
- These four periods have different risk factors and causes of death, and hence, different opportunities for prevention.
- These four risk periods represent distinct points of intervention in the health care continuum (Figure 1).
- Region 8 and specific study populations are compared to a state-level reference group generally known to have better feto-infant mortality outcomes (i.e., non-Hispanic White women who are 20+ years of age and have 13+ years of education).

Excess Feto-Infant Mortality in Texas

Feto-infant mortality rates* (F-IMR) were:
- 6.5/1,000 for White mothers
- 9.6 for Black mothers
- 6.7 for Hispanic mothers
- 7.3 for teen mothers

Excess F-IMR is the gap in F-IMR between the study population (i.e., Black, White, Hispanic or teens) and the reference group. Total excess F-IMR estimates were (Figure 2):
- 1.3 for White mothers
- 4.4 for Black mothers
- 1.5 for Hispanic mothers
- 2.0 for teen mothers

- Black mothers had the highest excess F-IMR in 3 of the 4 risk periods.
- Potentially 46% of Black fetal and infant deaths were preventable (i.e., excess fetal and infant deaths).
- For Black mothers, 47% of all excess feto-infant deaths occurred in the IH risk period.
- For teen mothers, 72% of excess feto-infant deaths occurred in the MHP and IH risk periods.

Recommendations

1. Target interventions to Black populations for MHP, MC and IH-related deaths.
2. Target interventions to teen mothers for MHP and IH-related deaths.
3. Target MHP-related deaths among Hispanic populations.
4. Target IH-related deaths among White populations.

Area with the Greatest Potential Impact

Black Infant Health Risk Period

Data Source: All data originate from Texas Department of State Health Services, Center for Health Statistics, 2010-2014.
The MHP risk period includes very low birth weight (VLBW) fetal and infant deaths (<1,500g)

**Birth Weight (BW) Distribution vs. Birth Weight (BW) Specific Mortality** (Figure 3)
- The majority of MHP-related excess deaths were due to a greater number of VLBW births among the study populations compared to the reference group (a difference in BW distribution)
- All study populations had lower mortality rates among VLBW births than the reference population; for these populations, all excess deaths were potentially attributable to a greater number of VLBW births

**BW Distribution Modifiable Risk Factors**
- Weight gain less than 15 lbs. accounted for 18% of VLBW births
- Inadequate prenatal care contributed to 6% of VLBW births
- All study populations were more likely to gain less than 15 lbs. compared to the reference group
- All study populations were more likely to have inadequate prenatal care compared to the reference group

**BW Specific Modifiable Risk Factors**
- Congenital anomalies accounted for 3% of VLBW infants deaths
- White infants had higher rates of congenital anomalies than the reference group

**Recommendations**
- Reduce the number of women gaining less than 15 lbs. during pregnancy among all study populations
- Increase access to and utilization of prenatal care among all study populations
- Reduce congenital anomalies among White infants

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The IH risk period includes infants weighing ≥1,500g at birth and surviving ≥28 days

**Causes of IH-Related Death** (Figure 4)
- Perinatal conditions were the primary cause of death in the IH risk period accounting for 37% of overall excess deaths.
- In Phase I, Black infants and infants born to teen mothers had the greatest excess mortality in the IH risk period.
- SIDS accounted for 25% of excess deaths among Black infants and 17% among infants born to teen mothers.
- Birth defects contributed to 21% of excess deaths among Black infants and 26% among White infants.

**IH-Related Modifiable Risk Factors**
- 1% of infant deaths were attributable to smoking during pregnancy

**Recommendations**
- Reduce prematurity among all study populations
- Reduce SIDS among Black infants and infants born to teen mothers
- Reduce birth defects among Black infants and White infants
- Reduce parental smoking

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NOTE: Due to relatively small excess mortality, the newborn care and maternal care risk periods are not discussed.

Texas Department of State Health Services, Maternal & Child Health Epidemiology Unit (March 2018)