

Perinatal Periods of Risk: A District-Level Analysis in Georgia

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Maternal and Child Health Epidemiology Section
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Executive Summary

The infant mortality rate is a critical indicator of the health of a population and reflects a complex mix of factors that shape the health of mothers, newborns, and infants.

Georgia's infant mortality rate (IMR) has declined over the last decade from a high of 10.1 infant deaths per 1,000 live births in 1994 to a low of 8.2 in 1999. Beginning in 2000, the IMR increased and has been relatively stable at approximately 8.5 infant deaths per 1,000 live births. A disparity in the IMRs between races and ethnic groups has remained over the years. The IMR for Black, non-Hispanic infants is substantially higher compared to all other groups and is double the rate seen in White infants, the group with the second highest rate. Infants in race groups other than White and Black and Hispanic infants have consistently had the lowest IMRs during the past decade.

In 2000, CityMatCH, a national public health organization dedicated to improving maternal and child health in urban areas, launched the National Perinatal Periods of Risk (PPOR) Collaborative to develop and field test the use and integration of PPOR-specific indicators and strategies in local maternal and child health practice.

The PPOR approach has 5 major steps: 1. Engage community partners to gain consensus and support for reducing fetal and infant death rates (feto-infant mortality rate); 2. Display feto-infant mortality data by birthweight and age at death; 3. Focus on reducing the overall feto-infant mortality rate; 4. Examine potential opportunity gaps between population groups and 5. Target further investigations and prevention efforts on the gaps.

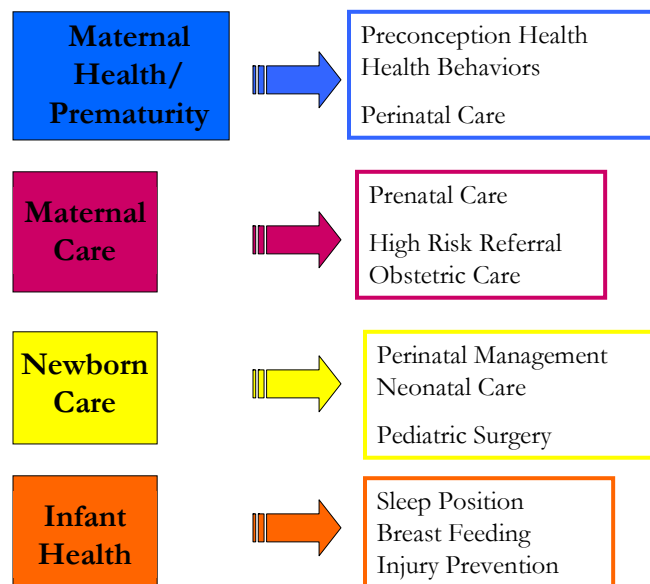
For all deaths that occur among infants (i.e. children less than 1 year of age), the Georgia Division of Public Health's Office of Health Information and Policy (OHIP) routinely links the infant death and birth certificates. We used the linked birth-death files for infants born in 1998 through 2002 for this report. To calculate annual death rates, all the deaths occurring before one year of age in children born during a particular year are examined, whether they occur during that year or the following year. This is the converse of the standard approach to calculating infant death rates, which is based on deaths that occur during a given year among infants born in that or the preceding year.

PPOR includes two analytic phases. Phase I PPOR analysis uses the birth weight and age at death of infant and fetal deaths to map deaths into four risk intervention categories: Maternal Health/Prematurity, Maternal Care, Newborn Care and Infant Health. A standard population is used as a comparison or reference group for all other population groups, and excess deaths and excess death rates are calculated for each population group in relation to the reference standard. The reference group used for this analysis reflects actual outcomes among subgroups in Georgia that have relatively low feto-infant mortality rates and thus reflect achievable goals. Phase II PPOR uses follow-up analyses and integrates these findings with other information. This report focuses on Phase I analyses of fetal and infant deaths.

The Perinatal Periods of Risk is more than just an analytic approach, especially Phase II. It is a planning approach that can be used to engage the community to improve the health

of women, children and families. This report provides Phase I analytical information for each of the 18 public health districts, providing a starting point for Phase II assessments that will allow users to translate data into action.

Each of the four categories, or cells of the PPOR table, combines deaths that have a common set of risk factors. The following diagram shows risk factors and possible interventions for each of the categories. Communities with high PPOR rates in any of the categories should examine the lists along with their own data to better guide future activities and interventions.



Excess fetoinfant mortality data are provided for the state as a whole as well as for each public health district in this report and are summarized in the tables provided in Appendix A. The data are presented for the overall population and by the following subgroups: Black, White, Other Races (not Black or White), Hispanic, Teens and Lower Maternal Education (< 13 Years) for the districts.

The same categories were used to generate data for the state as a whole except that Asian was designated as a distinct subgroup instead of being grouped with all other non-White, non-Black races.

The category contributing the highest percentage to excess fetoinfant mortality in the overall population in Georgia is Maternal Health/Prematurity (48%) while Newborn Care contributes the least (9%). A similar pattern was seen among the following subgroups: White, Black, Teens, and Lower Maternal Education. However, a different pattern was

seen for both Asians and Hispanics. Among Asians, Maternal Health/Prematurity is again the leading category at 43% but Infant Health contributes the lowest proportion of excess deaths (8%). For Hispanics, Maternal Care contributes the most (37%) and Newborn Care the least (11%).

The PPOR approach indicates that the greatest potential for future reduction in the fetoinfant mortality rates in Georgia will come from interventions that target the Maternal Health/Prematurity excess death category. Phase II investigations should emphasize identification of interventions that can have the greatest impact on death in this category.

Introduction

The infant mortality rate is a critical indicator of the health of a population and reflects a complex mix of factors that shape the health of mothers, newborns, and infants. Georgia's infant mortality rate (IMR) has declined over the last decade from a high of 10.1 infant deaths per 1,000 live births in 1994 to a low of 8.2 in 1999. Beginning in 2000, the IMR increased and has been relatively stable at approximately 8.5 infant deaths per 1,000 live births. A disparity in the IMRs between races and ethnic groups has remained over the years. The IMR for Black, non-Hispanic infants is substantially higher compared to all other groups and is double the rate seen in White infants, the group with the second highest rate. Infants in race groups other than White and Black and Hispanic infants have consistently had the lowest IMRs during the past decade.

Reducing infant mortality has been a long-standing challenge for the public health community. There is currently not a simple, standardized, widely accepted approach for a community to examine infant mortality. Current approaches do not readily identify the potential for reduction in the community nor do they directly lead a community to action to target further studies, investigations or prevention activities. Current approaches are also not simply and easily communicated to community partners and members.

In 2000, CityMatCH, a national public health organization dedicated to improving maternal and child health in urban areas, launched the National Perinatal Periods of Risk (PPOR) Collaborative to develop and field test the use and integration of PPOR-specific indicators and strategies in local maternal and child health practice. PPOR was originally developed by the Centers for Disease Control and Prevention (CDC) and the World Health Organization to monitor and investigate feto-infant mortality.

The objectives of the collaborative were:

- To develop the PPOR approach as a community tool to improve the health of women and infants.
- To describe and encourage best practices in using PPOR as a community tool.
- To develop easy-to-use materials and services to support communities interested in using PPOR.
- To assure the strategic linkage of the PPOR approach with existing community efforts to reduce fetal and infant deaths.

The PPOR approach has 5 major steps. The first step is to engage community partners to gain consensus and support. Reducing fetal and infant death rates (feto-infant mortality rate) requires mobilization and change in many sectors and by many individuals in the community. Consensus about and ownership of the problem is essential in developing community support for solutions. Monitoring the problem and the solutions and necessary strategy adjustments requires effort by many partners.

The second step involves displaying feto-infant mortality by categories of birthweight and age at death. Birthweight is the strongest predictor at birth of a child's survival. Feto-infant mortality can be divided into two major mortality components: birthweight distribution and mortality at those birthweights. The risk factors that cause lower birthweight births and the risk factors that cause mortality at a particular birthweight are different or manifest differently. Thus, the necessary interventions to ameliorate these risk factors vary since health care access mechanisms and practices are also different.

The third step is to focus on reducing the overall feto-infant mortality rate. All data measures used in this approach either add up to the overall feto-infant mortality rate or are directly related to the overall rate. Every measure can be used to interpret or understand what contributes to the overall rate.

The fourth step is to examine potential opportunity gaps between population groups. These gaps can be used to estimate the potential for reduction in the community, assuming that the whole population could experience the same lower mortality experience. Decide on the type of reference group to be used for comparison and consider both internal and external reference groups for the analysis. Calculate excess mortality rates and determine which population groups are contributing most to excess feto-infant mortality.

The final step is to target further investigations and prevention efforts on the gaps. Shift effort and attention to the group(s) that contribute most to the gap. Conduct further studies or mortality reviews on the group(s) that contribute to the gap. Focus current prevention efforts on the group(s) that contribute to the gap.

Methods

PPOR Analysis

The PPOR methodology differs from conventional measures of infant mortality because it is based on a linked birth-death cohort, plus selected fetal death records. The usual annual measures of infant mortality compare the deaths occurring in a given year with the births occurring that same year. In a linked cohort, all the deaths occurring before one year of age in children born during a particular year are examined, whether they occur during that year or the following year. As each death certificate is linked to its corresponding birth certificate, the deaths can be sorted and studied according to all the variables available from the birth certificate. In conventional infant mortality statistics, deaths can be sorted and studied only according to the variable present on the death certificate, which are far more limited (Hopkins, 2001).

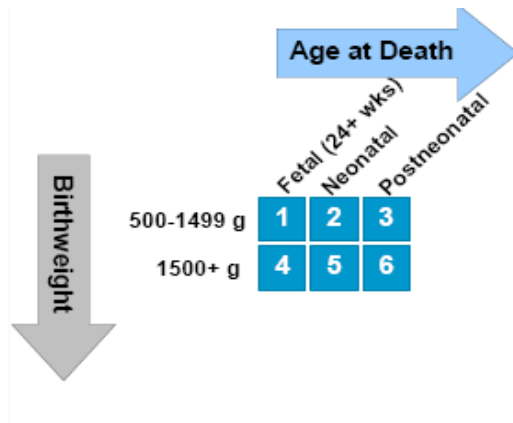
The linked birth-death cohort and fetal death data used for this report are provided by the Office of Health Information and Policy (OHIP). Aggregate data for the state and at the public health district level are available through OASIS (<http://health.state.ga.us/healthdata/oasis.shtml>), a suite of interactive tools used to access the Georgia Department of Human Resources, Division of Public Health's standardized health data repository provided by OHIP.

We used linked birth-death files for infants born in 1998 through 2002 for this report. Three years is the usual time period for larger populations. It is often necessary to extend the time period for smaller populations to maximize the number of cells included in the analyses. However, it is not recommended to exceed a period of five years due to the potential of evolving medical practices and techniques, resulting in rate changes that would disappear when years of data are aggregated.

PPOR includes two analytic phases. Phase I PPOR analysis maps fetal and infant mortality into four strategic prevention areas. Phase II PPOR uses follow-up analyses and integrates these findings with other approaches. The value of PPOR is its ability to clarify and identify opportunities for intervention within the community, and as such is intended to be used in conjunction with other approaches, such as fetal-infant mortality review (FIMR), to explain estimated excess mortality. (Cai, 2005).

Phase I Analytic Issues

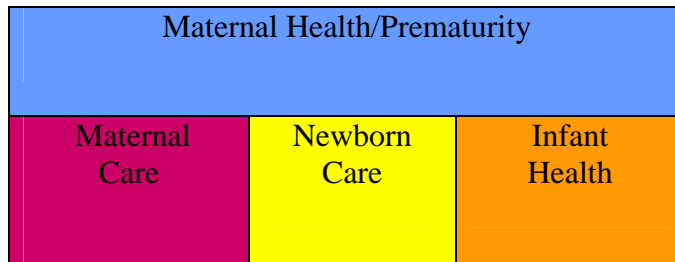
The PPOR analysis looks at the birth weight and age at death of infant and fetal deaths. The three categories for age at death start with fetal deaths, continue with neonatal deaths (first month of life), and end with postneonatal deaths (remainder of the first year). Birthweight can be divided into two major birthweight categories: those less than 1,500 grams (very low birthweight) and those 1,500 grams or more (higher birthweight). Combining these two dimensions provides a 2 by 3 matrix of 6 cells.



It is important to note which adverse pregnancy events are missing from the fetoinfant mortality map. First, there is a gestational age restriction on fetal deaths. Fetal deaths less than 24 weeks are typically excluded due to varying reporting requirements among states. However, we have chosen to include fetal deaths between 20 and 24 weeks in this analysis because previous studies have shown that Georgia has nearly complete data for that time period due to mandatory reporting of all fetal deaths in the state.

A required minimum birthweight of 500 grams for both fetal deaths and live births also excludes many reported fetal and infant deaths. Another group of pregnancy outcomes, induced abortions, are excluded from this analysis. They account for another significantly large group of pregnancy terminations. Induced abortions may account for the largest percentage of all pregnancy events short of live births. It is important to recognize such limitations when considering the use of this or any other infant mortality approach. (CityMatch, 2000).

The six cells are further combined into four risk intervention categories: Maternal Health/Prematurity, Maternal Care, Newborn Care and Infant Health. Each of these four categories corresponds to particular interventions that can promote a healthy birth (see the “How to Use This Report Section”, page 12).



Reference Groups

A standard population can be used as a comparison or reference group for all other population groups, and excess deaths and excess death rates can be calculated for each population group in relation to the reference standard. The standard population reference group should be one that experiences good outcomes within the community under study. It should quantify the level of outcome that can realistically be achieved in a particular community at a particular time. The reference group should be large enough that it does not seem out of reach for public health efforts to bring the whole population to the same level. A group that represents roughly 15% or more of the population is usually chosen (Hopkins, 2001).

CityMatch recommends the following standard to be used for U.S. studies:

- ◆ 20 or more years of age
- ◆ 13 or more years of education
- ◆ Non-Hispanic White women

External Reference

CityMatch calculates numbers and rates for an external reference group based on select urban cities and counties in the U.S. Counties and cities with over 250,000 population that have no major reporting problems are included. Areas with less than 60 overall PPOR deaths and/or 10 deaths in a single PPOR category are excluded. The following data were calculated using linked U.S. birth-death files for 1998-2000:

Category	Feto-Infant Mortality	
	Number	Rate*
Maternal Health/ Prematurity	8671	2.2
Maternal Care	6002	1.5
Newborn Care	4437	1.1
Infant Health	3944	1.0
Overall	23054	5.9

**Per 1,000 live births and fetal deaths*

Internal Reference

The five public health districts (03-1, 03-2, 03-3, 03-4 and 03-5) comprising the inner-metropolitan Atlanta area were used to calculate numbers and rates for an internal reference group. This group represents approximately 40% of all Georgia live births and fetal deaths that meet the criteria for this analysis. This area was selected because of the percentage of all overall live births and fetal deaths it represents as well as the availability of and access to medical care for its residents. The following data were calculated using linked birth-death files for 1998-2002:

Category	Feto-Infant Mortality	
	Number	Rate*
Maternal Health/ Prematurity	111	1.5
Maternal Care	20	0.3
Newborn Care	78	1.1
Infant Health	54	0.7
Overall	263	3.6

**Per 1,000 live births and fetal deaths*

The internal reference group was used for these analyses since comparisons were being made for groups among different areas within the state; it provided a more comparable reference group.

Of note is the difference between the two reference groups. The overall rate for the internal reference group is substantially lower than the rate of the external group. The rates for Newborn Care and Infant Health are similar; however, the rates for Maternal Health/Prematurity and Maternal Care are substantially lower in the internal reference group. This may be due to increased access to prenatal care and high-risk obstetrical care as well as improved preconceptional health and perinatal care in the metropolitan Atlanta area compared to other areas in the country.

Data Restrictions

Death rates and excess deaths are calculated for population subgroups and geographic areas for which the total number of events (fetal and infant deaths) is 60 or more for the five year time period (1998-2002) and the cell number for each category is at least ten. A few exceptions to the category minimum have been made but are noted in the report.

Calculations

The fetal-infant death rate corresponding to each of the cells is calculated by dividing the number of fetal and infant deaths occurring in that cell by the total number of live births and fetal deaths in the population, and then multiplying by 1,000. The excess in the death rate for each cell, and for each subgroup, is calculated by subtracting the death rate for the standard group from the death rate for the population subgroup.

$$\frac{\text{\# fetal-infant deaths}}{(\text{\# livebirths} + \text{\# fetal deaths})} * 1000$$

The same denominator is used for all calculations even though a fetal death would not give rise to a live-born infant at risk of neonatal death, nor would a baby who died in the neonatal period be at risk of post-neonatal death. Although the linked birth-death data set does allow us to use more specific denominators, by using the same denominator, the rates calculated can be directly added together to equal the overall fetal-infant mortality rate. Thus, the group-specific mortality rates are a direct reflection of their contribution to the overall fetal-infant mortality rate.

Phase II Analyses

The Phase II analyses were designed to explore reasons for excess Maternal Health/Prematurity and Infant Health deaths. The analysis plan is a step-by-step guide for further exploration of the reasons for high Maternal Health/Prematurity or Infant Health mortality.

The population group that will be used in Phase II determines how the findings of this analysis plan will be used. Either the whole population or a specific subgroup may be used. Please note, if a subgroup is selected, the group may not be representative of the problems of other groups with excess mortality, and may not experience all of the problems experienced by the population as a whole.

Analytic Steps for Excess Maternal Health Prematurity Deaths

1. Is the problem of excess Maternal Health/Prematurity deaths due to birthweight distribution—a higher frequency of prematurity or growth retardation—or is the problem due to higher mortality rates once born at that birthweight?
 - i. The Kitagawa formula (Kitagawa, 1966) is one approach for partitioning the contribution of these two pathways to excess mortality. The formula estimates the percentage of excess

mortality due to birthweight distribution and the percentage of excess due to high birthweight-specific mortality rates.

2. Are there differences in the prevalences of risk factors for the two population groups? This step is carried out for either VLBW births or perinatal care or both.
3. What is the impact of these risk factors and interventions on VLBW births and perinatal care?
4. What is the impact of these risk factors and interventions on VLBW births and perinatal care taking into account other factors?
5. What can be learned from infant mortality reviews or reviewing matched birth and infant deaths records?
6. What have we learned? Where can we start to intervene?

Analytic Steps for Excess Infant Health Deaths

1. What is the primary underlying cause of death causing the excess Infant Health deaths?
2. What factors are contributing to the excess mortality rate by a specific cause of death?
3. What is the impact of these risk factors and interventions on Infant Health deaths?
4. What is the impact of these risk factors and interventions on Infant Health deaths taking into account other risk factors?
5. What can be learned from infant mortality reviews or reviewing matched birth and infant deaths records?
6. What have we learned? Where can we start to intervene?

More detailed plans and explanations are provided for the first two steps in each of the above plans. Please contact the MCH Epidemiology Section at (404) 657-6448 for further assistance with conducting Phase II analyses.

How to Use This Report

The Perinatal Periods of Risk is more than just an analytic approach. It is an information approach that can be used to engage the community to improve the health of women, children and families. This requires that important community partners and key individuals be engaged early to become involved in the investigation as well as the solutions.

This report provides Phase I analytical information necessary to complete the other major steps of the process:

- ◆ Focus on reducing the overall feto-infant mortality rate
- ◆ Examine potential opportunity gaps between population groups
- ◆ Target further investigations and prevention on the gaps

Each of the four categories, or cells of the PPOR table, combines deaths that have a common set of risk factors. These categories have been statistically validated. A list of risk factors and possible interventions for each of the categories is given below. Communities with high PPOR rates in any of the categories should examine the lists along with their own data to better guide future activities and interventions.

Maternal Health and Prematurity

This category contains all events occurring to babies weighing 500 grams to 1,499 grams at delivery. Both fetal deaths and live births are included.

Reasons for high PPOR rates for this cell include:

- ◆ Large number of fetal deaths in this weight range
- ◆ Large number of live births in this weight range with low or average rates of death for the babies who are born
- ◆ Low or average number of live births in this weight range, but with high death rates.

Risk Factors

- ◆ Very young or old maternal age
- ◆ Unwanted pregnancy
- ◆ Short intervals between pregnancies and high parity
- ◆ Genitourinary tract infections before and during pregnancy
- ◆ Maternal nutrition (underweight, overweight, obesity, poor nutrition)
- ◆ Anemia
- ◆ Smoking before and during pregnancy
- ◆ Pregnancies with late onset of prenatal care
- ◆ Inadequate systems for transfer or referrals of women in early labor to appropriate facilities
- ◆ Inadequate systems for transfer or referrals of ill premature newborns to appropriate facilities
- ◆ Preconception health (including poor nutrition and insufficient folic acid) and health care
- ◆ Maternal stress (including stress associated with racism and economic/survival disparities)

Interventions

- ◆ Family planning services
- ◆ Ready access to well-woman care for all women in their reproductive years
- ◆ Prompt recognition and management of genitourinary infections
- ◆ Special supplemental nutrition program for women, infants, and children (WIC) and other nutrition programs for women of reproductive age
- ◆ Smoking cessation advice and support before and during pregnancy
- ◆ Community systems to assure all pregnant women receive early high-quality prenatal care and are appropriately referred for needed specialty services
- ◆ Referral systems that assure that preterm babies are born in or transferred to facilities that can care for them
- ◆ Programs to increase awareness of and consumption of adequate amounts of folic acid containing foods and/or multivitamins and supplements

Maternal Care

This category contains the deaths occurring before delivery to fetuses weighing 1,500 grams or more, and thus were generally in the third trimester of gestation. These are the deaths that are commonly referred to as “stillbirths.”

Risk Factors

- ◆ Inadequate systems for referral of high-risk women in labor to appropriate facilities
- ◆ Inadequate management of chronic conditions and/or pregnancy complications during pregnancy
- ◆ Inadequate monitoring during labor
- ◆ Delays in obtaining needed Caesarean deliveries
- ◆ Pregnancies with late onset of prenatal care or interruptions in care
- ◆ Smoking before or during pregnancy
- ◆ Drug and alcohol abuse before and during pregnancy
- ◆ Poor nutrition and insufficient folic acid

Interventions

- ◆ Proper identification of women at high risk for poor birth outcomes
- ◆ Referral systems for high-risk pregnancies
- ◆ Quality assurance for obstetrical nursing and medical care in delivery units
- ◆ Community systems to assure all pregnant women receive early high-quality prenatal care and are appropriately referred for needed specialty services
- ◆ Smoking cessation advice and support before and during pregnancy
- ◆ Drug and alcohol treatment services before and during pregnancy
- ◆ Policy interventions to increase folate content of foods and to provide multivitamins containing folate to periconceptional women

Newborn Care

This category contains deaths to live born infants weighing at least 1,500 grams at birth, and occurring before the infant is 28 days old. The vast majority of these deaths happen before a child is discharged from the hospital provided the child was born in a hospital. Leading causes of death during this period, for these babies (who are not very low birth weight), include birth defects, sepsis, pneumonia, and a variety of individually uncommon conditions like metabolic disorders.

Risk Factors

- ◆ Inadequate systems for referral of high-risk women in labor to appropriate facilities for obstetric and newborn care
- ◆ Inadequate systems for transfer of ill newborns to appropriate facilities
- ◆ Neonatal care below standards of care
- ◆ Poor nutrition of the newborn
- ◆ Low follow-up rate for high-risk infants

Interventions

- ◆ Referral systems for women in labor and ill newborns
- ◆ Quality assurance for neonatal and infant in-hospital units with respect to non-premature infants
- ◆ Breast-feeding education and support during pregnancy, post-partum, and in the first month of life
- ◆ Community norms to support breast-feeding
- ◆ Systems of follow-up care for at-risk infants discharged from the hospital

Infant Care

This category includes deaths occurring to infants born weighing at least 1,500 grams and occurring after 27 days and before the end of the first year of life. Leading causes of death in this period include Sudden Infant Death Syndrome (SIDS), birth defects, infections, and injuries.

Risk Factors

- ◆ Lack of currently recommended immunizations against all vaccine-preventable diseases
- ◆ Gastroenteritis for infants (including hospitalizations)
- ◆ Limited or lack of use of car seats, hot water thermostats or smoke detectors
- ◆ Exposure to unsafe food, milk or drinking water
- ◆ Exposure to cigarette smoke in home, child care and elsewhere
- ◆ Sleeping position (prone)
- ◆ Alcohol and drug use and mental health status of parents

Interventions

- ◆ Systems for assuring 100% vaccine coverage for all infants
- ◆ All infants receive needed well-baby care in the first year of life
- ◆ A system in place for care of all chronically-ill infants
- ◆ A system in place for care of acute illnesses in all infants
- ◆ Control gastroenteritis in child care settings
- ◆ Clean, safe food, milk, and drinking water for all in community
- ◆ Injury control directed at infant seats, smoke detectors, hot water thermostats, and guns in the household
- ◆ Youth and adult anti-tobacco programs, with a strong environmental tobacco component
- ◆ Smoking cessation advice and support during and after pregnancy
- ◆ ‘Back to Sleep’ education at individual and community levels
- ◆ Drug and alcohol treatment services and mental health services during pregnancy, for adults with young children, and for future parents (Hopkins, 2001)

The MCH Epidemiology Section can provide additional assistance to anyone interested in conducting the PPOR approach in his/her area. Please contact us for further assistance (404-657-6448).

PPOR Maps and Graphs

The Phase I analysis was conducted for the state as a whole as well as for each of the 18 public health districts. The following subgroups within each geographic area were included in the analysis:

- White, Non-Hispanic/Latino
- Black, Non-Hispanic/Latino
- Other
- Hispanic/Latino
- Teens (<20 Years Old)
- Lower Maternal Education (<13 Years of Education)

The Other race category is comprised of the following races as reported in the vital events system: Asian (86%), American Indian/Alaska Native (7%), Hawaiian/Pacific Islander (1%), and multi-racial (6%). They have been grouped together in order to meet the minimum cell numbers required to do the analysis at the public health district level. The statewide analysis was conducted using data for Asians instead of the grouped category 'Other' since adequate numbers for that racial group were available at the state level.

The PPOR tables for each area and subgroup are provided in this section. The first table provides the feto-infant mortality rate for the given area and subgroup. The second table provides the rates for the internal reference group and the third table shows the resulting excess feto-infant mortality rate.

A pie chart showing the percent of feto-infant mortality deaths attributable to each of the four categories is given along with the total number of excess deaths for the specific geographic area and subgroup.

Brief comments are given for the results of each geographic area. Comparisons were done between the Overall group and each subgroup within each area. Comparisons between areas may be accomplished more readily using the summary tables provided in the Executive Summary.

Georgia

Overall

The category contributing the highest percentage to excess feto-infant mortality is Maternal Health/Prematurity (48%) while Newborn Care contributes the least (9%). The other two categories, Maternal Care and Infant Health, contribute 25% and 18%, respectively.

White

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (37%) and Newborn Care the least (11%). Maternal Care and Infant Health are again the middle categories 28% and 24%, respectively.

Compared to Overall, Maternal Health/Prematurity is somewhat lower (37% vs. 48%) while Infant Health is somewhat higher (24% vs. 18%).

Black

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (55%) and Newborn Care the least (8%). Maternal Care and Infant Health are again the middle categories 20% and 17%, respectively.

Compared to Overall, Maternal Health/Prematurity is somewhat higher (55% vs. 48%) while Maternal Care is a little lower (20% vs. 25%).

Asian (Combined with Other for all other geographic areas)

Different pattern compared to Overall--Maternal Health/Prematurity still contributes the most (43%) but Infant Health contributes the least (8%). Maternal Care and Newborn are again the middle categories 30% and 19%, respectively.

Compared to Overall, the percentage for Newborn Care is more than twice as high (19% vs. 9%) while Infant Health is lower (8% vs. 18%).

Hispanic

Different pattern compared to Overall—Maternal Care contributes the most (37%) and Newborn Care the least (11%). Maternal Health/Prematurity and Infant Health are the middle categories 33% and 19%, respectively.

Compared to Overall, Maternal Health/Prematurity is substantially lower (33% vs. 48%) while Maternal Care is much higher (37% vs. 25%).

Teens

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (49%) and Newborn Care the least (8%). Maternal Care and Infant Health are again the middle categories 17% and 26%, respectively.

Compared to Overall, Infant Health contributes more (26% vs. 18%) while Maternal Care contributes less (17% vs. 25%).

Lower Maternal Education

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (47%) and Newborn Care the least (9%). Maternal Care and Infant Health are again the middle categories 26% and 18%, respectively

Feto-Infant Mortality Rates-Georgia

All

Maternal Health/Prematurity 5.2		
Maternal Care 2.2	Newborn Care 1.8	Infant Health 2.1

Reference Group

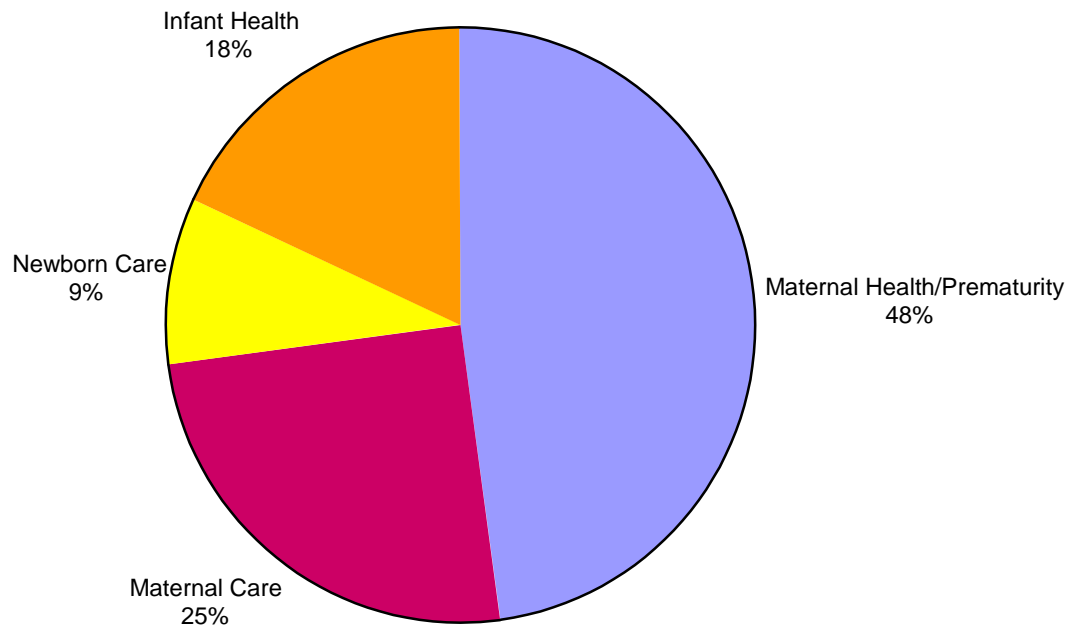
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 3.7		
Maternal Care 1.9	Newborn Care 0.7	Infant Health 1.4

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, Georgia, 1998-2002

5098 Excess Deaths



Feto-Infant Mortality Rates-Georgia

White-Non Hispanic

Maternal Health/Prematurity 3.0		
Maternal Care 1.4	Newborn Care 1.5	Infant Health 1.7

Reference Group

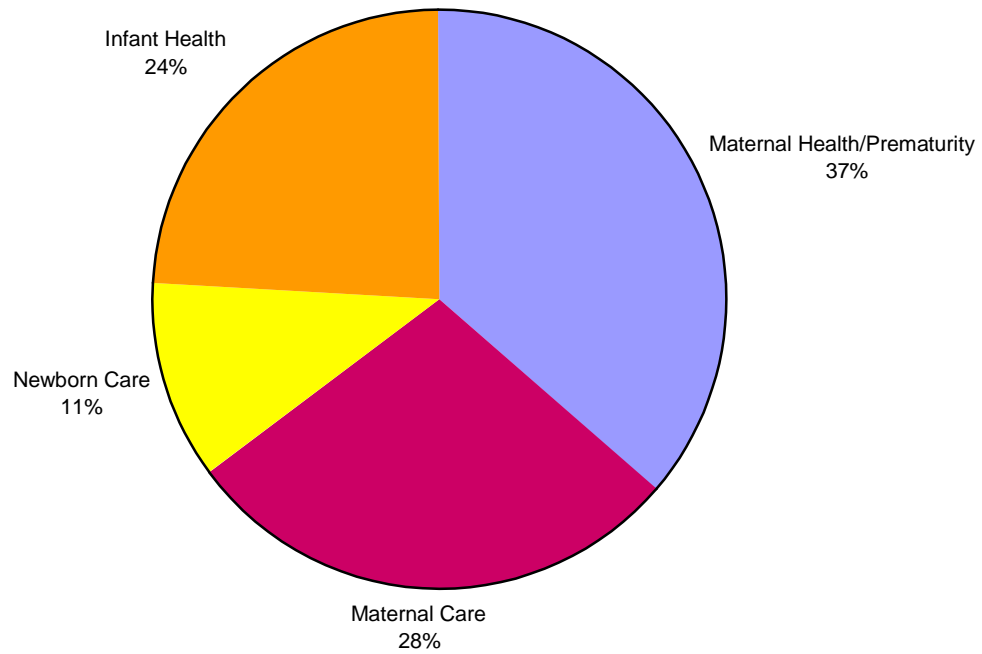
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.5		
Maternal Care 1.1	Newborn Care 0.4	Infant Health 1.0

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, Georgia, White, 1998-2002

1428 Excess Deaths



Feto-Infant Mortality Rates-Georgia

Black-Non Hispanic

Maternal Health/Prematurity 8.6		
Maternal Care 2.9	Newborn Care 2.1	Infant Health 2.9

Reference Group

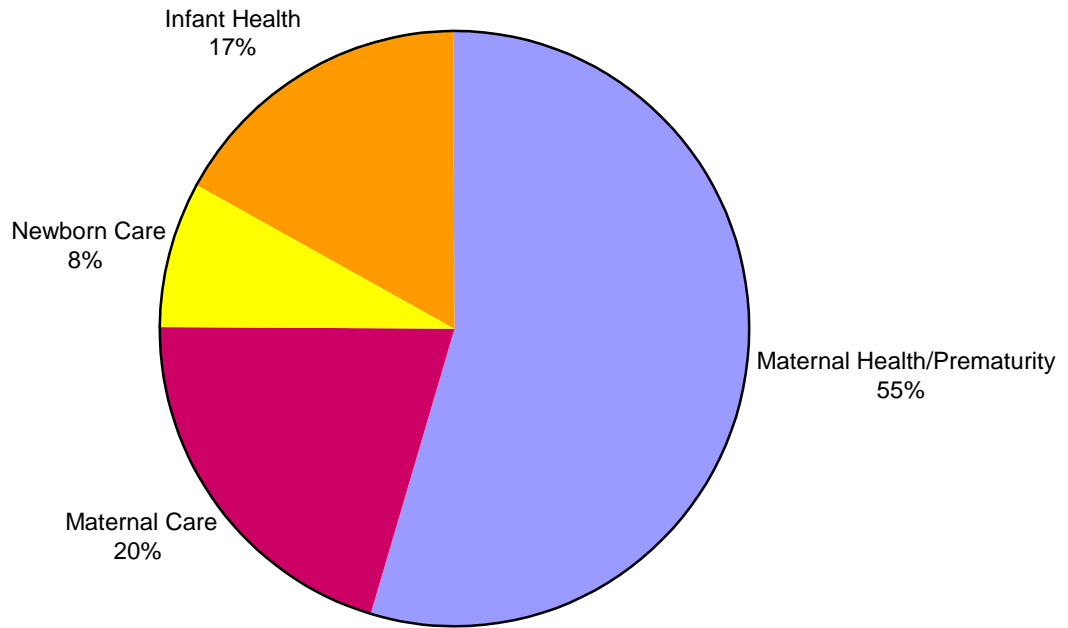
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 7.1		
Maternal Care 2.6	Newborn Care 1.0	Infant Health 2.2

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
Georgia, Black, 1998-2002**

2769 Excess Deaths



Feto-Infant Mortality Rates-Georgia

Asian

Maternal Health/Prematurity 3.6		
Maternal Care 1.7	Newborn Care 2.0	Infant Health 1.1

Reference Group

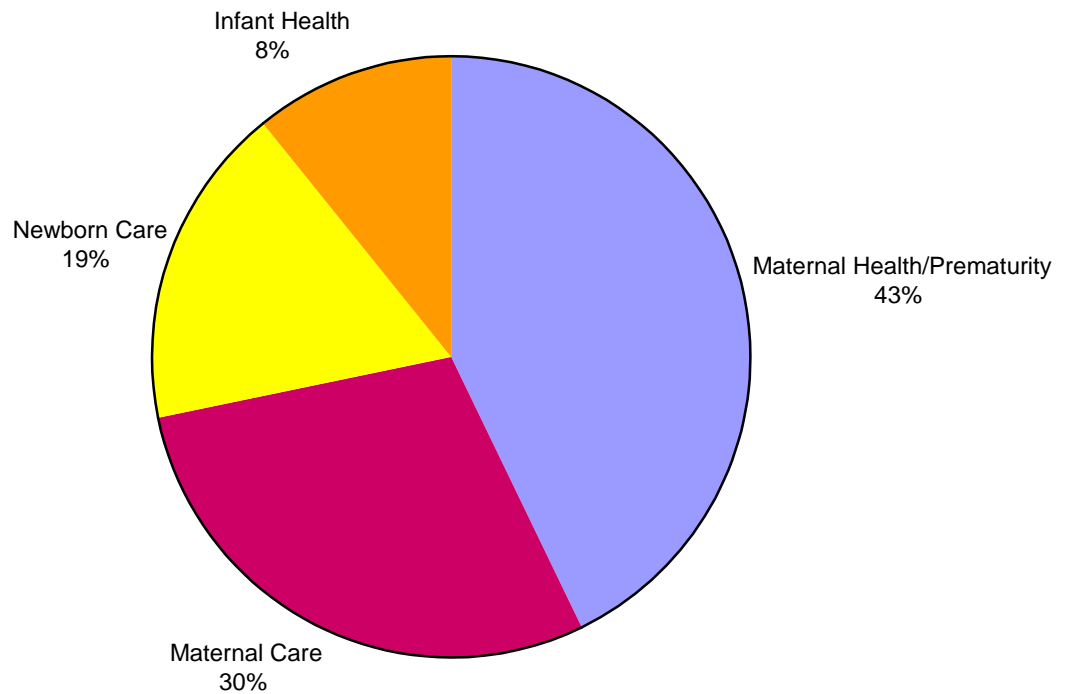
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 2.1		
Maternal Care 1.4	Newborn Care 0.9	Infant Health 0.4

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, Georgia, Asian, 1998-2002

78 Excess Deaths



Feto-Infant Mortality Rates-Georgia

Hispanic

Maternal Health/Prematurity 2.9		
Maternal Care 1.9	Newborn Care 1.5	Infant Health 1.5

Reference Group

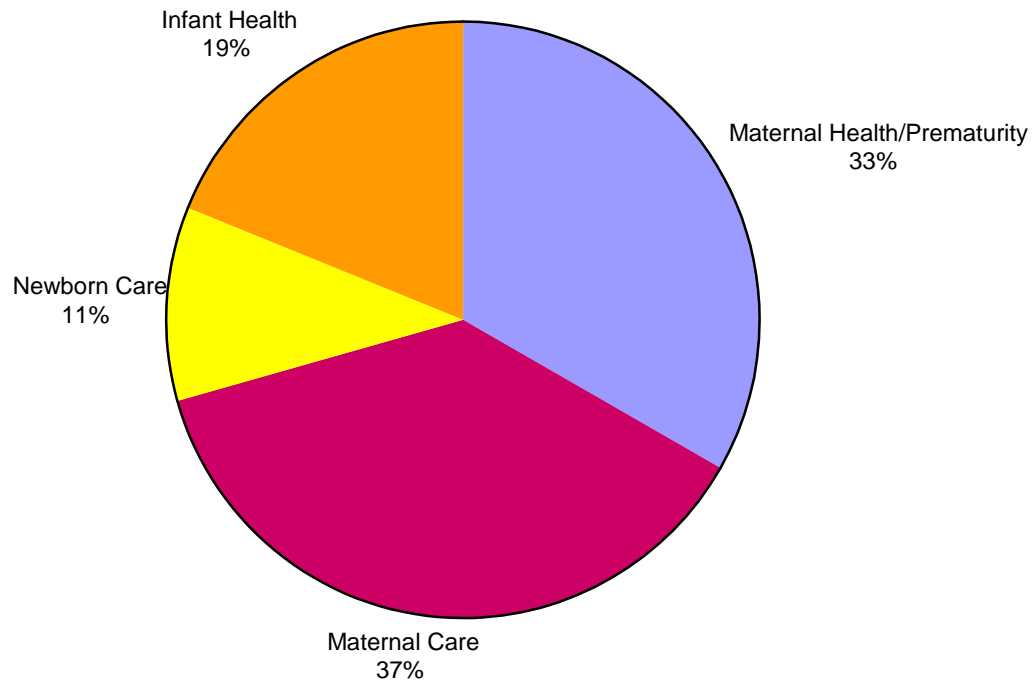
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.4		
Maternal Care 1.6	Newborn Care 0.4	Infant Health 0.8

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, Georgia, Hispanic, 1998-2002

278 Excess Deaths



Feto-Infant Mortality Rates-Georgia

Teens

Maternal Health/Prematurity 7.1		
Maternal Care 2.2	Newborn Care 2.0	Infant Health 3.7

Reference Group

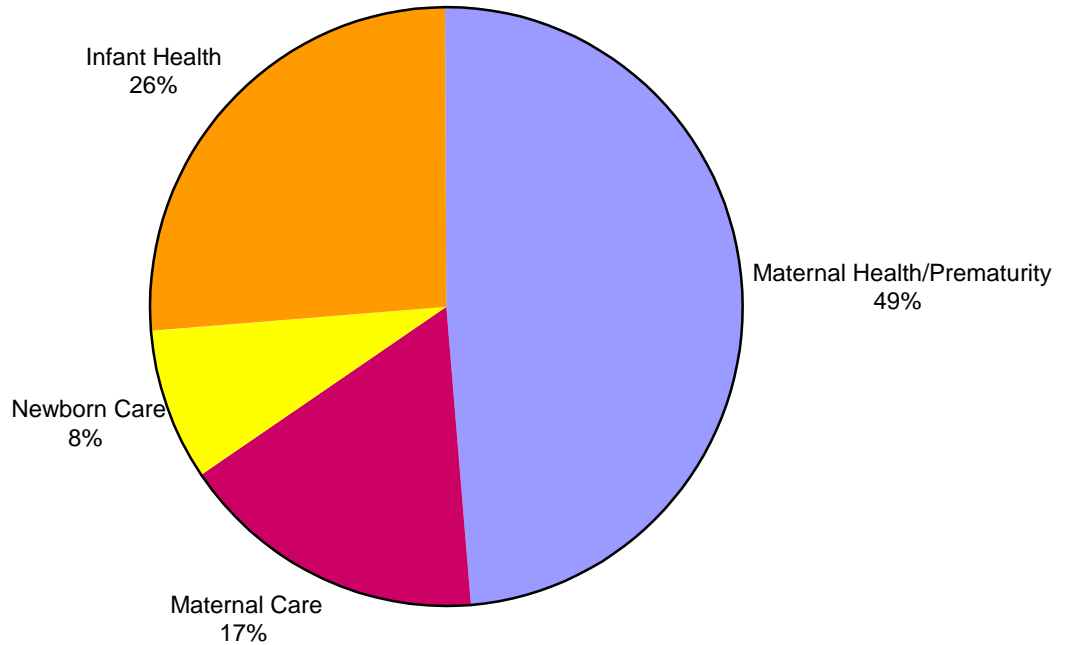
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.6		
Maternal Care 0.9	Newborn Care 0.9	Infant Health 3.0

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, Georgia, Mothers < 20 Years Old, 1998-2002

1043 Excess Deaths



Feto-Infant Mortality Rates-Georgia

Lower Maternal Education

Maternal Health/Prematurity 6.8		
Maternal Care 3.2	Newborn Care 2.1	Infant Health 2.8

Reference Group

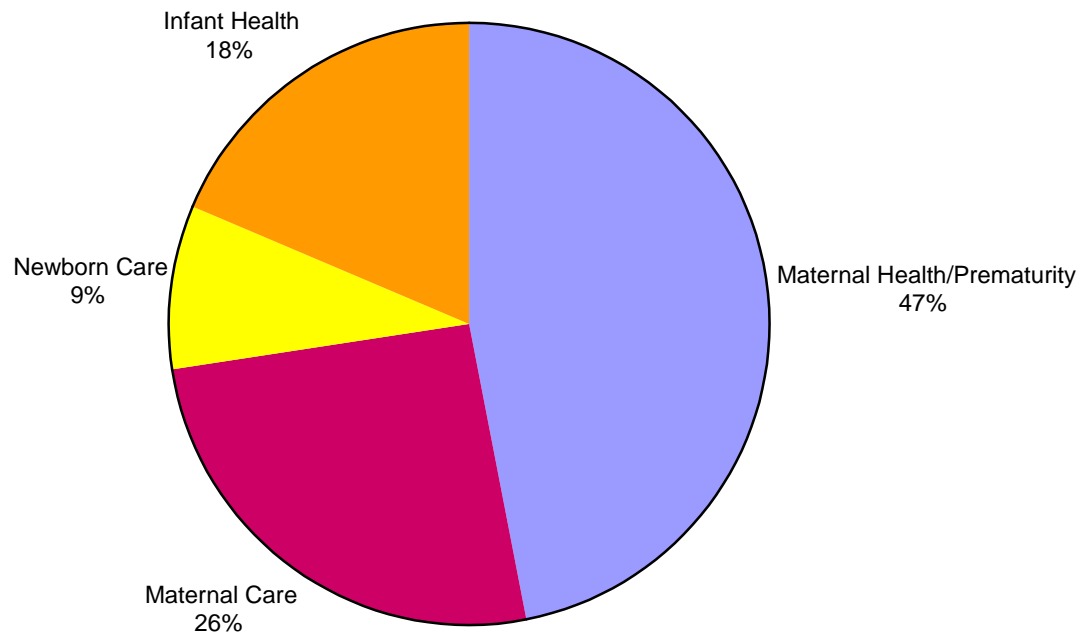
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.3		
Maternal Care 2.9	Newborn Care 1.0	Infant Health 2.1

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, Georgia, Mothers with < 13 Years of Education, 1998-2002

4209 Excess Deaths



District 1

01-1 Northwest Health District (Rome)

Overall

The category contributing the highest percentage to excess feto-infant mortality is Maternal Health/Prematurity (44%) while Newborn Care contributes the least (6%). The other two categories, Maternal Care and Infant Health, contribute 30% and 20%, respectively.

White

Different pattern compared to Overall—Maternal Health/Prematurity and Maternal Care are both contributing the most (33%) and Newborn Care the least (7%). Infant Health is contributing 27%.

Compared to Overall, Maternal Health/Prematurity is substantially lower (33% vs. 44%) while Infant Care is higher (27% vs. 20%).

Teens

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (40%) and Newborn Care the least (8%). Infant Health and Maternal Care are again the middle categories 37% and 15%, respectively.

Compared to Overall, Maternal Care in Teens contributes half as much (15% vs. 30%), while Infant Health is nearly twice the amount (37% vs. 20%).

Lower Maternal Education

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (45%) and Newborn Care the least (6%). Maternal Care and Infant Health are again the middle categories 29% and 20%, respectively

Feto-Infant Mortality Rates-District 1

All

Maternal Health/Prematurity 4.3		
Maternal Care 2.2	Newborn Care 1.5	Infant Health 2.0

Reference Group

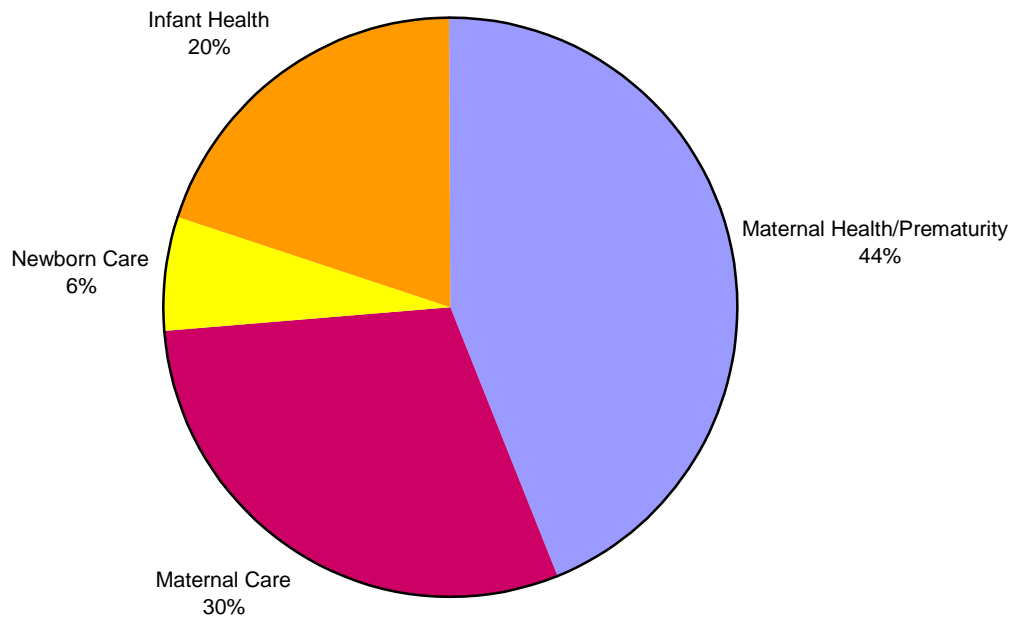
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 2.8		
Maternal Care 1.9	Newborn Care 0.4	Infant Health 1.3

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 1, 1998-2002**

255 Excess Deaths



Feto-Infant Mortality Rates-District 1

White-Non Hispanic

Maternal Health/Prematurity 3.1		
Maternal Care 1.8	Newborn Care 1.4	Infant Health 2.0

Reference Group

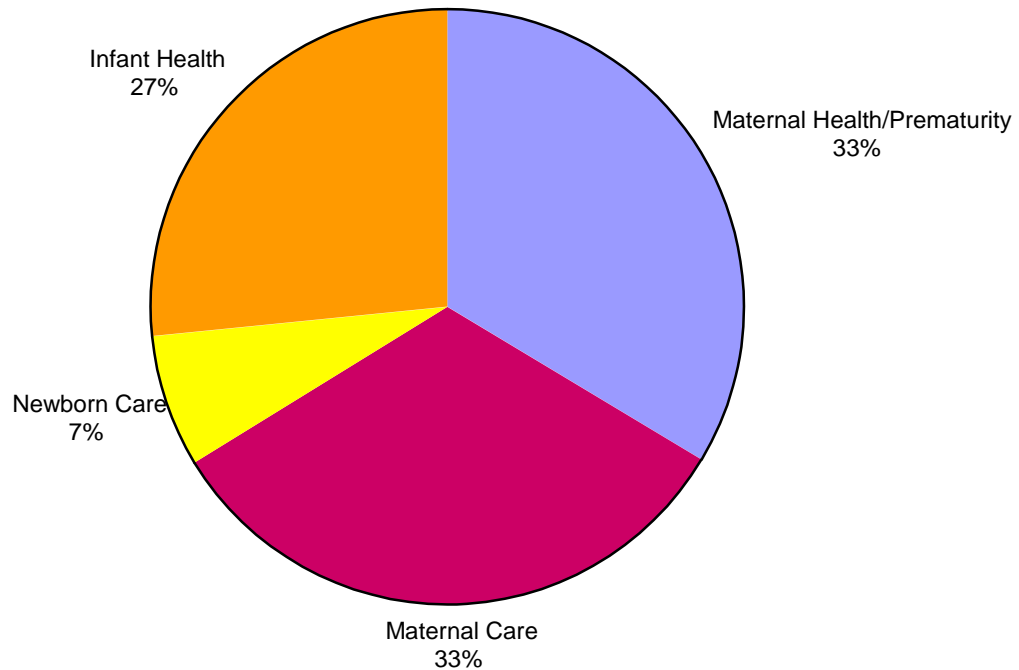
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.6		
Maternal Care 1.5	Newborn Care 0.3	Infant Health 1.3

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 1, White, 1998-2002**

143 Excess Deaths



Feto-Infant Mortality Rates-District 1

Black-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 1

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 1

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 1

Teens

Maternal Health/Prematurity 5.0		
Maternal Care 1.6	Newborn Care 1.7	Infant Health 3.9

Reference Group

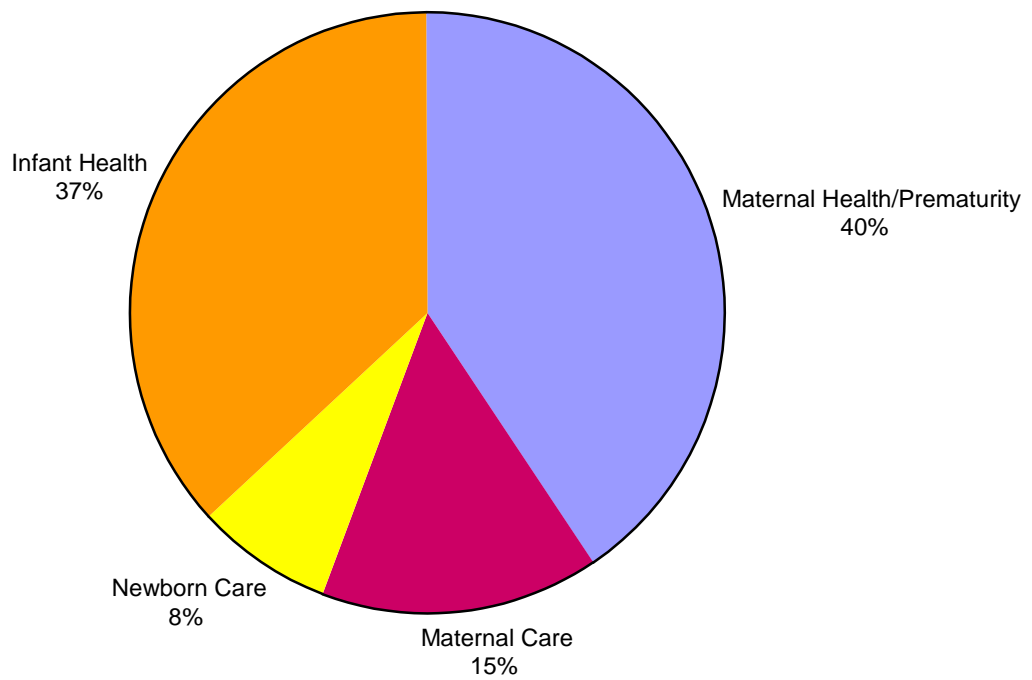
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 3.5		
Maternal Care 1.3	Newborn Care 0.6	Infant Health 3.2

Percent of Feto-Excess Infant Mortality Attributed to Perinatal Period of Risk, District 1 , Mothers < 20 Years Old, 1998-2002

55 Excess Deaths



Feto-Infant Mortality Rates-District 1

Lower Maternal Education

Maternal Health/Prematurity 5.4		
Maternal Care 2.8	Newborn Care 1.6	Infant Health 2.4

Reference Group

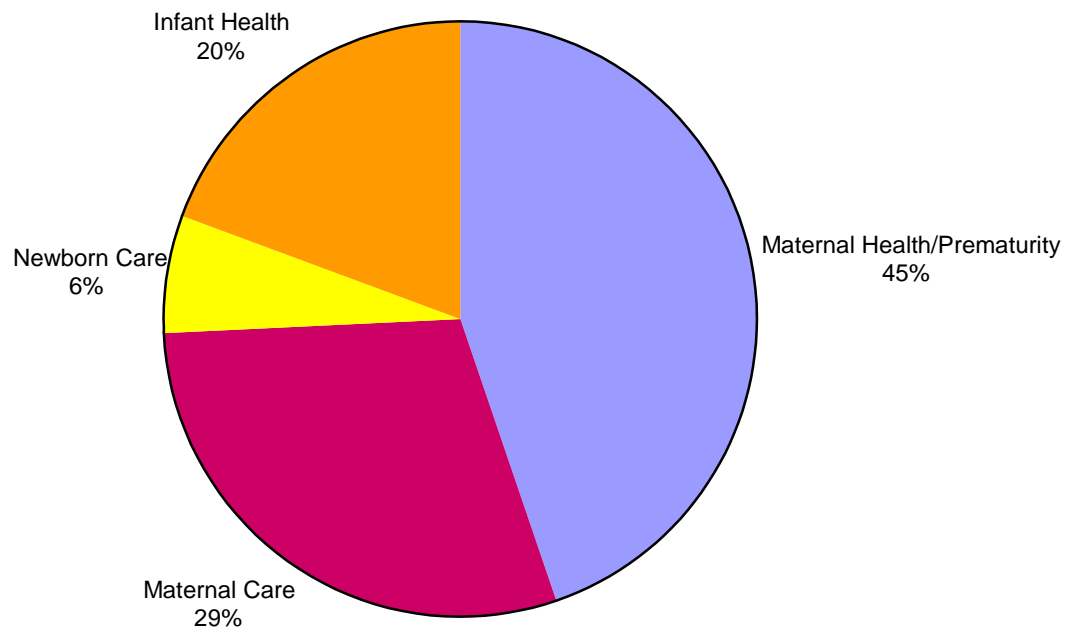
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 3.9		
Maternal Care 2.5	Newborn Care 0.5	Infant Health 1.7

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 1, Mothers with < 13 Years of Education, 1998-2002**

225 Excess Deaths



District 2
01-2 North Georgia Health District (Dalton)

Overall

The contributions to excess feto-infant mortality are almost evenly distributed among three of the four categories, Maternal Care (31%), Infant Health (30%) and Maternal Health/Prematurity (29%). Newborn Care contributes the least (10%).

White

Different pattern compared to Overall— Infant Health contributes the most (51%) and Newborn Care the least (5%). Maternal Care and Maternal Health/Prematurity are the middle categories contributing 33% and 11%, respectively.

Compared to Overall, Maternal Health/Prematurity is substantially lower (11% vs. 29%) while Infant Care is much higher (51% vs. 30%). Although Newborn Care is the category contributing the least, it contributes half as much as seen in the Overall category.

Lower Maternal Education

Similar pattern as seen with Overall-- almost evenly distributed among three of the four categories, Infant Health (30%), Maternal Health/Prematurity (30%) and Maternal Care (29%). Newborn Care contributes the least (11%).

Feto-Infant Mortality Rates-District 2

All

Maternal Health/Prematurity 2.9		
Maternal Care 1.7	Newborn Care 1.5	Infant Health 2.1

Reference Group

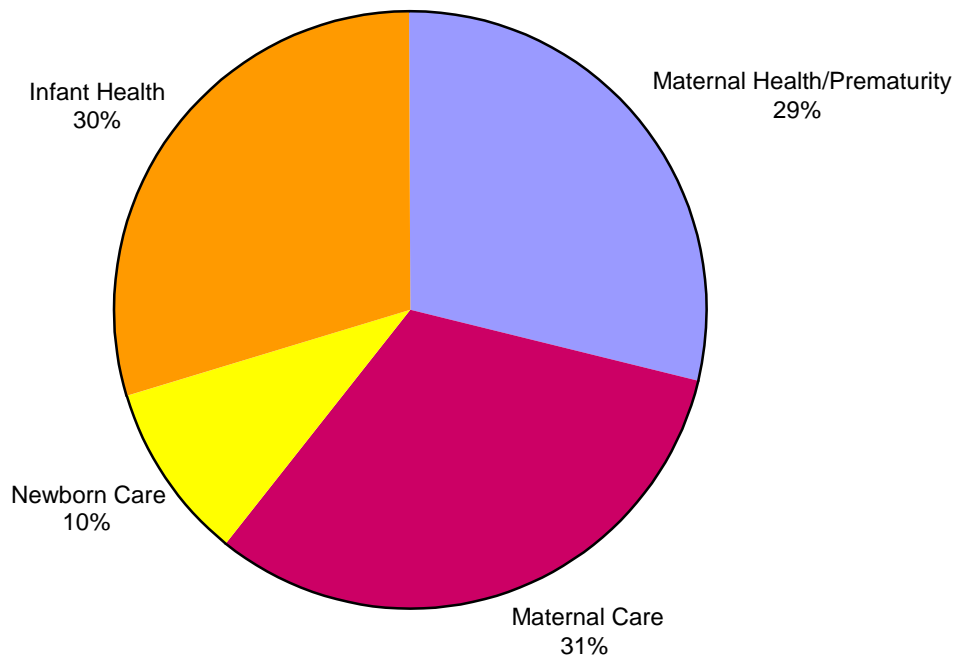
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.4		
Maternal Care 1.4	Newborn Care 0.4	Infant Health 1.4

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 2, 1998-2002

131 Excess Deaths



Feto-Infant Mortality Rates-District 2

White-Non Hispanic

Maternal Health/Prematurity 1.8		
Maternal Care 1.2	Newborn Care 1.2	Infant Health 2.1

Reference Group

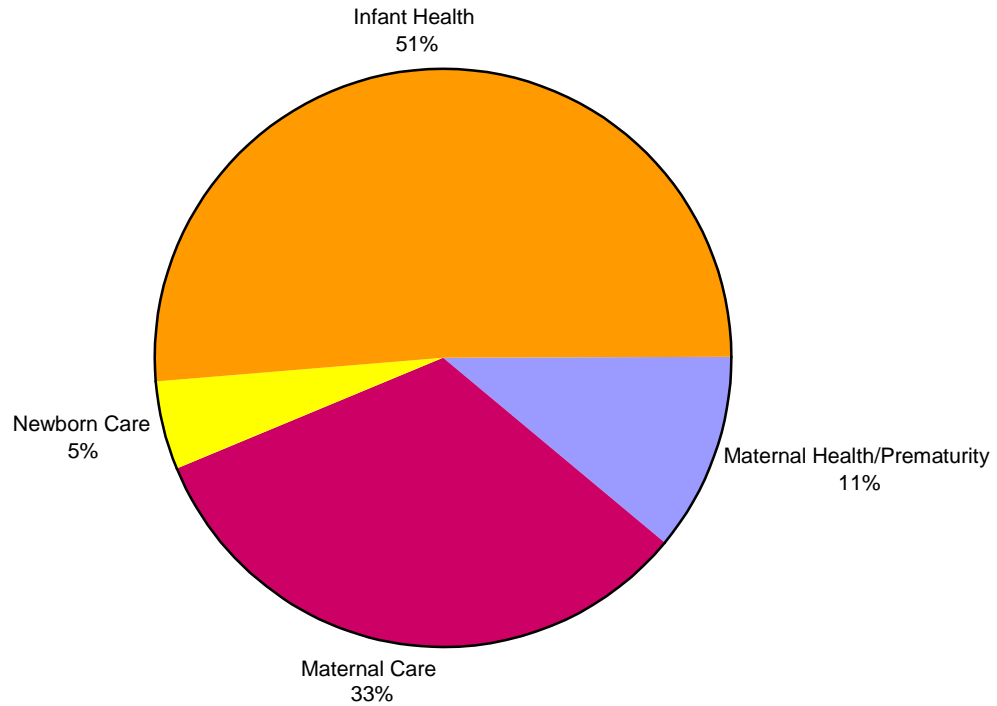
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 0.3		
Maternal Care 0.9	Newborn Care 0.1	Infant Health 1.4

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 2, White, 1998-2002

57 Excess Deaths



Feto-Infant Mortality Rates-District 2

Black-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 2

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 2

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 2

Teens

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 2

Lower Maternal Education

Maternal Health/Prematurity 4.0		
Maternal Care 2.6	Newborn Care 2.0	Infant Health 3.2

Reference Group

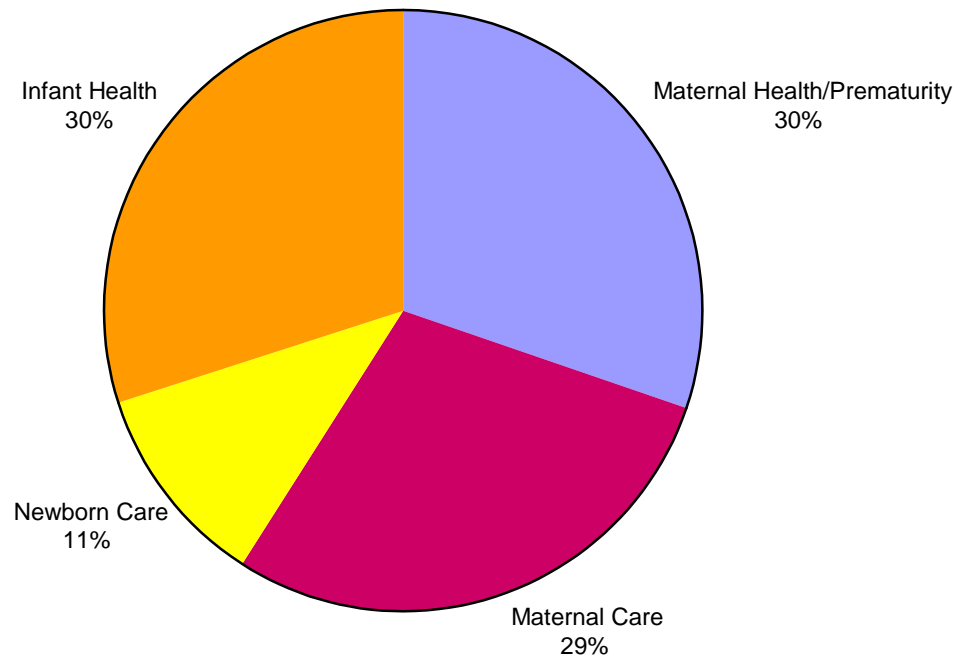
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 2.5		
Maternal Care 2.3	Newborn Care 0.9	Infant Health 2.5

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 2, Mothers with < 13 Years of Education, 1998-2002**

141 Excess Deaths



District 3
02-0 North Health District (Gainesville)

Overall

The category with the highest contribution to excess feto-infant mortality is Infant Health (31%) followed closely by Maternal Health/Prematurity (30%). Newborn Care contributes the least (14%) and Maternal Care is the middle category contributing 25%.

White

Different pattern compared to Overall— Infant Health contributes the most (47%) and Newborn Care the least (13%). Maternal Care and Maternal Health/Prematurity are the middle categories contributing 22% and 18%, respectively.

Compared to Overall, Maternal Health/Prematurity is substantially lower (18% vs. 30%) while Infant Health is much higher (47% vs. 31%).

Lower Maternal Education

Slightly different pattern compared to Overall –Maternal Health/Prematurity contributes the most (33%) followed closely by Infant Health (30%). Maternal Care contributes 23% and Newborn Care contributes the least (14%).

Feto-Infant Mortality Rates-District 3

All

Maternal Health/Prematurity 2.8		
Maternal Care 1.4	Newborn Care 1.7	Infant Health 2.1

Reference Group

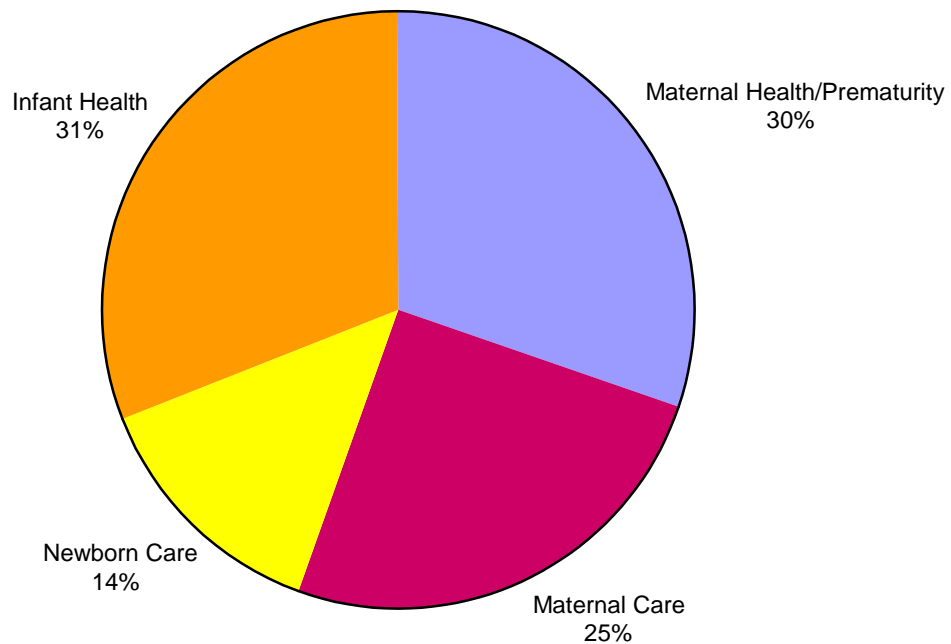
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.3		
Maternal Care 1.1	Newborn Care 0.6	Infant Health 1.4

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 3, 1998-2002**

163 Excess Deaths



Feto-Infant Mortality Rates-District 3

White-Non Hispanic

Maternal Health/Prematurity 2.1		
Maternal Care 1.0	Newborn Care 1.5	Infant Health 2.4

Reference Group

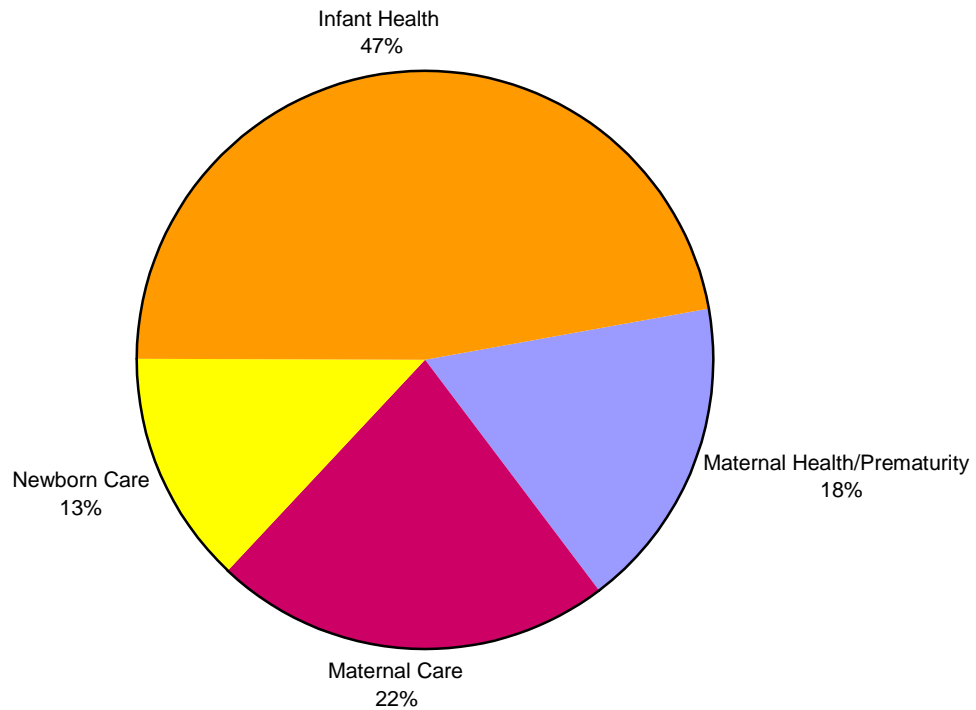
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 0.6		
Maternal Care 0.7	Newborn Care 0.4	Infant Health 1.7

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 3, White, 1998-2002

96 Excess Deaths



Feto-Infant Mortality Rates-District 3

Black-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 3

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 3

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 3

Teens

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 3

Lower Maternal Education

Maternal Health/Prematurity 3.8		
Maternal Care 1.8	Newborn Care 2.0	Infant Health 2.8

Reference Group

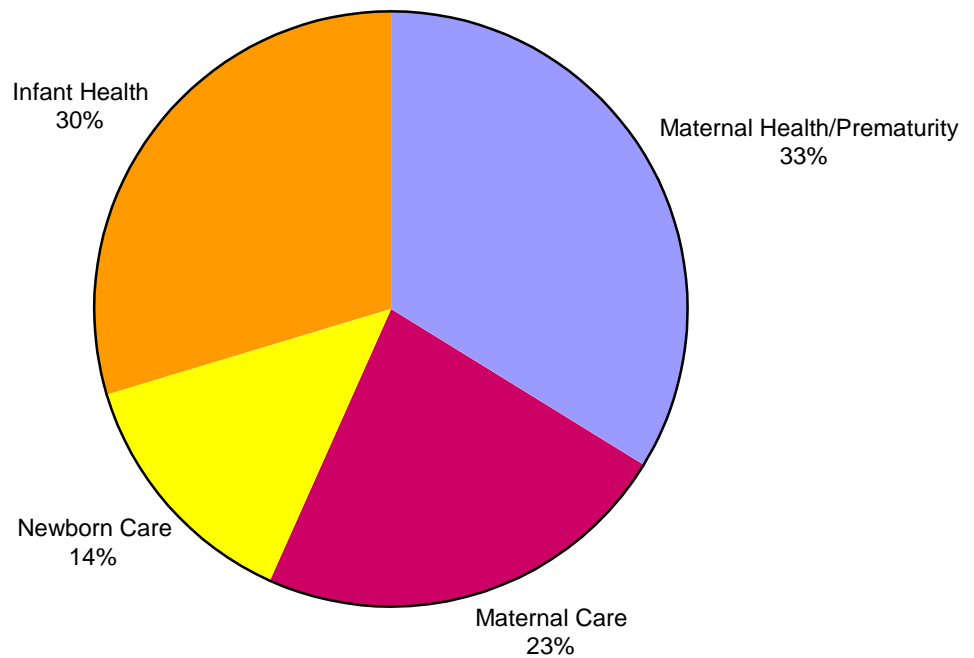
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 2.3		
Maternal Care 1.5	Newborn Care 0.9	Infant Health 2.1

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 3, Mothers with < 13 Years of Education, 1998-2002**

161 Excess Deaths



District 4
03-1 Cobb/Douglas Health District

Overall

The category contributing the highest percentage to excess feto-infant mortality is Maternal Health/Prematurity (51%) while Newborn Care contributes the least (8%). The other two categories, Maternal Care and Infant Health, contribute 29% and 12%, respectively.

White

Slightly different pattern compared to Overall--Maternal Health/Prematurity contributes the most (49%) but Infant Health contributes the least (10%). Maternal Care and Newborn Care are the middle categories 27% and 14%, respectively.

Compared to Overall, Newborn Care is notably higher (14% vs. 8%).

Black

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (56%) and Newborn Care the least (4%). Maternal Care and Infant Health are again the middle categories 22% and 18%, respectively.

Compared to Overall, Newborn Care contributes half as much (4% vs. 8%) and Maternal Care is somewhat lower (22% vs. 29%) while Infant Health is a little higher (18% vs. 12%).

Hispanic

Different pattern compared to Overall--Maternal Health/Prematurity and Infant Health are contributing similar amounts 32% and 31%, respectively. Maternal Care and Newborn Care are also contributing similar amounts (19% and 18%, respectively).

Compared to Overall, Maternal Health/Prematurity is substantially lower (32% vs. 51%) and Maternal Care is lower (19% vs. 29%). Infant Health (31% vs. 12%) and Newborn Care (18% vs. 8%) are much higher.

The number of deaths contributed by Maternal Care was below the recommended minimum so the analysis may be unstable.

Teens

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (44%) and Newborn Care the least (8%). Maternal Care and Infant Health are again the middle categories 27% and 21%, respectively.

Compared to Overall, Maternal Health/Prematurity is somewhat lower (44% vs. 51%) while Infant Health is much higher (21% vs. 12%)

The number of deaths contributed by Newborn Care was below the recommended minimum so the analysis may be unstable.

Lower Maternal Education

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (47%) and Newborn Care the least (9%). Maternal Care and Infant Health are again the middle categories 32% and 12%, respectively

Feto-Infant Mortality Rates-District 4

All

Maternal Health/Prematurity 4.5		
Maternal Care 2.0	Newborn Care 1.5	Infant Health 1.4

Reference Group

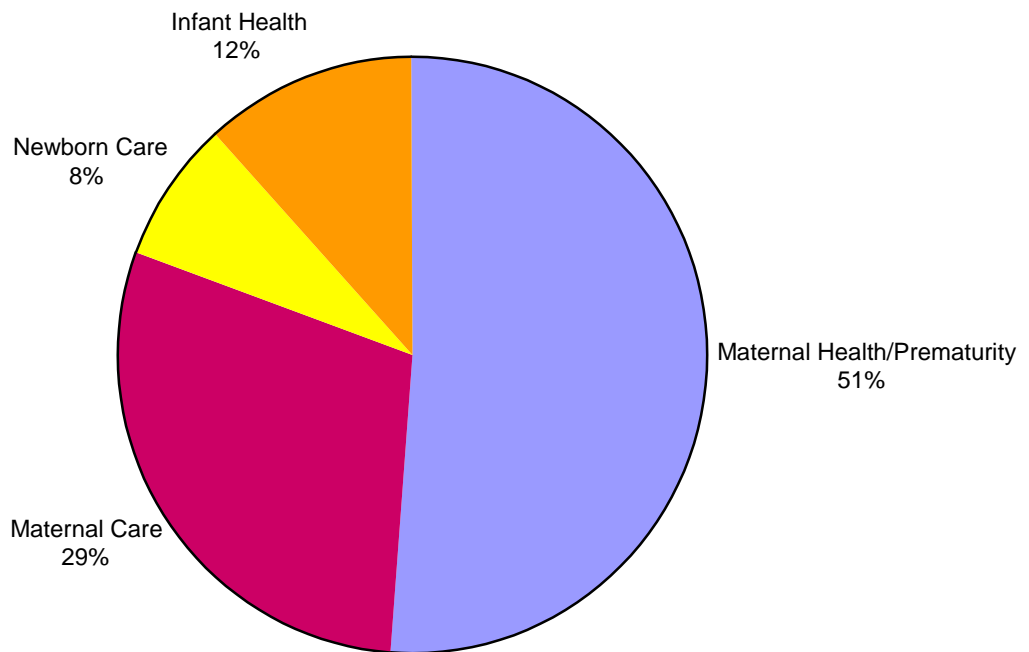
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 3.0		
Maternal Care 1.7	Newborn Care 0.4	Infant Health 0.7

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 4, 1998-2002**

332 Excess Deaths



Feto-Infant Mortality Rates-District 4

White-Non Hispanic

Maternal Health/Prematurity 2.9		
Maternal Care 1.1	Newborn Care 1.5	Infant Health 1.0

Reference Group

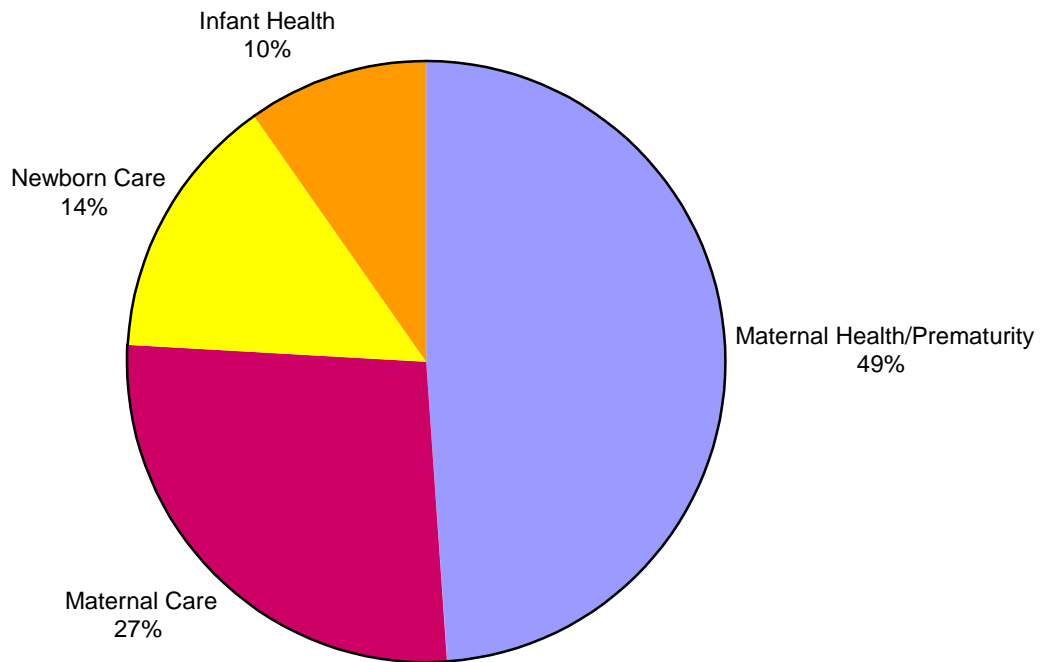
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.4		
Maternal Care 0.8	Newborn Care 0.4	Infant Health 0.3

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 4, White, 1998-2002

94 Excess Deaths



Feto-Infant Mortality Rates-District 4

Black-Non Hispanic

Maternal Health/Prematurity 6.3		
Maternal Care 2.2	Newborn Care 1.5	Infant Health 2.3

Reference Group

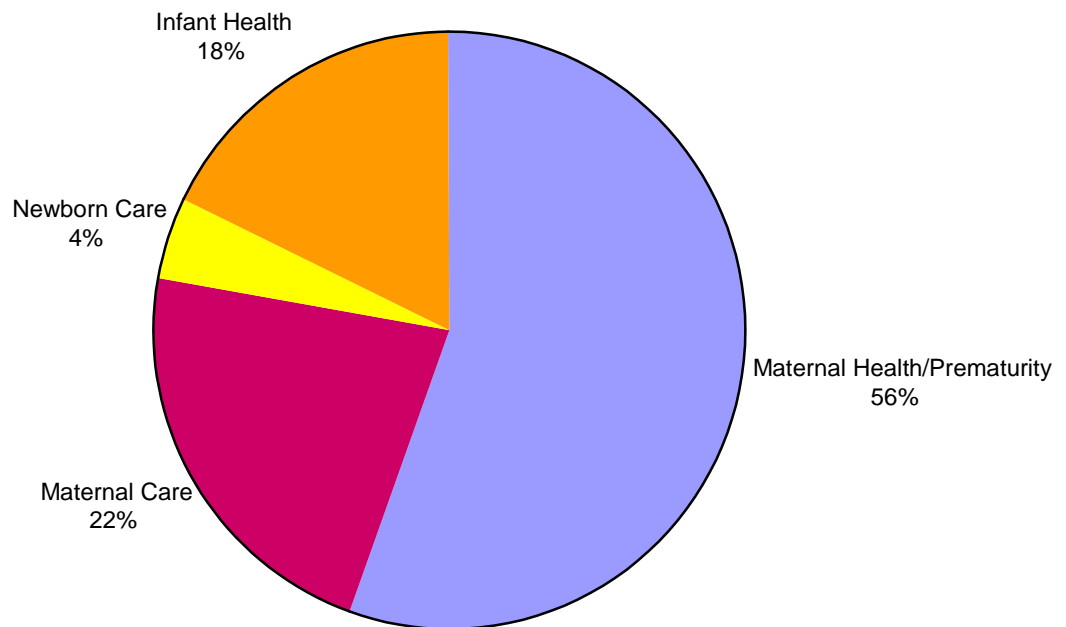
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 4.8		
Maternal Care 1.9	Newborn Care 0.4	Infant Health 1.6

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 4, Black, 1998-2002**

114 Excess Deaths



Feto-Infant Mortality Rates-District 4

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 4

Hispanic

Maternal Health/Prematurity 2.9		
Maternal Care* 1.1	Newborn Care 1.8	Infant Health 2.1

Reference Group

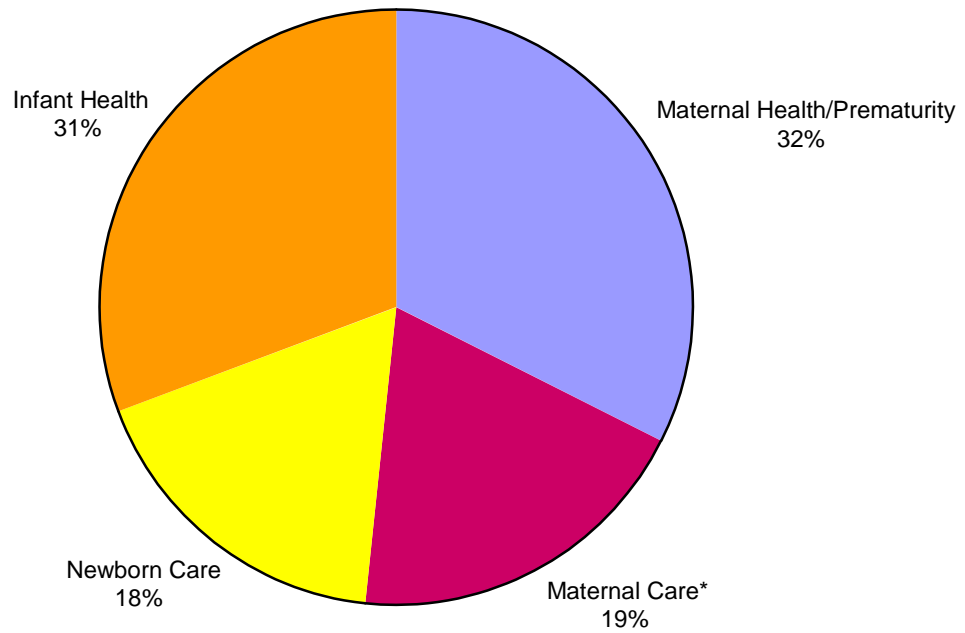
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.4		
Maternal Care 0.8	Newborn Care 0.7	Infant Health 1.4

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 4, Hispanic, 1998-2002

36 Excess Deaths



**Cell Number Less Than Recommended Minimum*

Feto-Infant Mortality Rates-District 4

Teens

Maternal Health/Prematurity 6.8		
Maternal Care 3.5	Newborn Care* 2.0	Infant Health 3.3

Reference Group

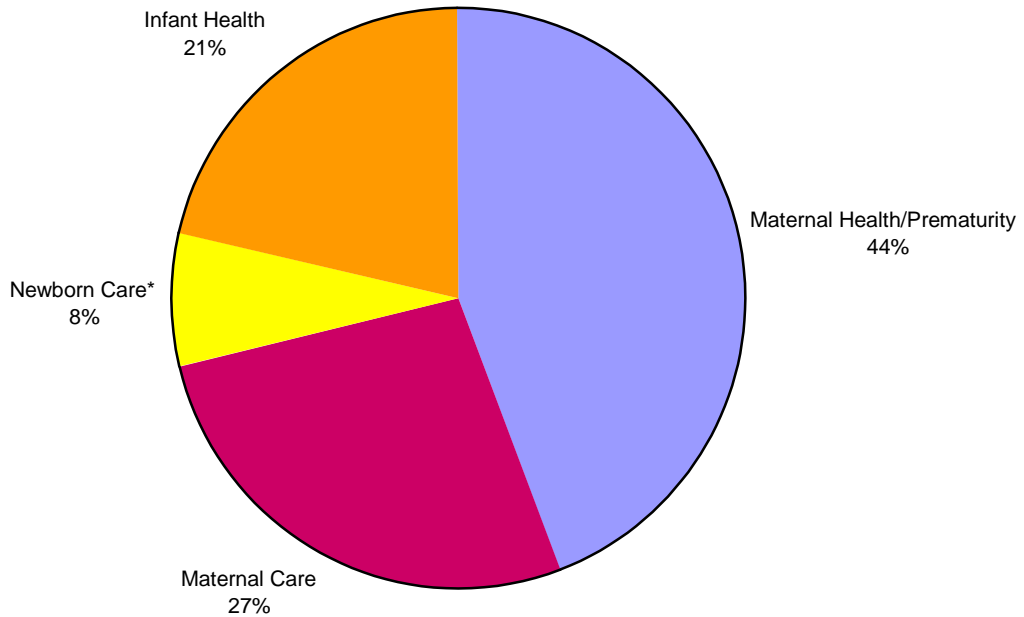
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.3		
Maternal Care 3.2	Newborn Care 0.9	Infant Health 2.6

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 4, Mothers < 20 Years Old, 1998-2002**

55 Excess Deaths



**Cell Number Less Than Recommended Minimum*

Feto-Infant Mortality Rates-District 4

Lower Maternal Education

Maternal Health/Prematurity 7.1		
Maternal Care 4.1	Newborn Care 2.1	Infant Health 2.2

Reference Group

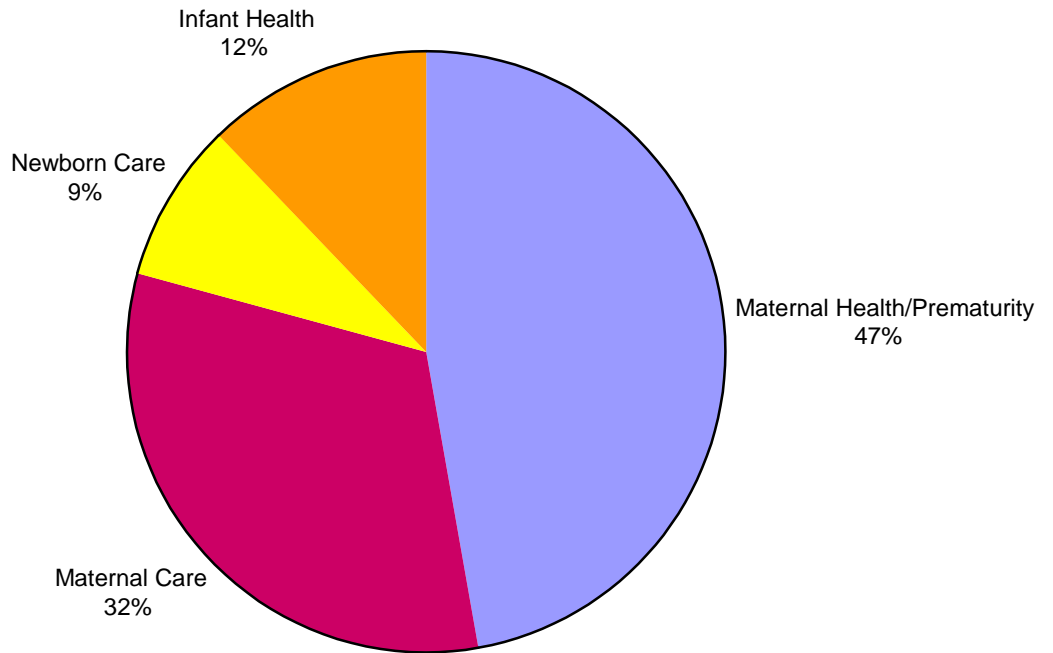
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.6		
Maternal Care 3.8	Newborn Care 1.0	Infant Health 1.5

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 4, Mothers with < 13 Years of Education, 1998-2002**

279 Excess Deaths



District 5
03-2 Fulton Health District

Overall

The category contributing the highest percentage to excess feto-infant mortality is Maternal Health/Prematurity (49%) while Newborn Care contributes the least (8%). The other two categories, Maternal Care and Infant Health, contribute 28% and 15%, respectively.

White

Slightly different pattern compared to Overall--Maternal Health/Prematurity contributes the most (51%) but there is no excess contributed by Infant Health (0%). Maternal Care and Newborn Care are the middle categories 37% and 12%, respectively.

Compared to Overall, Maternal Care is notably higher (37% vs. 28%) and there is no contribution made by Infant Health (0% vs. 15%).

Black

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (52%) and Newborn Care the least (9%). Maternal Care and Infant Health are again the middle categories 20% and 19%, respectively.

Compared to Overall, Maternal Care is somewhat lower (20% vs. 28%).

Hispanic

Different pattern compared to Overall— Maternal Care contributes the most (55%) and Newborn Care the least (2%). Maternal Health/Prematurity contributes 35% while Infant Health contributes 8%.

Compared to Overall, all categories are substantially lower except Maternal Care, which is much higher (55% vs. 28%). Maternal Health/Prematurity (35% vs. 49%), Infant Health (8% vs. 15%) and Newborn Care (2% vs. 8%) are much lower.

The number of deaths contributed by Newborn Care was below the recommended minimum so the analysis may be unstable.

Teens

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (46%) and Newborn Care the least (11%). Maternal Care and Infant Health are again the middle categories but Infant Health contributes the second highest amount 19% and 24%, respectively.

Compared to Overall, Maternal Care is substantially lower (19% vs. 28%) while Infant Health is much higher (24% vs. 15%)

Lower Maternal Education

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (46%) and Newborn Care the least (9%). Maternal Care and Infant Health are again the middle categories 30% and 15%, respectively

Feto-Infant Mortality Rates-District 5

All

Maternal Health/Prematurity 6.5		
Maternal Care 3.1	Newborn Care 1.9	Infant Health 2.3

Reference Group

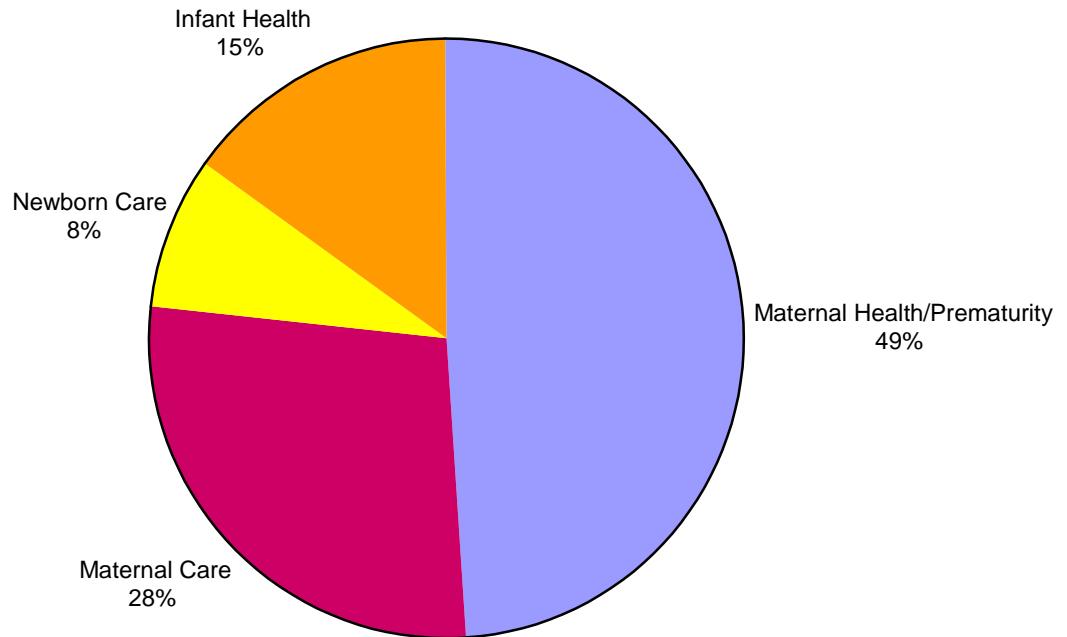
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.0		
Maternal Care 2.8	Newborn Care 0.8	Infant Health 1.6

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 5, 1998-2002**

667 Excess Deaths



Feto-Infant Mortality Rates-District 5

White-Non Hispanic

Maternal Health/Prematurity 2.9		
Maternal Care 1.2	Newborn Care 1.4	Infant Health 0.7

Reference Group

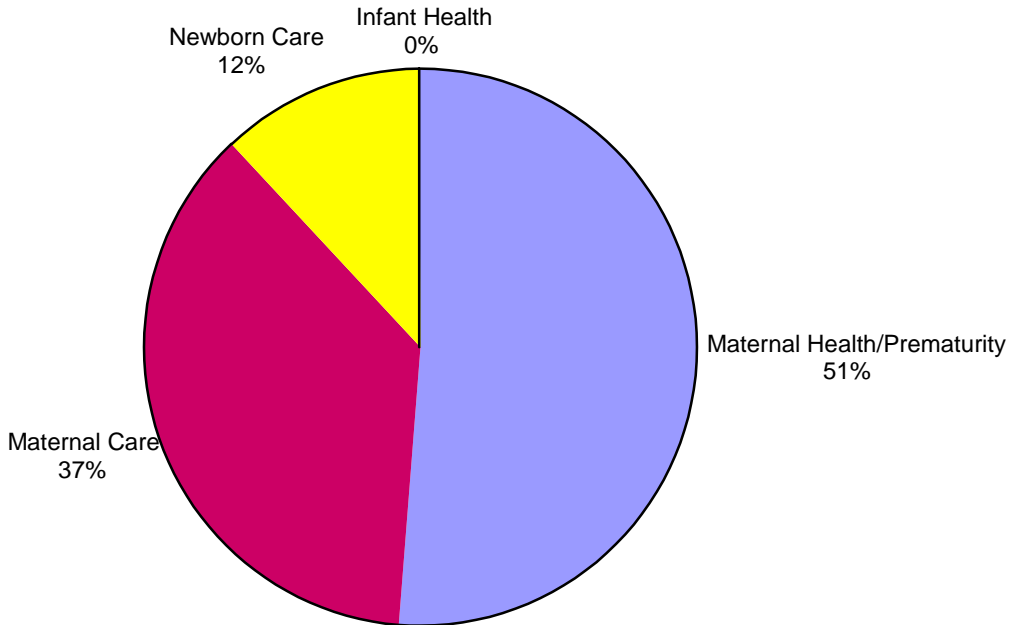
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.4		
Maternal Care 0.9	Newborn Care 0.3	Infant Health 0

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 5, White, 1998-2002

56 Excess Deaths



Feto-Infant Mortality Rates-District 5

Black-Non Hispanic

Maternal Health/Prematurity 9.4		
Maternal Care 3.3	Newborn Care 2.4	Infant Health 3.7

Reference Group

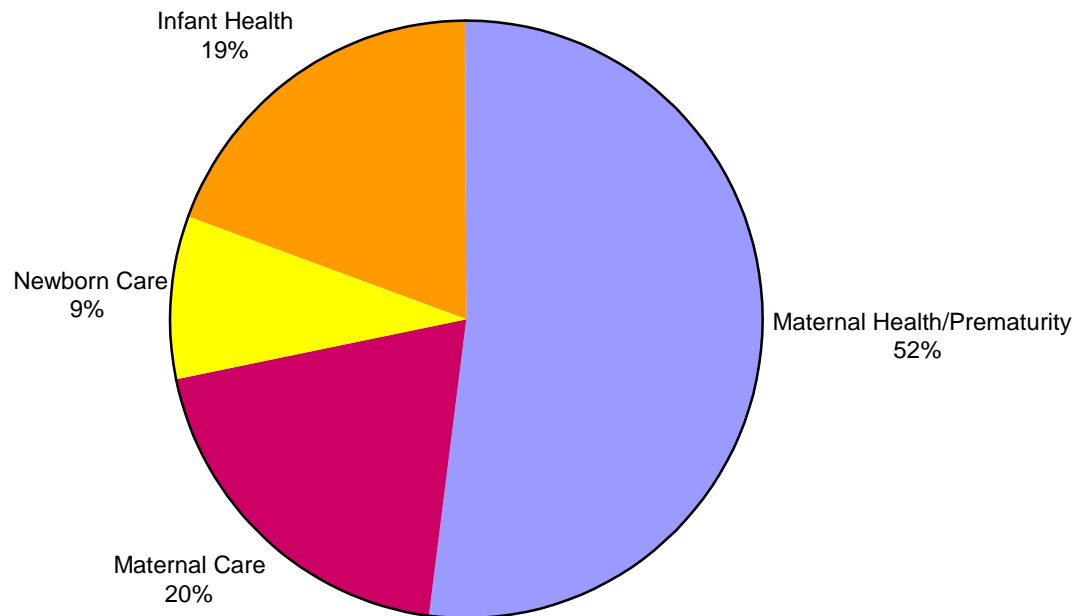
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 7.9		
Maternal Care 3.0	Newborn Care 1.3	Infant Health 3.0

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 5, Black, 1998-2002

484 Excess Deaths



Feto-Infant Mortality Rates-District 5

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 5

Hispanic

Maternal Health/Prematurity 3.9		
Maternal Care 4.0	Newborn Care* 1.2	Infant Health 1.3

Reference Group

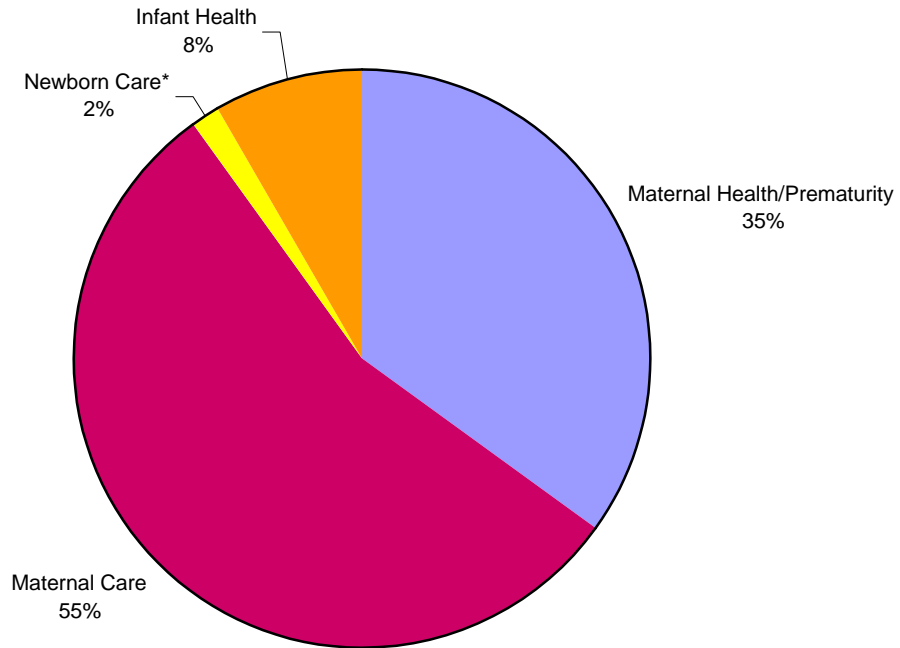
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 2.4		
Maternal Care 3.7	Newborn Care 0.1	Infant Health 0.6

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 5, Hispanic, 1998-2002

53 Excess Deaths



**Cell Number Less Than Recommended Minimum*

Feto-Infant Mortality Rates-District 5

Teens

Maternal Health/Prematurity 8.0		
Maternal Care 3.0	Newborn Care 2.6	Infant Health 4.2

Reference Group

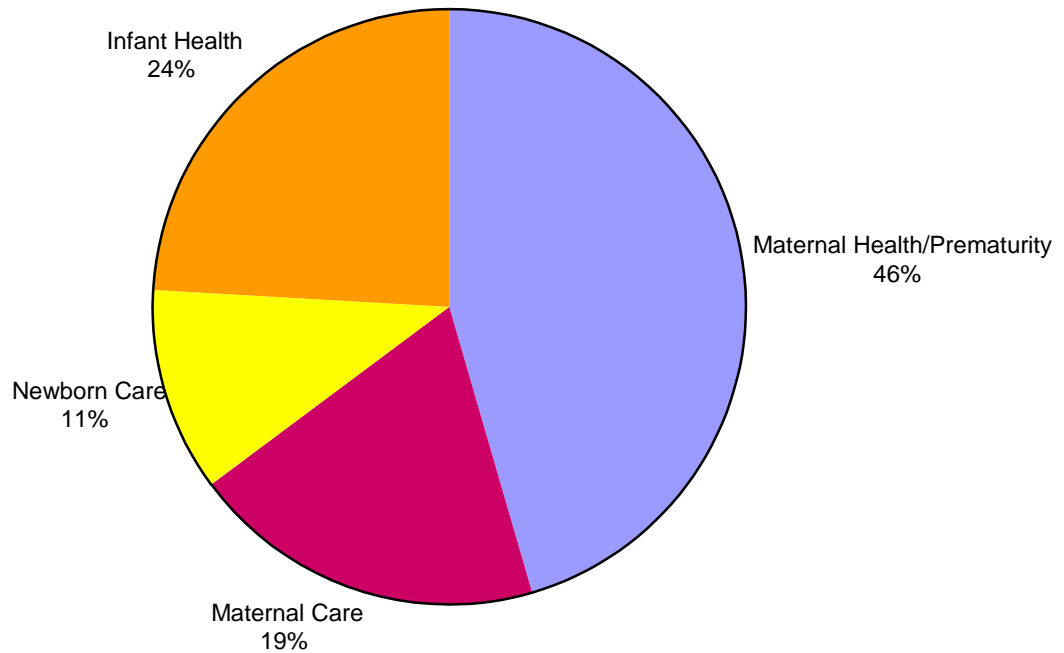
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 6.5		
Maternal Care 2.7	Newborn Care 1.5	Infant Health 3.5

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 5, Mothers < 20 Years Old, 1998-2002**

119 Excess Deaths



Feto-Infant Mortality Rates-District 5

Lower Maternal Education

Maternal Health/Prematurity 9.5		
Maternal Care 5.5	Newborn Care 2.6	Infant Health 3.3

Reference Group

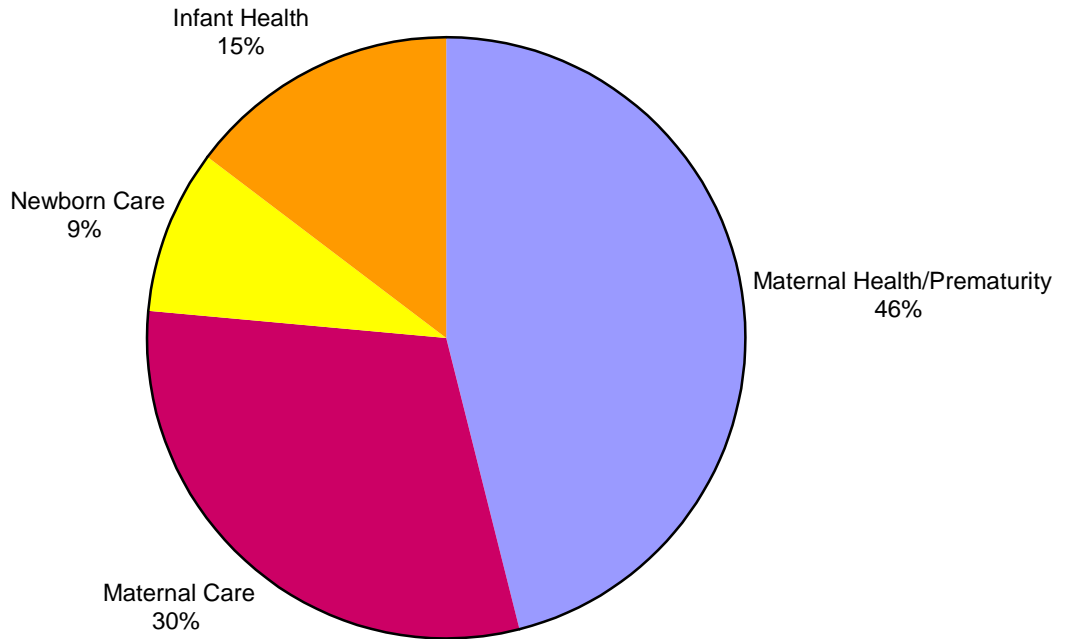
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 8.0		
Maternal Care 5.2	Newborn Care 1.5	Infant Health 2.6

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 5, Mothers with < 13 Years of Education, 1998-2002

563 Excess Deaths



District 6
03-3 Clayton County Health District (Morrow)

Overall

The category with the highest contribution to excess feto-infant mortality is Maternal Health/Prematurity (44%). Newborn Care contributes the least (10%) and Maternal Care and Infant Health are the middle categories contributing 28% and 18%, respectively.

Black

Similar pattern as Overall— Maternal Health/Prematurity contributes the most (49%) and Newborn Care the least (8%). Maternal Care and Infant Health are the middle categories contributing 27% and 16%, respectively.

Lower Maternal Education

Similar pattern as Overall— Maternal Health/Prematurity contributes the most (45%) and Newborn Care the least (12%). Maternal Care and Infant Health are the middle categories contributing 28% and 15%, respectively.

Feto-Infant Mortality Rates-District 6

All

Maternal Health/Prematurity 5.1		
Maternal Care 2.6	Newborn Care 1.9	Infant Health 2.2

Reference Group

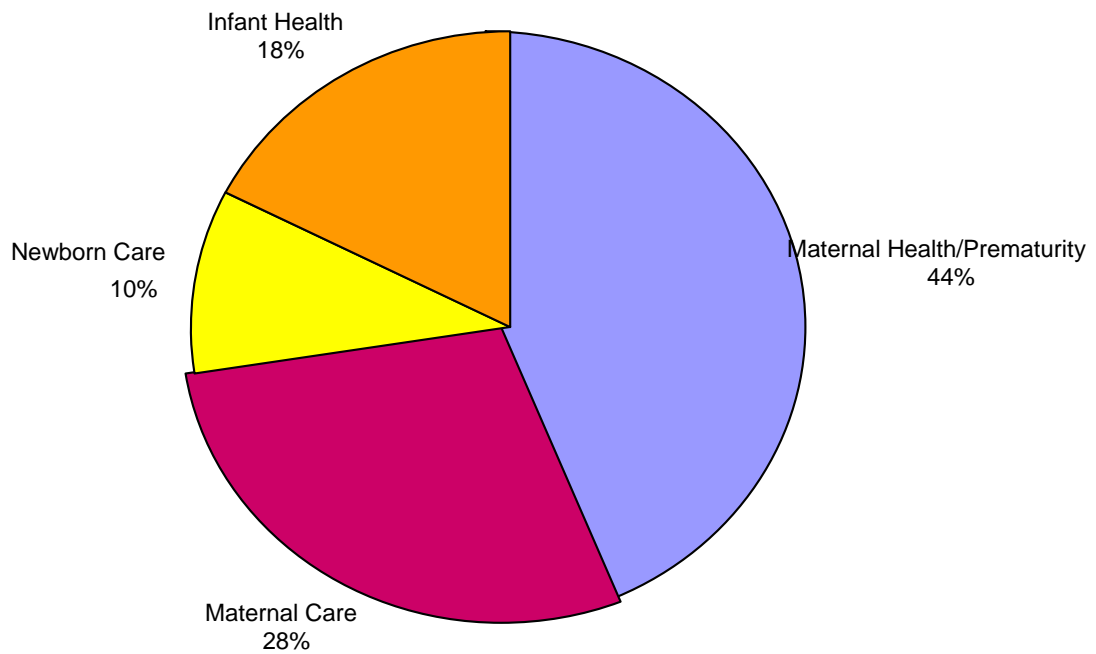
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 3.6		
Maternal Care 2.3	Newborn Care 0.8	Infant Health 1.5

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 6, 1998-2002**

173 Excess Deaths



Feto-Infant Mortality Rates-District 6

White-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 6

Black-Non Hispanic

Maternal Health/Prematurity 6.9		
Maternal Care 3.2	Newborn Care 1.9	Infant Health 2.5

Reference Group

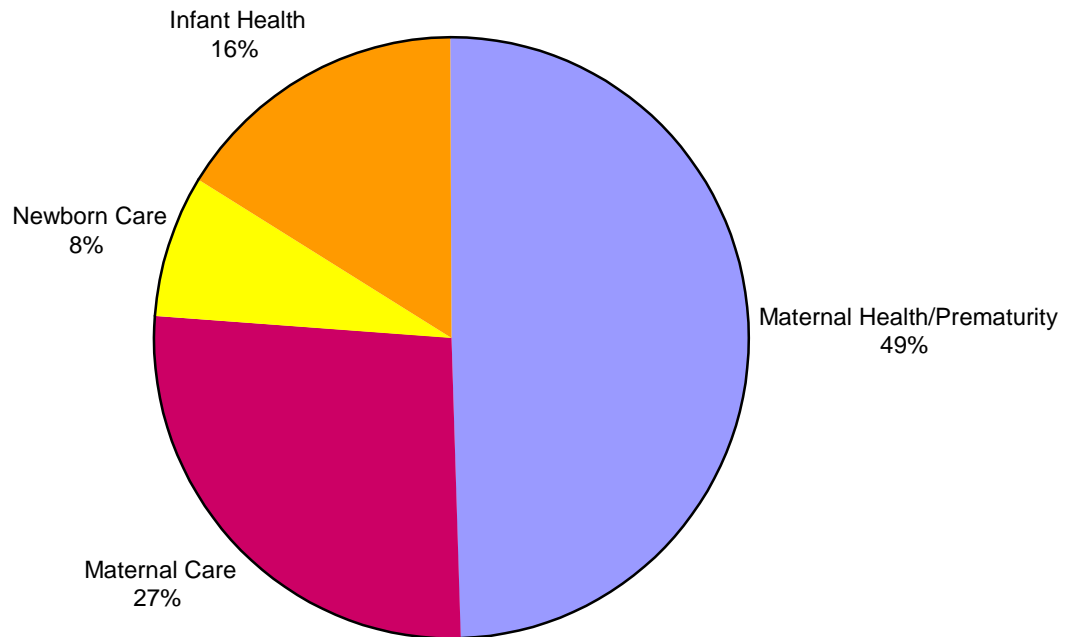
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.4		
Maternal Care 2.9	Newborn Care 0.8	Infant Health 1.8

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 6, Black, 1998-2002**

126 Excess Deaths



Feto-Infant Mortality Rates-District 6

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 6

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 6

Teens

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 6

Lower Maternal Education

Maternal Health/Prematurity 5.9		
Maternal Care 3.0	Newborn Care 2.3	Infant Health 2.2

Reference Group

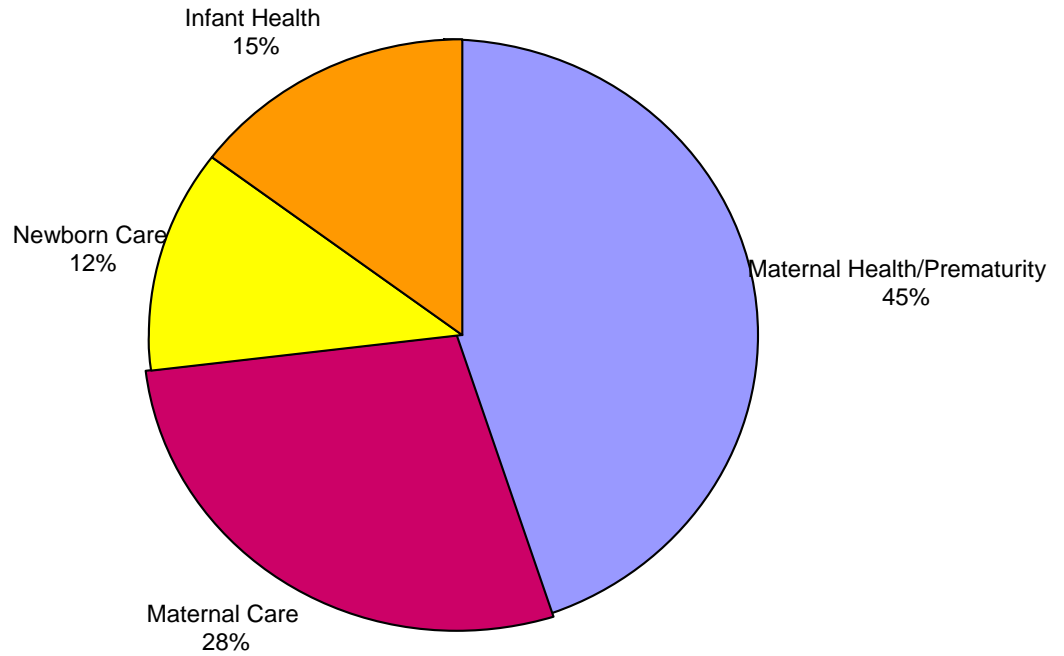
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 4.4		
Maternal Care 2.7	Newborn Care 1.2	Infant Health 1.5

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 6, Mothers with < 13 Years of Education, 1998-2002**

126 Excess Deaths



District 7

03-4 East Metro Health District (Lawrenceville)

Overall

The category contributing the highest percentage to excess feto-infant mortality is Maternal Health/Prematurity (43%) while Newborn Care contributes the least (7%). The other two categories, Maternal Care and Infant Health, contribute 31% and 19%, respectively.

White

Different pattern compared to Overall—Infant Health contributes the most (47%) but there is no excess contributed by Newborn Care (0%). Maternal Care contributes 29% while Maternal Health/Prematurity contributes 24%.

Compared to Overall, Infant Health is notably higher (47% vs. 19%). Maternal Health/Prematurity is substantially lower (24% vs. 43%) and there is no contribution made by Infant Health (0% vs. 19%).

Black

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (56%) and Newborn Care the least (4%). Maternal Care and Infant Health are again the middle categories 22% and 18%, respectively.

Compared to Overall, Maternal Care is lower (22% vs. 31%) and Maternal Health/Prematurity is higher (56% vs. 43%).

Hispanic

Different pattern compared to Overall— Maternal Care contributes the most (50%) and Infant Health the least (6%). Maternal Health/Prematurity contributes 34% while Newborn Care contributes 10%.

Compared to Overall, two categories are substantially lower: Maternal Health/Prematurity (34% vs. 43%) and Infant Health (6% vs. 19%). Newborn Care (10% vs. 7%) and Maternal Care (50% vs. 31%) are higher.

Lower Maternal Education

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (46%) and Newborn Care the least (4%). Maternal Care and Infant Health are again the middle categories 33% and 17%, respectively

Feto-Infant Mortality Rates-District 7

All

Maternal Health/Prematurity 3.4		
Maternal Care 1.6	Newborn Care 1.4	Infant Health 1.6

Reference Group

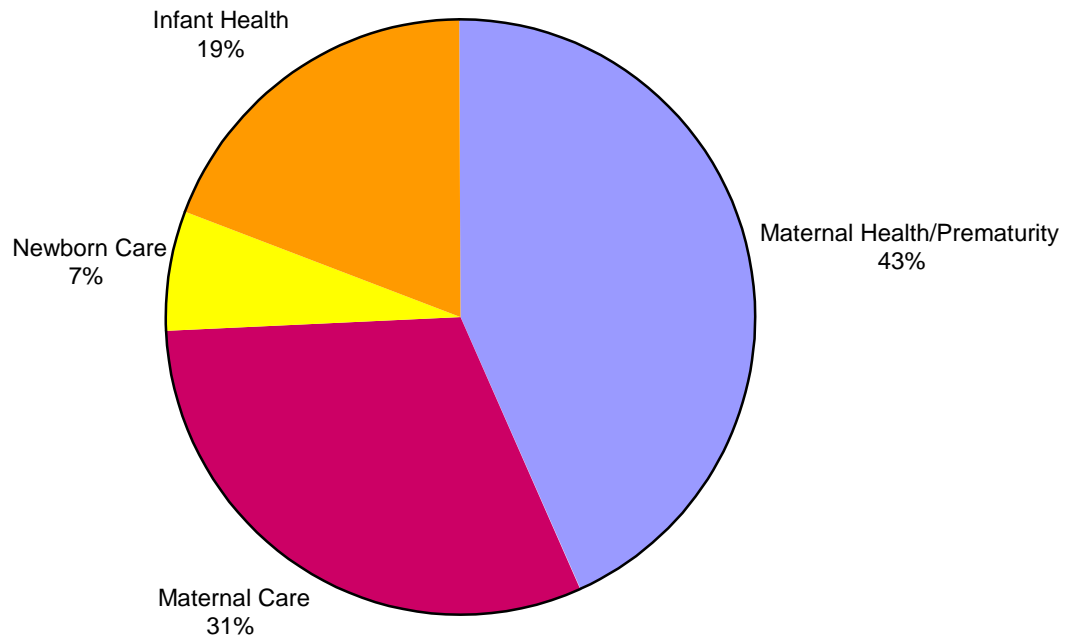
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.9		
Maternal Care 1.3	Newborn Care 0.3	Infant Health 0.9

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 7, 1998-2002**

274 Excess Deaths



Feto-Infant Mortality Rates-District 7

White-Non Hispanic

Maternal Health/Prematurity 1.9		
Maternal Care 0.8	Newborn Care 1.1	Infant Health 1.6

Reference Group

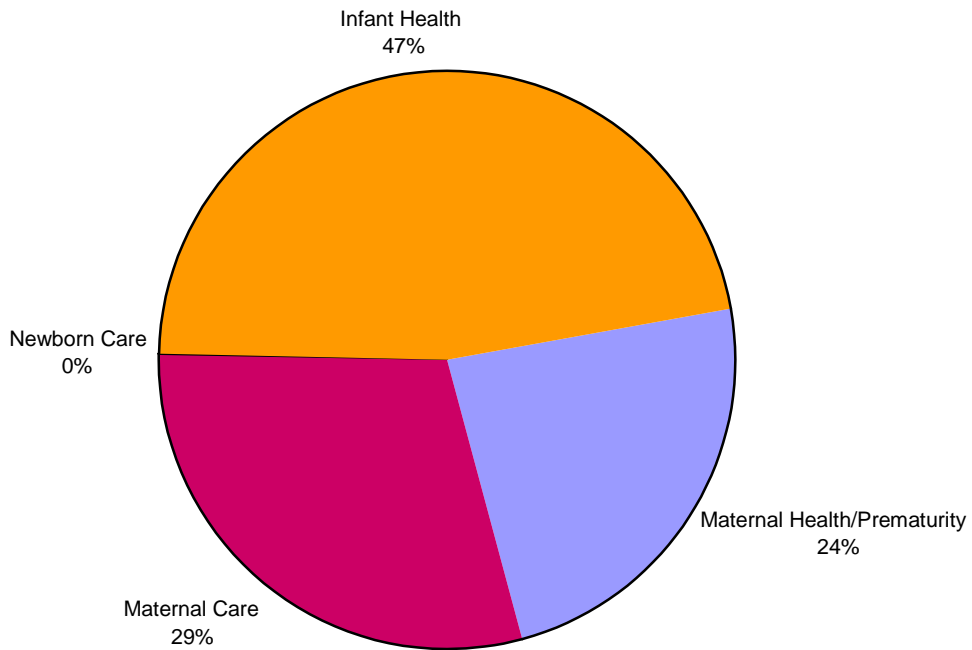
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 0.4		
Maternal Care 0.5	Newborn Care 0	Infant Health 0.9

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 7, White, 1998-2002

65 Excess Deaths



Feto-Infant Mortality Rates-District 7

Black-Non Hispanic

Maternal Health/Prematurity 6.5		
Maternal Care 2.2	Newborn Care 1.5	Infant Health 2.4

Reference Group

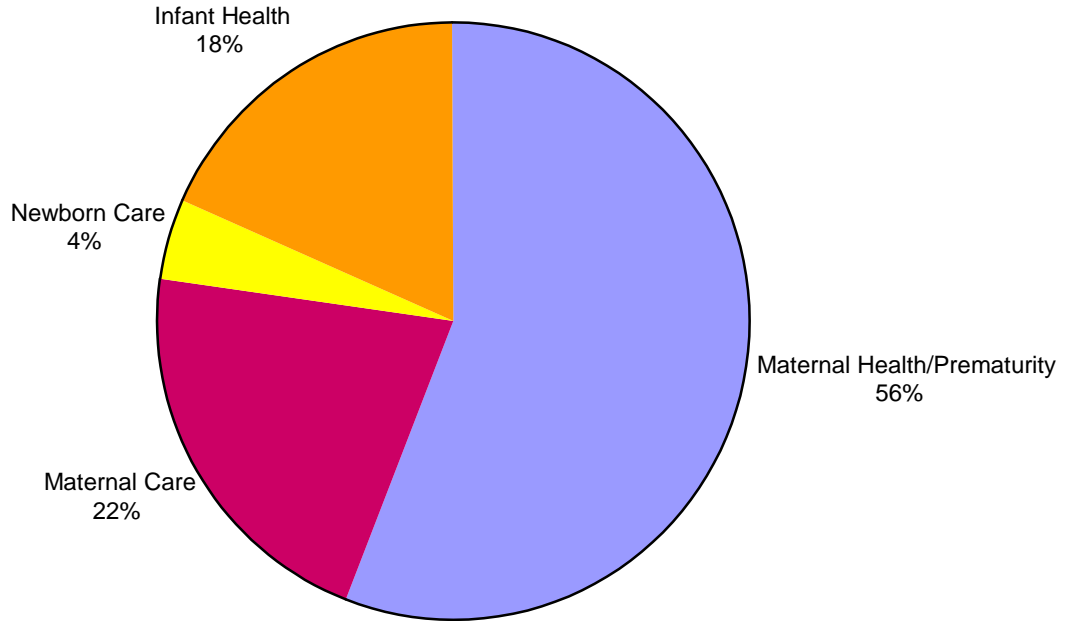
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.0		
Maternal Care 1.9	Newborn Care 0.4	Infant Health 1.7

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 7, Black, 1998-2002**

98 Excess Deaths



Feto-Infant Mortality Rates-District 7

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 7

Hispanic

Maternal Health/Prematurity 2.4		
Maternal Care 1.6	Newborn Care 1.3	Infant Health 0.9

Reference Group

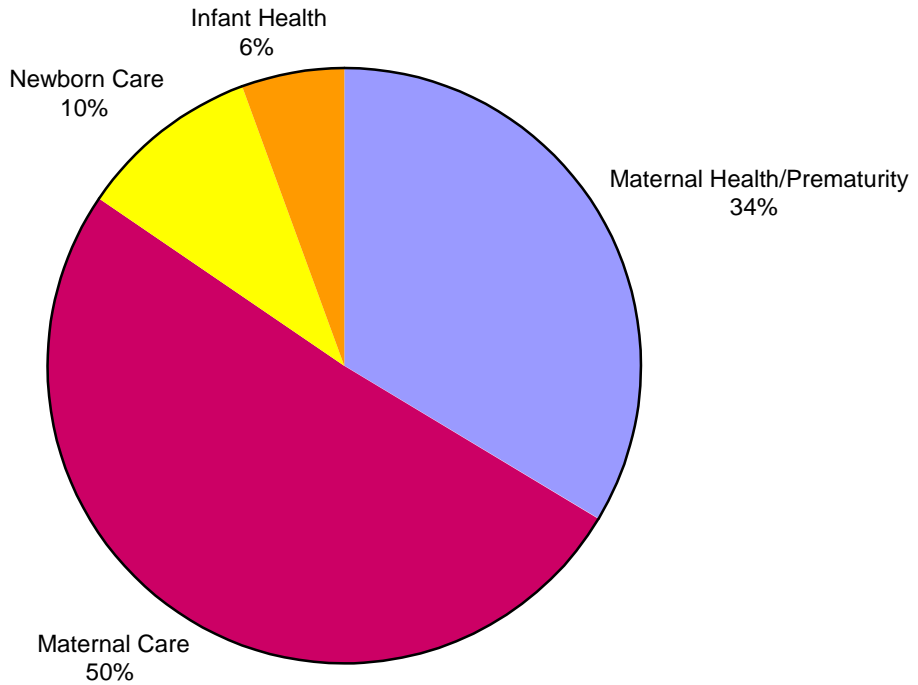
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 0.9		
Maternal Care 1.3	Newborn Care 0.2	Infant Health 0.2

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 7, Hispanic 1998-2002

29 Excess Deaths



Feto-Infant Mortality Rates-District 7

Teens

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates

Lower Maternal Education

Maternal Health/Prematurity 5.0		
Maternal Care 2.8	Newborn Care 1.4	Infant Health 2.1

Reference Group

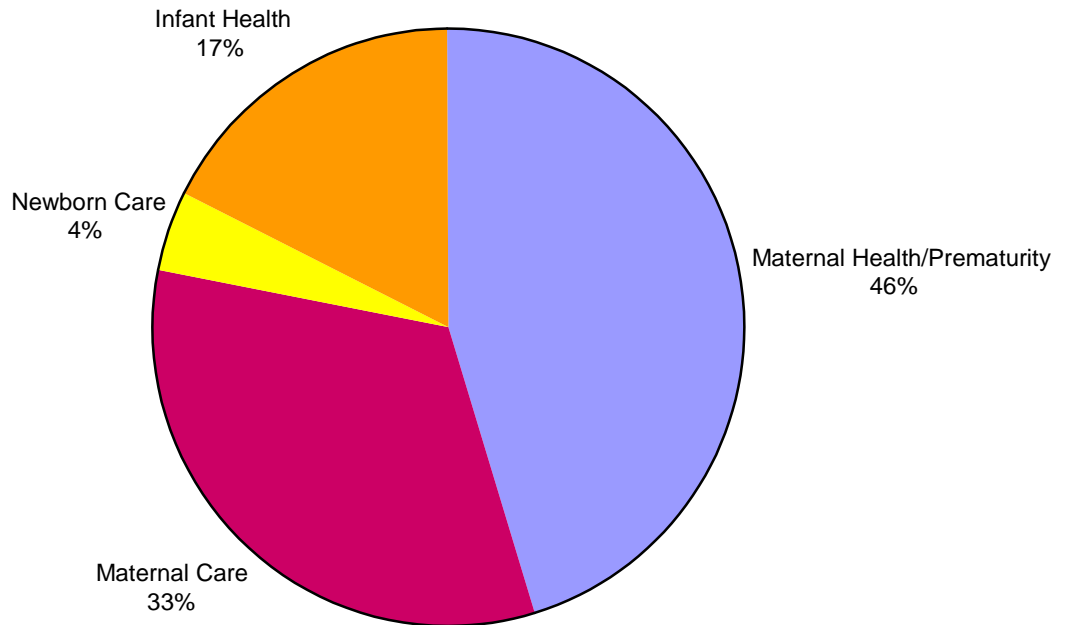
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 3.5		
Maternal Care 2.5	Newborn Care 0.3	Infant Health 1.4

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 7, Mothers with < 13 Years of Education, 1998-2002**

219 Excess Deaths



District 8
03-5 Dekalb Health District

Overall

The category contributing the highest percentage to excess feto-infant mortality is Maternal Health/Prematurity (54%) while Newborn Care contributes the least (6%). The other two categories, Maternal Care and Infant Health, contribute 26% and 14%, respectively.

Black

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (57%) and Newborn Care the least (7%). Maternal Care and Infant Health are again the middle categories 21% and 15%, respectively.

Teens

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (50%) and Newborn Care the least (3%). Maternal Care and Infant Health are again the middle categories but Infant Health contributes the second highest amount 13% and 34%, respectively.

Compared to Overall, Maternal Care is substantially lower (13% vs. 26%) while Infant Health is much higher (34% vs. 14%).

The number of deaths contributed by Newborn Care was below the recommended minimum so the analysis may be unstable.

Lower Maternal Education

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (53%) and Newborn Care the least (6%). Maternal Care and Infant Health are again the middle categories 27% and 14%, respectively

Feto-Infant Mortality Rates-District 8

All

Maternal Health/Prematurity 6.1		
Maternal Care 2.5	Newborn Care 1.6	Infant Health 1.9

Reference Group

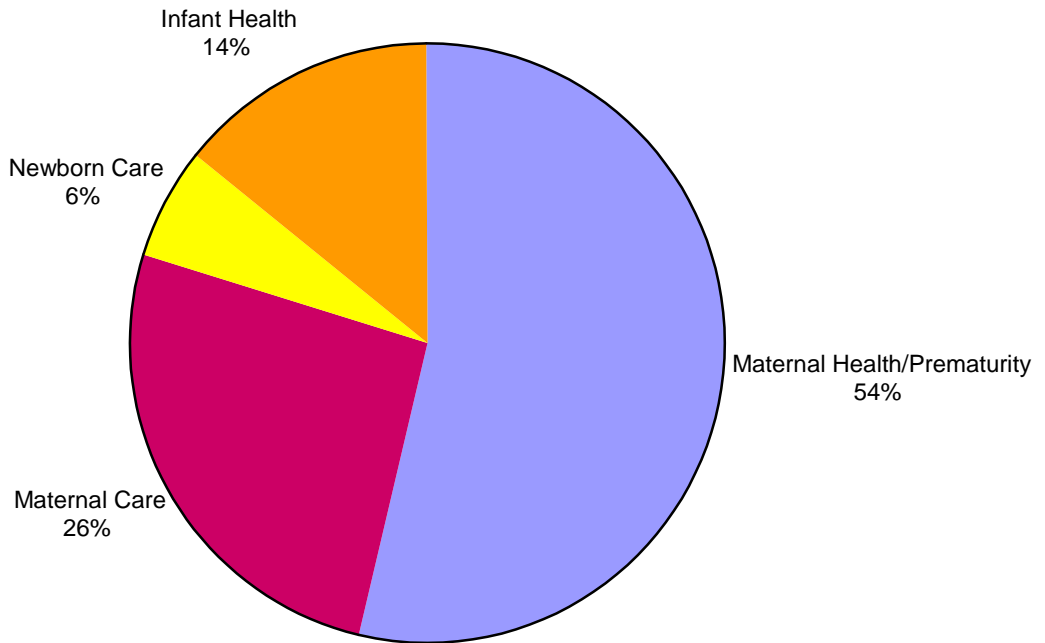
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 4.6		
Maternal Care 2.2	Newborn Care 0.5	Infant Health 1.2

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 8, 1998-2002**

464 Excess Deaths



Feto-Infant Mortality Rates-District 8

White-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Inadequate Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 8

Black-Non Hispanic

Maternal Health/Prematurity 7.9		
Maternal Care 2.6	Newborn Care 1.8	Infant Health 2.5

Reference Group

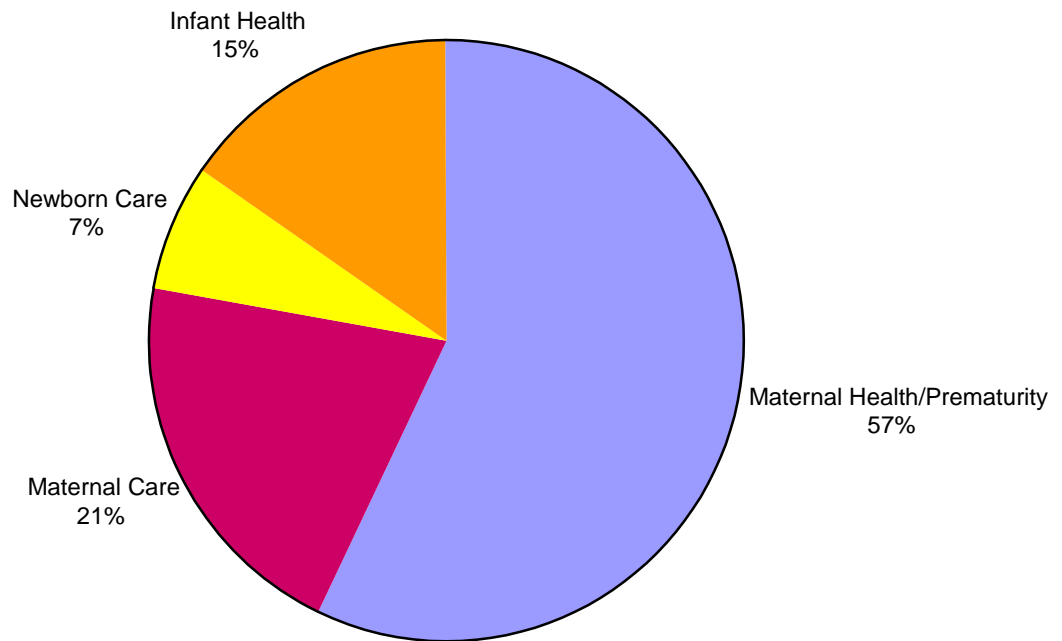
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 6.4		
Maternal Care 2.3	Newborn Care 0.7	Infant Health 1.8

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 8, Black, 1998-2002

356 Excess Deaths



Feto-Infant Mortality Rates-District 8

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Inadequate Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 8

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Inadequate Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 8

Teens

Maternal Health/Prematurity 7.3		
Maternal Care 1.7	Newborn Care* 1.4	Infant Health 4.6

Reference Group

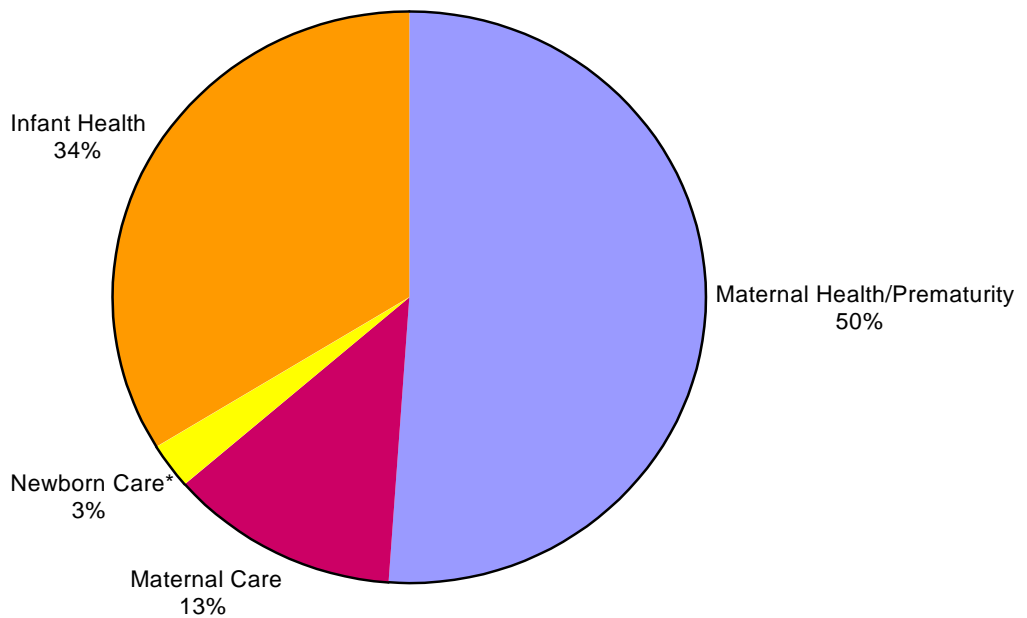
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.8		
Maternal Care 1.4	Newborn Care 0.3	Infant Health 3.9

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 8, Mothers < 20 Years Old, 1998-2002**

67 Excess Deaths



**Cell Number Less Than Recommended Minimum*

Feto-Infant Mortality Rates-District 8

Lower Maternal Education

Maternal Health/Prematurity 9.1		
Maternal Care 4.2	Newborn Care 1.9	Infant Health 2.7

Reference Group

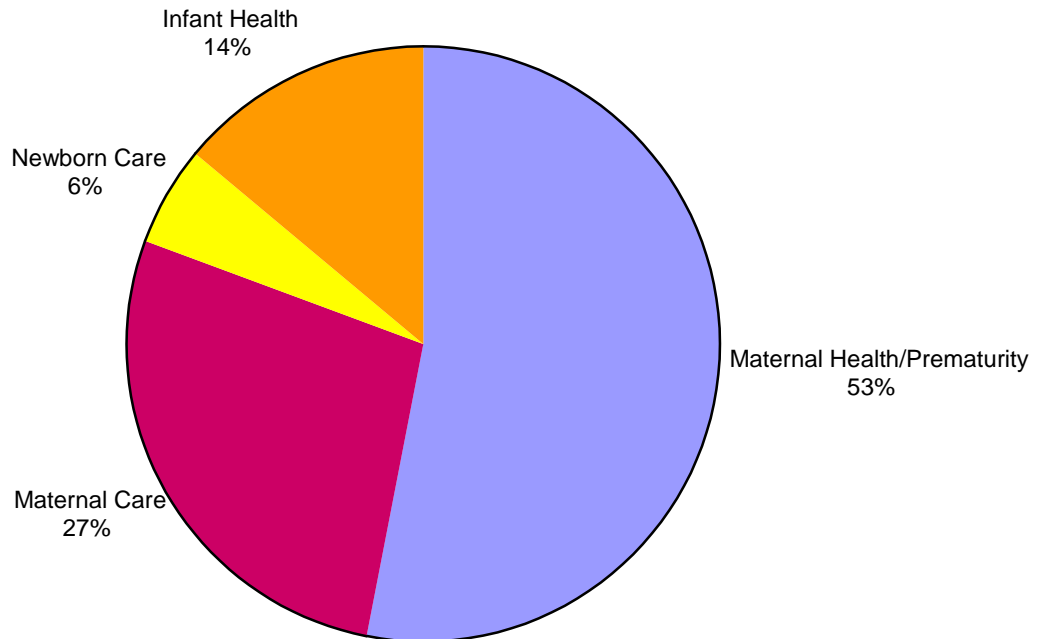
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 7.6		
Maternal Care 3.9	Newborn Care 0.8	Infant Health 2.0

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 8, Mothers with < 13 Years of Education, 1998-2002

370 Excess Deaths



District 9

04-0 LaGrange Metro Health District

Overall

The category contributing the highest percentage to excess feto-infant mortality is Maternal Health/Prematurity (53%) while Newborn Care contributes the least (6%). The other two categories, Maternal Care and Infant Health, contribute 25% and 16%, respectively.

White

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (46%) and Newborn Care the least (8%). Maternal Care and Infant Health are again the middle categories 25% and 21%, respectively.

Compared to Overall, Infant Health is somewhat higher (21% vs. 16%) and Maternal Health/Prematurity is a bit lower (46% vs. 53%).

Black

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (64%) and Newborn Care the least (2%). Maternal Care and Infant Health are again the middle categories 23% and 11%, respectively.

Compared to Overall, Maternal Health/Prematurity is notably higher (64% vs. 53%) and Newborn Care is notably lower (2% vs. 6%).

Teens

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (58%) and Newborn Care the least (3%). Maternal Care and Infant Health are again the middle categories contributing similar proportions 20% and 19%, respectively.

Compared to Overall, Maternal Care is a little lower (19% vs. 25%)

The number of deaths contributed by Newborn Care was below the recommended minimum so the analysis may be unstable.

Lower Maternal Education

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (54%) and Newborn Care the least (7%). Maternal Care and Infant Health are again the middle categories 23% and 16%, respectively

Feto-Infant Mortality Rates-District 9

All

Maternal Health/Prematurity 5.1		
Maternal Care 1.9	Newborn Care 1.5	Infant Health 1.8

Reference Group

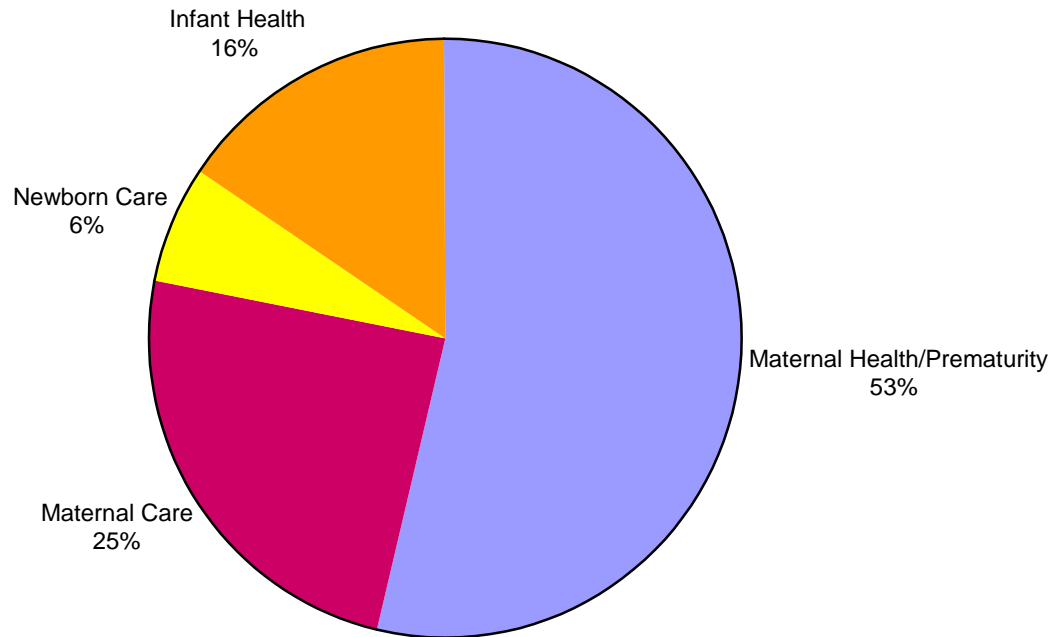
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 3.6		
Maternal Care 1.6	Newborn Care 0.4	Infant Health 1.1

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 9, 1998-2002**

303 Excess Deaths



Feto-Infant Mortality Rates-District 9

White-Non Hispanic

Maternal Health/Prematurity 3.7		
Maternal Care 1.5	Newborn Care 1.5	Infant Health 1.7

Reference Group

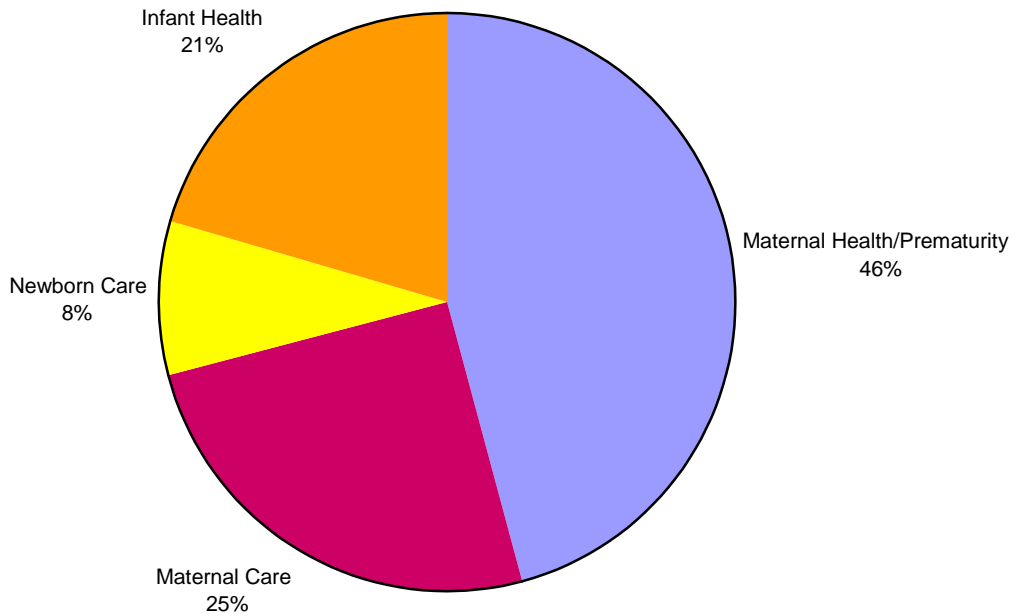
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 2.2		
Maternal Care 1.2	Newborn Care 0.4	Infant Health 1.0

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 9, White, 1998-2002

152 Excess Deaths



Feto-Infant Mortality Rates-District 9

Black-Non Hispanic

Maternal Health/Prematurity 9.1		
Maternal Care 3.0	Newborn Care 1.3	Infant Health 2.0

Reference Group

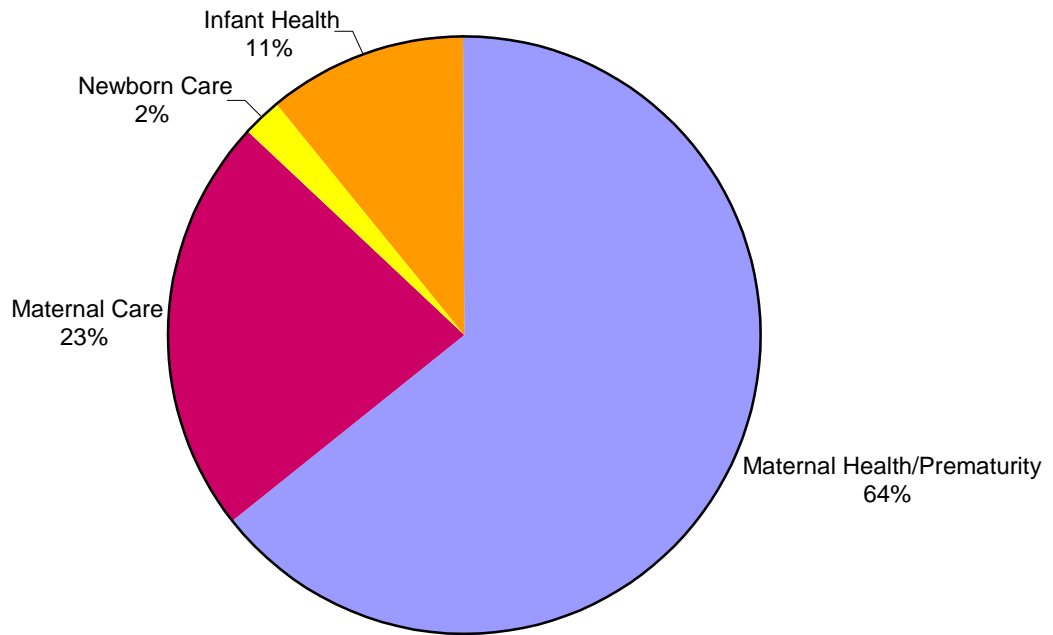
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 7.6		
Maternal Care 2.7	Newborn Care 0.2	Infant Health 1.3

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 9, Black, 1998-2002**

123 Excess Deaths



Feto-Infant Mortality Rates-District 9

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 9

Teens

Maternal Health/Prematurity 7.3		
Maternal Care 2.1	Newborn Care* 1.4	Infant Health 2.8

Reference Group

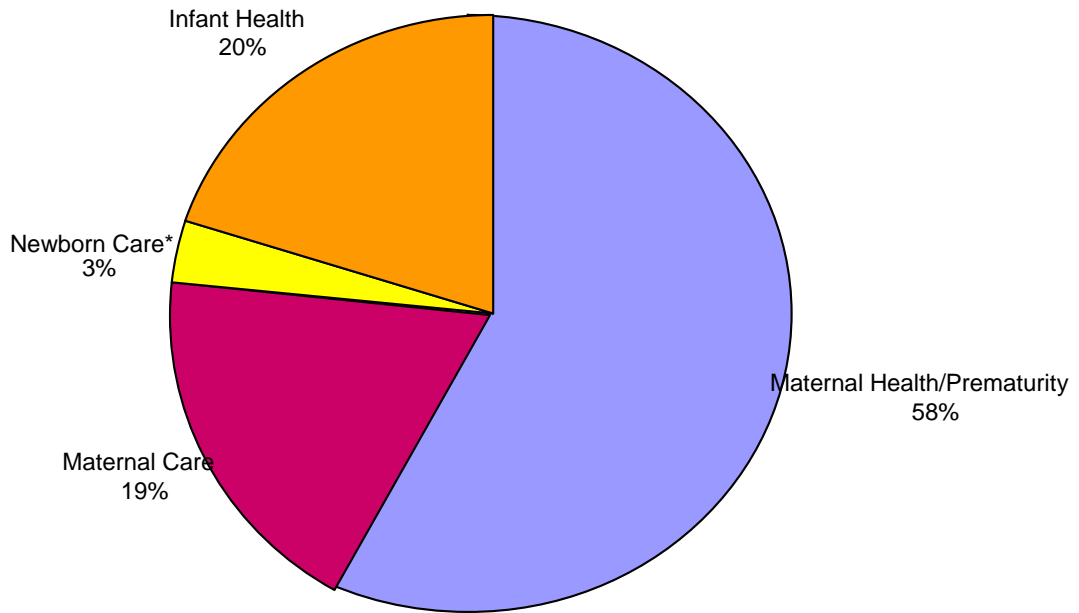
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.8		
Maternal Care 1.8	Newborn Care 0.3	Infant Health 2.1

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 9, Mothers < 20 Years Old, 1998-2002

66 Excess Deaths



**Cell Number Less Than Recommended Minimum*

Feto-Infant Mortality Rates-District 9

Lower Maternal Education

Maternal Health/Prematurity 6.8		
Maternal Care 2.6	Newborn Care 1.7	Infant Health 2.3

Reference Group

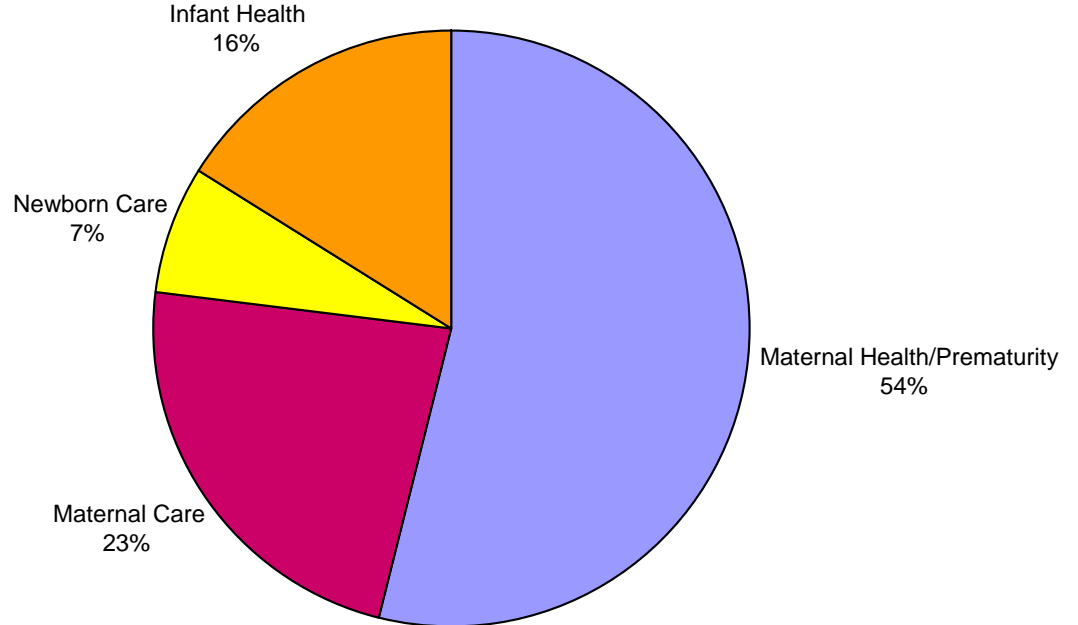
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.3		
Maternal Care 2.3	Newborn Care 0.6	Infant Health 1.6

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 9, Mothers with < 13 Years of Education, 1998-2002**

262 Excess Deaths



District 10
05-1 South Central Health District (Dublin)

Overall

The category contributing the highest percentage to excess fetoinfant mortality is Maternal Health/Prematurity (46%) while Newborn Care contributes the least (9%). The other two categories, Infant Health and Maternal Care contribute similar amounts 23% and 22%, respectively.

Black

Different pattern compared to Overall--Maternal Health/Prematurity contributes the most (54%) but Newborn Care and Maternal Care are contributing similar amounts (14%). Infant Health contributes 18%.

Compared to Overall, Maternal Health/Prematurity (54% vs. 46%) and Newborn Care (14% vs. 9%) are notably higher while Maternal Care is lower (14% vs. 22%).

The number of deaths contributed by Maternal Care was below the recommended minimum so the analysis may be unstable.

Lower Maternal Education

Different pattern compared to Overall--Maternal Health/Prematurity contributes the most (49%) and Newborn Care the least (10%). Infant Health and Maternal Care are the middle categories 24% and 17%, respectively

Feto-Infant Mortality Rates-District 10

All

Maternal Health/Prematurity 5.6		
Maternal Care 2.2	Newborn Care 1.8	Infant Health 2.7

Reference Group

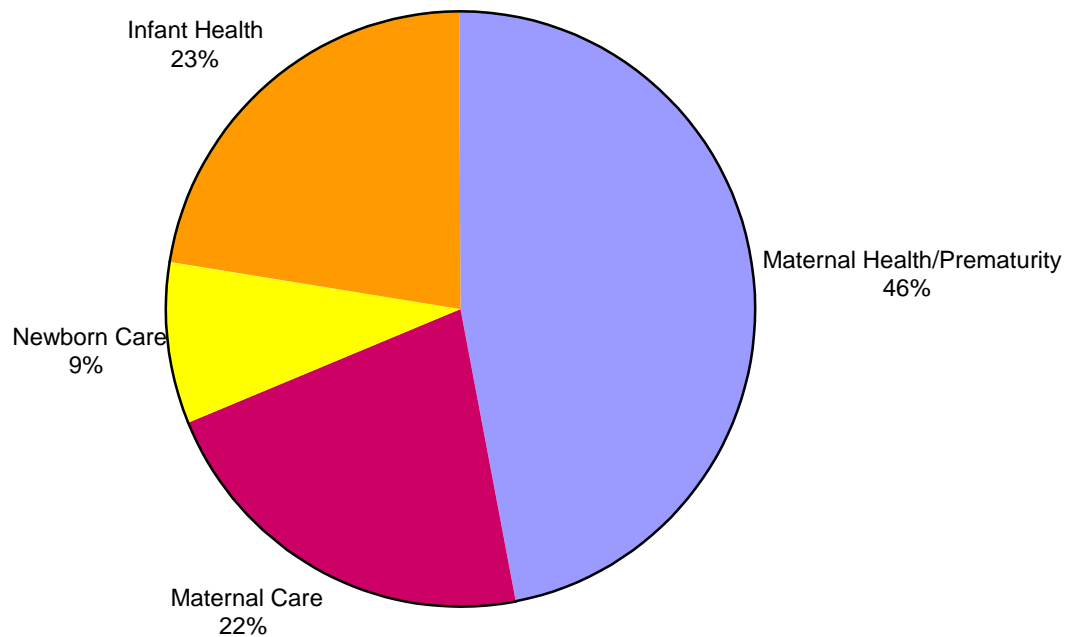
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 4.1		
Maternal Care 1.9	Newborn Care 0.7	Infant Health 2.0

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 10, 1998-2002**

81 Excess Deaths



Feto-Infant Mortality Rates-District 10

White-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 10

Black-Non Hispanic

Maternal Health/Prematurity 9.0		
Maternal Care* 2.2	Newborn Care 3.0	Infant Health 3.3

Reference Group

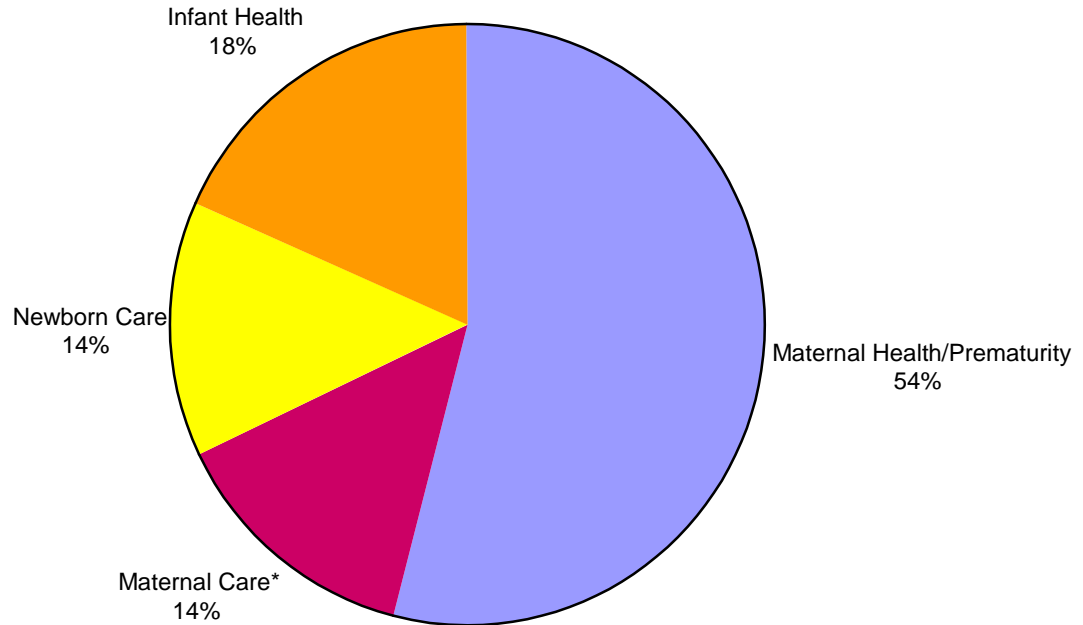
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 7.5		
Maternal Care 1.9	Newborn Care 1.9	Infant Health 2.6

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 10, Black, 1998-2002**

51 Excess Deaths



**Cell Number Less Than Recommended Minimum*

Feto-Infant Mortality Rates-District 10

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 10

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 10

Teens

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 10

Lower Maternal Education

Maternal Health/Prematurity 6.7		
Maternal Care 2.1	Newborn Care 2.1	Infant Health 3.3

Reference Group

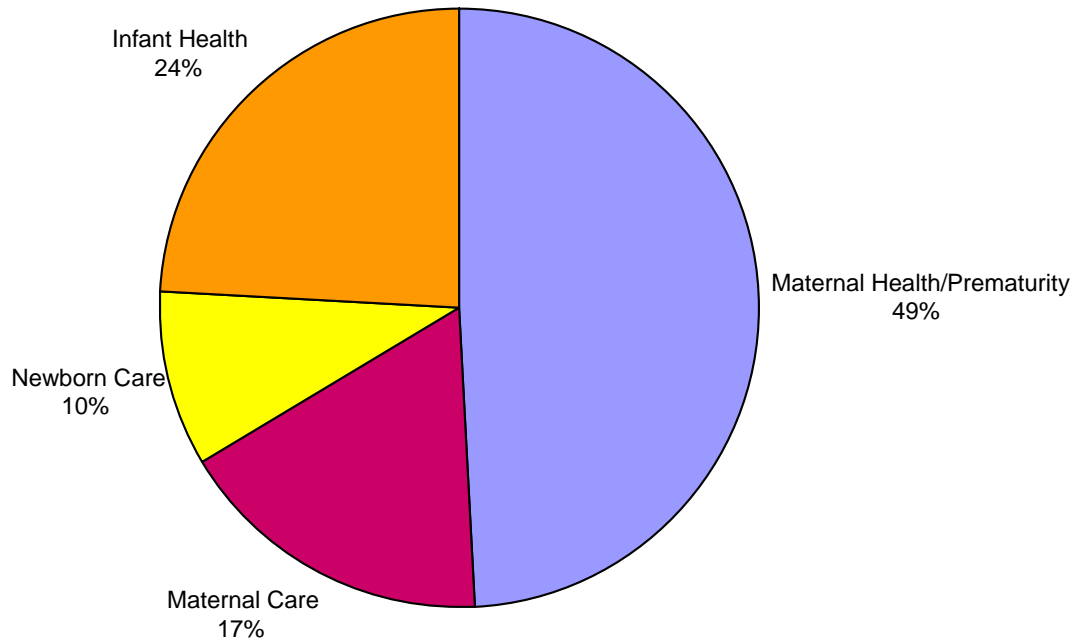
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.2		
Maternal Care 1.8	Newborn Care 1.0	Infant Health 2.6

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 10, Mothers with < 13 Years of Education, 1998-2002**

71 Excess Deaths



District 11
05-2 North Central Health District (Macon)

Overall

The category contributing the highest percentage to excess feto-infant mortality is Maternal Health/Prematurity (47%) while Newborn Care contributes the least (11%). The other two categories, Maternal Care and Infant Health, contribute 24% and 18%, respectively.

White

Different pattern compared to Overall--Maternal Health/Prematurity contributes the most (33%). The other three categories are contributing similar amounts Maternal Care (24%), Infant Health (22%) and Newborn Care (21%).

Compared to Overall, Maternal Health/Prematurity is notably lower (33% vs. 47%) and Newborn Care is substantially higher (21% vs. 11%).

Black

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (54%) and Newborn Care the least (7%). Maternal Care and Infant Health are again the middle categories 23% and 16%, respectively.

Compared to Overall, Maternal Health/Prematurity is higher (54% vs. 47%).

Teens

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (53%) and Newborn Care the least (11%). Maternal Care and Infant Health are again the middle categories but Infant Health contributes the second highest amount 16% and 20%, respectively.

Compared to Overall, Maternal Care is substantially lower (16% vs. 24%).

Lower Maternal Education

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (45%) and Newborn Care the least (11%). Maternal Care and Infant Health are again the middle categories 25% and 19%, respectively

Feto-Infant Mortality Rates-District 11

All

Maternal Health/Prematurity 6.3		
Maternal Care 2.7	Newborn Care 2.2	Infant Health 2.6

Reference Group

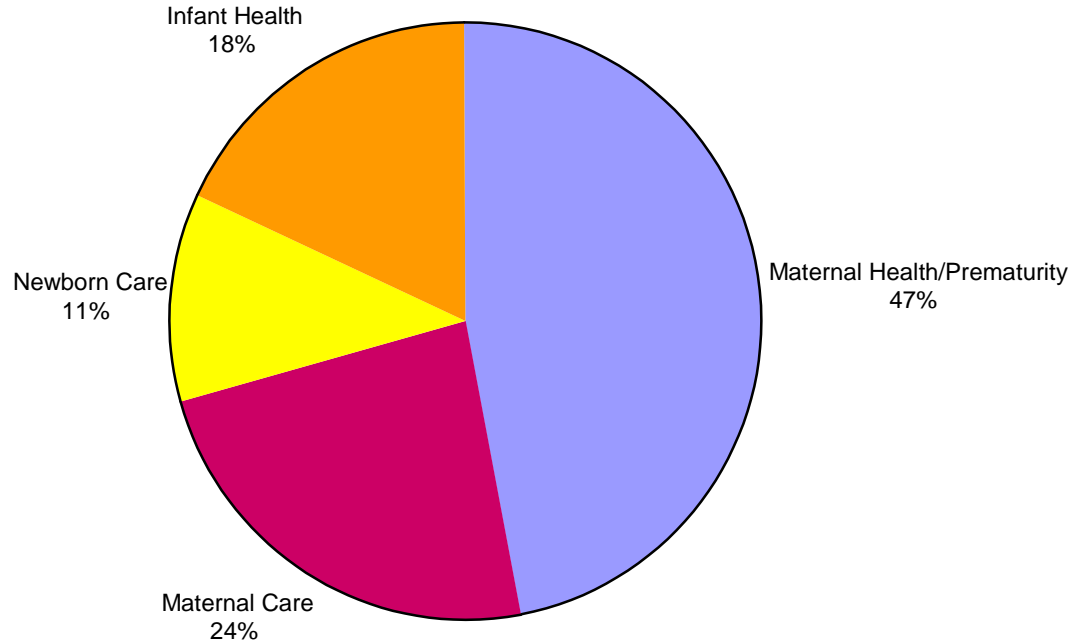
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 4.8		
Maternal Care 2.4	Newborn Care 1.1	Infant Health 1.9

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 11, 1998-2002**

349 Excess Deaths



Feto-Infant Mortality Rates-District 11

White-Non Hispanic

Maternal Health/Prematurity 3.5		
Maternal Care 1.7	Newborn Care 2.3	Infant Health 2.1

Reference Group

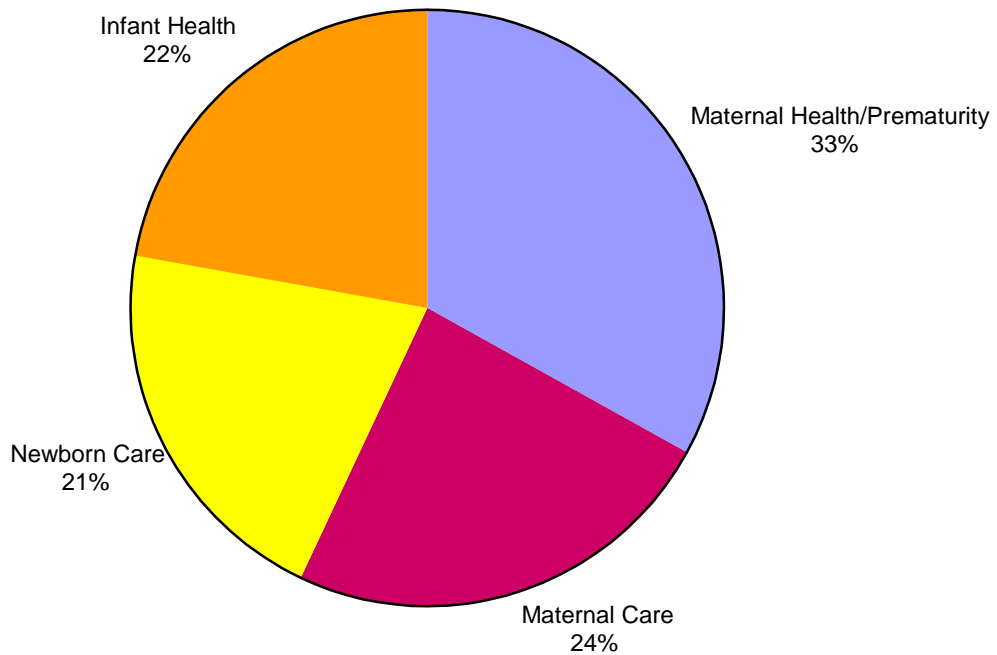
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 2.0		
Maternal Care 1.4	Newborn Care 1.2	Infant Health 1.4

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 11, White, 1998-2002

101 Excess Deaths



Feto-Infant Mortality Rates-District 11

Black-Non Hispanic

Maternal Health/Prematurity 9.8		
Maternal Care 3.8	Newborn Care 2.2	Infant Health 3.2

Reference Group

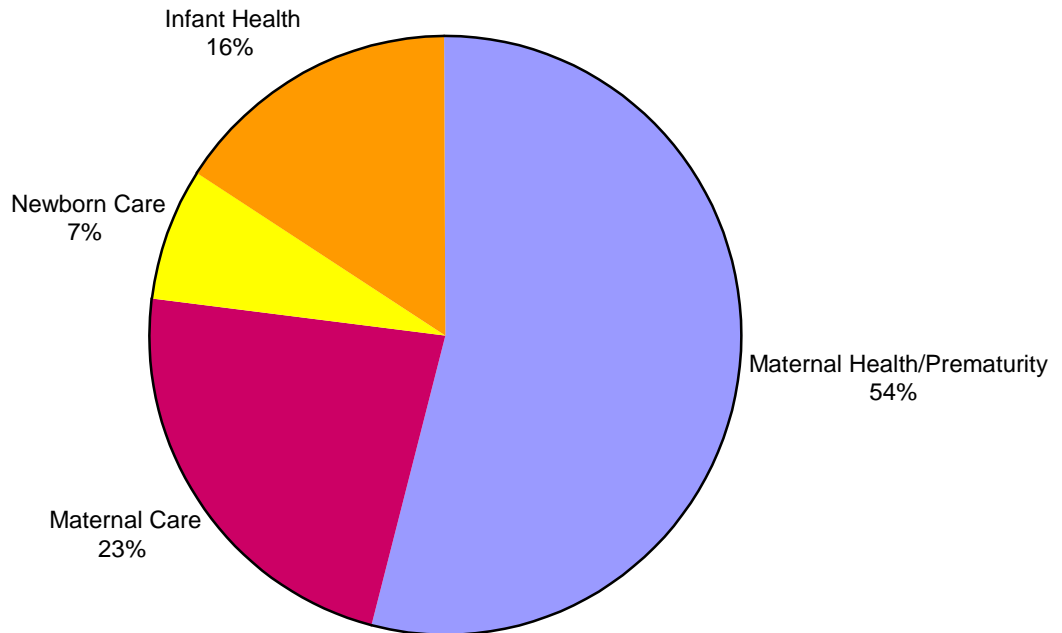
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 8.3		
Maternal Care 3.5	Newborn Care 1.1	Infant Health 2.5

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 11, Black, 1998-2002

239 Excess Deaths



Feto-Infant Mortality Rates-District 11

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 11

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 11

Teens

Maternal Health/Prematurity 8.0		
Maternal Care 2.2	Newborn Care 2.4	Infant Health 3.1

Reference Group

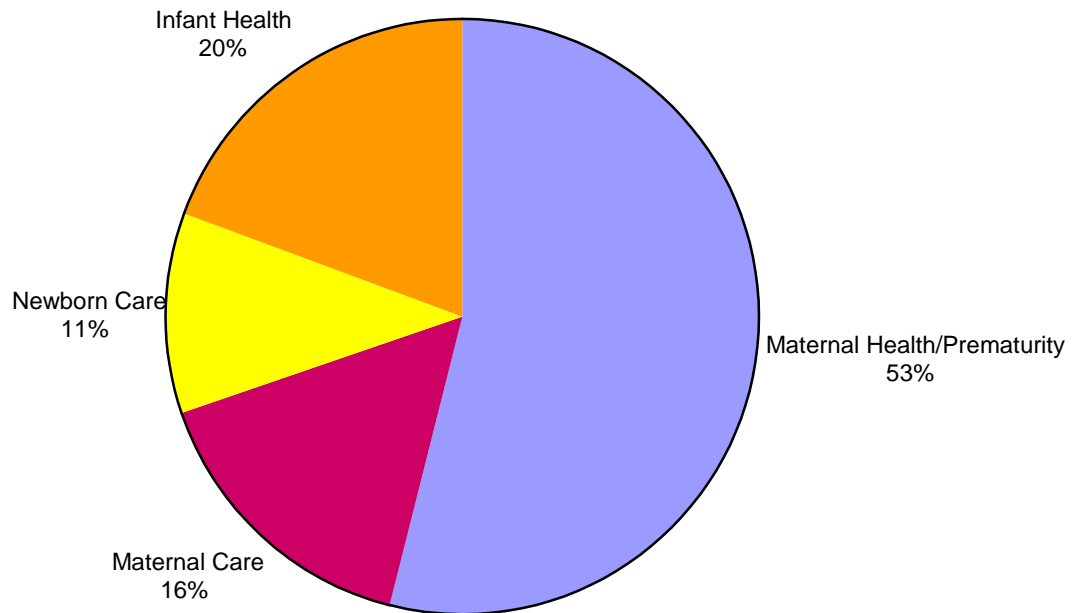
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 6.5		
Maternal Care 1.9	Newborn Care 1.3	Infant Health 2.4

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 11, Mothers < 20 Years Old, 1998-2002**

66 Excess Deaths



Feto-Infant Mortality Rates-District 11

Lower Maternal Education

Maternal Health/Prematurity 7.7		
Maternal Care 3.7	Newborn Care 2.6	Infant Health 3.3

Reference Group

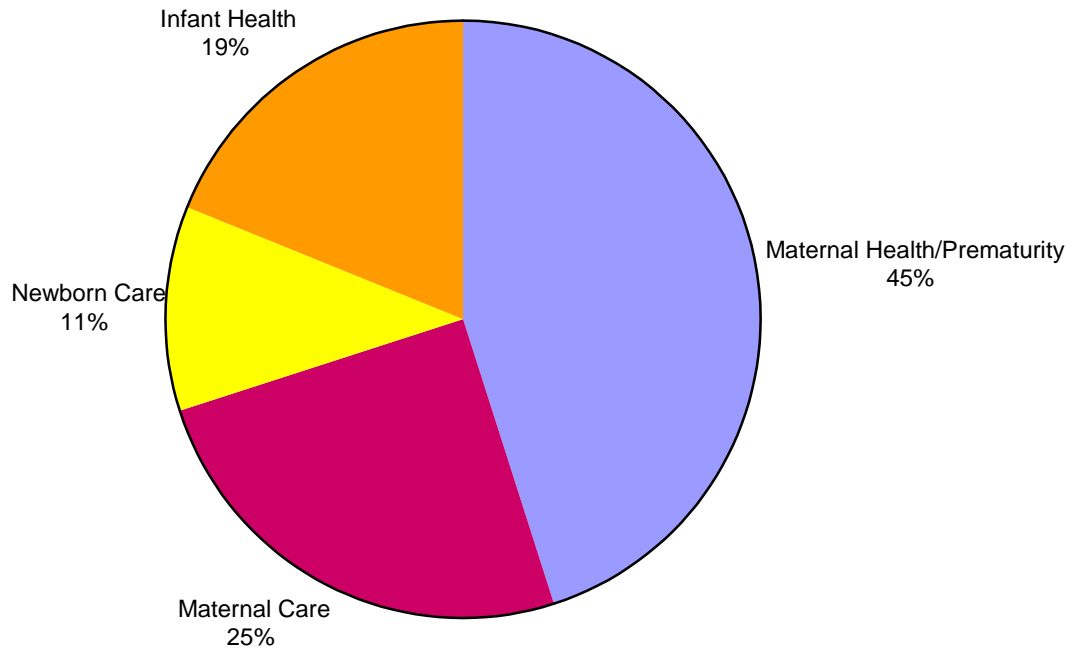
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 6.2		
Maternal Care 3.4	Newborn Care 1.5	Infant Health 2.6

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 11, Mothers with < 13 Years of Education, 1998-2002

280 Excess Deaths



District 12
06-0 East Central Health District (Augusta)

Overall

The category contributing the highest percentage to Excess Feto-Infant mortality is Maternal Health/Prematurity (55%) while Newborn Care and Infant Health are contributing the least (10% and 11% respectively). Maternal Care contributes 24%.

White

Different pattern compared to Overall--Maternal Health/Prematurity contributes the most (40%) and Newborn Care the least (13%). Maternal Care and Infant Health are the middle categories contributing 27% and 20% respectively.

Compared to Overall, Maternal Health/Prematurity is notably lower (40% vs. 55%) and Infant Health is substantially higher (20% vs. 11%).

Black

Similar pattern as Overall--Maternal Health/Prematurity contributes the most (61%) and Newborn Care and Infant Health are contributing the least (9% and 8% respectively). Maternal Care contributes 22%.

Compared to Overall, Maternal Health/Prematurity is higher (61% vs. 55%).

Teens

Different pattern compared to Overall--Maternal Health/Prematurity contributes the most (60%) but Newborn Care contributes the least (8%). Maternal Care and Infant Health are the middle categories contributing similar amounts (17% and 15%, respectively).

Compared to Overall, Maternal Care is notably lower (17% vs. 24%).

Lower Maternal Education

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (53%) and Newborn Care the least (11%). Maternal Care and Infant Health are again the middle categories 23% and 13%, respectively

Feto-Infant Mortality Rates-District 12

All

Maternal Health/Prematurity 6.7		
Maternal Care 2.6	Newborn Care 2.0	Infant Health 1.8

Reference Group

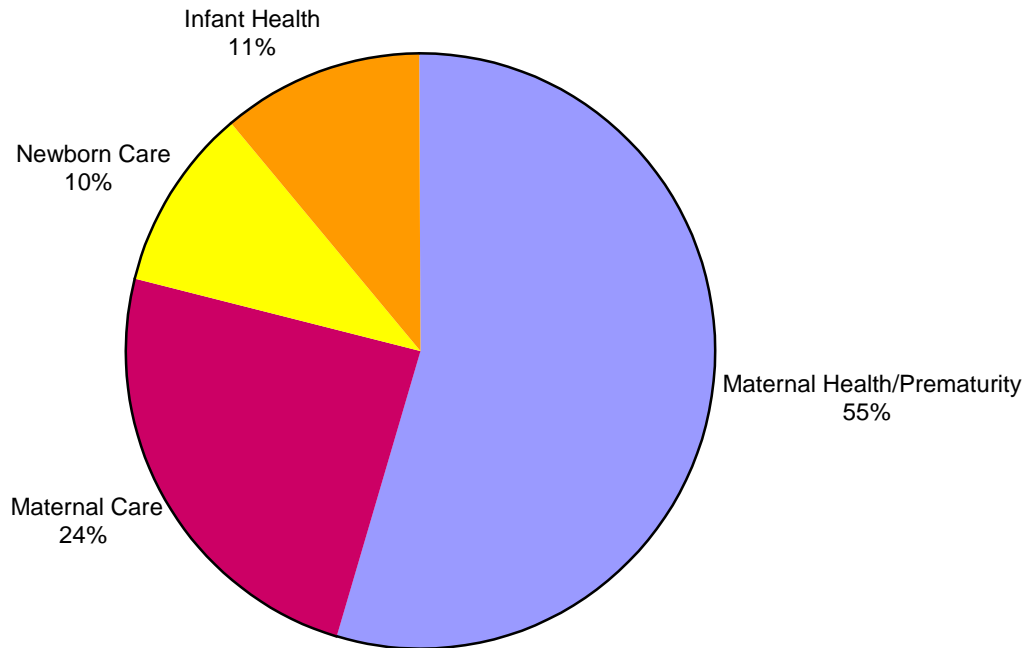
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.2		
Maternal Care 2.3	Newborn Care 0.9	Infant Health 1.1

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 12, 1998-2002**

308 Excess Deaths



Feto-Infant Mortality Rates-District 12

White-Non Hispanic

Maternal Health/Prematurity 3.5		
Maternal Care 1.7	Newborn Care 1.7	Infant Health 1.7

Reference Group

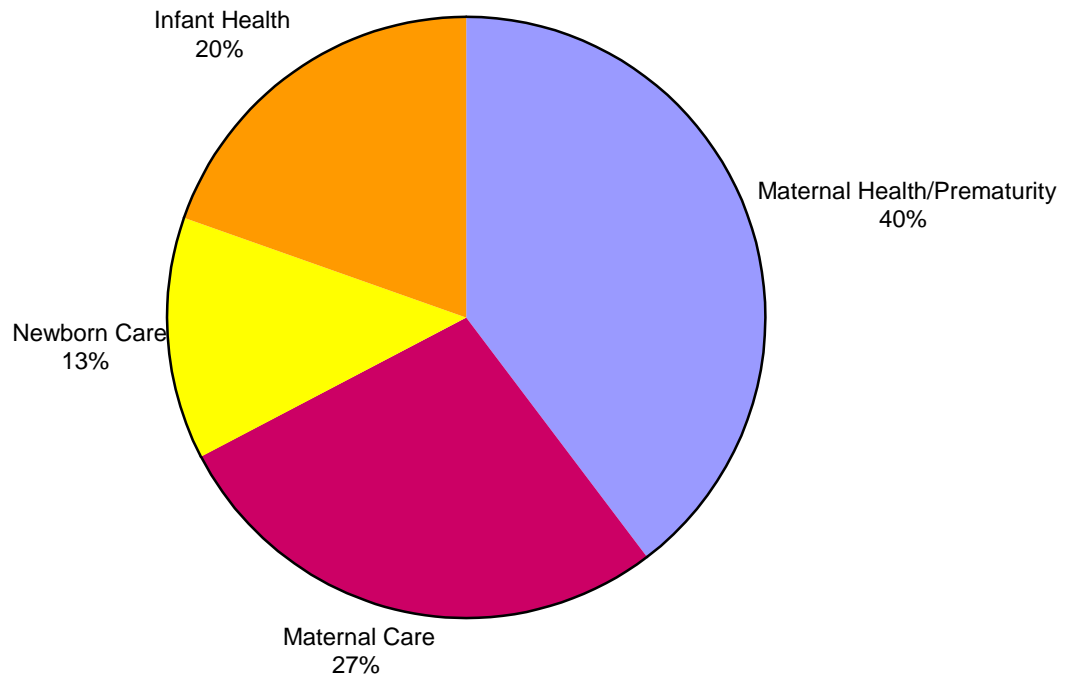
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 2.0		
Maternal Care 1.4	Newborn Care 0.6	Infant Health 1.0

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 12, White, 1998-2002

79 Excess Deaths



Feto-Infant Mortality Rates-District 12

Black-Non Hispanic

Maternal Health/Prematurity 10.4		
Maternal Care 3.4	Newborn Care 2.3	Infant Health 1.9

Reference Group

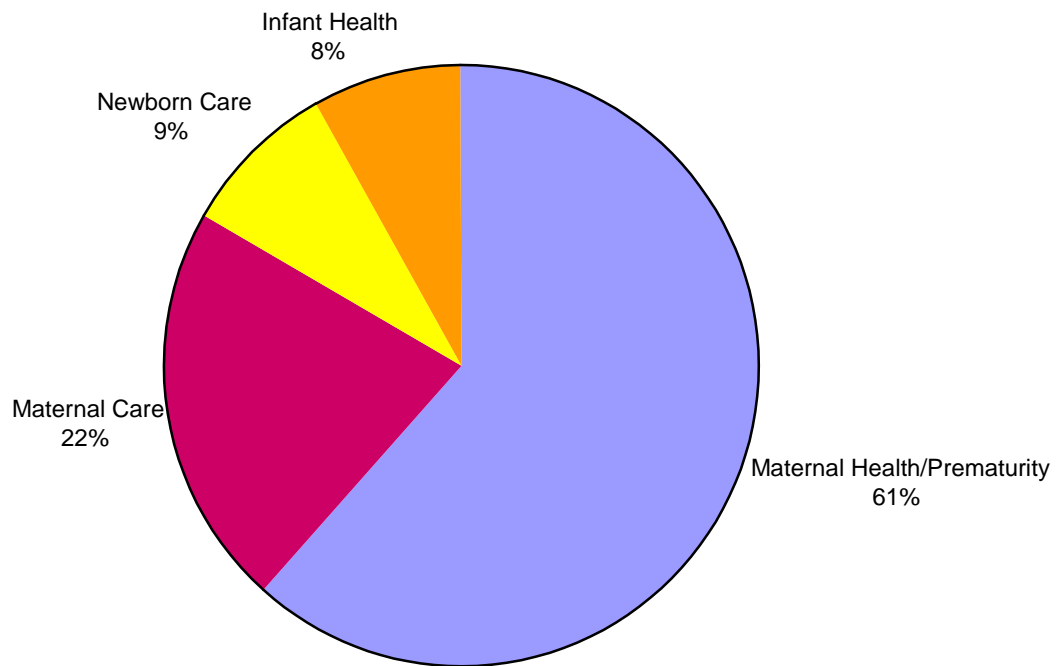
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 8.9		
Maternal Care 3.1	Newborn Care 1.2	Infant Health 1.2

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 12, Black, 1998-2002

219 Excess Deaths



Feto-Infant Mortality Rates-District 12

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 12

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 12

Teens

Maternal Health/Prematurity 8.9		
Maternal Care 2.4	Newborn Care 2.0	Infant Health 2.5

Reference Group

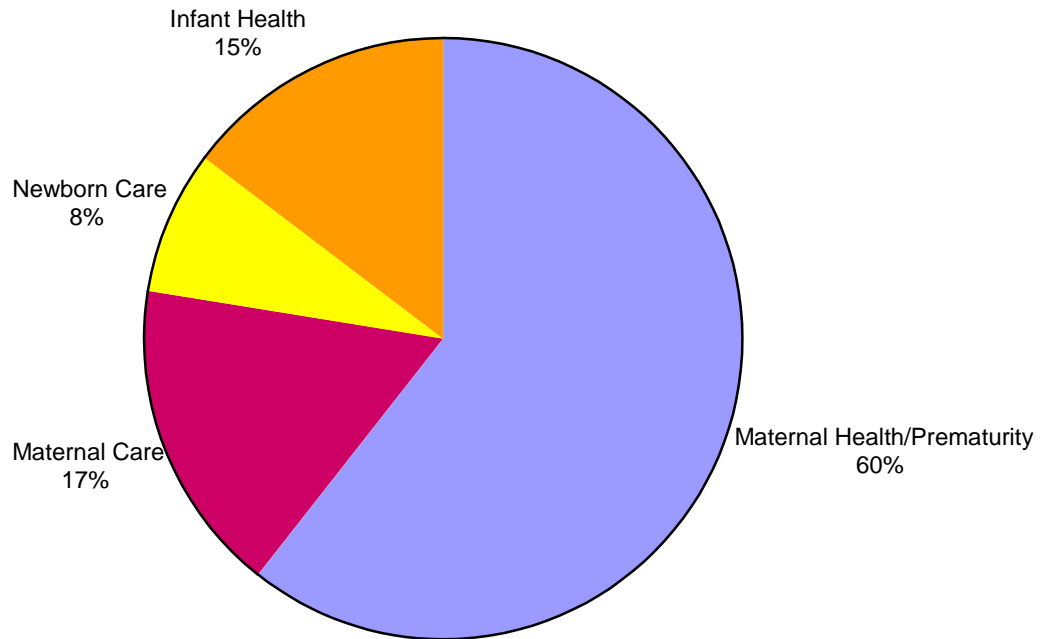
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 7.4		
Maternal Care 2.1	Newborn Care 0.9	Infant Health 1.8

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 12, Mothers < 20 Years Old, 1998-2002**

67 Excess Deaths



Feto-Infant Mortality Rates-District 12

Lower Maternal Education

Maternal Health/Prematurity 8.4		
Maternal Care 3.2	Newborn Care 2.5	Infant Health 2.4

Reference Group

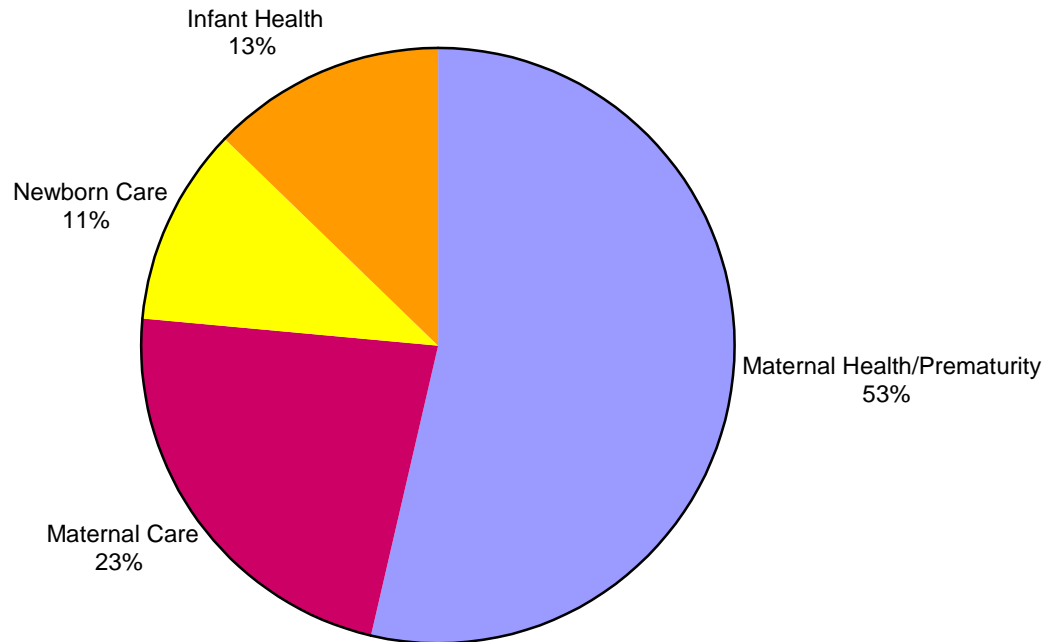
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 6.9		
Maternal Care 2.9	Newborn Care 1.4	Infant Health 1.7

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 12, Mothers with < 13 Years of Education, 1998-2002

250 Excess Deaths



District 13
07-0 West Central Health District (Columbus)

Overall

The category contributing the highest percentage to excess fetoinfant mortality is Maternal Health/Prematurity (47%) while Newborn Care contributes the least (9%). Maternal Care and Infant Health are the middle categories contributing similar amounts 23% and 21%, respectively.

White

Different pattern compared to Overall--Maternal Health/Prematurity and Maternal Care are contributing the most (36%) and Newborn Care the least (12%). Infant Health contributes 16%.

Compared to Overall, Maternal Health/Prematurity is substantially lower (36% vs. 47%) and Maternal Care is substantially higher (36% vs. 23%).

Black

Different pattern compared to Overall--Maternal Health/Prematurity contributes the most (49%) and Newborn Care the least (9%). Maternal Care and Infant Health are the middle categories but Infant Health is the second highest category (18% and 24%, respectively).

Compared to Overall, Maternal Care is a little lower (18% vs. 23%).

Teens

Different pattern compared to Overall--Maternal Health/Prematurity contributes the most (50%) and Newborn Care the least (6%). Maternal Care and Infant Health are the middle categories but Infant Health is the second highest category (11% and 33%, respectively).

Compared to Overall, Maternal Care is notably lower (11% vs. 23%) and Infant Health is higher (33% vs. 21%).

The number of deaths contributed by Maternal Care was below the recommended minimum so the analysis may be unstable.

Lower Maternal Education

Same pattern as seen with Overall--Maternal Health/Prematurity contributes the most (47%) and Newborn Care the least (9%). Maternal Care and Infant Health are the middle categories contributing similar amounts 23% and 21%, respectively.

Feto-Infant Mortality Rates-District 13

All

Maternal Health/Prematurity 6.7		
Maternal Care 2.8	Newborn Care 2.0	Infant Health 3.0

Reference Group

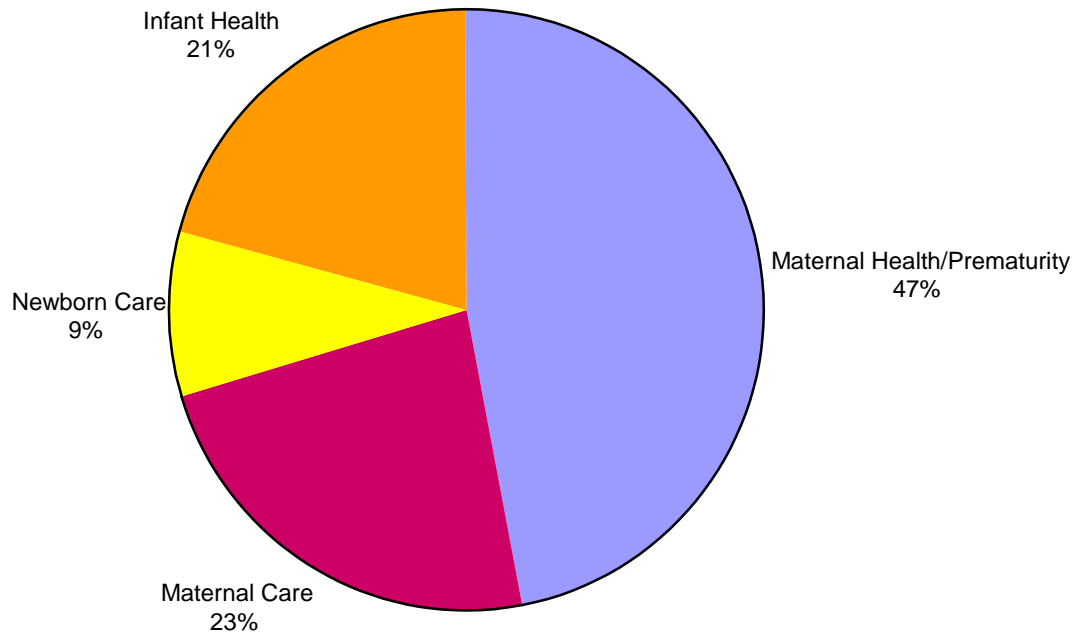
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.2		
Maternal Care 2.5	Newborn Care 0.9	Infant Health 2.3

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 13, 1998-2002**

302 Excess Deaths



Feto-Infant Mortality Rates-District 13

White-Non Hispanic

Maternal Health/Prematurity 3.8		
Maternal Care 2.5	Newborn Care 1.8	Infant Health 1.7

Reference Group

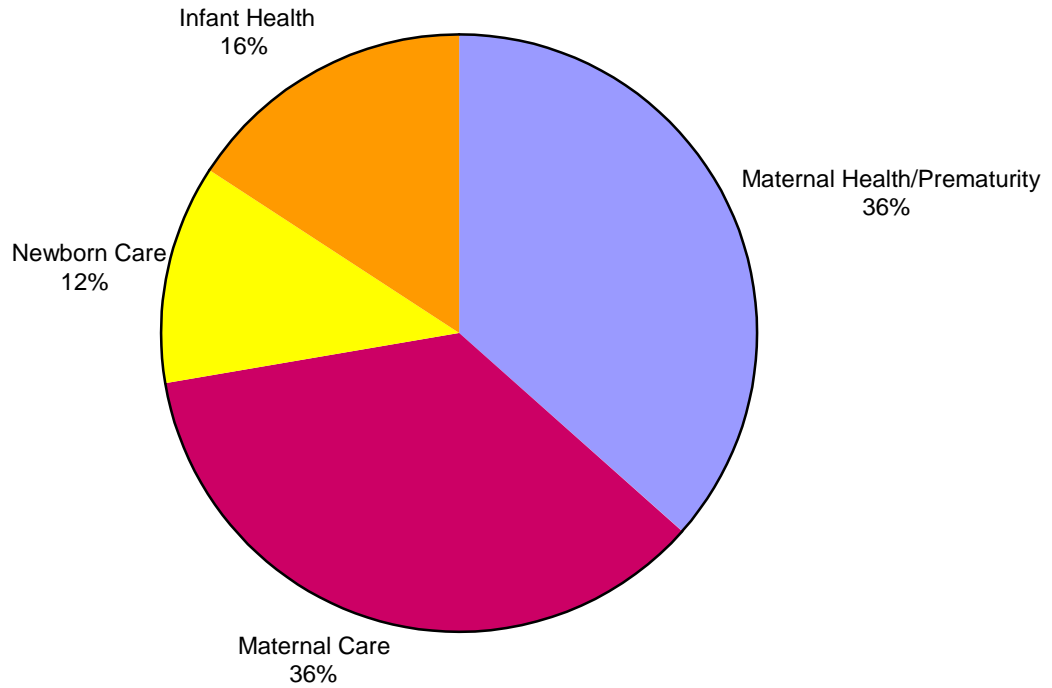
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 2.3		
Maternal Care 2.2	Newborn Care 0.7	Infant Health 1.0

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 13, White, 1998-2002

73 Excess Deaths



Feto-Infant Mortality Rates-District 13

Black-Non Hispanic

Maternal Health/Prematurity 9.1		
Maternal Care 2.9	Newborn Care 2.4	Infant Health 4.4

Reference Group

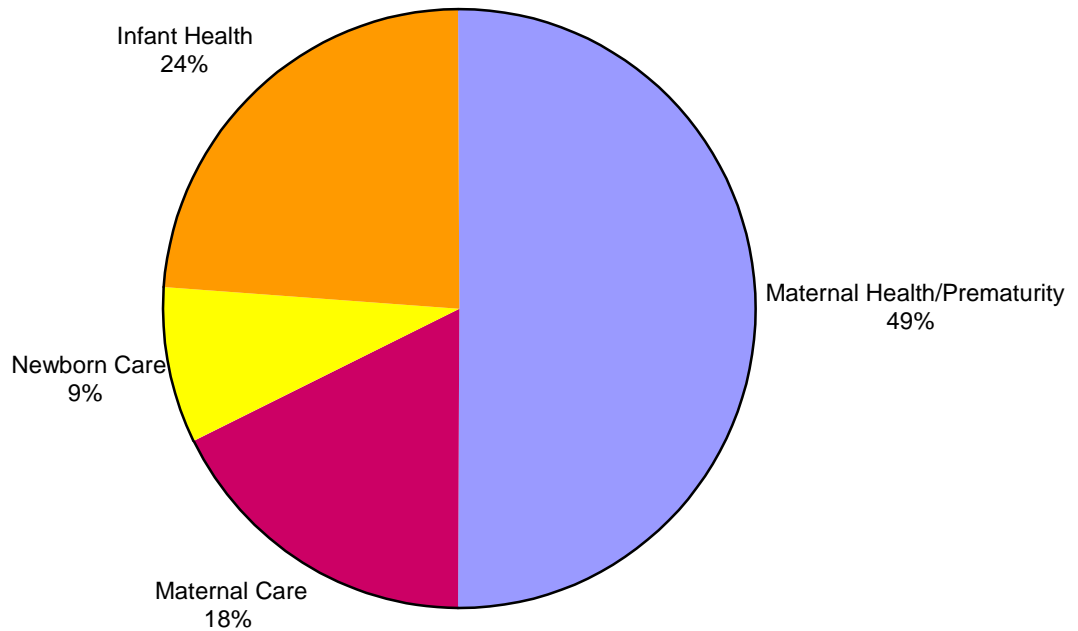
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 7.6		
Maternal Care 2.6	Newborn Care 1.3	Infant Health 3.7

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 13, Black, 1998-2002

212 Excess Deaths



Feto-Infant Mortality Rates-District 13

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 13

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 13

Teens

Maternal Health/Prematurity 8.5		
Maternal Care* 1.8	Newborn Care 2.0	Infant Health 5.3

Reference Group

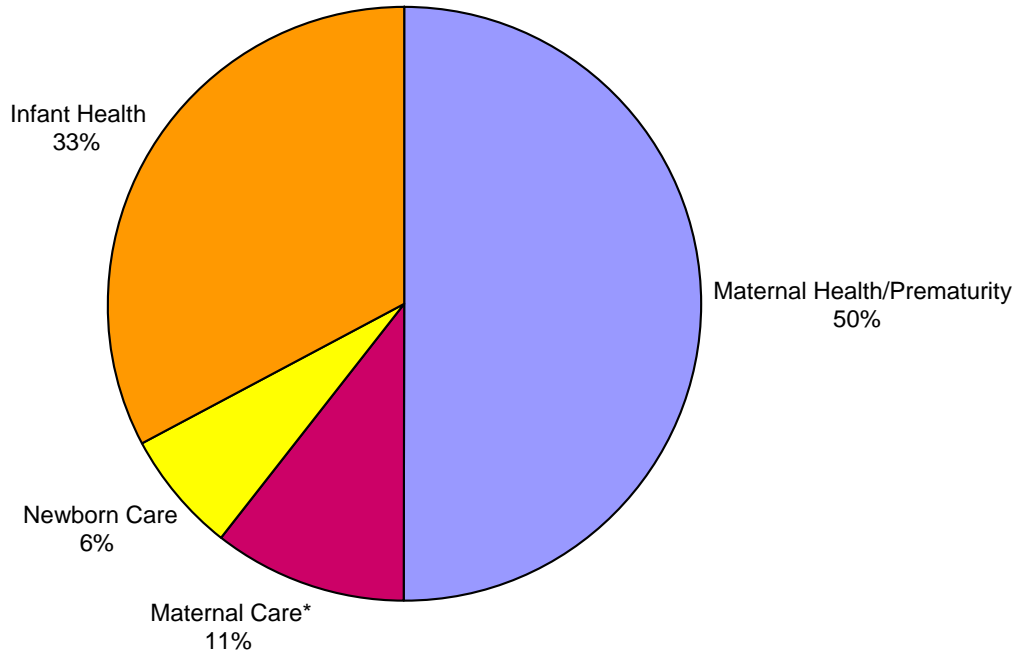
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 7.0		
Maternal Care 1.5	Newborn Care 0.9	Infant Health 4.6

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 13, Mothers < 20 Years Old, 1998-2002**

71 Excess Deaths



**Cell Number Less Than Recommended Minimum*

Feto-Infant Mortality Rates-District 13

Lower Maternal Education

Maternal Health/Prematurity 7.7		
Maternal Care 3.1	Newborn Care 2.2	Infant Health 3.7

Reference Group

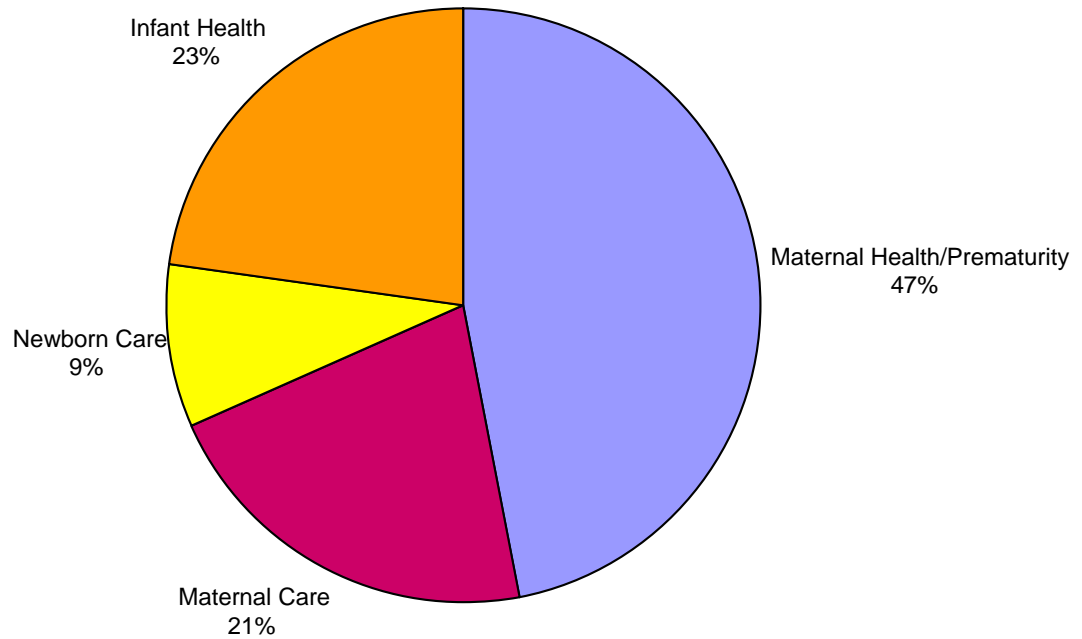
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 6.2		
Maternal Care 2.8	Newborn Care 1.1	Infant Health 3.0

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 13, Mothers with < 13 Years of Education, 1998-2002**

236 Excess Deaths



District 14
08-1 South Health District (Valdosta)

Overall

The category contributing the highest percentage to excess fetoinfant mortality is Maternal Health/Prematurity (49%) while Newborn Care contributes the least (9%). The other two categories, Infant Health and Maternal Care contribute 25% and 17%, respectively.

White

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (39%) and Newborn Care the least (7%). Infant Health and Maternal Care are again the middle categories contributing 29% and 25%, respectively.

Compared to Overall, Maternal Health/Prematurity is notably lower (39% vs. 49%) and Maternal Care is substantially higher (25% vs. 17%).

Black

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (54%) and Newborn Care the least (11%). Infant Health and Maternal Care are again the middle categories 21% and 14%, respectively.

Lower Maternal Education

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (46%) and Newborn Care the least (9%). Infant Health and Maternal Care are again the middle categories 30% and 15%, respectively.

Feto-Infant Mortality Rates-District 14

All

Maternal Health/Prematurity 5.8		
Maternal Care 1.7	Newborn Care 1.9	Infant Health 3.0

Reference Group

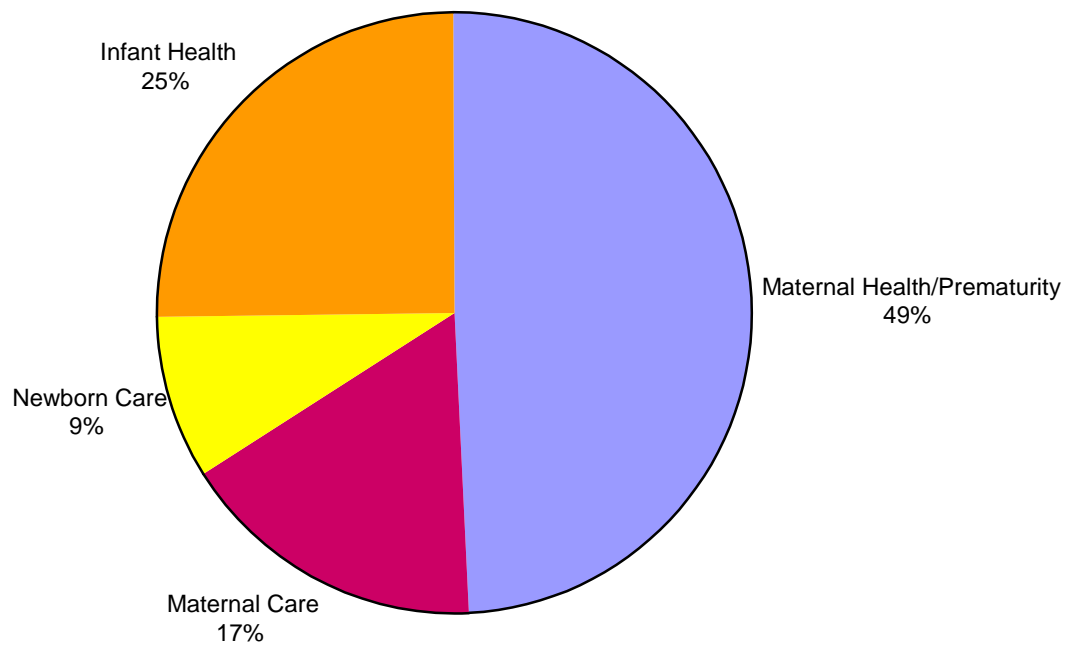
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 4.3		
Maternal Care 1.4	Newborn Care 0.8	Infant Health 2.3

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 14, 1998-2002**

152 Excess Deaths



Feto-Infant Mortality Rates-District 14

White-Non Hispanic

Maternal Health/Prematurity 3.3		
Maternal Care 1.4	Newborn Care 1.4	Infant Health 2.0

Reference Group

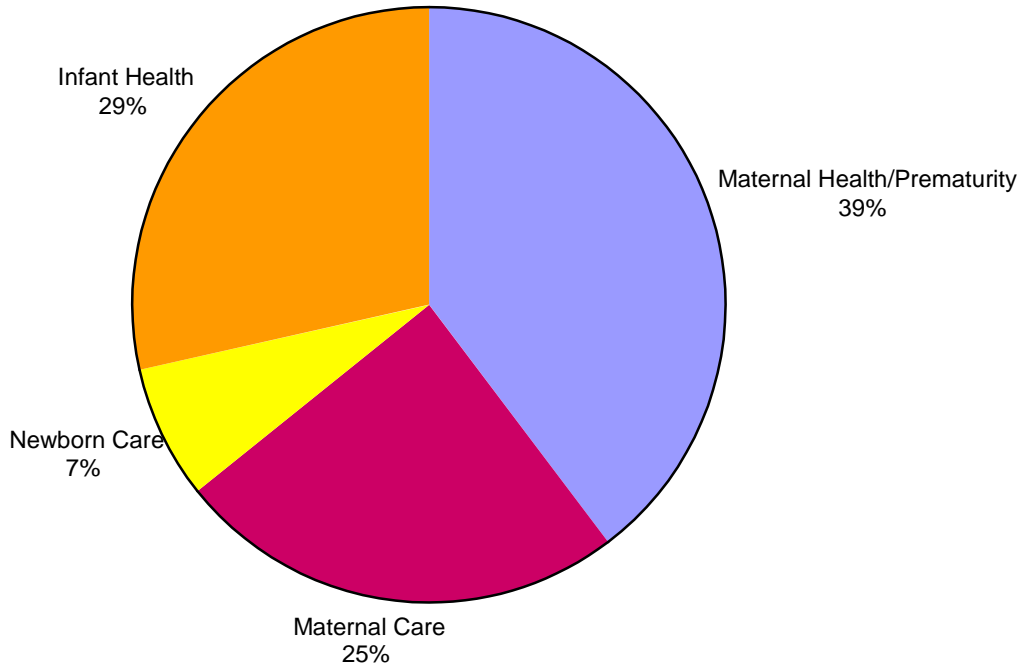
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.8		
Maternal Care 1.1	Newborn Care 0.3	Infant Health 1.3

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 14, White, 1998-2002

42 Excess Deaths



Feto-Infant Mortality Rates-District 14

Black-Non Hispanic

Maternal Health/Prematurity 9.5		
Maternal Care 2.3	Newborn Care 2.6	Infant Health 3.8

Reference Group

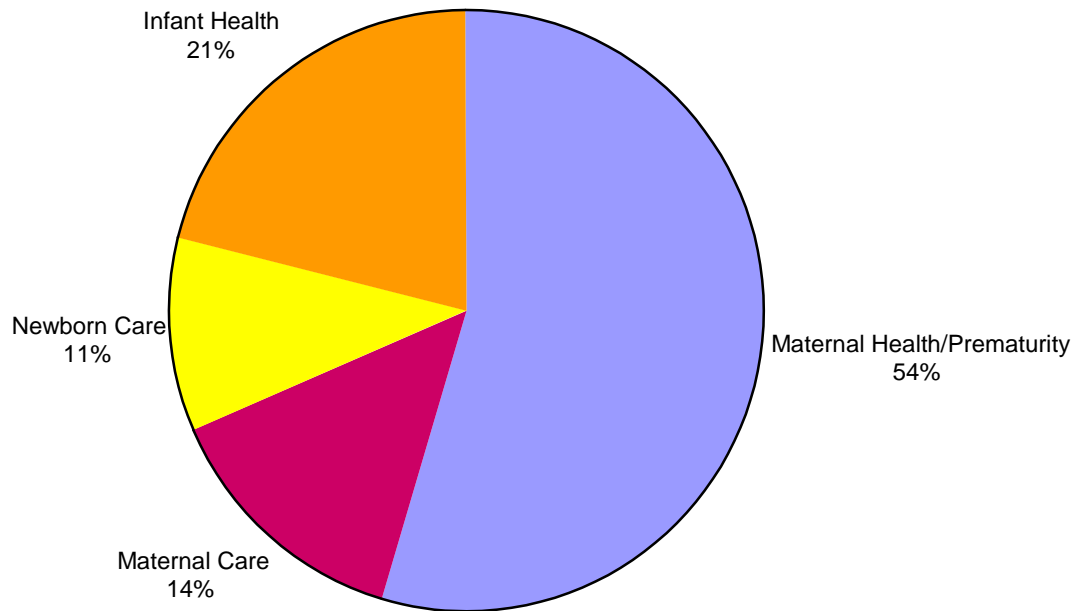
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 8.0		
Maternal Care 2.0	Newborn Care 1.5	Infant Health 3.1

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 14, Black, 1998-2002

96 Excess Deaths



Feto-Infant Mortality Rates-District 14

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 14
Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 14

Teens

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 14

Lower Maternal Education

Maternal Health/Prematurity 6.6		
Maternal Care 2.0	Newborn Care 2.1	Infant Health 4.0

Reference Group

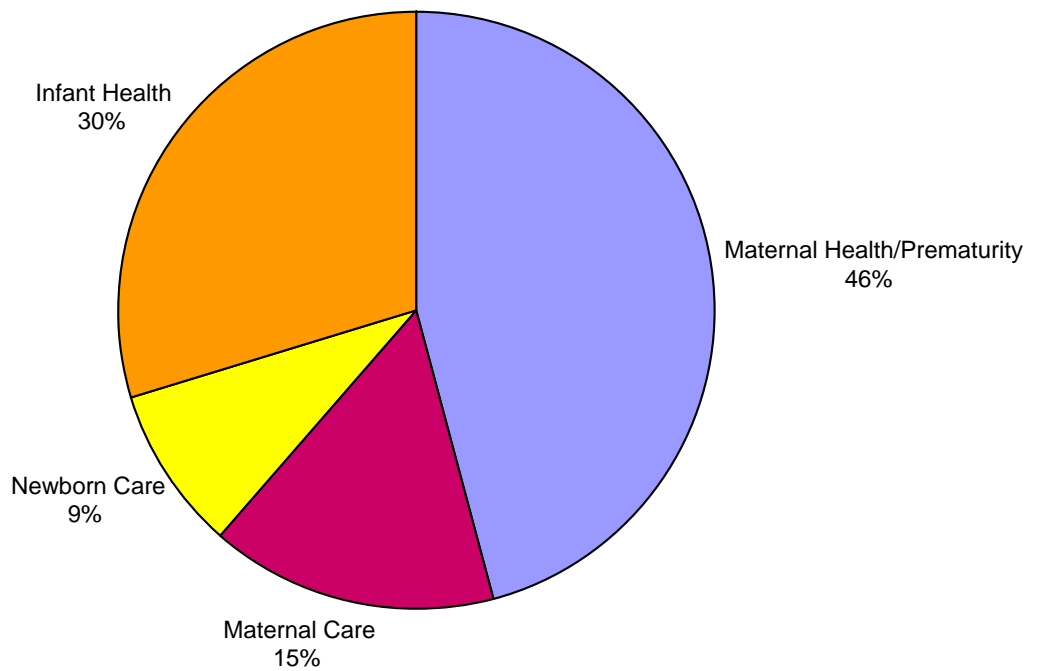
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.1		
Maternal Care 1.7	Newborn Care 1.0	Infant Health 3.3

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 14, Mothers with < 13 Years of Education, 1998-2002**

129 Excess Deaths



District 15
08-2 Southwest Health District (Albany)

Overall

The category contributing the highest percentage to excess feto-infant mortality is Maternal Health/Prematurity (47%) while Newborn Care contributes the least (9%). Maternal Care and Infant Health are the middle categories contributing similar amounts 24% and 20%, respectively.

White

Similar pattern as Overall--Maternal Health/Prematurity contributes the most (40%) and Newborn Care the least (7%). Maternal Care and Infant Health are the middle categories contributing 33% and 20% respectively.

Compared to Overall, Maternal Health/Prematurity is lower (40% vs. 47%) and Maternal Care is higher (33% vs. 24%).

Black

Similar pattern as Overall--Maternal Health/Prematurity contributes the most (50%) and Newborn Care the least (9%). Maternal Care and Infant Health are the middle categories contributing similar amounts (21% and 20%, respectively).

Teens

Similar pattern as Overall--Maternal Health/Prematurity contributes the most (50%) and Newborn Care the least (5%). Maternal Care and Infant Health are the middle categories contributing similar amounts but Infant Health is the second highest category (22% and 23%, respectively).

Lower Maternal Education

Same pattern as seen with Overall--Maternal Health/Prematurity contributes the most (47%) and Newborn Care the least (7%). Maternal Care and Infant Health are the middle categories contributing similar amounts 25% and 21%, respectively.

Feto-Infant Mortality Rates-District 15

All

Maternal Health/Prematurity 5.7		
Maternal Care 2.4	Newborn Care 1.9	Infant Health 2.6

Reference Group

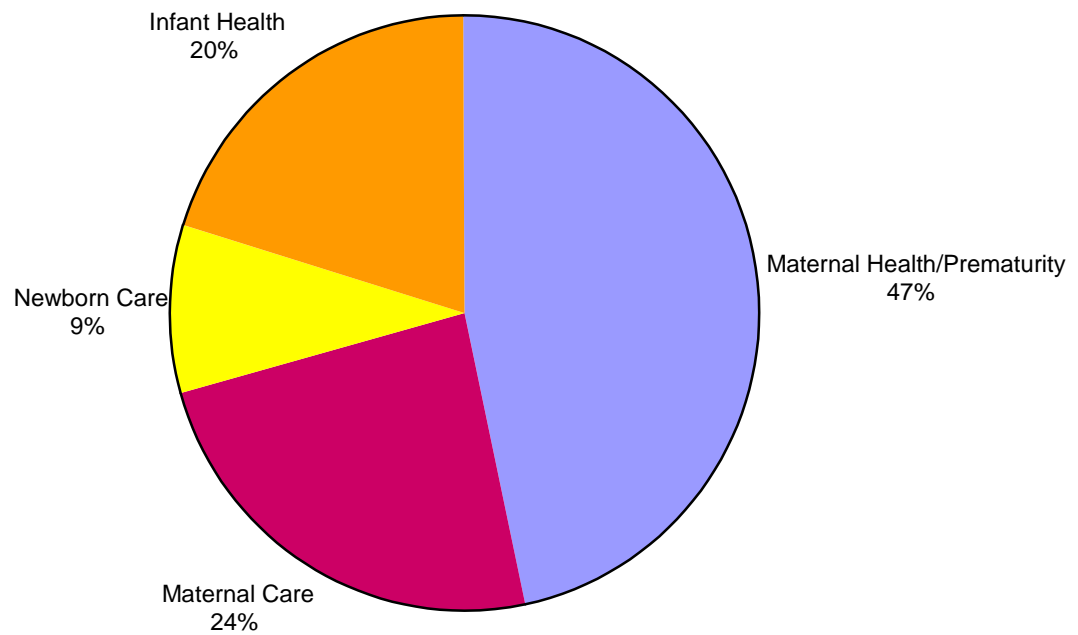
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 4.2		
Maternal Care 2.1	Newborn Care 0.8	Infant Health 1.9

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 15, 1998-2002**

243 Excess Deaths



Feto-Infant Mortality Rates-District 15

White-Non Hispanic

Maternal Health/Prematurity 3.4		
Maternal Care 1.8	Newborn Care 1.4	Infant Health 1.7

Reference Group

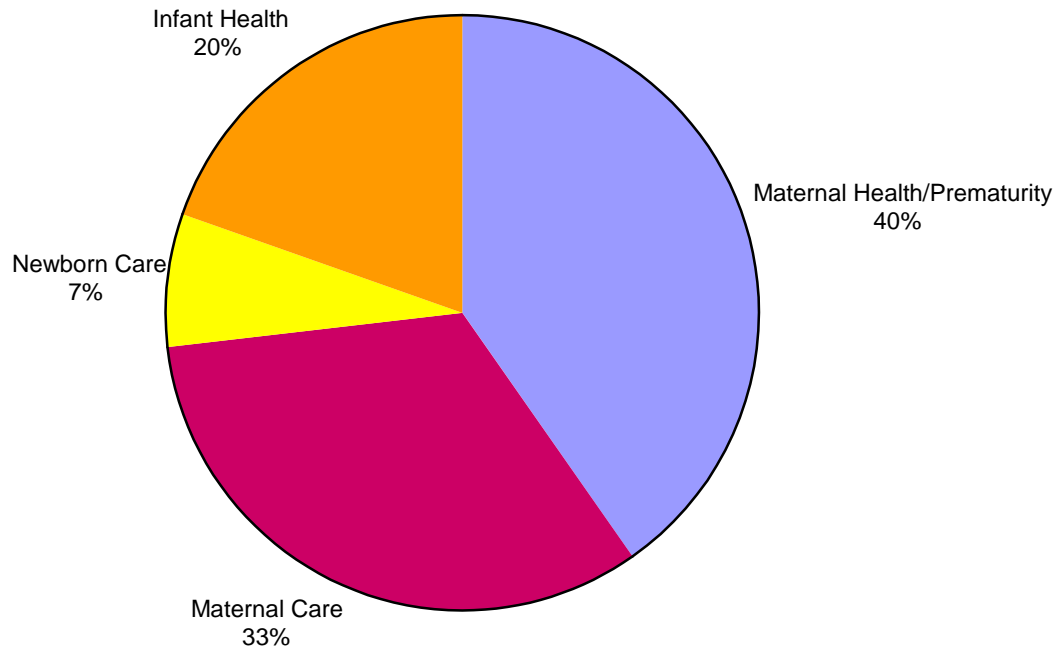
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.9		
Maternal Care 1.5	Newborn Care 0.3	Infant Health 1.0

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 15, White, 1998-2002**

54 Excess Deaths



Feto-Infant Mortality Rates-District 15

Black-Non Hispanic

Maternal Health/Prematurity 8.0		
Maternal Care 3.0	Newborn Care 2.3	Infant Health 3.4

Reference Group

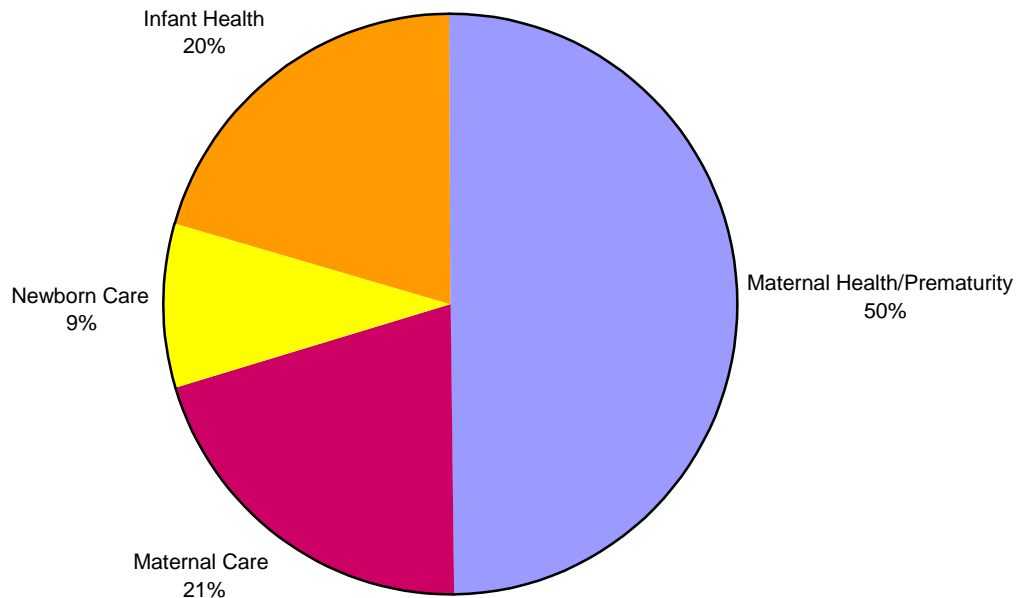
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 6.5		
Maternal Care 2.7	Newborn Care 1.2	Infant Health 2.7

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 15, Black, 1998-2002

177 Excess Deaths



Feto-Infant Mortality Rates-District 15

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 15

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 15

Teens

Maternal Health/Prematurity 8.4		
Maternal Care 3.4	Newborn Care 1.8	Infant Health 3.9

Reference Group

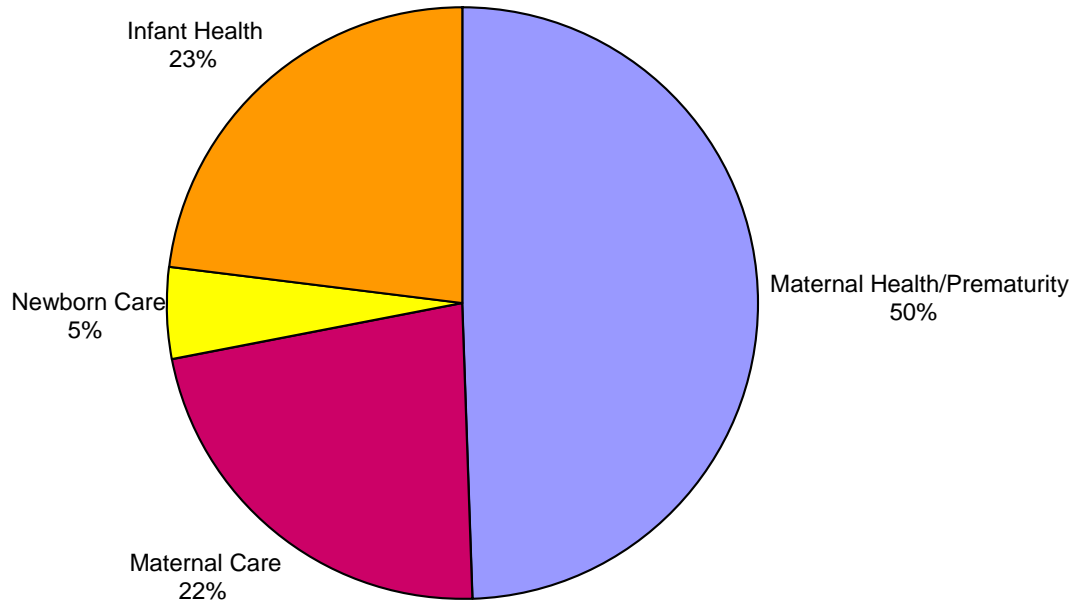
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 6.9		
Maternal Care 3.1	Newborn Care 0.7	Infant Health 3.2

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 15, Mothers < 20 Years Old, 1998-2002

78 Excess Deaths



Feto-Infant Mortality Rates-District 15

Lower Maternal Education

Maternal Health/Prematurity 6.7		
Maternal Care 3.1	Newborn Care 1.8	Infant Health 3.0

Reference Group

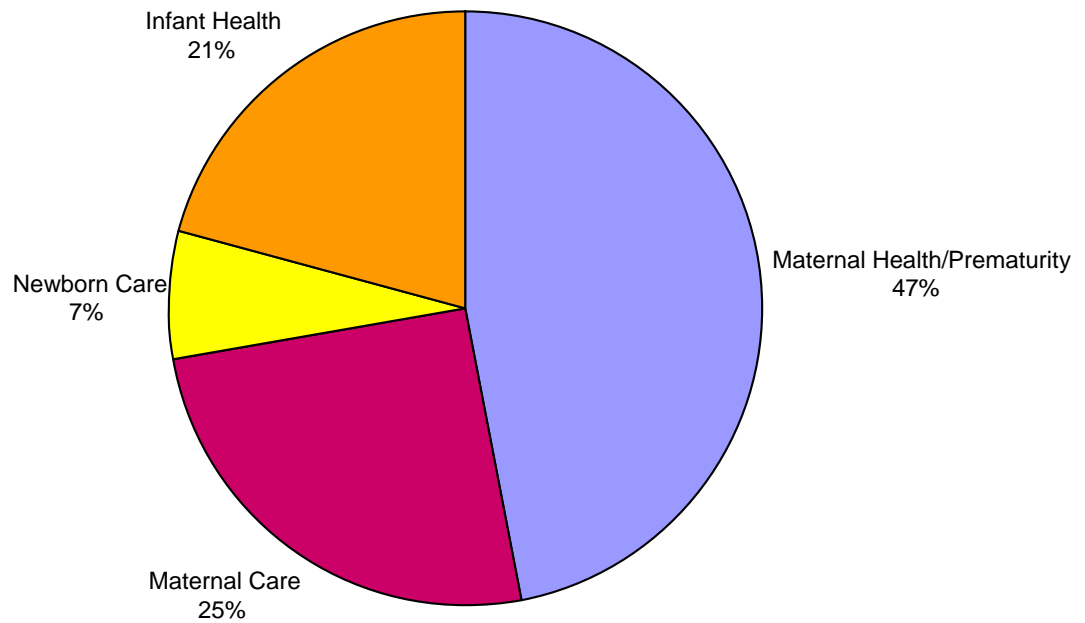
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.2		
Maternal Care 2.8	Newborn Care 0.7	Infant Health 2.3

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 15, Mothers with < 13 Years of Education, 1998-2002**

205 Excess Deaths



District 17

09-2 Southeast Health District (Waycross)

Overall

The category contributing the highest percentage to excess feto-infant mortality is Maternal Health/Prematurity (38%) while Newborn Care and Infant Health are contributing the least (17% and 19%, respectively). Maternal Care contributes 26%.

White

Similar pattern as Overall--Maternal Health/Prematurity contributes the most (35%) while Newborn Care and Infant Health are contributing the least (20% and 18%, respectively). Maternal Care contributes 27%.

Black

Different pattern compared to Overall--Maternal Health/Prematurity contributes the most (46%) and Newborn Care the least (12%). Maternal Care and Infant Health are the middle categories contributing similar amounts but Infant Health is the second highest category (20% and 22%, respectively).

Compared to Overall, Maternal Health/Prematurity is higher (46% vs. 38%) and Maternal Care is lower (20% vs. 26%).

Teens

Different pattern compared to Overall--Maternal Health/Prematurity contributes the most (43%) but Maternal Care contributes the least (16%). Newborn Care and Infant Health are the middle categories contributing similar amounts (22% and 19%, respectively).

Compared to Overall, Maternal Care is notably lower (16% vs. 26%) and Newborn Care is higher (22% vs. 17%).

Lower Maternal Education

Similar pattern as Overall--Maternal Health/Prematurity contributes the most (38%) and Newborn Care the least (18%). Maternal Care and Infant Health are the middle categories contributing similar amounts 23% and 21%, respectively.

Feto-Infant Mortality Rates-District 17

All

Maternal Health/Prematurity 5.4		
Maternal Care 2.9	Newborn Care 2.8	Infant Health 2.6

Reference Group

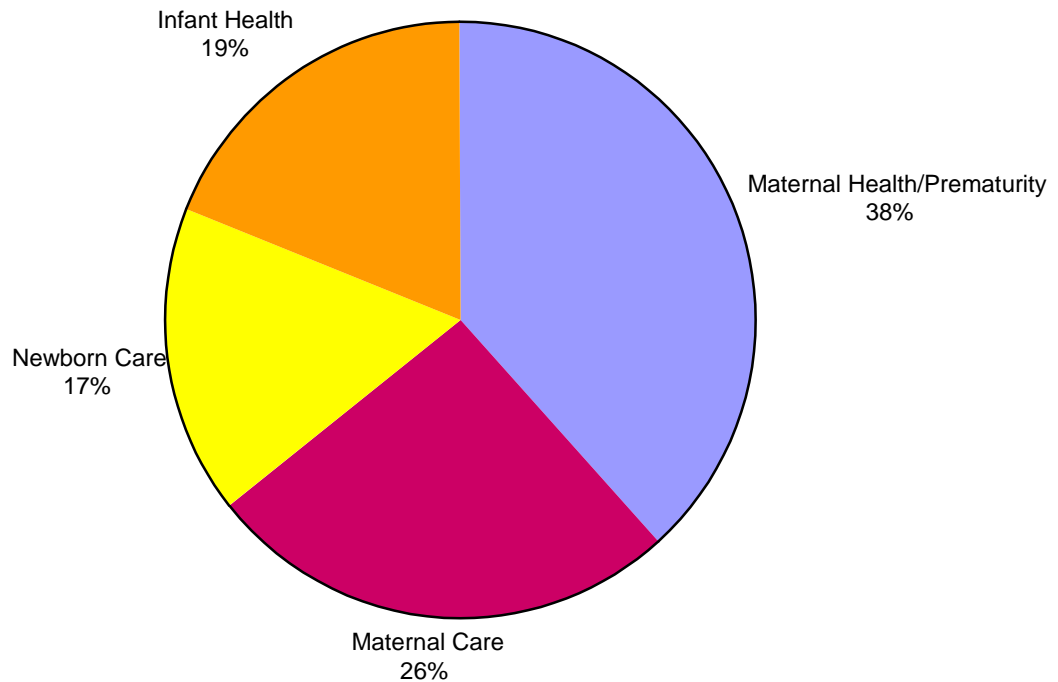
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 3.9		
Maternal Care 2.6	Newborn Care 1.7	Infant Health 1.9

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 17, 1998-2002**

240 Excess Deaths



Feto-Infant Mortality Rates-District 17

White-Non Hispanic

Maternal Health/Prematurity 4.0		
Maternal Care 2.2	Newborn Care 2.5	Infant Health 2.0

Reference Group

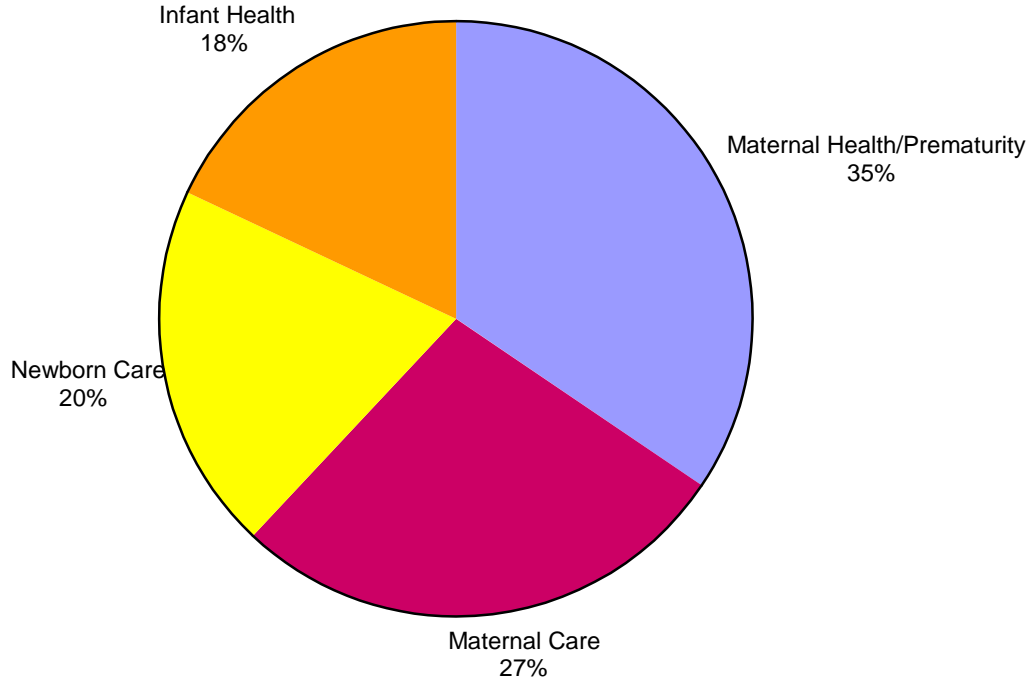
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 2.5		
Maternal Care 1.9	Newborn Care 1.4	Infant Health 1.3

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 17, White, 1998-2002**

106 Excess Deaths



Feto-Infant Mortality Rates-District 17

Black-Non Hispanic

Maternal Health/Prematurity 9.1		
Maternal Care 3.4	Newborn Care 3.0	Infant Health 4.2

Reference Group

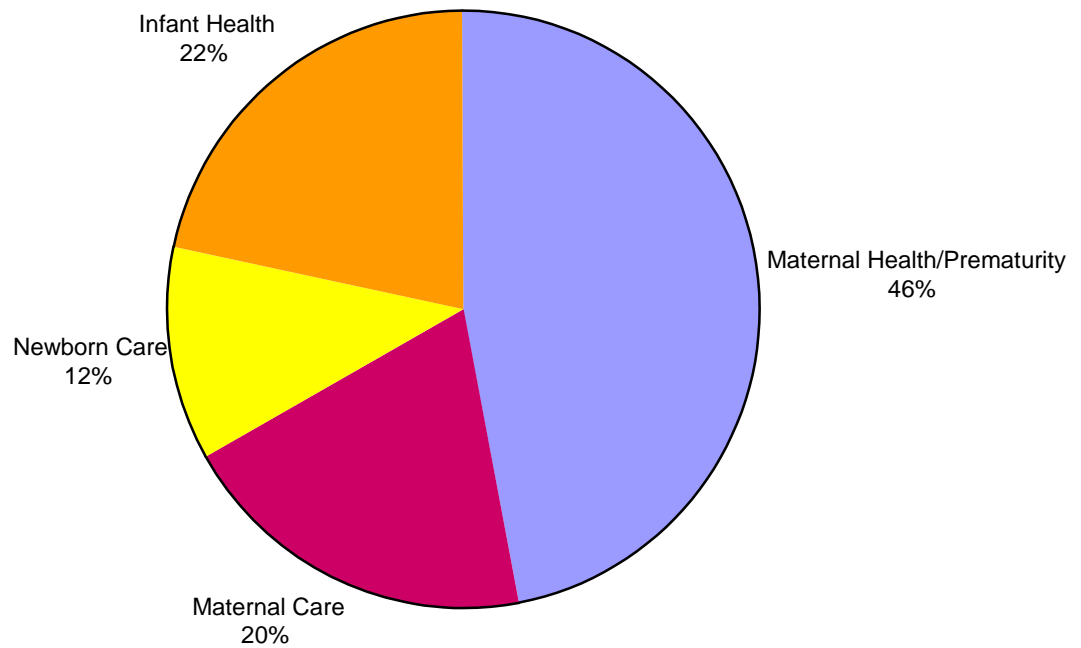
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 7.6		
Maternal Care 3.1	Newborn Care 1.9	Infant Health 3.5

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 17, Black, 1998-2002

103 Excess Deaths



Feto-Infant Mortality Rates-District 17

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 17

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analyses

Feto-Infant Mortality Rates-District 17

Teens

Maternal Health/Prematurity 7.3		
Maternal Care 2.4	Newborn Care 4.1	Infant Health 3.3

Reference Group

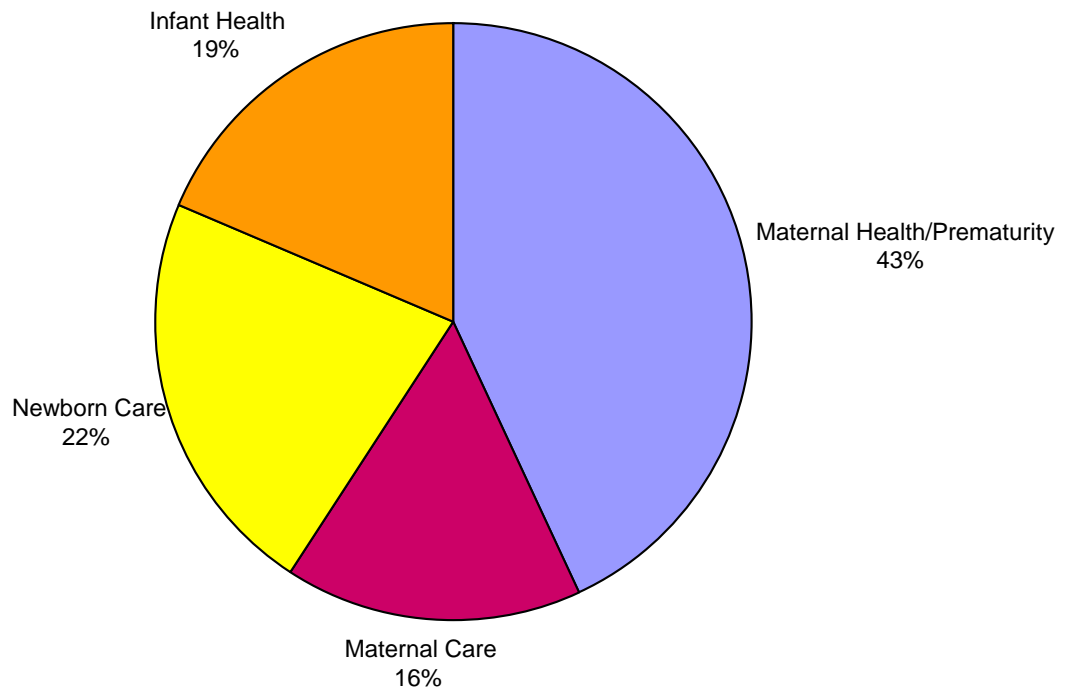
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.8		
Maternal Care 2.1	Newborn Care 3.0	Infant Health 2.6

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 17, Mothers < 20 Years Old, 1998-2002

66 Excess Deaths



Feto-Infant Mortality Rates-District 17

Lower Maternal Education

Maternal Health/Prematurity 6.3		
Maternal Care 3.1	Newborn Care 3.2	Infant Health 3.2

Reference Group

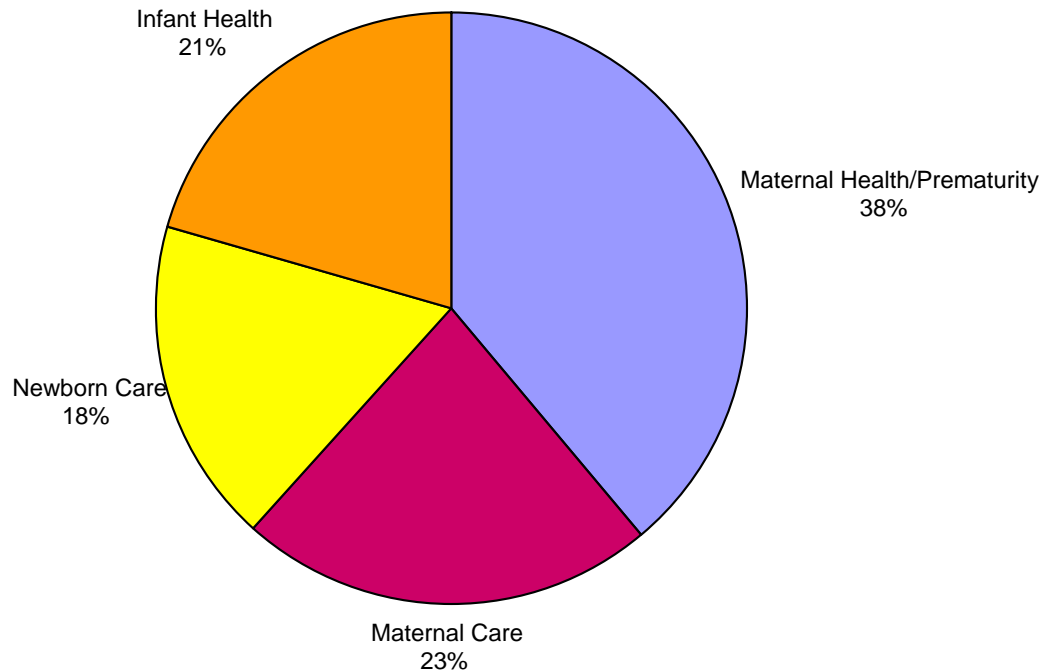
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 4.8		
Maternal Care 2.8	Newborn Care 2.1	Infant Health 2.5

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 17, Mothers with < 13 Years of Education, 1998-2002**

207 Excess Deaths



District 18
09-1 Coastal Health District (Savannah)

Overall

Maternal Health/Prematurity contributes the most (51%) and Newborn Care the least (10%). Maternal Care and Infant Health are the middle categories contributing similar amounts but Infant Health is the second highest category (19% and 20%, respectively).

White

Similar pattern as Overall--Maternal Health/Prematurity contributes the most (43%) while Newborn Care contributes the least (10%). Maternal Care and Infant Health are the middle categories contributing similar amounts but Infant Health is the second highest category (23% and 24%, respectively).

Compared to Overall, Maternal Health/Prematurity is somewhat lower (43% vs. 51%).

Black

Similar pattern as Overall--Maternal Health/Prematurity contributes the most (55%) while Newborn Care contributes the least (11%). Maternal Care and Infant Health are the middle categories contributing similar amounts but Infant Health is the second highest category (16% and 18%, respectively).

Teens

Similar pattern as Overall--Maternal Health/Prematurity contributes the most (47%) and Newborn Care the least (9%). Maternal Care and Infant Health are the middle categories but Infant Health is the second highest category (18% and 26%, respectively).

Compared to Overall, Infant Health is somewhat higher (26% vs. 20%).

Lower Maternal Education

Same pattern as seen with Overall--Maternal Health/Prematurity contributes the most (51%) and Newborn Care the least (10%). Maternal Care and Infant Health are the middle categories contributing similar amounts 19% and 20%, respectively.

Feto-Infant Mortality Rates-District 18

All

Maternal Health/Prematurity 5.4		
Maternal Care 1.8	Newborn Care 1.8	Infant Health 2.3

Reference Group

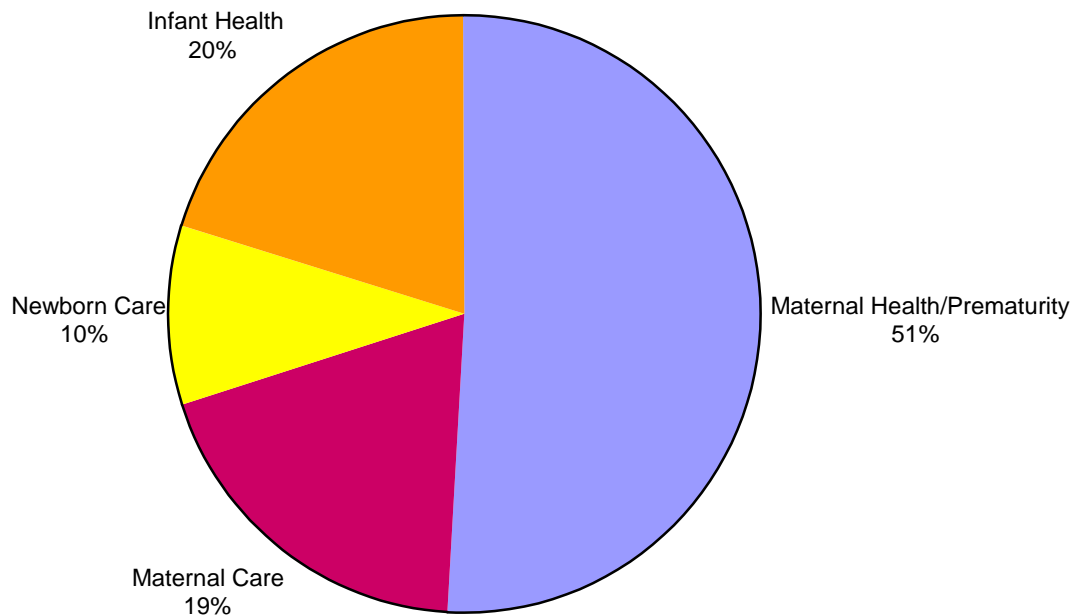
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 3.9		
Maternal Care 1.5	Newborn Care 0.7	Infant Health 1.6

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 18, 1998-2002**

305 Excess Deaths



Feto-Infant Mortality Rates-District 8

White-Non Hispanic

Maternal Health/Prematurity 3.4		
Maternal Care 1.3	Newborn Care 1.5	Infant Health 1.8

Reference Group

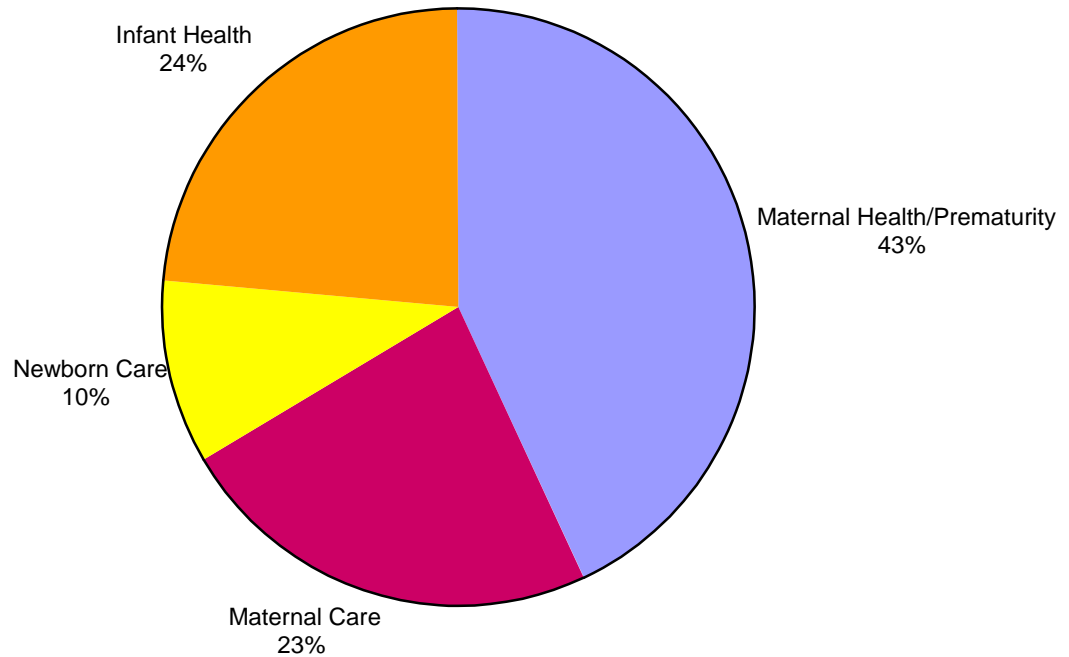
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.9		
Maternal Care 1.0	Newborn Care 0.4	Infant Health 1.1

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 18, White, 1998-2002

95 Excess Deaths



Feto-Infant Mortality Rates-District 18

Black-Non Hispanic

Maternal Health/Prematurity 8.0		
Maternal Care 2.2	Newborn Care 2.3	Infant Health 2.9

Reference Group

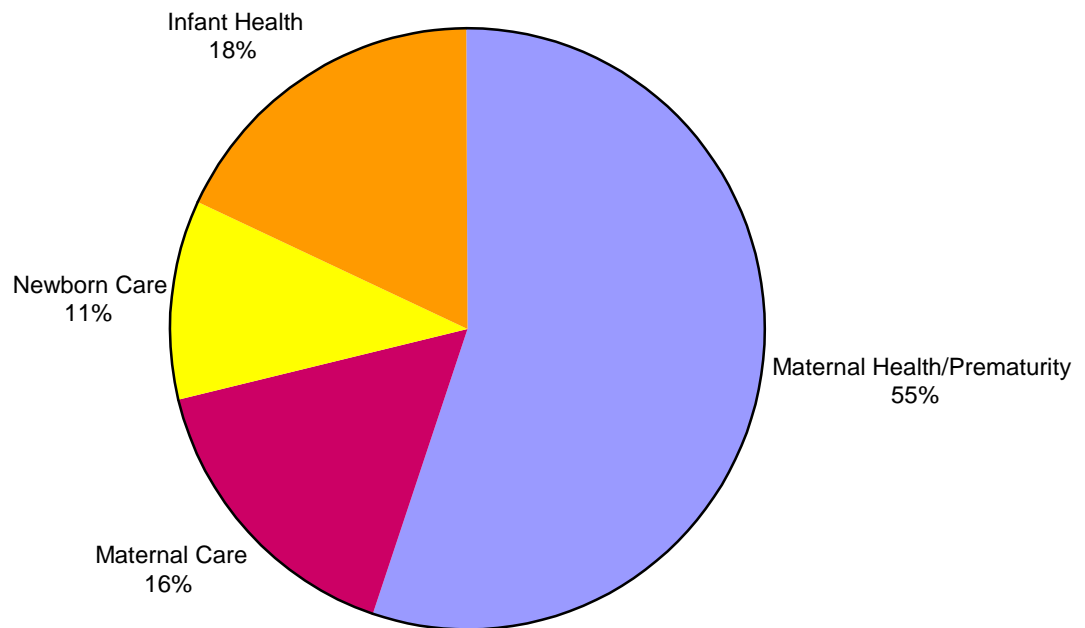
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 6.5		
Maternal Care 1.9	Newborn Care 1.2	Infant Health 2.2

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 18, Black, 1998-2002**

181 Excess Deaths



Feto-Infant Mortality Rates-District 18

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Data to Perform Analyses

Feto-Infant Mortality Rates-District 18

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Data to Perform Analyses

Feto-Infant Mortality Rates-District 18

Teens

Maternal Health/Prematurity 7.3		
Maternal Care 2.4	Newborn Care 2.1	Infant Health 3.9

Reference Group

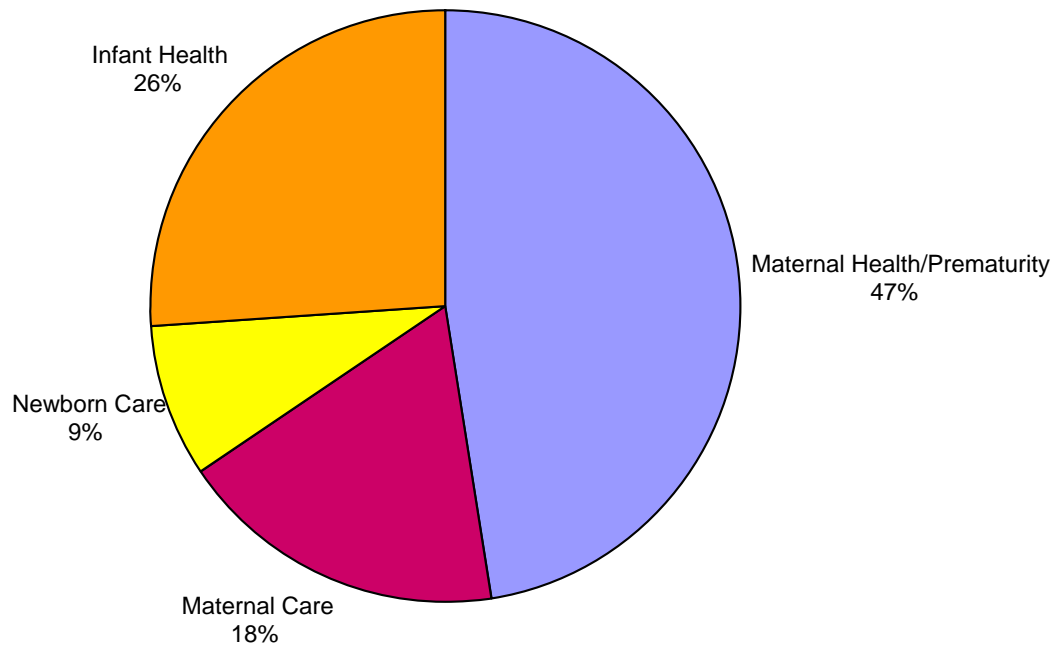
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.8		
Maternal Care 2.1	Newborn Care 1.0	Infant Health 3.2

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 18, Mothers < 20 Years Old, 1998-2002

75 Excess Deaths



Feto-Infant Mortality Rates-District 18

Lower Maternal Education

Maternal Health/Prematurity 6.7		
Maternal Care 2.3	Newborn Care 2.1	Infant Health 2.7

Reference Group

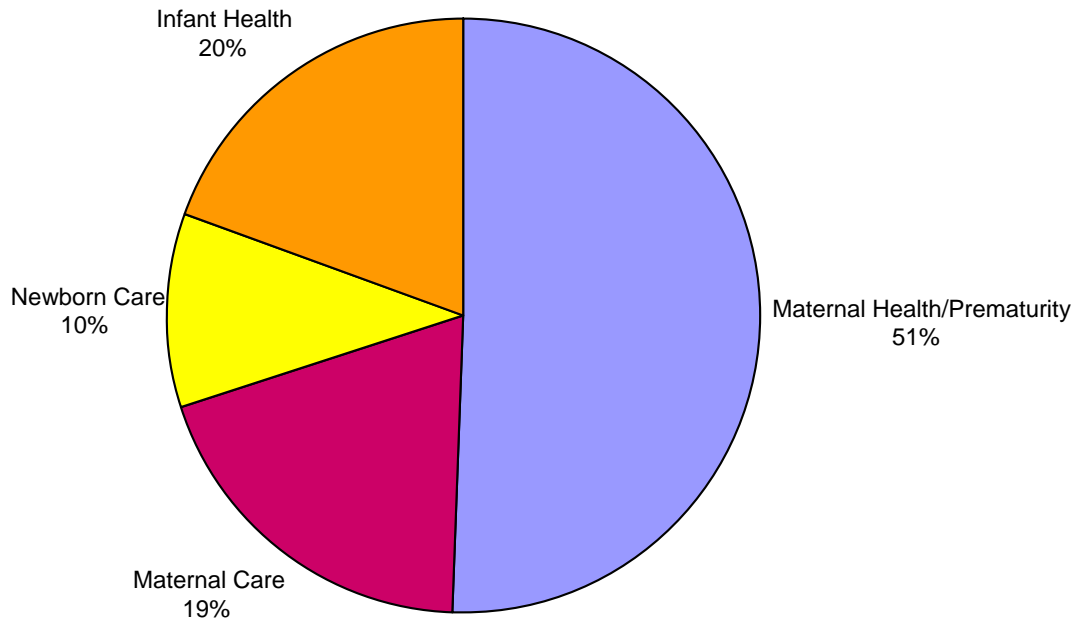
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.2		
Maternal Care 2.0	Newborn Care 1.0	Infant Health 2.0

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 18, Mothers with < 13 Years of Education, 1998-2002

235 Excess Deaths



District 19

10-0 Northeast Health District (Athens)

Overall

Maternal Health/Prematurity contributes the most (55%) and Newborn Care the least (7%). Maternal Care and Infant Health are the middle categories contributing similar amounts (20% and 18%, respectively).

White

Similar pattern as Overall--Maternal Health/Prematurity contributes the most (42%) while Newborn Care contributes the least (12%). Maternal Care and Infant Health are the middle categories contributing the same amounts (23%).

Compared to Overall, Maternal Health/Prematurity is notably lower (42% vs. 55%) and Newborn Care is higher (12% vs. 7%).

Lower Maternal Education

Similar pattern as seen with Overall--Maternal Health/Prematurity contributes the most (57%) and Newborn Care the least (5%). Maternal Care and Infant Health are the middle categories contributing 22% and 16%, respectively.

Feto-Infant Mortality Rates-District 19

All

Maternal Health/Prematurity 5.2		
Maternal Care 1.6	Newborn Care 1.5	Infant Health 1.9

Reference Group

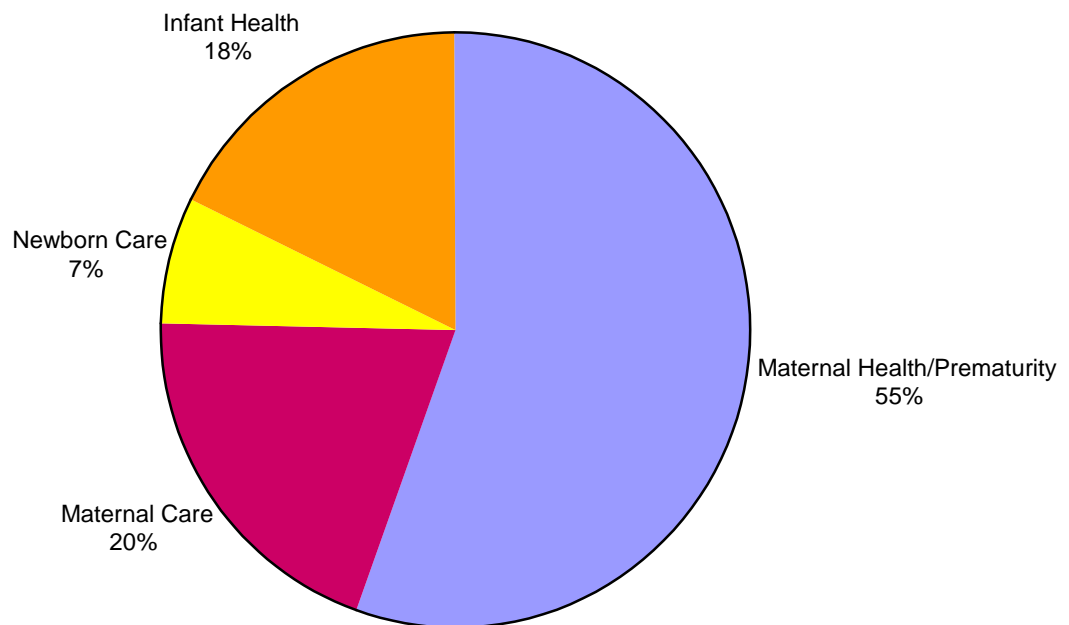
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 3.7		
Maternal Care 1.3	Newborn Care 0.4	Infant Health 1.2

**Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk,
District 19, 1998-2002**

174 Excess Deaths



Feto-Infant Mortality Rates-District 19

White-Non Hispanic

Maternal Health/Prematurity 3.4		
Maternal Care 1.3	Newborn Care 1.6	Infant Health 1.7

Reference Group

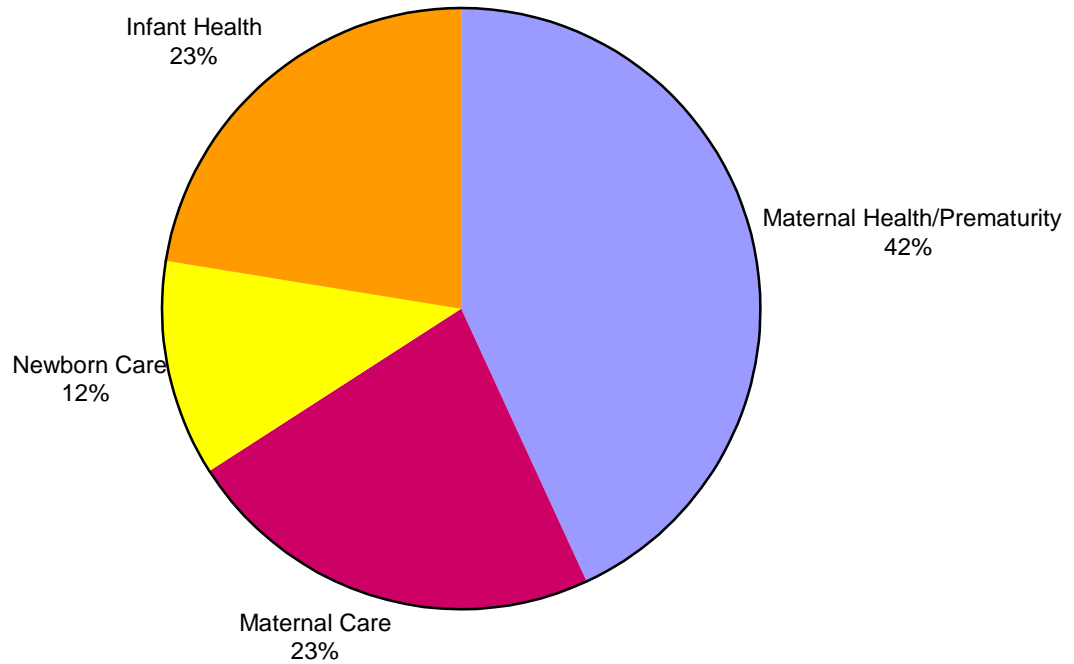
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 1.9		
Maternal Care 1.0	Newborn Care 0.5	Infant Health 1.0

Percent of Excess Feto-Infant Mortality Attributed to Perinatal Period of Risk, District 19, White, 1998-2002

79 Excess Deaths



Feto-Infant Mortality Rates-District 19

Black-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 19

Other-Non Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 19

Hispanic

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 19

Teens

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Reference Group

Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity		
Maternal Care	Newborn Care	Infant Health

Insufficient Numbers to Perform Analysis

Feto-Infant Mortality Rates-District 19

Lower Maternal Education

Maternal Health/Prematurity 6.5		
Maternal Care 2.2	Newborn Care 1.5	Infant Health 2.2

Reference Group

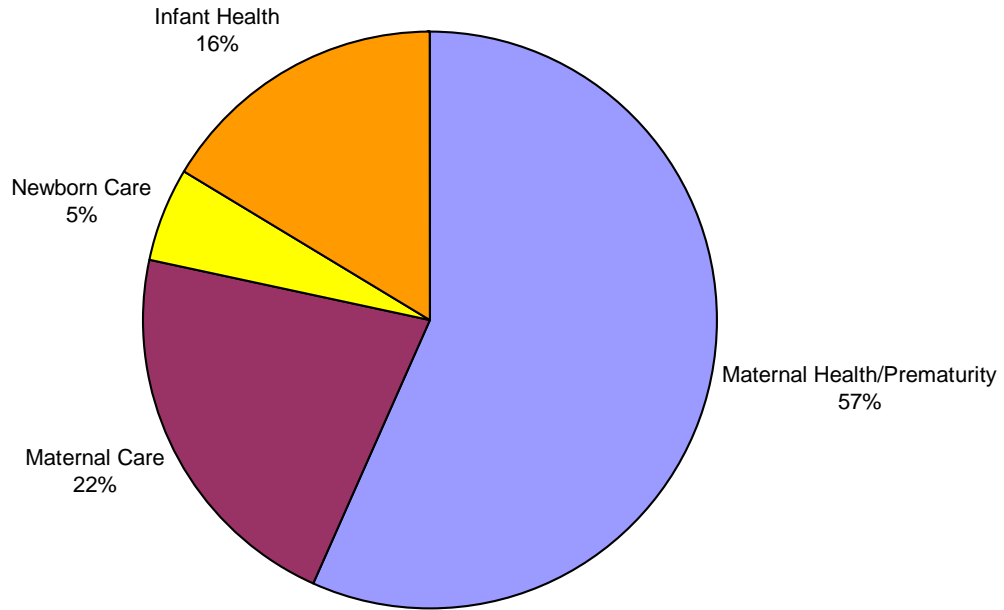
Maternal Health/Prematurity 1.5		
Maternal Care 0.3	Newborn Care 1.1	Infant Health 0.7

Excess

Maternal Health/Prematurity 5.0		
Maternal Care 1.9	Newborn Care 0.4	Infant Health 1.5

**Percent of Excess Infant Mortality Attributed to Perinatal Period of Risk,
District 19, Mothers with < 13 Years of Education, 1998-2002**

138 Excess Deaths



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Appendix A

Table 1: Excess Feto-Infant Mortality Rates for the Overall Population (Georgia, 1998-2002)

Subgroup	Location	Excess Feto-Infant Mortality Rates (Percent)			
		Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health
All	GA	3.7 (48%)	1.9 (25%)	0.7 (9%)	1.4 (18%)
	01-1	2.8 (44%)	1.9 (30%)	0.4 (6%)	1.3 (20%)
	01-2	1.4 (29%)	1.4 (31%)	0.4 (10%)	1.4 (30%)
	02-0	1.3 (30%)	1.1 (25%)	0.6 (14%)	1.4 (31%)
	03-1	3.0 (51%)	1.7 (29%)	0.4 (8%)	0.7 (12%)
	03-2	5.0 (49%)	2.8 (28%)	0.8 (8%)	1.6 (15%)
	03-3	3.6 (44%)	2.3 (28%)	0.8 (10%)	1.5 (18%)
	03-4	1.9 (43%)	1.3 (31%)	0.3 (7%)	0.9 (19%)
	03-5	4.6 (54%)	2.2 (26%)	0.5 (6%)	1.2 (14%)
	04-0	3.6 (53%)	1.6 (25%)	0.4 (6%)	1.1 (16%)
	05-1	4.1 (46%)	1.9 (22%)	0.7 (9%)	2.0 (23%)
	05-2	4.8 (47%)	2.4 (24%)	1.1 (11%)	1.9 (18%)
	06-0	5.2 (55%)	2.3(24%)	0.9 (10%)	1.1 (11%)
	07-0	5.2 (47%)	2.5 (23%)	0.9 (9%)	2.3 (21%)
	08-1	4.3 (49%)	1.4 (17%)	0.8 (9%)	2.3 (25%)
	08-2	4.2 (47%)	2.1 (24%)	0.8 (9%)	1.9 (20%)
	09-1	3.9 (51%)	1.5 (19%)	0.7 (10%)	1.6 (20%)
	09-2	3.9 (38%)	2.6 (26%)	1.7 (17%)	1.9 (19%)
	10-0	3.7 (55%)	1.3 (20%)	0.4 (7%)	1.2 (18%)

Table 2: Excess Feto-Infant Mortality Rates for the White Non-Hispanic or Latino Subgroup (Georgia, 1998-2002)

Subgroup	Location	Excess Feto-Infant Mortality Rates (Percent)			
		Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health
White/Not Hispanic or Latino	GA	1.5 (37%)	1.1 (28%)	0.4 (11%)	1.0 (24%)
	01-1	1.6 (33%)	1.5 (33%)	0.3 (7%)	1.3 (27%)
	01-2	0.3 (11%)	0.9 (33%)	0.1 (5%)	1.4 (51%)
	02-0	0.6 (18%)	0.7 (22%)	0.4 (13%)	1.7 (47%)
	03-1	1.4 (49%)	0.8 (27%)	0.4 (14%)	0.3 (10%)
	03-2	1.4 (51%)	0.9 (37%)	0.3 (12%)	0 (0%)
	03-3	*	*	*	*
	03-4	0.4 (24%)	0.5 (29%)	0 (0%)	0.9 (47%)
	03-5	*	*	*	*
	04-0	2.2 (46%)	1.2 (25%)	0.4 (8%)	1.0 (21%)
	05-1	*	*	*	*
	05-2	2.0 (33%)	1.4 (24%)	1.2 (21%)	1.9 (18%)
	06-0	2.0 (40%)	1.4 (27%)	0.6 (13%)	1.0 (20%)
	07-0	2.3 (36%)	2.2 (36%)	0.7 (12%)	1.0 (16%)
	08-1	1.8 (39%)	1.1 (25%)	0.3 (7%)	1.3 (29%)
	08-2	1.9 (40%)	1.5 (33%)	0.3 (7%)	1.0 (20%)
	09-1	1.9 (43%)	1.0 (23%)	0.4 (10%)	1.1 (24%)
	09-2	2.5 (35%)	1.9 (27%)	1.4 (20%)	1.3 (18%)
	10-0	1.9 (42%)	1.0 (23%)	0.5 (12%)	1.0 (23%)

Table 3: Excess Feto-Infant Mortality Rates for the Black Non-Hispanic or Latino Subgroup (Georgia, 1998-2002)

Subgroup	Location	Excess Feto-Infant Mortality Rates (Percent)			
		Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health
Black/Not Hispanic or Latino	GA	7.1 (55%)	2.6 (20%)	1.0 (8%)	2.2 (17%)
	01-1	*	*	*	*
	01-2	*	*	*	*
	02-0	*	*	*	*
	03-1	4.8 (56%)	1.9 (22%)	0.4 (4%)	1.6 (18%)
	03-2	7.9 (52%)	3.0 (20%)	1.3 (9%)	3.0 (19%)
	03-3	5.4 (49%)	2.9 (27%)	0.8 (8%)	1.8 (16%)
	03-4	5.0 (56%)	1.9 (22%)	0.4 (4%)	1.7 (18%)
	03-5	6.4 (57%)	2.3 (21%)	0.7 (7%)	1.8 (15%)
	04-0	7.6 (64%)	2.7 (23%)	0.2 (2%)	1.3 (11%)
	05-1	7.5 (54%)	1.9 *(14%)	1.9 (14%)	2.6 (18%)
	05-2	8.3 (54%)	3.5 (23%)	1.1 (7%)	2.5 (16%)
	06-0	8.9 (61%)	3.1 (22%)	1.2 (9%)	1.2 (8%)
	07-0	7.6 (49%)	2.6 (18%)	1.3 (9%)	3.7 (24%)
	08-1	8.0 (54%)	2.0 (14%)	1.5 (11%)	3.1 (21%)
	08-2	6.5 (50%)	2.7 (21%)	1.2 (9%)	2.7 (20%)
	09-1	6.5 (55%)	1.9 (16%)	1.2 (11%)	2.2 (18%)
	09-2	7.6 (46%)	3.1 (20%)	1.9 (12%)	3.5 (22%)
	10-0	*	*	*	*

Table 4: Excess Feto-Infant Mortality Rates for the Other Non-Hispanic or Latino Subgroup (Georgia, 1998-2002)

Subgroup	Location	Excess Feto-Infant Mortality Rates (Percent)			
		Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health
Other/ Not Hispanic or Latino	GA	2.0 (42%)	1.3 (29%)	0.8 (18%)	0.5 (11%)
	01-1	*	*	*	*
	01-2	*	*	*	*
	02-0	*	*	*	*
	03-1	*	*	*	*
	03-2	*	*	*	*
	03-3	*	*	*	*
	03-4	*	*	*	*
	03-5	*	*	*	*
	04-0	*	*	*	*
	05-1	*	*	*	*
	05-2	*	*	*	*
	06-0	*	*	*	*
	07-0	*	*	*	*
	08-1	*	*	*	*
	08-2	*	*	*	*
	09-1	*	*	*	*
	09-2	*	*	*	*
10-0	*	*	*	*	

Table 5: Excess Feto-Infant Mortality Rates for the Hispanic or Latino Subgroup (Georgia, 1998-2002)

Subgroup	Location	Excess Feto-Infant Mortality Rates (Percent)			
		Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health
Hispanic or Latino	GA	1.4 (33%)	1.6 (37%)	0.4 (11%)	0.8 (19%)
	01-1	*	*	*	*
	01-2	*	*	*	*
	02-0	*	*	*	*
	03-1	1.4 (32%)	0.8 (19%)	0.7 (18%)	1.4 (31%)
	03-2	2.4 (35%)	3.7 (55%)	0.1 (2%)	0.6 (8%)
	03-3	*	*	*	*
	03-4	0.9 (34%)	1.3 (50%)	0.2 (8%)	0.2 (8%)
	03-5	*	*	*	*
	04-0	*	*	*	*
	05-1	*	*	*	*
	05-2	*	*	*	*
	06-0	*	*	*	*
	07-0	*	*	*	*
	08-1	*	*	*	*
	08-2	*	*	*	*
	09-1	*	*	*	*
	09-2	*	*	*	*
	10-0	*	*	*	*

Table 6: Excess Feto-Infant Mortality Rates for the Teen Subgroup (Georgia, 1998-2002)

Subgroup	Location	Excess Feto-Infant Mortality Rates (Percent)			
		Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health
Teens	GA	5.6 (49%)	0.9 (17%)	0.9 (8%)	3.0 (26%)
	01-1	3.5 (40%)	1.3 (15%)	0.6 (8%)	3.2 (37%)
	01-2	*	*	*	*
	02-0	*	*	*	*
	03-1	5.3 (44%)	3.2 (27%)	0.9 (8%)	2.6 (21%)
	03-2	6.5 (46%)	2.7 (19%)	1.5 (11%)	3.5 (24%)
	03-3	*	*	*	*
	03-4	*	*	*	*
	03-5	5.8 (50%)	1.4 (13%)	0.3 (3%)	3.9 (34%)
	04-0	5.8 (58%)	1.8 (19%)	0.3 (3%)	2.1 (20%)
	05-1	*	*	*	*
	05-2	6.5 (53%)	1.9 (16%)	1.3 (11%)	2.4 (20%)
	06-0	7.4 (60%)	2.1 (17%)	0.9 (8%)	1.8 (15%)
	07-0	7.0 (50%)	1.5*(11%)	0.9 (6%)	4.6 (33%)
	08-1	*	*	*	*
	08-2	6.9 (50%)	3.1 (22%)	0.7 (5%)	3.2 (23%)
	09-1	5.8 (47%)	2.1 (18%)	1.0 (9%)	3.2 (26%)
	09-2	5.8 (43%)	2.1 (16%)	3.0 (22%)	2.6 (19%)
	10-0	*	*	*	*

Table 7: Excess Feto-Infant Mortality Rates for the Lower Maternal Education Subgroup (Georgia, 1998-2002)

Subgroup	Location	Excess Feto-Infant Mortality Rates (Percent)			
		Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health
Lower Maternal Education	GA	5.3 (47%)	2.9 (26%)	1.0 (9%)	2.1 (18%)
	01-1	3.9 (45%)	2.5 (29%)	0.5 (6%)	1.7 (20%)
	01-2	2.5 (30%)	2.3 (29%)	0.9 (11%)	2.5 (30%)
	02-0	2.3 (33%)	1.5 (23%)	0.9 (14%)	2.1 (30%)
	03-1	5.6 (47%)	3.8 (32%)	1.0 (9%)	1.5 (12%)
	03-2	8.0 (46%)	5.2 (30%)	1.5 (9%)	2.6 (15%)
	03-3	4.4 (45%)	2.7 (28%)	1.2 (12%)	1.5 (15%)
	03-4	3.5 (46%)	2.5 (33%)	0.3 (4%)	1.4 (17%)
	03-5	7.6 (53%)	3.9 (27%)	0.8 (6%)	2.0 (14%)
	04-0	5.3 (54%)	2.3 (23%)	0.6 (7%)	1.6 (16%)
	05-1	5.2 (49%)	1.8 (17%)	1.0 (10%)	2.6 (24%)
	05-2	6.2 (45%)	3.4 (25%)	1.5 (11%)	2.6 (19%)
	06-0	6.9 (53%)	2.9 (23%)	1.4 (11%)	1.7 (13%)
	07-0	6.2 (47%)	2.8 (21%)	1.1 (9%)	3.0 (23%)
	08-1	5.1 (46%)	1.7 (15%)	1.0 (9%)	3.3 (30%)
	08-2	5.2 (47%)	2.8 (25%)	0.7 (7%)	2.3 (21%)
	09-1	5.2 (51%)	2.0 (19%)	1.0 (10%)	2.0 (20%)
	09-2	4.8 (38%)	2.8 (23%)	2.1 (18%)	2.5 (21%)
	10-0	5.0 (57%)	1.9 (22%)	0.4 (5%)	1.5 (16%)

