A Vital Concern

Concerns about perinatal health statistics are being expressed today by a wide variety of organizations. A report of the U.S. Congress, recently issued through its Office of Technology Assessment, focused on this country's perinatal mortality in comparison with that of other developed nations. The National Commission to Prevent Infant Mortality has been investigating numerous aspects of infant mortality, including collection and reporting of vital statistics. The Joint Commission on Accreditation of Healthcare Organizations has announced an "Agenda for Change" that ultimately is expected to result in collection of detailed outcome data by all subscribing hospitals. Obstetric clinical indicators now being tested in this program include, for example, one designed to flag low birth weight infants born in hospitals without neonatal intensive care units.

Why the sudden scrutiny of perinatal care at a time when medicine increasingly demonstrates a truly remarkable potential for assuring safety during pregnancy and birth? There is nothing sudden about it. Long before the genesis of modern concepts of quality assurance, health professionals maintained records and organized reviews of vital events to assess the needs of the population we serve and how well we are serving them. Perhaps our very success in dramatically reducing maternal and infant mortality is forcing us to ask with even greater urgency why mothers and babies still die.

We know that many of the reasons have little to do with technical aspects of medical care or appear inextricably tied to inherent biologic abnormalities or to indices of poverty and lost opportunity within our social system. Increasingly sophisticated data collection and analysis, which always seem to provide questions just a bit ahead of the answers, offer the best hope for identifying those factors that medicine can address.

Our practice of medicine must blend science with caring and must continue the process of patiently dissecting one cause from the next. What are the histories of the babies who weigh 800 grams at birth and survive versus those who do not? Was it intensive nursery care that made the difference or maternal life style and care? Why were they born too soon and too small?

Often, especially in recent years, perinatal statistics have seemed to physicians to be more of a weapon used against them than a tool to provide them with additional clinical insights. Those who do not share equally in America's health and wealth have found a voice to criticize—often appropriately—the shortcomings of their health care. The press has picked up the refrain, and government leaders have made it a partisan issue as often as they have sought real solutions. Even the statistical experts themselves have drawn comparisons that do not make medical sense and serve to confuse rather than clarify—or so it seems.

"Standard Terminology for Reporting of Reproductive Health Statistics in the United States," in this issue of *Public Health Reports*, is published concurrently as an appendix in the second edition of "Guidelines for Perinatal Care," a joint publication of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. The report, in early stages of implementation in this country, can help us all communicate and care better for our patients. Leadership came from organizations in medicine and vital statistics and from the public and private sectors. We urgently solicit your attention to its substance and to the ways you may be able to foster its use.

The report, by itself, will not solve any problems. In time, a general use and understanding of it throughout the country can help us to collect accurate, comparable data and develop information to identify, isolate, and reduce reproductive problems. You could, for example:

- Plan an education session in your hospital or agency;
- Ask for more information about organizations that have recognized and endorsed the report;
- Make sure public officials and legislators know the organizational support behind the recommendations so that necessary administrative and legislative changes can be encouraged; or
- Put an article in another publication that your colleagues read.

We well know that reductions in pregnancy-related mortality and morbidity will never again be by major percentage points per decade. We well know that the puzzle is complex and the problems multifactorial in etiology. Here is one piece of the solution. We need to have and use a sophisticated, broad-based, uniform data set. It is of vital concern to us all.

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ALCOHOL ABUSE AND ALCOHOLISM IS THE TOPIC OF UPCOMING SPECIAL ISSUE

The entire November–December 1988 issue of *Public Health Reports* will be devoted to one of the nation's major public health problems—alcohol abuse and alcoholism. Articles have been contributed by a diverse group of authors who have examined the complexities of the problem; the range of their topics reflects its many aspects. The programs for dealing with alcohol abuse and alcoholism, what the promises of research are, the prevention and early intervention of alcohol dependence, and the biological features of alcohol abuse and alcoholism among women are some of the subjects covered.