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LETTER TO THE EDITOR

A Warning on Gestational Age at Delivery

stational age at delivery is one Jof the few quantitative clinical variables collected in our national vital statistics system and has been widely used by numerous researchers as an outcome measure (1-3), an integral component of most prenatal care adequacy measures (4-6), and as a risk factor for infant mortality and developmental outcomes (7-10).

That gestational age is subject to measurement error is obvious; Alexander and colleagues have published widely on the statistical variability inherent in different methods for assessing gestational age (11-13). In the July-August 1995 issue of Public Health Reports, they raise a warning signal to the public health community as we move toward adoption of the clinical estimate of gestation or composite measures in statistical analyses and reports based on vital statistics data (14). This warning is well timed.

In the recently published annual national compendium of natality data for 1991 (15), the only data tabulated by gestational age are based on a composite measure. Although well described, the composite variable is difficult for readers to interpret, especially in relation to the concerns raised by Alexander and colleagues.

There are additional areas for concern. The National Center for Health Statistics (NCHS) failed to specify

reporting criteria for the clinical estimate of gestation; doubtless a few States have provided criteria or guidelines, but these are unlikely to clarify the matter for clinical staffs at birthing hospitals. The instructions given in Missouri read: "Enter the length of gestation as estimated by the physician. Do not compute this information yourself from the date last normal menses began and date of birth. If the physician has not done a clinical estimate of gestation, enter 'None'. Do not leave this item blank" (16). These instructions are similar to those used in many States and fail to indicate whether an estimate based on ultrasonography is preferred to a newborn assessment or which specific measurements should be used as a basis for gestational age determination.

The South Carolina data reported by Alexander and colleagues in table 1 on page 396 show an unusually large proportion of records with missing or incomplete clinical estimates. In my experience with natality data from a number of States, the proportion of records with incomplete or missing LMP-based estimates has always been larger. To confirm this, I obtained resident data for calendar year 1993 from Arkansas, Missouri, and Wisconsin thanks to prompt provision of State level gestational age data by Joyce Eatmon, Arkansas Center for Health Statistics, Vicky Howell, Missouri Center for Health Statistics, and Michael Soref, Wisconsin Center for Health Statistics. These data are for all births without respect to plurality but serve as an appropriate basis for comparison

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