

We join Dr. Declercq in looking forward to the availability of national linked birth-death infant data. When such data become available, birth-weight-specific analysis of neonatal mortality may provide us with some more meaningful information on the safety of out-of-hospital births.

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Birth Weight Is Not Causally Related to Place of Birth, but It Is Useful

I can hardly disagree with Kaunitz and Hogue's contention that birth weight is not a direct result of place of birth, since I made precisely that point on page 64 of my article (1): "No suggestion is made that (birth weight) is causally related to the place of birth."

I would suggest, as I did in the article, that the fact that birth weight is very highly correlated to a variety of outcome measures renders it a useful, albeit not perfect, surrogate (2). To follow Kaunitz and Hogue's logic, not even linked birth and mortality-morbidity studies would be appropriate unless specific analysis of each case was done to determine that site caused outcome. Such studies would also presumably not encompass cases where behavior at a setting might have prevented a negative outcome. Awaiting a "perfect study," debate over out-of-hospital births continues, based on little data at all. My study never claimed to resolve the issue, but it did clarify some of the questions that need to be asked concerning matters like self-selection by parents, the nature of midwifery care, and impact of prenatal visits.

Kaunitz and Hogue are also inaccurate when they suggest that, in an article with seven tables and a graph, I based my conclusions on a single comparison (low birth weight in and out of hospitals). Incidentally, the relationships noted for 1978 have generally appeared in data from more recent years. Like Kaunitz and Hogue, I await more complete studies, based on a variety of sources, to shed more light on this health policy area.

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References

1. Declercq, E. R.: Out-of-hospital births, U.S., 1978: birth weight and Apgar scores as measures of outcome. *Public Health Rep* 99: 63-73, January-February 1984.
2. National Center for Health Statistics: Factors associated with low birth weight, United States, 1976. *Vital and Health Statistics, Series 21, No. 37*. DHEW Publication No. (PHS) 80-1915. U.S. Government Printing Office, Washington, D.C., April 1980.

Clear Away Barriers to Prenatal Care and Worry about Payment Later

Having just finished reading the March-April 1984 issue with its special section on the Natality and Fetal Mortality Surveys, I feel compelled to add a note from an oldtimer in the field.

All the information contained in the learned articles is only applicable if the pregnant woman presents herself early enough in her pregnancy for someone to do something, either educational or physical.

Frequently our American system makes this very difficult. A quick call to a local hospital brought the reply "Prenatal, Wednesday morning—bring \$250 cash—husband's pay stub—any insurance—come in front door—report first to cashier's window." Most of our prenatal patients are Hispanic and probably don't understand that response; certainly they don't have \$250 in cash.

Nature being what it is, time goes by and eventually labor sets in, and those in the obstetrical department swear at these stupid women who wait until the last minute and don't get prenatal care.

Let's make sure that every woman who thinks she's pregnant has immediate access to care and worry about payment later.

Every obstetrician (or his wife or nurse) should call, possibly with an accent, the local hospital and try to make a prenatal clinic appointment. When the barriers are cleared away, we can implement the recommendations implied by the surveys.

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