Hi Tom, Trevor and Fred,

Thank you for your detailed response! I know this seems like a pointless exercise, but since we are tracking government policies in India, even a slight deviation from the official definition can make policymakers and the public throw out the entire data! In India, specific targets made by the government for neonatal mortality follow the WHO definition, which means if we report a different definition, it just raises more questions.

A potential solution I thought of was to code b7=0 when b6=100 through 127 inclusive and then add deaths at 28 and 29 days in addition to deaths imputed/flagged into b7=1. Therefore, when using the synthetic cohort life table approach to calculate the mortality rates, we will still define NMR as 0-27 days inclusive and PNNMR/IMR to include all the deaths right after the first 28 days.

I looked over the approach you used in the Liberia report, and while that approach is very common, footnote 7 addresses the drawbacks of this and also mentions significant downward bias, especially for the CMR. Since we are limiting the mother's recall to the past five years to minimize recall bias, this might affect our analysis. Additionally, in our study, we calculate the rates for each state in India which might cause some states to be more affected than others. However, that strategy seems to be the best when analyzing early neonatal deaths vs. late neonatal deaths!

Once again, thank you for getting back to me and let me know if you have any thoughts/comments on the above! I appreciate all of your help in this for our study!

Thanks,