
Subject: Adverse birth outcome

Posted by [T Daba](#) on Wed, 04 Oct 2023 21:59:19 GMT

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Hello dear,

I am currently engaged in a research project that involves the analysis of data from SSA DHS datasets, encompassing 20 countries. The primary focus of this study is to investigate the determinants of adverse birth outcomes among adolescent women. Specifically, I am interested in understanding adverse birth outcomes, which I define as the occurrence of one or more of the following events: low birth weight (LBW), preterm birth, stillbirth, early neonatal death, and macrosomia.

My inquiry pertains to the measurement of stillbirth and early neonatal mortality, which I find a bit confusing based on the available data in the dataset. Upon review, I noticed that stillbirth is available from variables V228 to V233 within the children's record (KR), and neonatal mortality is coded as b5, b6, and b7. However, I've also come across information in the DHS Forum and the DHS Contraceptive Calendar Tutorial suggesting that stillbirth and early neonatal mortality are generated from individual women's data.

My specific questions are as follows:

1. Which dataset should I rely on to measure stillbirth and early neonatal mortality, the children's record (KR) or the individual women's record (IR)?
2. Is it possible to create a single variable called "adverse birth outcome" by summing up these five events?

I would greatly appreciate your guidance and clarification on these matters.

Looking forward to hearing from you.

Thank you for your assistance!

Subject: Re: Adverse birth outcome

Posted by [Janet-DHS](#) on Mon, 09 Oct 2023 18:19:50 GMT

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Following is a response from DHS staff member, Tom Pullum:

The information on these outcomes varies across countries and across surveys within the same country. You may find that a separate analysis of each country will make the most complete use of the data--at least I suggest that you keep that as an option.

I suggest that you first think of children in the KR file as the units of analysis. This file is limited to live births in the mother's birth history. For example, an early neonatal death is given by b6<107. Birthweight, if included, is m19, and many of the other m variables could be relevant, but some of them only apply if the child is still alive, and some of them only apply to the youngest child born in the past 5 years (children with bidx=1).

The most recent surveys include a pregnancy history and a variable (p32) that identifies stillbirths. Otherwise stillbirths have to be inferred from the calendar or from survey-specific questions. If a survey report includes a table on perinatal mortality, then you could think of a file that corresponds

with the denominator of the perinatal mortality rate, that is, pregnancies of 7+ months duration, which would include stillbirths. But I would recommend that if the survey does not include a pregnancy history, then you keep stillbirths out of your main analysis and focus on risk factors for negative outcomes following a live birth.

Subject: Re: Adverse birth outcome
Posted by [T Daba](#) on Tue, 10 Oct 2023 07:18:27 GMT
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Dear Tom Pullum,

Your feedback holds significant importance for my analysis and will play a great role in shaping my path forward.

Thank you very much!
