Perinatal mortality in a first generation immigrant population and its relation to unemployment in The Netherlands

Sir — We recently reported levels of geographical variation in hospital admission rates in the Oxford region.1 In discussing our results, we briefly compared systematic component of variation (SCV) values from our data with those published by Wennberg et al2 for hospital service areas in Maine, USA. Wennberg et al described their method by citing an earlier paper in which SCVs had been calculated using a multiplication constant of 100.3 We now believe that in the 1984 study4 they in fact used a multiplication factor of 1000, although it is impossible to discover this from their paper.

The reported differences between our results and those from Maine persist, however, after taking account of the 10-fold multiplication factor. Only 10% of admissions in Maine were for conditions with an SCV (100) of less than 50, compared with 44% of surgical workload in Oxford.

Our conclusion remains unchanged. There was substantially less variation in admission rates in the Oxford region than in Maine, USA.

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Comparing measures of variation

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Sir — In the introduction of the above article1 we stated in error that a previous study by Doornbos and Nordbeck of the same population2 showed an odds ratio of 1.50 for perinatal mortality for infants of Surinam origin and 1.42 for infants of other non-Dutch origin. In fact, these authors reported crude odds ratios of 1.23 and 1.22 for the two groups. The error resulted from a misreading of data provided by these authors.

Our re-analysis of the role of various factors associated with perinatal mortality and ethnic origin therefore confirms the simpler Doornbos/Nordbeck analysis with respect to the marginal role of infant origin itself. The main finding of our report regarding the important role of parental employment status as a predictor of perinatal mortality is not affected.

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