BIRTH OUTCOMES AND INFANT MORTALITY IN CHICAGO, 1993–2002

DECEMBER 2004
Birth Outcomes and Infant Mortality in Chicago, 1993–2002
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Suggested Citation
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Preface

This edition of the annual epidemiological overview of birth outcomes and infant mortality in Chicago has a different organization and content from previous editions. Sections were created that more closely reflect the chronological parenting and birth cycle.

Thanks to Dr. Bill Paul, Dr. Agatha Lowe, Cynthia Brooks and to Dr. Kirsti Bocskay for providing inspiration, comments and suggestions. It is hoped that this report will prove helpful in developing effective interventions for reducing infant mortality and low birthweight in Chicago. Questions, comments and/or suggestions for improving future editions are welcomed.

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Executive Summary

✓ The birth rate in Chicago has declined from 20.8 per 1000 in 1993 to 17.3 by 2002, and fertility rate from 89.8 per 1000 of women aged 15-44 years in 1993 to 70.6 in 2002 (Table 2.3).

✓ The multiple birth rate has risen among non-Hispanic Whites from 3.2 percent in 1993 to 5.2 in 2002. A rise from 3.0 percent in 1993 to 3.8 by 2002 was observed for non-Hispanic Blacks (Table 2.5).

✓ There was a steady decline in percent of teen births since 1993 with an overall drop of 24 percent between 1993 and 2002. Teenage birth rates by ethnicity continue to differ considerably (Table 2.6).

✓ Births to parents of different ethnicities have increased from 9.5 percent in 1993 to 12.1 in 2002 (Figure 2.2).

✓ Timely initiation of prenatal care in the first trimester improved overall from 70.8 percent in 1993 to 80.2 by 2002. However, early initiation of prenatal care for non-Hispanic Blacks by 2002 (74.1 percent) has not reached the level of non-Hispanic Whites in 1993 (83.6 percent) (Table 3.2).

✓ The percentage of cesarean deliveries has increased from 11.6 percent in 1993 to 13.8 in 2002 (Table 3.9).

✓ The rate of preterm births was stable around 8.5 percent for non-Hispanic Whites, and has shown a slight decrease for non-Hispanic Blacks from 19.6 percent in 1993 to 17.8 in 2002 (Table 4.2).

✓ The percentage of low birth weight has been stable for non-Hispanic Whites at around 5.1 percent, but a small decline was observed for non-Hispanic Blacks from 14.7 percent in 1993 to 13.1 in 2002 (Table 4.3).

✓ Smoking rates in pregnancy have declined for women in all ethnicity categories (Table 4.5). Among non-Hispanic Whites, the decline was from 13.7 percent in 1993 to 6.1 in 2002. Among non-Hispanic Blacks, the decline was from 16.9 percent to 13.6 percent.

✓ The maternal mortality rate for the four-year period 1999-2002 was 17.1 per 100,000 births.
Background and Methods

This report presents data on numbers and characteristics of births from 1993 to 2002, including birth and fertility rates, maternal lifestyle and health characteristics, medical services use by pregnant women and infant health characteristics. These factors are useful in performing community level needs assessments, assessing health care access and the appropriateness and quality of care, and factors for potential interventions to improve maternal and child health.

Data Sources

Unless otherwise specified, data shown in this report are for calendar years 1993 through 2002, are obtained from birth files, death files, fetal death files, and matched birth/death files, produced by the Illinois Department of Public Health (IDPH). Denominators for population-based rates are derived from the intercensal population estimates of Chicago for non census years (1993-1999, 2001-2002) and from the 2000 U.S. Census. Data are reported for Chicago residents, regardless of the place of event occurrence.

Birth Files

For the time period of this report, Illinois used a modification of the 1989 revision of U.S. Standard birth certificate. The certificates contain information on parental demographic variables, health care measures prior to and during pregnancy, maternal medical risk factors, and infant health status at birth.

Death Files

The death certificate includes demographic variables and causes of death. Underlying cause of death is coded by a standard methodology. The International Classification of Diseases, revision 9 (ICD-9) was in effect from 1979-1998. Data from 1999 forward are coded by the 10th revision of the ICD (ICD-10) (see below).
<table>
<thead>
<tr>
<th>Section</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cause of Death</strong></td>
<td>On the death certificate, the certifier (a physician, coroner or medical examiner) enters information about the causes and circumstances of death in a specific sequence. When received by the state vital statistics office, the causes are placed in standard categories, and the underlying cause of death is then determined. The underlying cause of death is defined as: the disease or injury which started the sequence of events leading directly or indirectly to death, or the circumstances of the accident or violence which produced a fatal injury. Underlying cause of death is not necessarily the first medical condition listed on the death certificate. All of the information on the certificate is examined systematically, using classification rules, to determine the most appropriate underlying cause of death.</td>
</tr>
<tr>
<td><strong>Matched Birth/Infant Death Files</strong></td>
<td>Matched birth/infant death files are created by combining information from birth certificates and death certificates of infants. These files contain one record for each infant born who died within one year of birth. Note that in some cases, birth and death of the infants do not occur within the same calendar year. This occurs when the birth takes place in one year, and the death occurs within one year of birth but in the subsequent calendar year. Matched files are produced by calendar year defined by whether they contain information on infants who died that year (and were born that year or the previous year), the death cohort, or they contain information on infants who were born that calendar year (and died that year or the subsequent calendar year), the birth cohort. The birth cohort by definition takes a longer time to complete than the death cohort, but both files are produced only after finalized natality and mortality files are produced, and thus are not available for all calendar years of the published natality files. In this report, we use the death cohorts for the calendar years 1993-2000 (the most recent file at the time of analysis).</td>
</tr>
<tr>
<td><strong>Fetal Death Files</strong></td>
<td>Fetal death certificates are required to be filed in Illinois for any pregnancy loss at 20 weeks gestation or later. The information captured in the fetal death certificate is similar to the information on the birth certificate.</td>
</tr>
<tr>
<td><strong>Intercensal Population Estimates</strong></td>
<td>Intercensal population estimates used in this report for calendar years, 1993-1999, 2001-2002, are computed from the exponential modeling method of population forecasting, where population increases by constant proportion of its size at any point in time.</td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
<td>For calculations requiring a population denominator (Birth, fertility and mortality rates) data are reported for non-Hispanic White, non-Hispanic Black, Hispanic, Native American Indians and Alaskan Natives, and Asians. In computations where a population denominator was not required, Mexican, and Puerto Rican were included along with other ethnicity categories. Computations based on a small number of events, even based on complete counts, tend to exhibit considerable variation over time because of random variation. Caution should be exercised in interpreting these rates or making comparisons. Data cells are suppressed for confidentiality purposes when there is a significant possibility of identifying an individual mother or child. The rate or percentage is suppressed when the number...</td>
</tr>
</tbody>
</table>
of events (numerator), upon which the rate/percent is calculated from, is less than 20. Calculations performed with numerator counts less than twenty are unstable due to large relative standard errors.

For cause of death trends, comparability ratios were calculated by the National Center for Health Statistics (NCHS). These ratios were obtained by coding a set of death certificates under both ICD-10 and ICD-9, then comparing the differences. These ratios were applied to mortality data coded under ICD-9 to make the rates appear comparable to ICD-10 coded data.

ICD-10 has a markedly different rule for defining maternal mortality than ICD-9 and this is not adjustable by comparability ratios. Therefore, only data from ICD-10 are published in this report for maternal mortality.

**Definition of Terms (alphabetically arranged)**

**Birth Rate**
Live births per 1,000 population in a specified group.

**Cause of Death**
The causes of death tables for infants are a compilation of selected causes of infant deaths that account for a large majority of infant deaths. The categories are derived from official tabulation lists contained in the ICD-10.

**Community Area**
More than seventy years ago a research committee at the University of Chicago divided the City into 75 community areas based upon social, cultural and geographic factors. Since 1960, two additional community areas have been added. Although the community areas no longer necessarily represent the boundaries of modern Chicago neighborhoods, demographic and health information at the community-area level is useful to many community-based organizations, planners, hospitals, universities, and other groups.

**Fetal Deaths**
Fetal death means death before the complete expulsion or extraction from its mother of a product of conception that is not an induced termination of pregnancy, irrespective of the duration of pregnancy. The death is indicated by the fact after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

**Fertility Rate**
Live births per 1,000 women aged 15-44 years in a specified group.

**Infant Mortality Rate**
A term used to describe deaths to persons younger than one year of age. The infant mortality rate (IMR) is defined as the number of deaths to infants less than one year of age per 1,000 live births. Infant deaths are commonly divided into two groups, neonatal and postneonatal.

**Low Birthweight**
Low birthweight (LBW) is defined as weighing 2499 grams or less (5 lb 8 oz or less), moderately LBW infants as weighing between 1,500 to 2,499 grams (3 lb 5oz-5lb 8 oz), and Very Low Birthweight (VLBW) as weighing 1499 grams or less at birth (3 lb 4 oz). Low birthweight is a major risk factor for infant mortality. Causes for LBW vary with the type of birth.
### Maternal Mortality Rate (Maternal Mortality Ratio)

The total number of deaths of women from pregnancy-related causes in a given period per 100,000 live births; the ratio measures the risk of death a woman faces each time she becomes pregnant.

### Medical Risk Factors for Pregnancy

Complications of pregnancy or concurrent illnesses believed to adversely affect the outcome of pregnancy. Table 1.1 lists the sixteen conditions currently considered medical risk factors during pregnancy:

<table>
<thead>
<tr>
<th>Medical Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anemia</strong> - Hemoglobin level of less than 10.0 g/dL during pregnancy or hematocrit of less than 30 percent during pregnancy.</td>
</tr>
<tr>
<td><strong>Cardiac disease</strong> - Disease of the heart.</td>
</tr>
<tr>
<td><strong>Acute or chronic lung disease</strong> - Disease of the lungs during pregnancy.</td>
</tr>
<tr>
<td><strong>Diabetes</strong> - Metabolic disorder characterized by excessive discharge of urine and persistent thirst; includes juvenile onset, adult onset, and gestational diabetes during pregnancy.</td>
</tr>
<tr>
<td><strong>Genital herpes</strong> - Infection of the skin of the genital area by herpes simplex virus.</td>
</tr>
<tr>
<td><strong>Hydraminos/Oligohydraminos</strong> - Any noticeable excess (hydraminos) or lack (oligohydraminos) of amniotic fluid.</td>
</tr>
<tr>
<td><strong>Hemoglobinopathy</strong> - A blood disorder caused by alteration in the genetically determined molecular structure of hemoglobin (example: sickle cell anemia).</td>
</tr>
<tr>
<td><strong>Hypertension, chronic</strong> - Blood pressure persistently greater than 140/90 diagnosed prior to onset of pregnancy or before the 20th week of gestation.</td>
</tr>
<tr>
<td><strong>Hypertension, pregnancy-associated</strong> - An increase in blood pressure of at least 30 mm Hg systolic or 15 mm Hg diastolic on two measurements taken 6 hours apart after the 20th week of gestation.</td>
</tr>
<tr>
<td><strong>Eclampsia</strong> - The occurrence of convulsions and/or coma unrelated to other cerebral conditions in women with signs and symptoms of preeclampsia.</td>
</tr>
<tr>
<td><strong>Incompetent cervix</strong> - Characterized by painless dilation of the cervix in the second trimester or early in third trimester of pregnancy, with premature expulsion of membranes through the cervix and ballooning of the membranes into the vagina, followed by rupture of the membranes and subsequent expulsion of the fetus.</td>
</tr>
<tr>
<td><strong>Previous infant 4,000+ grams</strong> - The birthweight of a previous live-born child was over 4,000+ grams (8 pounds 14 ounces).</td>
</tr>
<tr>
<td><strong>Previous preterm or small for gestational age infant</strong> - Previous birth of an infant prior to term (before 37 completed weeks of gestation) or an infant weighing less than the 10th percentile for gestational age using a standard weight-for-age chart.</td>
</tr>
<tr>
<td><strong>Renal disease</strong> - Kidney disease.</td>
</tr>
<tr>
<td><strong>Rh sensitization</strong> - The process of or state of becoming sensitized to the Rh factor as when an Rh-negative women is pregnant with an Rh-positive fetus.</td>
</tr>
<tr>
<td><strong>Uterine bleeding</strong> - Any clinically significant bleeding during the pregnancy taking into consideration the stage of pregnancy, any second or third trimester bleeding of the uterus prior to the onset of labor.</td>
</tr>
</tbody>
</table>
Modified Kessner Index

A measure of the adequacy or quality of prenatal care that groups care into adequate, intermediate, and inadequate categories based on a trimester of entry into care, total number of mothers' prenatal care visits, and length of gestation.

Neonatal Mortality Rate

Neonatal deaths are those deaths which occur during the first 28 days of life. The neonatal mortality rate (NMR) is defined as the number of neonatal deaths per 1,000 live births. Although the neonatal period accounts for less than 8% of the 12 months neonatal period, neonatal deaths comprise about two-thirds of infant deaths.

Postneonatal Mortality Rate

Postneonatal deaths are those deaths that occur between the 29th and 365th days of life. The PMR is defined as the number of postneonatal deaths per 1,000 live births.

Short Gestational Age

Less than 37 completed weeks in the womb.

Teen Births and Birth Rate

Teen births, as defined in this report, are births to mothers aged ten through 19 years of age and teenage birth rate is defined as the number of births to a group of 1,000 female teenagers.
### Table 2.1

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>1993</td>
<td>59,012</td>
</tr>
<tr>
<td>1994</td>
<td>57,324</td>
</tr>
<tr>
<td>1995</td>
<td>54,515</td>
</tr>
<tr>
<td>1996</td>
<td>52,831</td>
</tr>
<tr>
<td>1997</td>
<td>51,117</td>
</tr>
<tr>
<td>1998</td>
<td>51,517</td>
</tr>
<tr>
<td>1999</td>
<td>50,542</td>
</tr>
<tr>
<td>2000</td>
<td>50,885</td>
</tr>
<tr>
<td>2001</td>
<td>49,596</td>
</tr>
<tr>
<td>2002</td>
<td>47,958</td>
</tr>
</tbody>
</table>

Source: IDPH Birth Files
### Table 2.2 Births to Chicago Residents by Maternal Ethnicity, 1993 – 2002

<table>
<thead>
<tr>
<th>Year</th>
<th>NH Asian</th>
<th>NH Black</th>
<th>NH Native American</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>1,966</td>
<td>27,803</td>
<td>63</td>
<td>11,941</td>
<td>17,206</td>
<td>12,801</td>
<td>2,720</td>
<td>59,012</td>
</tr>
<tr>
<td>1994</td>
<td>2,025</td>
<td>26,268</td>
<td>76</td>
<td>11,393</td>
<td>17,448</td>
<td>13,177</td>
<td>2,533</td>
<td>57,324</td>
</tr>
<tr>
<td>1995</td>
<td>1,930</td>
<td>23,343</td>
<td>79</td>
<td>11,075</td>
<td>17,887</td>
<td>13,731</td>
<td>2,459</td>
<td>54,515</td>
</tr>
<tr>
<td>1996</td>
<td>1,961</td>
<td>22,170</td>
<td>65</td>
<td>11,013</td>
<td>17,603</td>
<td>13,804</td>
<td>2,324</td>
<td>52,831</td>
</tr>
<tr>
<td>1997</td>
<td>1,978</td>
<td>21,344</td>
<td>66</td>
<td>10,420</td>
<td>17,276</td>
<td>13,426</td>
<td>2,229</td>
<td>51,117</td>
</tr>
<tr>
<td>1998</td>
<td>1,961</td>
<td>21,290</td>
<td>74</td>
<td>10,604</td>
<td>17,534</td>
<td>13,748</td>
<td>2,216</td>
<td>51,517</td>
</tr>
<tr>
<td>1999</td>
<td>2,032</td>
<td>19,946</td>
<td>49</td>
<td>10,535</td>
<td>17,945</td>
<td>14,250</td>
<td>2,085</td>
<td>50,542</td>
</tr>
<tr>
<td>2000</td>
<td>2,127</td>
<td>19,436</td>
<td>53</td>
<td>10,681</td>
<td>18,546</td>
<td>14,674</td>
<td>2,106</td>
<td>50,885</td>
</tr>
<tr>
<td>2001</td>
<td>1,993</td>
<td>18,575</td>
<td>35</td>
<td>10,340</td>
<td>18,614</td>
<td>14,873</td>
<td>1,936</td>
<td>49,596</td>
</tr>
<tr>
<td>2002</td>
<td>2,010</td>
<td>17,206</td>
<td>40</td>
<td>10,488</td>
<td>18,192</td>
<td>14,456</td>
<td>1,816</td>
<td>47,958</td>
</tr>
</tbody>
</table>

Source: IDPH Birth Files

### Table 2.3 Fertility Rate for Chicago Residents by Ethnicity, 1993 – 2002

<table>
<thead>
<tr>
<th>Year</th>
<th>NH Asian</th>
<th>NH Black</th>
<th>NH Native American</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>66.0</td>
<td>105.6</td>
<td>33.7</td>
<td>49.6</td>
<td>113.3</td>
<td>85.8</td>
</tr>
<tr>
<td>1994</td>
<td>65.6</td>
<td>101.3</td>
<td>37.6</td>
<td>47.8</td>
<td>111.8</td>
<td>83.5</td>
</tr>
<tr>
<td>1995</td>
<td>60.4</td>
<td>91.4</td>
<td>36.6</td>
<td>46.9</td>
<td>111.6</td>
<td>79.5</td>
</tr>
<tr>
<td>1996</td>
<td>59.3</td>
<td>88.1</td>
<td>33.6</td>
<td>47.1</td>
<td>107.1</td>
<td>77.2</td>
</tr>
<tr>
<td>1997</td>
<td>57.9</td>
<td>56.1</td>
<td>32.0</td>
<td>45.1</td>
<td>102.5</td>
<td>74.8</td>
</tr>
<tr>
<td>1998</td>
<td>55.6</td>
<td>87.3</td>
<td>33.8</td>
<td>46.3</td>
<td>101.5</td>
<td>75.4</td>
</tr>
<tr>
<td>1999</td>
<td>55.9</td>
<td>83.1</td>
<td>21.1</td>
<td>46.5</td>
<td>101.4</td>
<td>74.1</td>
</tr>
<tr>
<td>2000</td>
<td>56.9</td>
<td>76.7</td>
<td>21.6</td>
<td>47.7</td>
<td>100.1</td>
<td>72.5</td>
</tr>
<tr>
<td>2001</td>
<td>51.7</td>
<td>79.9</td>
<td>13.6</td>
<td>46.7</td>
<td>100.5</td>
<td>72.9</td>
</tr>
<tr>
<td>2002</td>
<td>50.7</td>
<td>75.3</td>
<td>14.8</td>
<td>47.9</td>
<td>96.1</td>
<td>70.6</td>
</tr>
</tbody>
</table>

Source: IDPH Birth Files
Chicago Birth Outcomes and Infant Mortality, 8

Figure 1. Percent of births with paternal information

Figure 2. Percent of Births with Multiple Race Parents
Table 2.4

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Percent of Births with Fathers of Different Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH Asian</td>
<td>15.4</td>
</tr>
<tr>
<td>NH Black</td>
<td>2.5</td>
</tr>
<tr>
<td>NH Native American</td>
<td>71.3</td>
</tr>
<tr>
<td>NH White</td>
<td>10.7</td>
</tr>
<tr>
<td>All Hispanics</td>
<td>15.7</td>
</tr>
<tr>
<td>Mexican</td>
<td>8.8</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>40.9</td>
</tr>
</tbody>
</table>

Source: IDPH Birth Files

Figure 3. Percent of Births to Mothers Born Outside of the US by Ethnicity
For the years 1993-2002, the youngest mother was 10, and the oldest, 53.
For the years 1993-2002, the youngest father was 10, and the oldest, 87.
Figure 6. Percent of Births by First Birth and Ethnicity
### Table 2.5  Multiple Birth Percentage for Chicago Residents by Maternal Ethnicity, 1993–2002

<table>
<thead>
<tr>
<th>Year</th>
<th>NH Asian</th>
<th>NH Black</th>
<th>NH Native American</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>1.4</td>
<td>3.0</td>
<td>*</td>
<td>3.2</td>
<td>1.9</td>
<td>1.9</td>
<td>2.0</td>
<td>2.7</td>
</tr>
<tr>
<td>1994</td>
<td>1.9</td>
<td>3.3</td>
<td>*</td>
<td>3.2</td>
<td>2.0</td>
<td>2.0</td>
<td>2.0</td>
<td>2.8</td>
</tr>
<tr>
<td>1995</td>
<td>2.6</td>
<td>3.0</td>
<td>*</td>
<td>3.6</td>
<td>1.7</td>
<td>1.6</td>
<td>2.5</td>
<td>2.7</td>
</tr>
<tr>
<td>1996</td>
<td>2.3</td>
<td>3.2</td>
<td>*</td>
<td>3.8</td>
<td>1.7</td>
<td>1.6</td>
<td>2.6</td>
<td>2.8</td>
</tr>
<tr>
<td>1997</td>
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<td>3.1</td>
<td>*</td>
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<td>2.2</td>
<td>2.1</td>
<td>2.5</td>
<td>2.9</td>
</tr>
<tr>
<td>1998</td>
<td>2.2</td>
<td>3.4</td>
<td>*</td>
<td>4.1</td>
<td>1.8</td>
<td>1.7</td>
<td>3.0</td>
<td>2.9</td>
</tr>
<tr>
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<td>2.0</td>
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<td>*</td>
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<td>1.9</td>
<td>1.9</td>
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<td>2.9</td>
</tr>
<tr>
<td>2000</td>
<td>1.9</td>
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Source: IDPH Birth Files

*Percentages suppressed for fewer than 20 events

---

### Table 2.6  Number and Rate of Teen Births for Chicago Residents by Maternal Ethnicity, 1993–2002

<table>
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<tr>
<th>Year</th>
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<th>NH Native American</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Total Population</th>
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Source: IDPH Birth Files

*Rates suppressed for fewer than 20 events
### Table 3.1

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<th>Percent of Births with Medical Risk Factors</th>
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<td>Puerto Rican</td>
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Source: IDPH Birth Files

*Percentage suppressed for fewer than 20 events*
### Table 3.2 Percentage of Births with Early Initiation of Prenatal Care, Chicago Residents by Maternal Ethnicity, 1993–2002

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<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
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Source: IDPH Birth Files

### Table 3.3 Percentage of Births With Inadequate Prenatal Care, Chicago Residents by Maternal Ethnicity, 1993–2002

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<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
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<th>Total Population</th>
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Source: IDPH Birth Files

*Percentages suppressed for fewer than 20 events*
### Table 3.4 Percentage of Births With No Prenatal Care, Chicago Residents by Maternal Ethnicity, 1993–2002

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<th>NH Native American</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
</tr>
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<td>*</td>
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<td>*</td>
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<td>1.3</td>
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</tr>
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<td>1.8</td>
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<td>*</td>
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<td>1.7</td>
<td>1.4</td>
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</tr>
<tr>
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<td>0.7</td>
<td>0.7</td>
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Source: IDPH Birth Files

*Percentages suppressed for fewer than 20 events

### Table 3.5 Chicago Resident births in other communities, 1993–2002

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Source: IDPH Birth Files
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<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
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Source: IDPH Birth Files
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Source: IDPH Birth Files

### Table 3.8

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Source: IDPH Birth Files
### Table 3.9 Delivery Method, Chicago Residents 1993–2002

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Source: IDPH Birth Files
### Table 4.1 Most Popular Baby Names, Chicago Residents 2002

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Source: IDPH Birth Files
### Table 4.2 Percentage of Births that were Premature, Chicago Residents by Maternal Ethnicity, 1993 – 2002

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<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
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Source: IDPH Birth Files

*Percentages suppressed for fewer than 20 events

### Table 4.3 Percentage of All Singleton Births that were Low Birth Weight, Chicago Residents by Maternal Ethnicity, 1993–2002

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<th>NH White</th>
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Source: IDPH Birth Files

*Percentages suppressed for fewer than 20 events
### Table 4.4 Percentage of Full Term Singleton Births that were Low Birth Weight, Chicago Residents by Maternal Ethnicity, 1993–2002

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<thead>
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<th>Year</th>
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<th>NH Native American</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
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Source: IDPH Birth Files

*Percentages suppressed for fewer than 20 events

### Table 4.5 Percentage of Births With Maternal Smoking during Gestation, Chicago Residents by Maternal Ethnicity, 1993–2002

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<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
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<td>0.9</td>
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Source: IDPH Birth Files

*Percentages suppressed for fewer than 20 events
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<th>NH White</th>
<th>All Hispanics</th>
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<th>Puerto Rican</th>
<th>Total Population</th>
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<td>6.0</td>
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<td>15.3</td>
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<td>8.4</td>
<td>5.6</td>
<td>5.0</td>
<td>12.7</td>
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<td>11.9</td>
<td>0.0</td>
<td>4.9</td>
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<td>4.9</td>
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Source: IDPH Birth Files
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<th>NH White</th>
<th>All Hispanics</th>
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<th>Total Population</th>
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Source: IDPH Birth Files
## Infant Mortality

### Table 5.1  Fetal and Infant Mortality, Chicago Residents 1993-2000

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Source: IDPH Fetal Death and Matched Files
### Table 5.2  Infant Mortality Rate, Chicago Residents by Maternal Ethnicity, 1993–2000

<table>
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<tr>
<th>Year</th>
<th>NH Asian</th>
<th>NH Black</th>
<th>NH Native American</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
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Source: IDPH Matched Files

*Rates suppressed for fewer than 20 events

### Table 5.3  Neonatal Mortality Rate, Chicago Residents by Maternal Ethnicity, 1993–2000

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<th>Year</th>
<th>NH Asian</th>
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<th>NH Native American</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
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Source: IDPH Matched Files

*Rates suppressed for fewer than 20 events
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<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
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Source: IDPH Matched Files

*Rates suppressed for fewer than 20 events

### Table 5.5 Infant Mortality for Short Gestation and Low Birthweight, Chicago Residents by Maternal Ethnicity, 1993–2000

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<th>NH White</th>
<th>All Hispanics</th>
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<th>Puerto Rican</th>
<th>Total Population</th>
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<td>* 9</td>
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Source: IDPH Matched Files

*Rates suppressed for fewer than 20 events
### Table 5.6
**Infant Mortality for Congenital Anomalies, Chicago Residents by Maternal Ethnicity, 1993–2000**

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<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
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<td>24</td>
<td>1.7</td>
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<td>* 37</td>
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<td>22</td>
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Source: IDPH Matched Files

*Rates suppressed for fewer than 20 events*

### Table 5.7
**Infant Mortality for SIDS, Chicago Residents by Maternal Ethnicity, 1993–2000**

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<th>Year</th>
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<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
</tr>
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<td>* 17</td>
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<td>5</td>
<td>* 1</td>
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Source: IDPH Matched Files

*Rates suppressed for fewer than 20 events*
### Table 5.8 Infant Mortality for Infant Accidents, Chicago Residents by Maternal Ethnicity, 1993–2000

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<th>NH White</th>
<th>All Hispanics</th>
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<th>Puerto Rican</th>
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<td>0</td>
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<td>19</td>
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<td>2</td>
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Source: IDPH Matched Files

*Rates suppressed for fewer than 20 events

### Table 5.9 Infant Mortality for Respiratory Distress Syndrome, Chicago Residents by Maternal Ethnicity, 1993–2000

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Source: IDPH Matched Files

*Rates suppressed for fewer than 20 events
### Table 5.10
**Infant Mortality for Neonatal Hemorrhage, Chicago Residents by Maternal Ethnicity, 1993–2000**

<table>
<thead>
<tr>
<th>Year</th>
<th>NH Asian</th>
<th>NH Black</th>
<th>NH Native American</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
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<td>n  Rate</td>
<td>n  Rate</td>
<td>n  Rate</td>
<td>n  Rate</td>
<td>n  Rate</td>
<td>n  Rate</td>
<td>n  Rate</td>
<td>n  Rate</td>
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<td>0  * 0</td>
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</tr>
<tr>
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<td>0  * 0</td>
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<td>0  * 1</td>
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<td>0  * 6</td>
<td>0  * 0</td>
<td>6  *</td>
</tr>
<tr>
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<td>0  * 1</td>
<td>0  * 1</td>
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<td>0  * 0</td>
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<td>0  * 1</td>
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<td>0  * 2</td>
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Source: IDPH Matched Files

*Rates suppressed for fewer than 20 events*

### Table 5.11
**Infant Mortality for Complications of Pregnancy, Chicago Residents by Maternal Ethnicity, 1993–2000**

<table>
<thead>
<tr>
<th>Year</th>
<th>NH Asian</th>
<th>NH Black</th>
<th>NH Native American</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
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<td>n  Rate</td>
<td>n  Rate</td>
<td>n  Rate</td>
<td>n  Rate</td>
<td>n  Rate</td>
<td>n  Rate</td>
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<tr>
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<td>0  * 6</td>
<td>0  * 6</td>
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<td>0  * 0.5</td>
<td>32  * 0.5</td>
</tr>
<tr>
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<td>0  * 0.9</td>
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<td>0  * 5</td>
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<td>35  * 0.6</td>
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<td>0  * 7</td>
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<td>0  * 38</td>
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<td>38  * 0.7</td>
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<td>0  * 1</td>
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<td>40  * 0.8</td>
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<td>0  * 8</td>
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<td>28  * 0.5</td>
</tr>
<tr>
<td>1999</td>
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<td>0  * 0</td>
<td>0  * 5</td>
<td>0  * 7</td>
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<td>20  * 0.4</td>
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Source: IDPH Matched Files

*Rates suppressed for fewer than 20 events*
### Table 5.12
**Infant Mortality for Circulatory System Disease, Chicago Residents by Maternal Ethnicity, 1993–2000**

<table>
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<tr>
<th>Year</th>
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<th>NH Black</th>
<th>NH Native American</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
</tr>
</thead>
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<td>0</td>
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</tr>
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Source: IDPH Matched Files

*Rates suppressed for fewer than 20 events*

### Table 5.13
**Infant Mortality for Infant Homicide, Chicago Residents by Maternal Ethnicity, 1993–2000**

<table>
<thead>
<tr>
<th>Year</th>
<th>NH Asian</th>
<th>NH Black</th>
<th>NH Native American</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Total Population</th>
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<td>Rate</td>
<td>n</td>
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<td>1</td>
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<td>0</td>
<td>2</td>
<td>3</td>
<td>3</td>
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<td>0</td>
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<td>0</td>
<td>8</td>
</tr>
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<td>0</td>
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<td>0</td>
<td>0</td>
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</tr>
<tr>
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</tbody>
</table>

Source: IDPH Matched Files

*Rates suppressed for fewer than 20 events*
Maternal Mortality

The maternal mortality rate for the four-year period 1999–2002 was 17.1 per 100,000 births.

Table 6.1  Maternal Mortality, Chicago Residents by Maternal Ethnicity, 1999–2002

<table>
<thead>
<tr>
<th>Year</th>
<th>NH Asian</th>
<th>NH Black</th>
<th>NH White</th>
<th>All Hispanics</th>
<th>Total Population</th>
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<td>1999</td>
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<td>2002</td>
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<td>0</td>
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Source: IDPH Death Files
<table>
<thead>
<tr>
<th>Cause</th>
<th>Frequency</th>
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<td>Obstetric Embolism</td>
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</tr>
<tr>
<td>Gestational Hypertension</td>
<td>4</td>
</tr>
<tr>
<td>Venous Complication</td>
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</tr>
<tr>
<td>Other Maternal Disease</td>
<td>3</td>
</tr>
<tr>
<td>Ectopic Pregnancy</td>
<td>2</td>
</tr>
<tr>
<td>Infections</td>
<td>2</td>
</tr>
<tr>
<td>Antepartum Haemorrhage</td>
<td>2</td>
</tr>
<tr>
<td>Obstetric Trauma</td>
<td>2</td>
</tr>
<tr>
<td>Complications of Labor and Delivery</td>
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<tr>
<td>Complications of the Puerperium</td>
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</tr>
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<td>Medical Abortion</td>
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<tr>
<td>Pre-existing Hypertension</td>
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<tr>
<td>Hypertensive Disorder with Superimposed Proteinuria</td>
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<tr>
<td>Malpresentation of Fetus</td>
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<td>Fetal Problem</td>
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<tr>
<td>Premature Separation of Placenta</td>
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<tr>
<td>Postpartum Haemorrhage</td>
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</table>

Source: IDPH Death Files
Appendices
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<tr>
<th>Community Area</th>
<th>Infant Deaths</th>
<th>Live Births</th>
<th>Community Area</th>
<th>Infant Deaths</th>
<th>Live Births</th>
<th>Community Area</th>
<th>Infant Deaths</th>
<th>Live Births</th>
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<td>27 East Garfield Park</td>
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<td>381</td>
<td>53 West Pullman</td>
<td>8</td>
<td>595</td>
</tr>
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<td>700</td>
<td>54 Riverdale</td>
<td>4</td>
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</tr>
<tr>
<td>3 Uptown</td>
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<td>796</td>
<td>29 North Lawndale</td>
<td>13</td>
<td>825</td>
<td>55 Hegewisch</td>
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<td>115</td>
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<td>30 South Lawndale</td>
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<td>2,089</td>
<td>56 Garfield Ridge</td>
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<td>481</td>
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<td>31 Lower West Side</td>
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<td>57 Archer Heights</td>
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<td>61 New City</td>
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<td>99</td>
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<td>63 Gage Park</td>
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<td>8</td>
<td>434</td>
<td>64 Clearing</td>
<td>6</td>
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</tr>
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<td>265</td>
<td>39 Kenwood</td>
<td>3</td>
<td>239</td>
<td>65 West Lawn</td>
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<td>564</td>
</tr>
<tr>
<td>14 Albany Park</td>
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<td>1,116</td>
<td>40 Washington Park</td>
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<td>66 Chicago Lawn</td>
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<td>908</td>
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<td>42 Woodlawn</td>
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<td>414</td>
<td>68 Englewood</td>
<td>12</td>
<td>769</td>
</tr>
<tr>
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<td>433</td>
<td>43 South Shore</td>
<td>11</td>
<td>895</td>
<td>69 Greater Grand Crossing</td>
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<td>512</td>
<td>70 Ashburn</td>
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<td>6</td>
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<td>653</td>
<td>46 South Chicago</td>
<td>7</td>
<td>688</td>
<td>72 Beverly</td>
<td>2</td>
<td>262</td>
</tr>
<tr>
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<td>849</td>
<td>47 Burnside</td>
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<td>73 Washington Heights</td>
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</tr>
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<td>48 Calumet Heights</td>
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<td>179</td>
<td>74 Mount Greenwood</td>
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<td>257</td>
</tr>
<tr>
<td>23 Humboldt Park</td>
<td>22</td>
<td>1,403</td>
<td>49 Roseland</td>
<td>11</td>
<td>779</td>
<td>75 Morgan Park</td>
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</tr>
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### Appendix C

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<td>45 Avalon Park</td>
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<td>71 Auburn Gresham</td>
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<td>21 Avondale</td>
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<td>22 Logan Square</td>
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Source: IDPH Fetal Death Files
City of Chicago
Richard M. Daley
Mayor

John L. Wilhelm, M.D., M.P.H.
Commissioner
Department of Public Health