

# Executive Summary: Wisconsin Perinatal Periods of Risk (PPOR) Analysis, 2015–2019

Understanding Inequities in Fetal and Infant Mortality Impacting American Indian and Alaska Native Communities

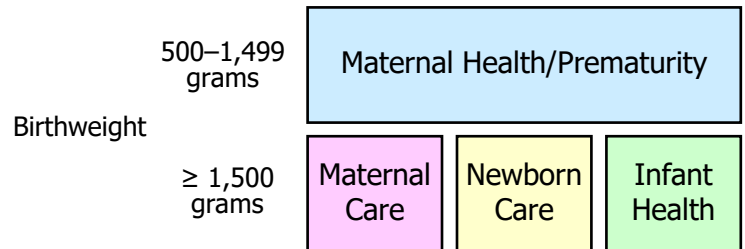
## What is PPOR?

Perinatal Periods of Risk (PPOR) identifies how many deaths could be avoided if death rates were the same across different groups. Death rates for **populations impacted by inequities** are compared to lowest observed rates to better **understand excess deaths**. Understanding what causes inequities in fetal and infant deaths helps us to focus prevention efforts.

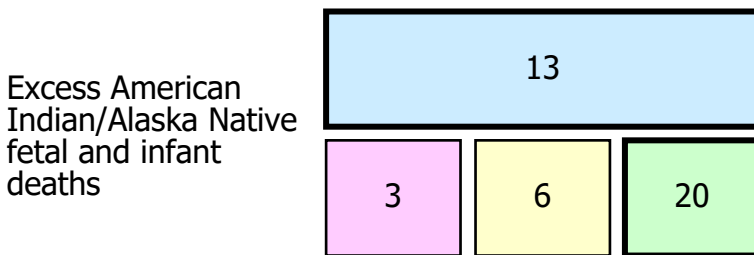
## Periods of risk

Age at death

Fetal death ≥ 24 weeks Neonatal 0–27 days Post-neonatal 28–364 days

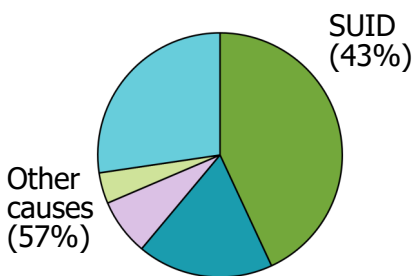


## When do excess fetal and infant deaths occur? (2015–2019)

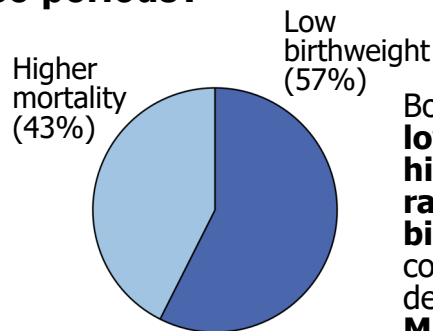


Most excess deaths occur within the **Infant Health** and **Maternal Health/Prematurity** periods of risk.

## What causes excess deaths within these periods?



**Sudden Unexpected Infant Death (SUID)** is the leading cause of excess deaths within the **Infant Health** period.



Both **higher rates of low birthweight** and **higher mortality rates among low birthweight infants** contribute to excess deaths within the **Maternal Health/Prematurity** period.

Note: SUID includes sudden infant death syndrome and accidental suffocation or strangulation in bed.

## How can PPOR findings be used?

The PPOR analysis helped to identify **three key prevention areas: SUID, low birthweight, and mortality among low birthweight infants**. Focusing on SUID and low birthweight prevention may help to reduce excess fetal and infant deaths and inequities impacting American Indian/Alaska Native communities in Wisconsin. When working to improve health outcomes, it is important to know that oppressive systems carry the blame for health inequities, not individuals. Prevention should include efforts that intervene at the systemic level.

