Why is neonatal mortality rate higher in hospital?
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Objective
To assess the prevalence of high risk pregnancies in hospital.

Methods
This is a cross sectional study of secondary data from the National Information System, from the part dedicated to mortality (specifically neonatal mortality). The dependent variable was the place of birth which was coded as hospital or other place of birth (primary care). The selected factors (risk factors for neonatal death) were maternal age (10-34 years=reference, and 35-59=risk), school education (low 0-7 years =risk; medium 8-13 years= reference), type of pregnancy (single=reference, multiple=risk), gestational ages (22-36 weeks= risk; 37-42+= reference), birth weight (low birth weight, 500-2499 g= risk; 2500-4000+ =reference) and type of delivery (vaginal=reference; cesarean section=risk). The inclusion criterion was the period until the 27th day of life.

Results
The total number of fetal deaths was 25,077 distributed between hospital (24,731) and other place of birth (346). There was an association of old maternal age (35-59 years) (OR=0.65, CI=0.47-0.92, p=0.001), low school education (0-7 years) (OR=6.25, CI=5.30-7.40, p<0.001), low birth weight (500-2499 g) (OR=2.08, CI=1.64-2.63, p<0.001), prematurity (22-36 weeks) (OR=1.90; CI=1.51-2.39, p<0.001) and type of delivery (cesarean section) (OR=1.32; CI=1.03-1.69; p=0.02) with hospital. There was no association of multiple pregnancy (OR=1.11, CI=0.74-1.67, p=0.59) with hospital.

Conclusion
The old maternal age was a protective factor against neonatal mortality while low school education, prematurity, low birth weight and cesarean section were associated with hospital. So, there was a high prevalence of high risk pregnancies in the hospital.