# LETTER TO THE Editor

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## Epidemiological status of perinatal and late neonatal mortality in Colombia, 2022

### Estado epidemiológico de la mortalidad perinatal y neonatal tardía en Colombia, 2022

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Dear Editor:

Late perinatal and neonatal mortality (LPNM) is an event of high public health interest, not only in Colombia, but globally. Perinatal mortality is defined as death occurring from the 22nd completed week of gestation or 500 grams or more of fetal weight up to 7 days after birth, and directly relates to those live births that die during the first 28 full days of life. Neonatal death is divided into early neonatal deaths, which occur during the first 7 days, and late neonatal deaths, which occur from day 7 of birth through day 28 of life. The importance of a timely and effective analysis of this perinatal mortality indicator is related to a direct and indirect analysis of causes related to reproduction, access to health care, biological, social, and maternal health conditions<sup>(1)</sup>.

For the year 2022, approximately 7,085 cases of LPNM were registered in Colombia, representing a decrease of 13.2% of cases compared to the year 2021. The ratio of LPNM deaths in Colombia is 12.9 per 1000 live births, 94% of which have a well-defined cause of death<sup>(2)</sup>.

The time of occurrence of fetal death was antepartum in 46% (3,307 cases). The mortality ratio by health system affiliation was 9.5 cases per 1,000 uninsured live births. The ratio of LPNM deaths by area of residence is of concern, given that in dispersed rural areas LPNM mortality was 12.1 cases per 1,000 live births. In relation to ethnicity, mortality was 17.8 cases per 1,000 live births in the indigenous population<sup>(2)</sup>.

The age of the mother was a relevant factor. In Colombia, maternal population groups were recorded whose age ranged from 40 years of age and older, with 26.1 cases per 1,000 live births (371 cases), followed by the other end of the population, the age group between 10-14 years, with 21.1 cases per 1,000 live births (91 cases)<sup>(2)</sup>.

The main causes of death identified in LPNM were prematurity-immaturity, which accounted for 3 cases per 1,000 live births (1,673 cases), followed by asphyxia and related causes, which accounted for 2.9 cases per 1,000 live births (1,577 cases). Infections were responsible for 11% of all LPNM cases, accounting for 1.4 cases per 1,000 live births (778 cases). Congenital malformations registered 1 case per 1,000 live births, representing 8.1% of the LPNMs. The territorial entities in Colombia with the highest mortality rates were Chocó (29.2 cases of LPNM per 1,000 live births) Amazonas (20.4 cases of LPNM per 1,000 live births) and Vaupés (19.9 cases of LPNM per 1,000 live births)<sup>(2)</sup>.

Another variable of interest taken by the National Institute of Health (NIH) and the National Public Health Surveillance System (SIVIGILA, by its initials in Spanish) was related to the behavior of SARS-CoV-2 infection in neonates. In 2022, 637 cases of COVID-19 were registered, of which 1.6% were active and 97.8% were considered recovered cases (623 cases). No neonatal deaths due to SARS-CoV-2 have been reported to date in Colombia. The sex most affected was male, with 56.7% of the cases (361 cases). It is presumed that the source of SARS-CoV-2 infection in neonates in Colombia was the community in 91.8% (585 cases), related to mild stages of the disease in 97% (623 cases), where only 0.5% progressed to severe stages (3 cases) without deaths<sup>(2)</sup>.

The analysis of this indicator makes it necessary to create public health policies aimed at generating a significant impact on its reduction and on the optimization of the different health services for pregnant women. In Colombia, strategies have been established aimed at complying with the policies adopted by the Pan American Health Organization (PAHO) of the campaign '28 days, time to care and love'<sup>(3)</sup>. Created through resolution 3,280 of 2018<sup>(4)</sup>, it is a strategy capable of strengthening the general social security health system to improve access and guarantee quality care for this vulnerable population group<sup>(5-7)</sup>.

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