nonspecific nature of some cause-of-infant-death categories. The significant reductions in “other perinatal conditions” in 3 of 4 birthweight/age groups suggest the involvement of more than one actual cause of death. The mortality decreases from congenital anomalies and “birth trauma/hypoxia” suggest additional influences.

In summary, multiple perinatal and postnatal factors contributed to the decrease in infant mortality in New York City after 1989. Our use of vital statistics data necessitated a focus on biological and medical factors. Future investigations that include psychosocial and economic information might reveal a unifying factor that reduces the apparent number of “causes” for the decrease. For example, increased access to medical care or health knowledge or improvements in social supports might be viewed as causes for the decline in infant mortality.11

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References

Errata
Support for research reported by W. Chavkin, V. Breitbart, D. Elman, and P. H. Wise (National survey of the states: policies and practices regarding drug-using pregnant women. Am J Public Health. 1998;88:117–119) was incorrectly attributed to The National Center on Addiction and Substance Abuse at Columbia University (CASA). The research was supported by the Ford Foundation.

The title of Table 4 should have read as follows [changes in italics]: “Blood Alcohol Concentrations Measured in Motor Vehicle Crash Fatalities, Arizona, 1979 through 1988.”
In the last paragraph of Results (p285), the first sentence should have read as follows [changes in italics]: “Blood alcohol concentrations were listed for 29% of American Indian fatalities and 30% of non-Indian fatalities.”