

# Social disadvantage and infant mortality: the birth weight paradox revisited

Bianca De Stavola

with Rhian Daniel, Richard Silverwood, Rachel Stuchbury, Emily Grundy

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MEDICINE



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First observed by Yerushalmy (1964, 1971) and interpreted as BW modifying the effect of many factors associated with infant mortality:

**BW paradox**

# Example

- **Smoking** known risk factor for low BW.
- **Low BW** babies born to smokers lower mortality than those of non-smokers:

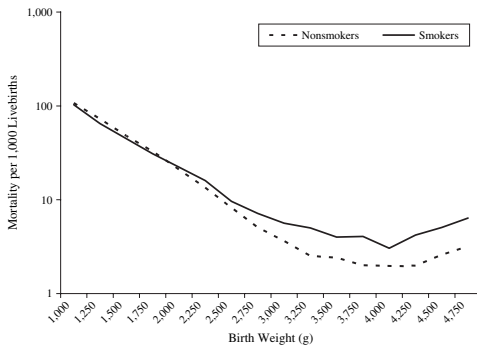


Figure: Birth-weight-specific infant mortality curves, US, 1991 (Hernandez-Diaz, AJE 2006)

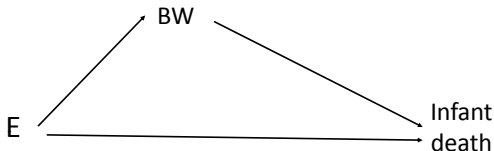


- 1** Background
- 2** An alternative model
- 3** Questions and estimands
- 4** Preliminary results
- 5** Critique and Conclusions



# The low birth weight paradox: collider bias?

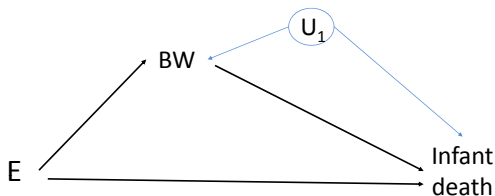
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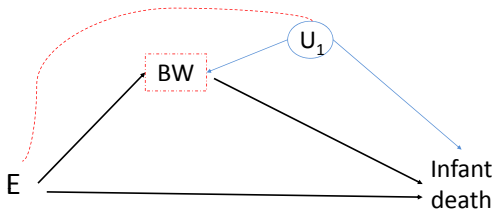






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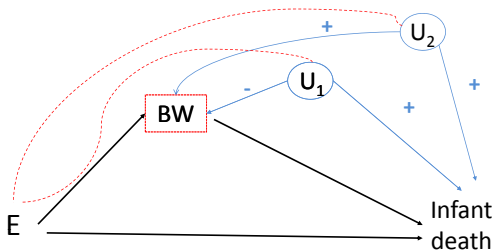
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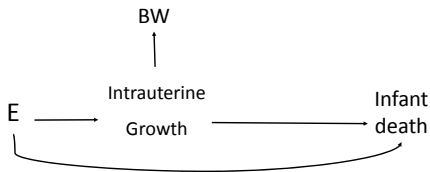




# An alternative explanation

Low BW is a crude measure of the mechanism of the exposure  $E$ , “Disadvantage”:

- It is only a **proxy** of intrauterine growth rate and time,
- neither intrauterine dimensions are usually available in large observational studies.
- Other pathways may link exposure to the infant mortality (hence the added arrows).

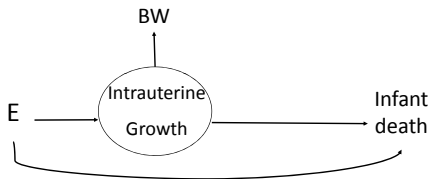




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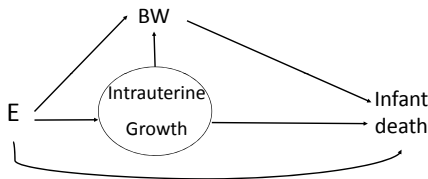




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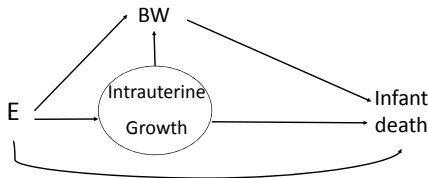


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But how can we proceed without information on intrauterine growth?

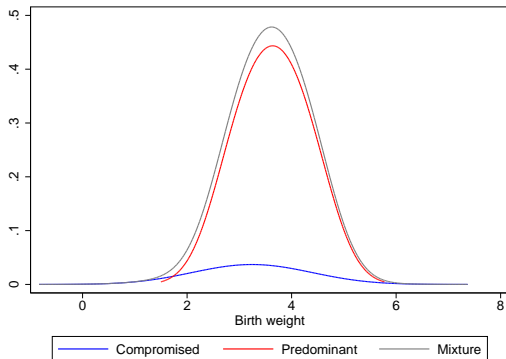




# Wilcox Birth weight model

Wilcox (1983,2001) suggested that there are two sub-populations of newborns:

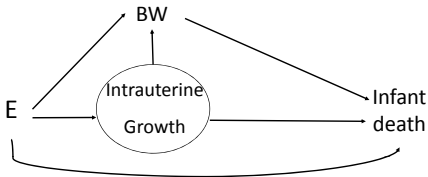
- (a) **predominant**: mostly term babies,
- (b) **compromised**: mostly pre-term babies and small-for-gestational-age.





# Reformulated alternative model

- The model can be reformulated in terms of these classes.
  - Assuming that the birth weight distribution for each sub-population is normal,

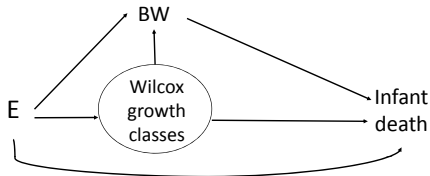






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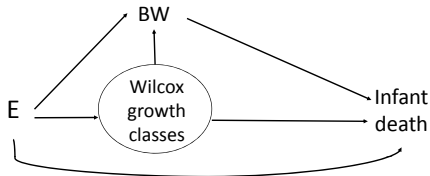
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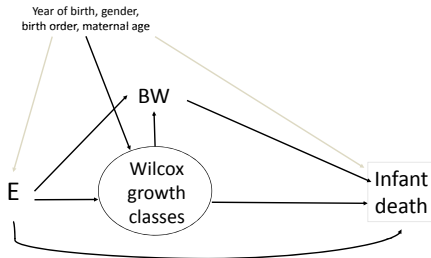
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# Questions

With this more general theoretical framework, we reconsider the two main questions.

Is BW:

- 1** an effect modifier of the effect of “Disadvantage” on Infant mortality?
- 2** a mediator for the effect of “Disadvantage” on Infant mortality?



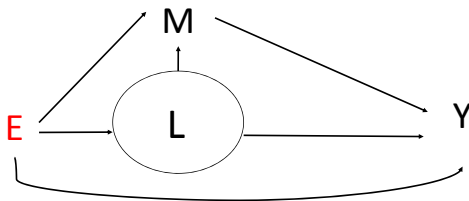
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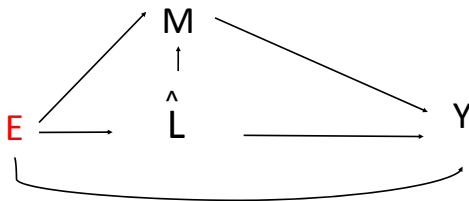
# The extended mediation model

- BW: potential mediator ( $M$ ); “Disadvantage”: exposure ( $E$ ); Infant mortality: outcome ( $Y$ ); “Intrauterine growth”: intermediate confounder ( $L$ ).
- Replacing  $L$  with  $\hat{L} = \Pr(L = 1)$  (1: compromised, 0: predominant),



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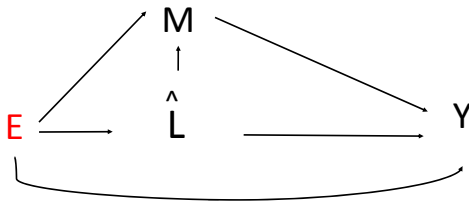
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# Question 1: is BW an effect modifier?

- We address the **first question**:
  - by comparing Controlled Direct Effect of  $E$  on  $Y$  holding  $M$  at either 0 or 1.
  - If these effects are similar there is no support for effect modification by  $M$ .

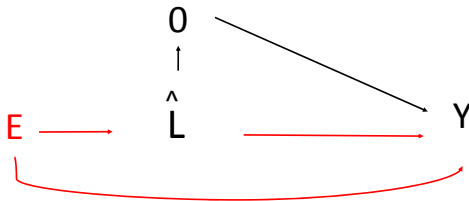






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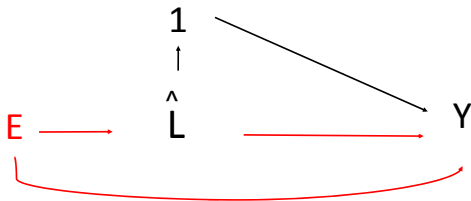
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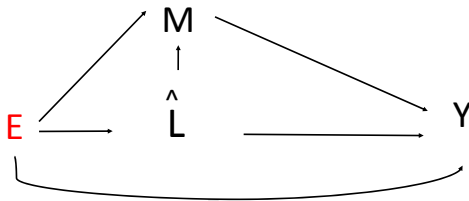
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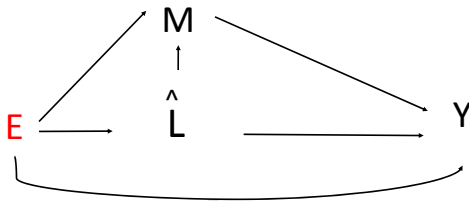
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  - the indirect effect is made of (a)
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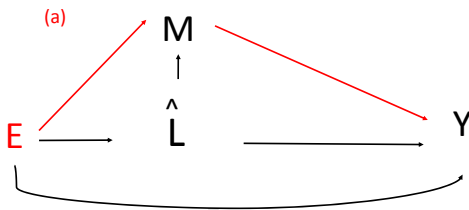
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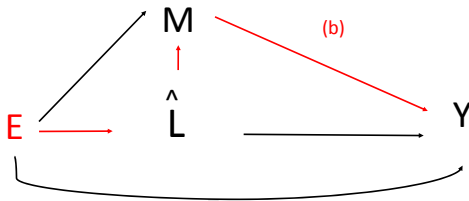
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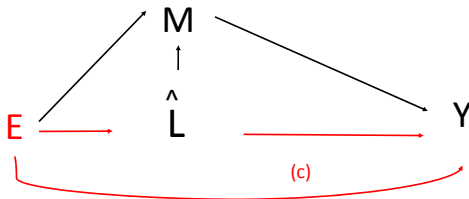
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# Estimands and their estimation

**Estimands** (CDE(m) and PNDE, TNIE) are expressed as OR contrasts.

**Assumptions:**

No interference, consistency, conditional exchangeability, and, because of  $L$ , either:

- No  $E-M$  interaction: **Model I** (Robins and Greenland, 1992).
- No non-linearities in  $L$ : **Model II** (Petersen *et al.*, 2006).

**Estimation:**

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# The ONS Longitudinal Study (ONS LS)

- Record linkage study set up in 1974 (see <http://celsius.lshtm.ac.uk/>).
- Comprises linked census and event (and thus infant mortality<sup>1</sup>) records for **1% of the population of England and Wales** (about 500,000 people at any one census).
- Includes BW of **babies born to LS mothers** (regularly since 1981, recorded at registration).
- Several indicator of **social disadvantage**: here we show results for maternal education
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# The study population

- **160,366** singleton live births in 1981-2011.
- *E*: 38% of mother with fewer than 5 O-levels (“Low education”).
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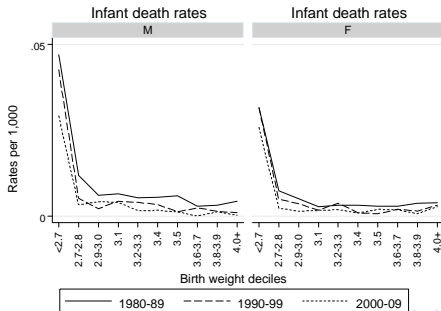
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Graphic by Sav of babies



# Natural direct and indirect effects of low maternal education

**VERY PRELIMINARY RESULTS**- SEs not yet corrected

	Model I		Model II	
	ln OR	(SE)	ln OR	(SE)
<b>CDE(0)</b>	–	–	0.205	(0.076)
<b>CDE(1)</b>	–	–	0.206	(0.076)
<b>PNDE</b>	<b>0.221</b>	(0.082)	<b>0.227</b>	(0.077)
<b>TNIE</b>	0.011	(0.007)	-0.012	(0.005)
<b>TCE</b>	0.232	(0.082)	0.205	(0.076)

- Model I and II give similar results, despite the difference in assumptions.
- CDE(0) and CDE(1) from Model II are very similar: no evidence of effect modification.
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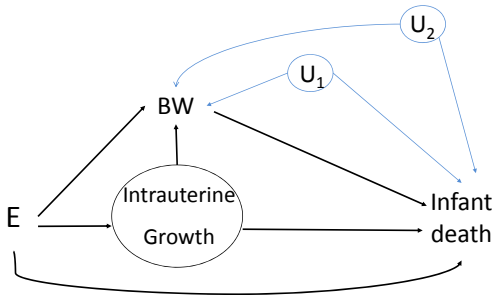
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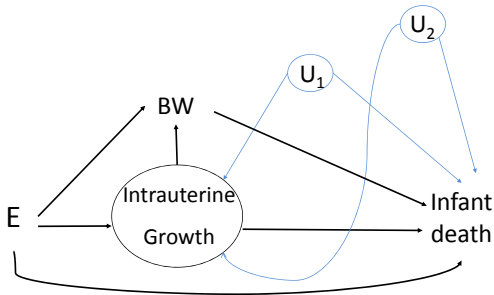
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# Critique

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# Conclusions

- Approach may contribute to the debate about the BW paradox by representing the **underlying biological process** via a latent variable.
- Results depends on **strong and partly unverifiable assumptions**, although similarity of results from alternative parametric specifications are reassuring.
- **Estimation** of mediation effects and their SEs raises several problems. There are issues with:
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# Acknowledgements

This work is supported by the ESRC Pathways Node (Award ES/1025561/2) of the National Centre for Research Methodology.

*The permission of the Office for National Statistics to use the Longitudinal Study is gratefully acknowledged, as is the help provided by staff of CeLSIUS.*

*CeLSIUS is supported by the ESRC Census of Population Programme (Award Ref: ES/K000365/1).*

*The authors alone are responsible for the interpretation of the data.*

*Census output is Crown copyright and is reproduced with the permission of the Controller of HMSO and the Queen's Printer for Scotland.*



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# Additional slides





# Estimands of interest

(ignoring the confounders in these definitions; Vansteelandt, 2012)

- The total causal effect (TCE):

$$TCE^{OR} = \frac{E[Y(1)]/\{1 - E[Y(1)]\}}{E[Y(0)]/\{1 - E[Y(0)]\}}$$

- The natural direct effect (NDE):

$$NDE^{OR} = \frac{E[Y(1, M(0))]/\{1 - E[Y(1, M(0))]\}}{E[Y(0, M(0))]/\{1 - E[Y(0, M(0))]\}}$$

- The natural indirect effect (NIE):

$$NIE^{OR} = \frac{E[Y(1, M(1))]/\{1 - E[Y(1, M(1))]\}}{E[Y(1, M(0))]/\{1 - E[Y(1, M(0))]\}}$$

where  $Y(x)$  is the potential value of  $Y$  that would have occurred had  $X$  been set to  $x$  and  $Y(x, m)$  the potential value of  $Y$  that would have occurred had  $X$  been set to  $x$  and  $M$  to  $m$

# Maternal education and infant mortality



Mat Education	Birth weight $\geq$ 2.5 kg		Birth weight $<$ 2.5 kg	
	Low	High	Low	High
Births	92,704	59,141	4,393	4,128
Deaths	220	222	225	195
Rates (x 1,000)	2.4	3.8	51.24	47.2
Sex-adjusted OR <i>heterog test (p)</i>	<b>1.58</b> (1.31, 1.91)		<b>0.92</b> (0.76, 1.12)	
		<i>(0.031)</i>		
Adjusted <sup>2</sup> OR <i>heterog test (p)</i>	<b>1.23</b> (1.01, 1.49)		<b>0.92</b> (0.76, 1.12)	
		<i>(0.036)</i>		



# The Wilcox model

	<b>Variable</b>	<b>Class 1</b>	<b>Class 2</b>
For $\mu$	Intercept	3.51	3.65
	sex	-	-
	year birth	-	+
	mat age	+	+
	birth order	-	+
For $\sigma$	Intercept	0.90	0.45
For $\pi$	sex	-	
	Mat educ	+	

About 10% of births predicted to be “compromised”.



# Further Critique

- There is another source of bias: conditioning on live birth.
- Still births are a form of competing event, reducing the denominator of possible infant deaths.
- Consider the **composite outcome** of Infant death or Still birth (Kramer *et al.*, 2014):

	Only Infant deaths Model I		Only Infant deaths & Still births Model II	
	ln OR	(SE)	ln OR	(SE)
<b>PNDE</b>	0.221	(0.082)	0.174	(0.067)
<b>TNIE</b>	0.011	(0.007)	0.018	(0.008)
<b>TCE</b>	0.232	(0.082)	0.192	(0.066)