

Infant mortality, the rate at which babies and children of less than one year of age die, reflects the effect of economic and social conditions on the health of mothers and newborns, as well as the effectiveness of health systems, particularly in addressing any life-threatening problem during the neonatal period (i.e. during the first four weeks).

In most EU countries, infant mortality is low and there is little difference in rates (Figure 3.19). A small group of countries, however, have infant mortality rates above 5 deaths per 1 000 live births, including Romania, Bulgaria, the Slovak Republic and Malta. In 2013, the rates were the lowest in Slovenia, Cyprus, Finland, Sweden and the Czech Republic, with the rates below 2.5 deaths per 1 000 live births.

Around two-thirds of the deaths that occur during the first year of life are neonatal deaths (i.e. during the first month). Congenital anomalies, prematurity and other conditions arising during pregnancy are the principal factors contributing to neonatal mortality in European countries. With an increasing number of women deferring childbearing and the rise in multiple births linked with fertility treatments, the number of pre-term births has increased in many countries. In a number of high-income countries, this has contributed to a leveling-off of the downward trend in infant mortality rates over the past few years. For deaths beyond one month (post neonatal mortality), there tends to be a greater range of causes – the most common being Sudden Infant Death Syndrome (SIDS), birth defects, infections and accidents.

All European countries have achieved remarkable progress in reducing infant mortality rates from the levels of 1970, when the average was around 25 deaths per 1 000 live births, to the current average of less than 4 (Figure 3.21). Between 2000 and 2010, inequalities in infant mortality between EU member states dropped by 26% (European Union, 2013).

Child mortality is defined here as deaths among children aged 1 to 14. In 2013, the death rate among children in that age group was 11.8 per 100 000 children on average across EU countries (Figure 3.20). Bulgaria, Romania, Latvia and Estonia recorded the highest rates with more than 20 deaths per 100 000 children, whereas Sweden, Denmark, the Netherlands, Italy, Finland and Slovenia had the lowest rates, with less than ten deaths. Norway and Switzerland

also have relatively low rates of child mortality. External causes of death were the leading cause of death among children in that age group, accounting for 25% of all deaths (of which 32% was due to transport accidents and 16% from drowning). Cancer accounted for 22% of all deaths among children (mainly due to brain cancer and leukemia).

As has been the case with infant mortality, there has been a steady decline in child mortality in EU countries since the 1970s. For example, in Portugal, childhood mortality came down from about 80 deaths per 100 000 children in the late 1970s (one of the highest rates in EU countries then) to 12 per 100 000 children in 2013 (which is around the EU average now). There have also been huge reductions in child mortality in countries like the Czech Republic and Hungary (Lyons and Brophy, 2005).

Definition and comparability

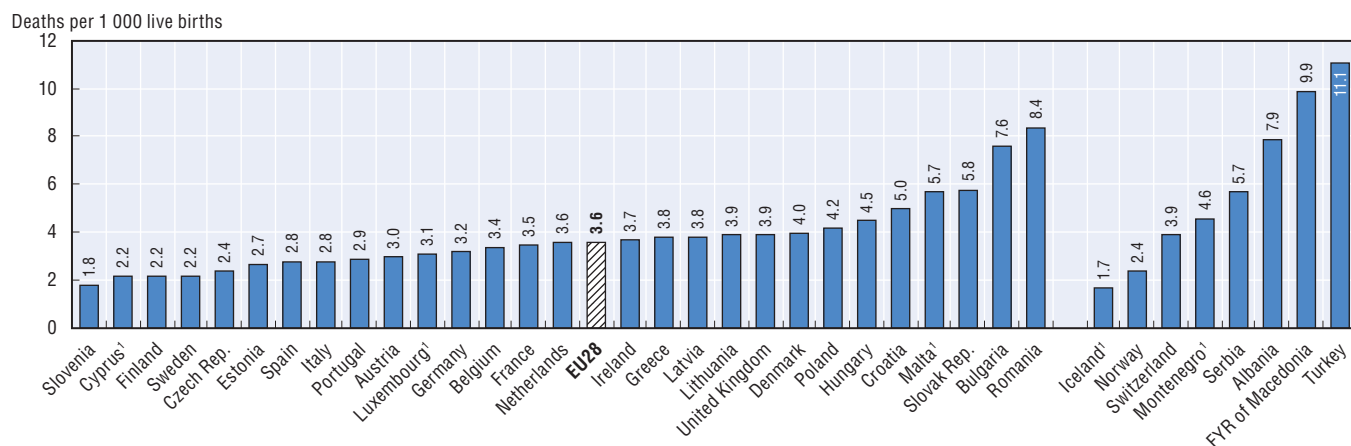
Infant mortality rate is the number of deaths of children under one year of age per 1 000 live births. Some of the international variation in infant and neonatal mortality rates may be due to variations among countries in registering practices of premature infants. While some countries have no gestational age or weight limits for mortality registration, several countries apply a minimum gestational age of 22 weeks (or a birth weight threshold of 500 grams) for babies to be registered as live births (Euro-Peristat, 2013).

Child mortality rate is defined as the number of deaths of children aged 1 to 14 per 100 000 children in that age group.

References

- Euro-Peristat (2013), *European Perinatal Health Report: The Health and Care of Pregnant Women and their Babies in 2010*, Luxembourg.
- European Commission (2013), *Health inequalities in the EU – Final Report of a Consortium*, Consortium lead by Sir Michael Marmot.
- Lyons, R. and S. Brophy (2005), “The Epidemiology of Childhood Mortality in the European Union”, *Current Paediatrics*, Vol. 15, pp. 151-162.

3.19. Infant mortality rates, 2014 (or nearest year)

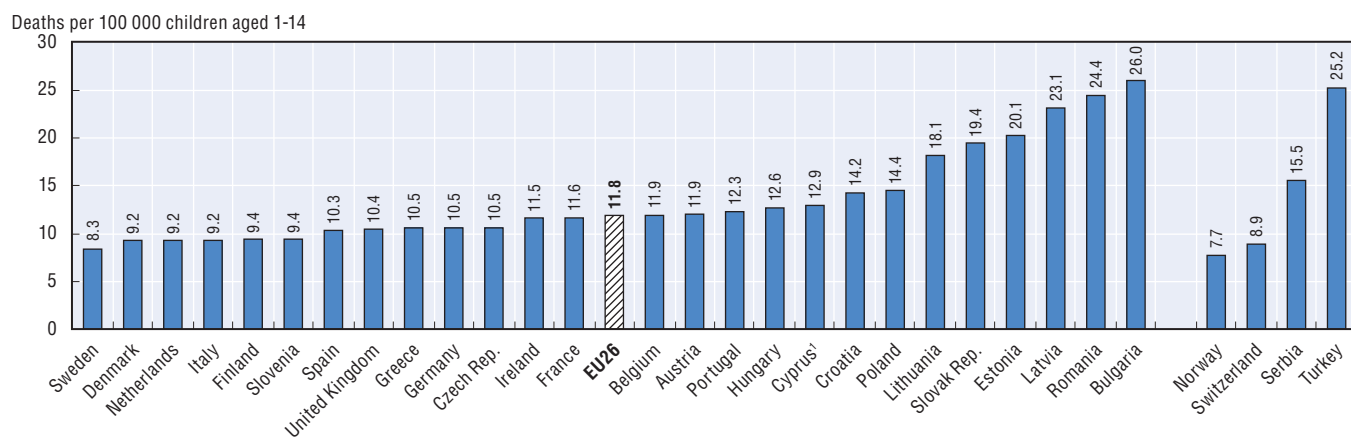


1. Three-year average (2012-14).

Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933428695>

3.20. Child mortality, 2013 (or nearest year)

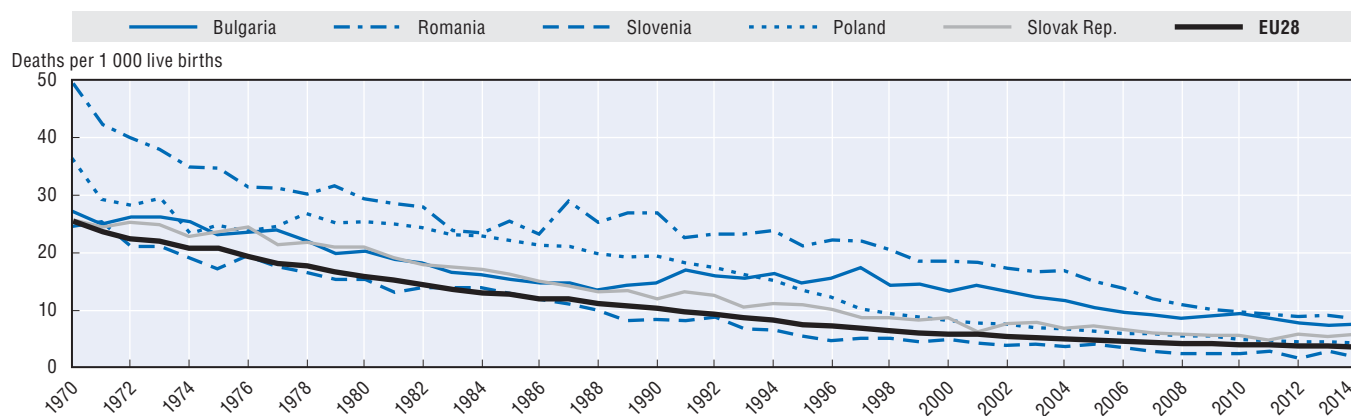


1. Three-year average (2011-13).

Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933428703>

3.21. Trends in infant mortality, 1970-2014 (or nearest year)



Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933428711>



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