

3. HEALTH STATUS

Infant mortality

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, the social environment, individual lifestyles as well as the characteristics and effectiveness of health systems.

In most OECD countries, infant mortality is low and there is little difference in rates (Figure 3.14). In 2013, the average in OECD countries was less than four deaths per 1 000 live births, with rates being the lowest in Iceland, Slovenia, Finland, Estonia and Japan. A small group of OECD countries still have comparatively high infant mortality (Mexico, Turkey and Chile), although in these three countries infant mortality has reduced considerably over the past few decades (Figure 3.15).

In some large partner countries (India, South Africa and Indonesia), infant mortality remains above 20 deaths per 1 000 live births. In India, one-in-twenty-five children die before their first birthday, although the rates have fallen sharply over the past few decades. Infant mortality rates have also reduced greatly in Indonesia.

In OECD countries, around two-thirds of the deaths that occur during the first year of life are neonatal deaths (i.e., during the first four weeks). Birth defects, prematurity and other conditions arising during pregnancy are the main factors contributing to neonatal mortality in developed countries. With an increasing number of women deferring childbearing and a rise in multiple births linked with fertility treatments, the number of pre-term births has tended to increase (see indicator “Infant health: low birth weight”). In a number of higher-income countries, this has contributed to a levelling-off of the downward trend in infant mortality over the past few years. For deaths beyond a month (post-neonatal mortality), there tends to be a greater range of causes – the most common being SIDS (sudden infant death syndrome), birth defects, infections and accidents.

In the United States, the reduction in infant mortality has been slower than in most other OECD countries. In 2000, the US rate was below the OECD average, but it is now higher (Figure 3.14). One of the explanations that have been given for that the high rate of infant mortality in the United States is that it is based on a more complete registration of very premature and low birth weight babies than in many other countries (Joseph et al., 2012). In order to remove the impact of differences in registration practices of very small babies, the figures shown in Figure 3.14 for a majority of countries (including the United States) exclude deaths of babies of less than 22 weeks of gestation period or 500 grams birth weight. The rate in the United States nonetheless remains higher than the OECD average, especially for post-neonatal mortality (deaths after one month) which is greater in the United States than in most other OECD countries. There are large differences in infant mortality among racial groups in the United States, with Black women more likely to give birth to low birth weight infants,

and with infant mortality more than double that for White women (10.9 vs. 5.1 in 2012) (NCHS, 2015).

Many studies use infant mortality as a health outcome to examine the effect of a variety of medical and non-medical determinants of health. Although most analyses show that higher health spending tends to be associated with lower infant mortality, the fact that some countries with a high level of health expenditure do not exhibit low levels of infant mortality suggests that more health spending is not necessarily required to obtain better results (Retzlaff-Roberts et al., 2004).

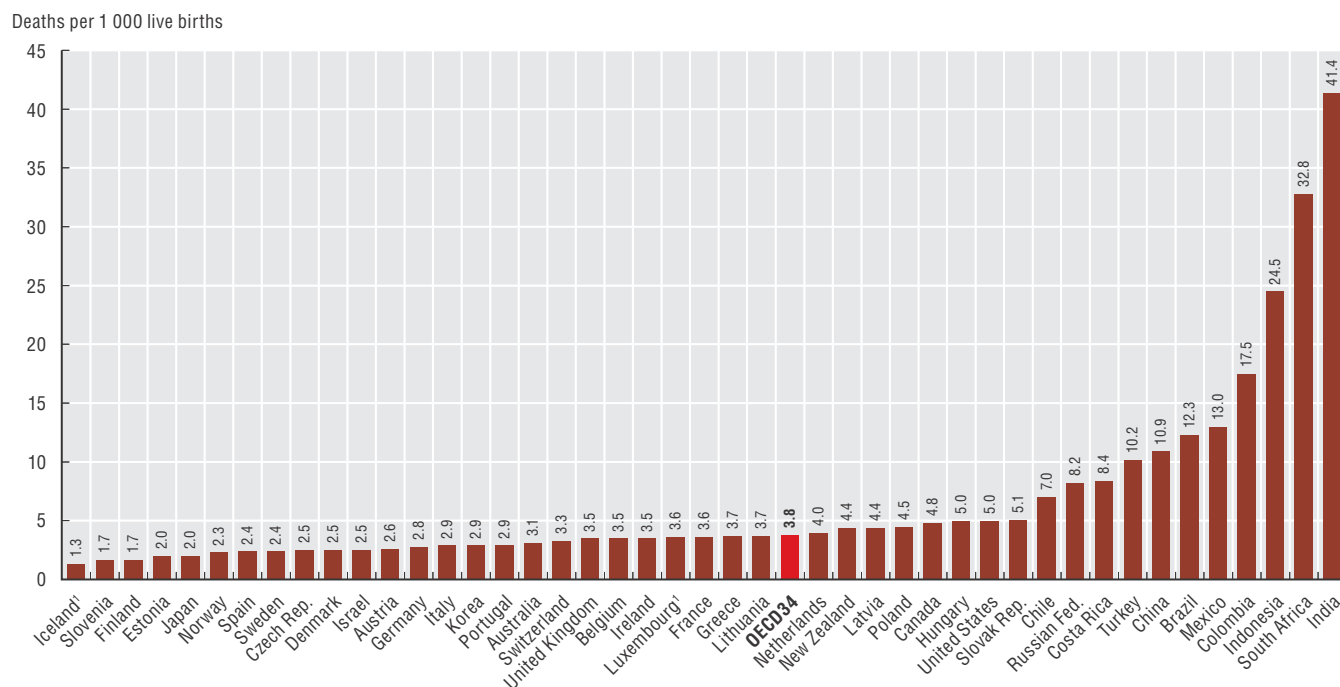
Definition and comparability

The infant mortality rate is the number of deaths of children under one year of age, expressed per 1 000 live births. Some of the international variation in infant mortality rates is related to variations in registering practices for very premature infants. While some countries register all live births including very small babies with low odds of survival, several countries apply a minimum threshold of a gestation period of 22 weeks (or a birth weight threshold of 500 grams) for babies to be registered as live births (Euro-Peristat, 2013). To remove this data comparability limitation, the data presented in this section are now based on a minimum threshold of 22 weeks of gestation period (or 500 grams birth weight) for a majority of OECD countries that have provided these data. However, the data for some countries (e.g., Canada and Australia) continue to be based on all registered live births, resulting in some over-estimation.

References

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- NCHS (2015), *Health, United States, 2014, with Special Feature on Adults Aged 55-64*, NCHS, Hyattsville, United States.
- Retzlaff-Roberts, D., C. Chang and R. Rubin (2004), “Technical Efficiency in the Use of Health Care Resources: A Comparison of OECD Countries”, *Health Policy*, Vol. 69, pp. 55-72.

3.14. Infant mortality, 2013 (or nearest year)



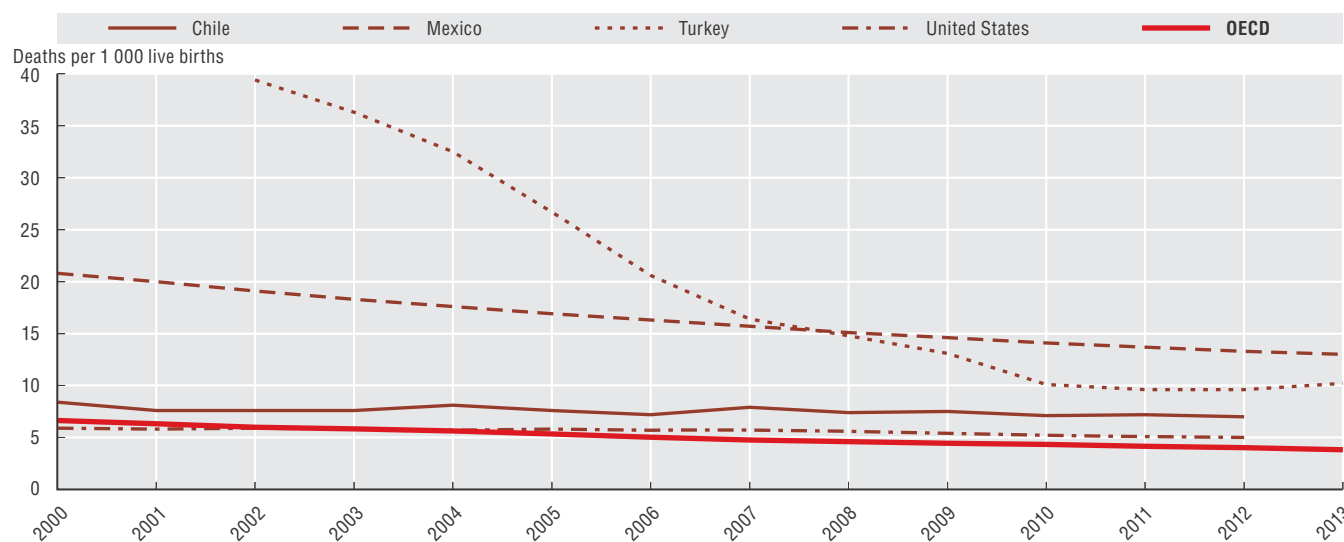
Note: The data for most countries are based on a minimum threshold of 22 weeks of gestation period (or 500 grams birthweight) to remove the impact of different registration practices of extremely premature babies across countries.

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

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933280782>

3.15. Trends in infant mortality, selected OECD countries, 2000-13



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933280782>

Information on data for Israel: <http://oe.cd/israel-disclaimer>



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