

INFANT HEALTH

Infant mortality reflects the effect of socioeconomic 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).

Infant mortality rates are low in most EU countries, with an average of less than 4 deaths per 1 000 live births across EU countries in 2016 (Figure 3.18). However, a small group of countries – Romania, Bulgaria, Malta and the Slovak Republic – still have infant mortality rates above 5 deaths per 1 000 live births. These rates, though, have declined steadily over the past 25 years. In Malta, infant mortality rates may be higher because induced abortions following the detection of congenital anomalies are illegal, whereas this is possible in other countries in cases of severe and/or lethal anomalies.

Around two-thirds of the deaths during the first year of life occur during the first month (i.e. neonatal mortality). The main causes of death during the first month are congenital anomalies, prematurity and other conditions arising during pregnancy. 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 notable progress in reducing infant mortality rates over the past few decades. The EU average went down from over 10 deaths per 1 000 live births in 1990 to 3.6 deaths in 2016. Reductions in infant mortality rates have been particularly rapid in Bulgaria, Poland and Romania, converging towards the EU average (Figure 3.19). However, the downward trend in infant mortality has halted in recent years in a number of Western European countries, at least partly because of increasing numbers of low birth weight infants.

Across EU countries, 1 in 14 babies (7.0%) weighed less than 2 500 grams at birth in 2016 (Figure 3.20). This is up slightly from 1 in 15 babies (6.7%) in 2000. Low birth weight can occur as a result of restricted foetal growth or from pre-term birth. Low birth weight infants have a greater risk of poor health or death, require a longer period of hospitalisation after birth, and are more likely to have health problems and disabilities later in life. Some of the main risk factors for low birth weight include maternal smoking, alcohol consumption and poor nutrition during pregnancy, low body mass index, lower socio-economic status, having had in-vitro fertilisation treatment and multiple births, and a higher maternal age. The increased use of delivery management techniques such as induction of labour and caesarean delivery, which have increased the survival rates of low birth weight babies, also partly explain the small rise in low birth weight infants.

The Baltic countries (Estonia, Latvia and Lithuania) and the Nordic countries (Finland, Sweden and Denmark) have the lowest proportion of low birth weight babies, whereas some countries in Southern Europe (Cyprus, Greece, Bulgaria and Portugal) have the highest proportion. While this proportion has decreased slightly over the past decade in Cyprus, it has increased slightly in Greece. Some suggest that the peak of 10% of low birth weight infants in 2010 in Greece, a sharp increase compared with 2008, may be due to the impact of the economic crisis on household's access to health care (Kentikelenis, 2014). In Portugal, the proportion of low birth weight babies also increased over the past decade, from 7.6% of all live births in 2006 to 8.7% in 2013, with the rate broadly stable since then.

Definition and comparability

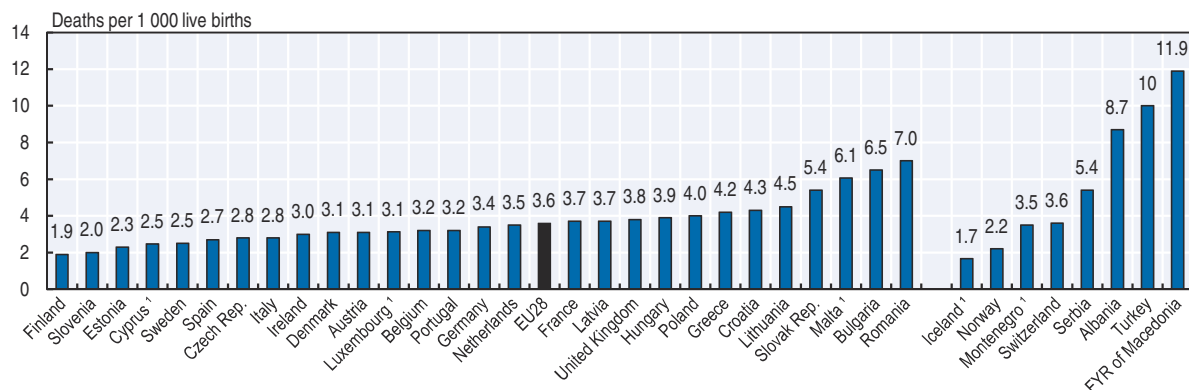
Infant mortality rate is the number of deaths of children under one year of age per 1 000 live births. Some of the international variation in infant and neonatal mortality rates may be due to variations among countries in registering practices of premature infants. While some countries have no gestational 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).

Low birth weight is defined by the World Health Organization as the weight of an infant at birth of less than 2 500 grams (5.5 pounds) irrespective of the gestational age of the infant. This threshold is based on epidemiological observations regarding the increased risk of death of the infant. Despite the widespread use of this 2 500 grams limit, physiological variations in size occur across different countries and population groups, and these need to be taken into account when interpreting differences (Euro-Peristat, 2013). The number of low weight births is expressed as a percentage of total live births.

References

- Euro-Peristat (2013), "European Perinatal Health Report: The Health and Care of Pregnant Women and their Babies in 2010", Luxembourg.
- Kentikelenis, A. (2014), "Greece's health crisis: From austerity to denialism", *The Lancet*, Vol. 383, Issue 9918, pp. 748-753.

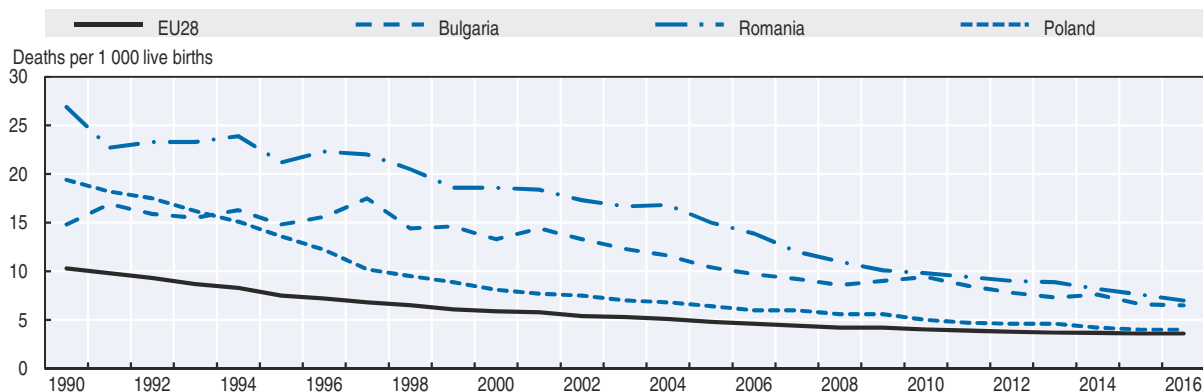
3.18. Infant mortality, 2016



1. Three-year average (2014-16).
Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933834604>

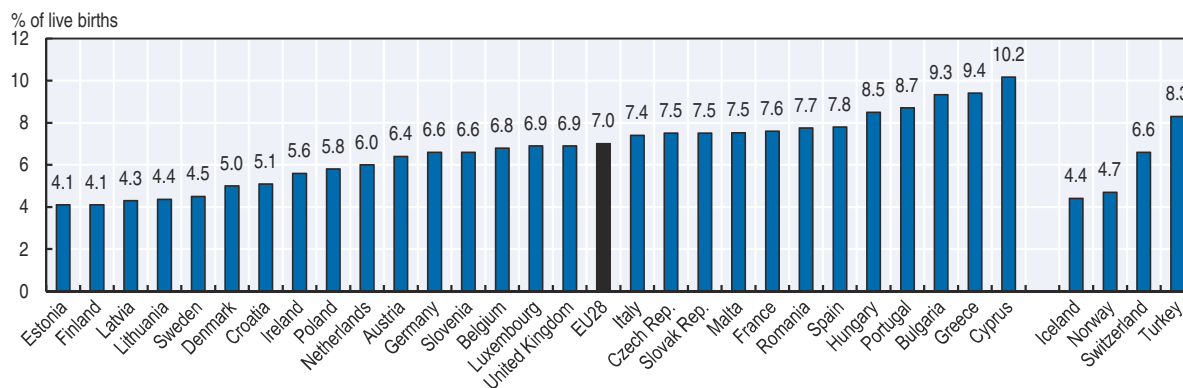
3.19. Trends in infant mortality, 1990-2016



Source: Eurostat Database.

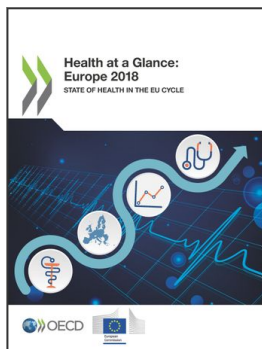
StatLink <http://dx.doi.org/10.1787/888933834623>

3.20. Low birthweight, 2016 (or nearest year)



Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>, Eurostat Database and national source for Cyprus.

StatLink <http://dx.doi.org/10.1787/888933834642>



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