CO1.1: Infant mortality

Definitions and methodology

This indicator presents information on infant mortality through three measures:

i) The infant mortality rate, defined as the number of deaths of children aged less than one in a given year per 1000 live births.

ii) The neonatal mortality rate, defined as the number of deaths of children aged less than 28 days in a given year per 1000 live births.

iii) The post-neonatal mortality rate, defined as the number of deaths of children aged between 28 days and one year in a given year per 1000 live births.

The infant mortality rate is equivalent to the sum of the neonatal and post-neonatal mortality rates. Data for most countries come from OECD Health Statistics, with those for the non-OECD EU countries coming from Eurostat.

Key findings

Infant mortality rates are generally very low across the OECD, but do vary slightly from country to country (Chart CO1.1.A). In most OECD countries infant mortality rates stand at somewhere between 2.5 and 5 deaths per 1000 live births, with the OECD average infant mortality rate 3.9. Rates are lowest at fewer than 2.5 deaths per 1000 live births in Slovenia, Finland, Japan, Iceland, and Norway, and highest at 10.7 and 12.5 deaths per 1000 live births in Turkey and Mexico, respectively.

Chart CO1.1.A. Infant mortality\(^a\), neonatal mortality\(^b\), and post-neonatal infant mortality\(^c\) rates, 2015 or latest available year\(^d\)

Deaths per 1000 live births (no minimum threshold of gestation period or birthweight)

<table>
<thead>
<tr>
<th>Deaths per 1000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-neonatal mortality</td>
</tr>
<tr>
<td>Neonatal mortality</td>
</tr>
</tbody>
</table>

a) Deaths of children aged less than one year per 1000 live births (no minimum threshold of gestation period or birthweight)

Other relevant indicators: CO1.3 and CO1.4: Early childhood indicators: Low birth weight and child immunisation; CO1.5: Breastfeeding rates; CO1.6: Disease-based indicators: prevalence of diabetes and asthma among children; and, CO1.7: Obesity among children aged 10.
On average, around two-thirds of the deaths that occur during the first year of life are neonatal deaths (Chart CO1.1.A). Congenital malformations, pre-maturity and other conditions arising during pregnancy are the principal factors contributing to neonatal mortality in OECD countries. 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, more commonly known as “cot death”), birth defects, infections and accidents.

OECD countries have made considerable progress in reducing infant mortality over the past 40 years or so (Chart CO1.1.B). In 1970, the OECD-27 average infant mortality rate stood at 22.4 deaths per 1000 live births. With a few minor exceptions, it has decreased year-on-year ever since. By 1980 the OECD-27 average infant mortality rate had declined to 13.7 deaths per 1000 live births, and by 1990 it had fallen to 9.1. The OECD-27 average has levelled off slightly since the turn of the century – in 2015 it was, at 3.2 deaths per 1000 live births, only 2.3 points lower than in 2000 (5.5 deaths per 1000 live births). Nevertheless, this still represents a decrease of around 40% over the intervening fourteen years.

OECD-27 unweighted average\(^b\) deaths per 1000 live births (no minimum threshold of gestation period or birthweight), with error bars set at one standard deviation

The largest reductions in infant mortality took place in the two Latin American OECD countries, Chile and Mexico (Chart CO1.1.C). In Mexico, infant mortality rates fell by almost 60 points between 1971 and 2015, while in Chile they decreased from just under 80 deaths per 1000 live births in 1970 to just

OECD - Social Policy Division - Directorate of Employment, Labour and Social Affairs

7.2 in 2015. But infant mortality rates have also fallen in all other OECD countries since 1970. In most, the bulk of the decrease occurred between 1970 and 1990 with any further progress made between 1990 and 2015 generally comparatively small, in absolute terms at least. Nevertheless, in no OECD country did rates increase between 1990 and 2015 with all continuing to make improvements in preventing infant mortality.

**Chart CO1.1.C. Infant mortality rates a, 1970 b, 1990 c and 2015 or latest available year d**

Deaths per 1000 live births (no minimum threshold of gestation period or birthweight)

---

a) Deaths of children aged less than one year per 1000 live births (no minimum threshold of gestation period or birthweight)  
b) Data for Mexico refer to 1971, and for South Africa to 1974  
c) Data for Korea refer to 1991  
d) Data for Canada and Cyprus refer to 2012, for Italy, New Zealand, and the Russian Federation to 2013, and for Belgium, Chile, Ireland, Japan, and the United States to 2014  
e) See note e) in chart CO1.1.A  
f) See note f) in chart CO1.1.A  
g) See note g) in chart CO1.1.A  
h) The OECD-34 average excludes Turkey due to missing data  
Sources: [OECD Health Statistics](http://www.oecd.org/health/healthdata); [Eurostat Mortality Data](http://ec.europa.eu/eurostat)

**Comparability and data issues**

Data on infant mortality come from OECD Health Statistics and Eurostat, both of which themselves use data from national statistical authorities. Despite efforts to ensure comparability of definitions and concepts across countries, it is possible that differences between countries in the treatment and registration of deaths of premature infants could influence cross-country variation in infant and neonatal mortality rates. For example, while in most countries all infants are included in birth and mortality statistics, others specify additional criteria based on some combination of gestational age, birth weight or survival. In Poland, for example, only infants with a birth weight of at least 500 grams are registered as live births. For more information on cross-national variations in the registration process, see [OECD Health Statistics](http://www.oecd.org/health/healthdata).

Sources and further reading: [OECD Health Statistics](http://www.oecd.org/health/healthdata); and [WHO Global Health Observatory](http://www.who.int/mediacentre).