

JSNA Blackpool

Joint Strategic Needs Assessment

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Infant mortality



Last Modified 15/01/2020 11:13:10

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Introduction

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn.

Reducing infant mortality overall and the gap between the richest and poorest groups is part of the Government's strategy for public health¹ while one of NHS England's Outcomes Framework objectives is to prevent people from dying prematurely. An improvement area in [The Government's mandate to NHS England for 2018-19](#) is to reduce the 2010 rate of stillbirths, neonatal deaths, maternal deaths and brain injuries in babies that occur during or soon after birth by 20% by 2020, demonstrating progress towards the national ambition to reduce rates by 50% by 2025.

Facts and Figures

Blackpool experiences higher than average mortality rates for infants; however the actual number of deaths each year is small which means the rates are subject to large annual variation and need to be interpreted with caution.

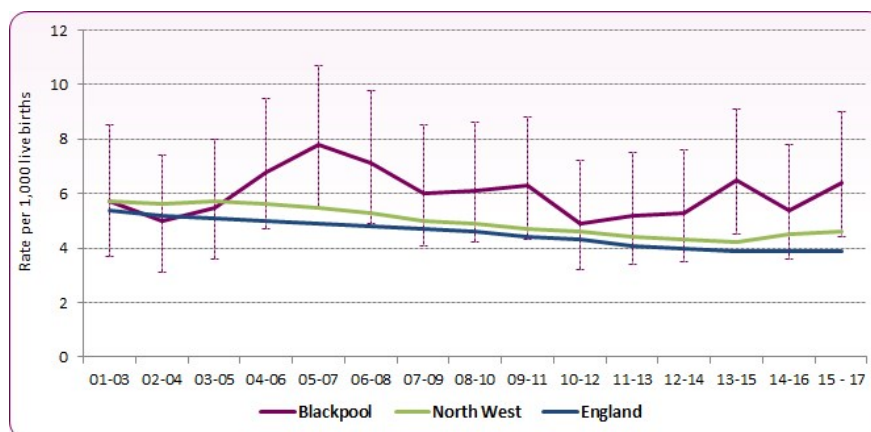
In this case infants are defined as children under the age of 1 year. The data represents the crude rate of infant deaths per 1,000 live births, in Blackpool, the North West and England. The data in [Figure 1](#) and [2](#) is grouped into three year periods to mitigate for the small number of deaths in a single year. The Blackpool infant mortality rate increased from the early 2000s to the mid 2000s, but saw a steady decline to 2010-12. In the last three year period (2015-17) there were 32 infant deaths in Blackpool, a rate of 6.4 per 1,000, significantly higher than the national average of 3.9 per 1,000.

Figure 1: Trend in infant mortality, 2002-04 to 2015-17

	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
England	5.2	5.1	5.0	4.9	4.8	4.7	4.6	4.4	4.3	4.1	4.0	3.9	3.9	3.9
North West	5.6	5.7	5.6	5.5	5.3	5.0	4.9	4.7	4.6	4.4	4.3	4.2	4.5	4.4
Blackpool	5.0	5.5	6.8	7.8	7.1	6.0	6.1	6.3	4.9	5.2	5.3	6.5	5.4	6.4
Blackpool (number)	23	27	34	39	36	31	32	33	26	27	28	34	28	32

Source: PHE, Public Health Outcomes Framework, Indicator 4.01

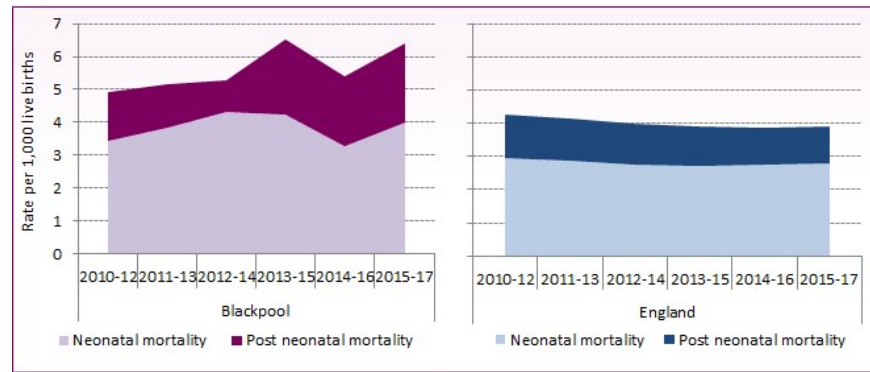
Figure 2 - Infant Mortality Trend, 2001-03 to 2015-17



Source: PHE, Public Health Outcomes Framework, Indicator 4.01

Figure 3 shows the infant mortality rate split by neonatal (deaths under 28 days) and post-neonatal (deaths between 28 days and 1 year) deaths. It can clearly be seen that deaths under 28 days make up the biggest proportion of infant mortality deaths in Blackpool and nationally.

Figure 3: Trend in infant mortality by neonatal and post-neonatal mortality, Blackpool and England, 2010-12 to 2015-17



Source: PHE, *Child Health Early Years Profile*

Over the past 30 years child death rates from respiratory and circulatory diseases in England and Wales have been falling, as they have for the whole population, reflecting advances in medical care and preventative measures generally. In the past 10 years there has been a higher decrease in infant mortality than that of the decade before and since 1986 there has been a 60.4% fall in the infant mortality rate in England and Wales.²

Immaturity-related conditions, such as respiratory and cardiovascular disorders, were the most common cause of infant deaths and neonatal deaths in 2016. Congenital anomalies were another major cause group for infant deaths and neonatal deaths. They also continued to account for the largest percentage of postneonatal deaths, followed by sudden infant deaths, making them the second most common cause.

Risk Factors

Several different factors are associated with increased risk of infant death and these vary according to age at death. For example, the effect of prematurity and low birthweight is greater in the first 28 days. Despite the downward trend in the infant mortality rate, evidence in the [Marmot Review: Fair Society, Healthy Lives](#) noted that factors, including births outside marriage, maternal age under 20 years and deprivation, were independently associated with an increased risk of infant mortality.

Risk factors for infant and child mortality include social factors such as:

- Maternal age
- Parents who are closely related to each other
- Smoking or maternal substance misuse, including alcohol
- Poor maternal nutrition or obesity
- Domestic abuse
- Social Class and Income Deprivation

Additional medical factors also include:

- Maternal mental illness and stress
- Pre-existing medical conditions
- History of problematic pregnancies
- Parental exposure to environmental pollutants
- Low birth weights

National and local strategies

- [Antenatal care for uncomplicated pregnancies](#) (National Institute for Health and Care Excellence, 2008) - Guidelines cover advice and information to be given to women during pregnancy, including antenatal and newborn screening programmes, screening for clinical conditions such as gestational diabetes and pre-eclampsia, screening for infections, lifestyle advice, provision of care and management of pregnancy symptoms and breastfeeding.
- [The Healthy Child Programme \(HCP\)](#) (Department of Health, 2009) - Aims to increased rates of breastfeeding initiation and continuation, which will contribute specifically to improving breastfeeding and obesity outcomes.
- [New guidance aims to help prevent unexpected child deaths in London](#) (Public Health England, 2015) - Public safety updates on reducing infant mortality and Sudden Unexplained Death in Infancy (SUDI).
- [Inequalities in Infant Mortality Work Programme](#) (National Perinatal Epidemiology Unit, 2009) - Several reviews of infant mortality in different topic area.
- [Each Baby Counts](#) is the RCOG's national quality improvement programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour.

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