

OECD Health Statistics 2016

Definitions, Sources and Methods

Low birthweight

Number of live births weighing less than 2500 grams as a percentage of total number of live births.

Sources and Methods

Australia

Source: Australian Institute of Health and Welfare, National Perinatal Epidemiology and Statistics Unit.

From 1991: *Australia's mothers and babies* reports available to download at

<http://www.aihw.gov.au/publications/perinatal-health/>.

Before 1991: State and Territory maternal and perinatal collections.

✂ Break in time series in 1991: Before 1991, data refer to selected states and territories only and have total births (live births + stillbirths) as a denominator.

Further information: <http://www.aihw.gov.au/publications/perinatal-health/>.

Austria

Source: Statistics Austria, Demographisches Jahrbuch Österreichs (Demographic Yearbook of Austria), Lebendgeborene nach Geburtsgewicht (Live births by birth weight) (several issues).

Further information: http://www.statistik.at/web_en/.

Belgium

Source: Federal Public Service Economic Affairs - Directorate General for statistical and economic information (former National Statistical Institute).

Methodology: Since 2010, the official numbers for livebirths and deaths are coming from the Population National Register (and not exclusively from the civil registration). Livebirths and deaths of residents taking place in foreign countries are therefore included in the statistics.

Canada

Source: Statistics Canada. Canadian Vital Statistics Birth Database.

From 1979: CANSIM Table 102-4005.

1961-1978: Births, 1991, Cat. No. 84-210.

Methodology: The data for 1961-1978 reflect live births weighing 2500 grams and less, whereas after 1978 the data are for live births weighing less than 2500 grams.

Further information: <http://www.statcan.gc.ca/>.

Chile

Source: Ministry of Health (MINSAL), Department of Health Statistics and Information (“Departamento de Estadísticas e Información en Salud”, DEIS). Administrative registries of vital facts through the **National Committee of Vital Statistics**, composed of the National Institute of Statistics, (INE), the Ministry of Health (MINSAL, Department of Health Statistics and Information DEIS) and the National Service of Civil Identification Registry (“Servicio de Registro Civil e Identificación”, SRCEI).

Further information: More information available at http://deis.minsal.cl/vitales/vitales2009/NacVivos_PesoNacer.htm (latest issue available on the website in Spanish) and http://www.deis.cl/?page_id=757.

Czech Republic

Source: Czech Statistical Office. Demographic Yearbook of the Czech Republic.


Coverage: Live births with unknown birth weight have been excluded from the calculation.

Further information: <http://www.czso.cz/eng/redakce.nsf/i/home>.

Denmark

Source: National Board of Health, Medical Birth Register (data collected through the National Patient Register).

Methodology: Data exclude deliveries at home.

 **Break in time series:** Data before 1996 include stillbirths while data from 1997 onwards only include live births.

Further information: <http://sundhedsdatastyrelsen.dk/da>.

Estonia

Source: National Institute for Health Development, Estonian Medical Birth Registry.

Further information: <http://www.tai.ee/en/r-and-d/registers/estonian-medical-birth-registry-and-estonian-abortion-registry/statistics> and <http://www.tai.ee/en/publications/publications>.

Finland

Sources:

From 1987 onwards: National Institute for Health and Welfare (THL). Medical Birth Register.

1960-1986: National Board of Health.

Further information: http://www.thl.fi/en_US/web/en.

France

Source: Ministry of social affairs, health and women's rights. Research, Studies, Evaluation and Statistics Directorate (DREES).

Coverage: France.

Methodology: Since July 15th 1970, health certificates must be delivered after each of the three medical examinations of children, i.e. before the 8th day, during the 9th month and during the 24th month. The information provided by the doctor issuing the medical certificate are to be used by the Infantile and Maternal Protection programme (Protection maternelle et infantile, PMI) for individual cases and also for the implementation of local and national statistics. Confidential medical certificates are sent to departmental services of the PMI by the doctor who issued them, and are then sent to the DREES for statistical analysis of key medical indicators (weight, height, gestational age, cesarean section, conditions, immunisation coverage, etc) or demographic indicators (parents' occupations, age of the mother, etc). Data on the weight of babies at birth (less than 2500 grams) are based on the first health certificate, performed within 8 days after birth (CS8).

Further information:

- *Le premier certificat de santé de l'enfant (certificat au 8e jour ou CS8)*, 2013, Marc Collet et Annick Vilain, Document de travail, Série Sources et méthodes n° 51, Drees, August 2015, http://drees.social-sante.gouv.fr/IMG/pdf/dt51-sources_et_methodes.pdf.

- *Le premier certificat de santé de l'enfant (certificat au 8e jour ou CS8)*, 2012, Marc Collet et Annick Vilain, Document de travail, Série Sources et méthodes n° 46, Drees, August 2014, <http://www.drees.sante.gouv.fr/le-premier-certificat-de-sante-de-l-enfant-certificat-au-11344.html>.

- *Les certificats de santé de l'enfant au 8ème jour (CS8)*, validité 2010, Marc Collet et Annick Vilain, Document de travail, Série Sources et méthodes n° 31, Drees, August 2012, <http://www.drees.sante.gouv.fr/les-certificats-de-sante-de-l-enfant-au-8eme-jour-cs8,10999.html>.


- *Les certificats de santé de l'enfant au 8ème jour (CS8)*, validités 2008 et 2009, Marc Collet et Annick Vilain,

Document de travail, Série Sources et méthodes n° 27, Drees, June 2012, <http://www.drees.sante.gouv.fr/les-certificats-de-sante-de-l-10964.html>.

Germany

Source: Federal Statistical Office, Statistics on the natural movement of the population; Statistisches Bundesamt, *Fachserie 1, Reihe 1.1*, table 2.22.

Coverage: The statistics of births are produced from a compulsory complete count. They are based on reports from the registrar in whose district the birth has taken place. Births of mothers who live abroad but gave birth to their child in Germany are not included in the statistics of birth. Live births include all children whose heart has beat, whose umbilical cord has pulsated or whose natural pulmonary respiration has begun after separation from the womb. The other children are considered as still births or miscarriages and are not included in this figure.

 From reporting year 2014 onwards, data on birth weight are no longer available.

- Until 1989, data refer to the Federal Republic of Germany; from 1990 onwards data refer to Germany after reunification.

Further information: <http://www.destatis.de> (in German) and <http://www.gbe-bund.de>.

Greece

Source: Hellenic Statistical Authority. Population Statistics and Labour Market Division, Vital and Migration Statistics Section.

Further information: <http://www.statistics.gr/portal/page/portal/ESYE>.

Hungary

Source: Central Statistical Office (KSH), Demographic Yearbook.

Further information: <http://www.ksh.hu/?lang=en>.

Iceland

Source: Landspítali-University Hospital and Statistics Iceland, Department of Obstetrics and Gynaecology, The Icelandic Birth Registry.

Further information: <http://www.statice.is/>.

Ireland

Sources:

From 1995: Central Statistics Office.

1984-1993: Department of Health and Children Perinatal statistics.

Methodology: Data are calculated as the percentage of live births weighing less than 2,500 grams, including those with birthweight not stated. Data for the latest year are by year of registration and is provisional.

Further information: <http://www.cso.ie/en/releasesandpublications/birthsdeathsandmarriages/>.

Israel

Source: Central Bureau of Statistics. Based on birth registration.

Further information: http://www.cbs.gov.il/shnaton66/st_eng03.pdf.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Sources:


Since 2002: Ministry of Health - Health Information System, Delivery Certificates Database.

Until 2001: ISTAT, Istituto Nazionale di Statistica (National Institute of Statistics), "Nascite, caratteristiche

demografiche e sociali" (Birth, social and demographic characteristics).

Coverage: Since 2002, the Ministry of Health has collected data based on the certificates of delivery from the Italian regions. The data collection is not complete as not all the regions are represented. However, it is a representative sample of the total events (70% in 2002, 84% in 2003, 86% in 2004, 92.2% in 2005, 92.8% in 2006, 93.0% in 2007, 96.6% in 2008, 98.2% in 2009, 98.8% in 2010, 98.8% in 2011, 99.9% in 2012, 100% in 2013 and 100% in 2014).

Methodology:

 Since 2002, data include births in private hospitals not accredited by National Health Service and home births.
- Until 2001, the percentage of low birth weight refers to statistics provided from hospitals of the National Health System (public and private); figures do not include births in private hospitals outside the NHS and home births (about 10% of the total).

Further information: <http://www.salute.gov.it/statistiche> (in Italian).

Japan

Source: Ministry of Health, Labour and Welfare, Vital Statistics of Japan.

Further information: <http://www.mhlw.go.jp/english/> and <http://www.e-stat.go.jp/SG1/estat/eStatTopPortalE.do>.

Korea

Source: National Statistical Office, Annual Report on Vital Statistics (based on vital registration).

Further information: <http://kostat.go.kr/eng/>.

Latvia

Source: The World Health Organisation, Regional office for Europe, European Health for all database (HFA-DB) at <http://data.euro.who.int/hfad/>.

Luxembourg

Sources:

Ministry of Health, Health Directorate, FIMENA-SUSANA register (birth medical certificate).

Public Research Center for Health.

From 2007: data come from SUSANA program (health surveillance around birth), see <http://susana.lu/>.

2001-2006: FIMENA register (birth medical certificate).

Methodology:

Numerator: number of children born in Luxembourg with birthweight <2500g, from resident and non-resident mothers.

Denominator: number of live births in Luxembourg, resident and non-resident mothers.

- Data for 2001, 2002 2003 and 2007 are underestimated, as the birthweight for many live births has not been reported (3.1%, 4.0%, 4.3% and 2.7 %).

- The steady growth during the period 2001-2010 in the percentage of babies under 2500 grams is mainly due to improved recording and monitoring data.

Further information: <http://www.ms.public.lu/fr/index.html> (in French) and <http://www.crp-sante.lu/>.

Mexico

Source:

From 2011: **Ministry of Health**, SINAC data for 2011 to 2014 but multiplied by a factor to correct for underreporting observed in some states.

2008 to 2010: **Ministry of Health**. System of data on live birth certificate (SINAC) 2008, 2009, 2010.


2006: **Ministry of Health. National Institute of Public Health**. National Health and Nutrition Survey 2006. National Dynamic Demographic Survey 2006. Final results.

2003: **Ministry of Health**. National Reproductive Health Survey 2003.

2000: **Ministry of Health / National Institute of Public Health**. National Health Survey 2000.

1997, 1999, 2002, 2004, 2005 and 2007: **National Institute of Statistics**. National Dynamic Demographic Survey.

1995, 1996, 1998 and 2001: **Ministry of Health**. Bulletin of Statistical Information, 1995-1996, 1998 and 2001.

 **Break in time series:** From 2008, it was decided to use as a source of data on live birth the certificate (SINAC) implemented throughout the country starting September 2007. The implementation involves using the same format (certificate) of live births in all states, in both public and private institutions in the country. The certificate includes information about mother, newborn, birth and certifier.

Further information: Salomon, L.J., Bernard, J. P. and Ville, Y. (2007). Estimation of fetal weight: reference range at 20-36 weeks gestation and comparison with actual birth-weight reference range. *Ultrasound Obstet Gynecol*, 29: 550-555. www.interscience.wiley.com and Flores Huerta, Samuel y Martínez Salgado, Homero. (2012). "Peso al nacer de los niños y niñas derechohabientes del Instituto Mexicano del Seguro Social", *Bol. Med. Hosp. Infant. Mex.*, 69: 30-39. http://portal.salud.gob.mx/index_eng.html, <http://www.insp.mx/english.html> and <http://www.inegi.gob.mx/> (in Spanish).

Netherlands

Source: **Statistics Netherlands**, Health Interview Survey (1989-present, 1997-2004, part of the health module of the Integrated System of Social Surveys, POLS).

Methodology:

- This survey is based on a representative annual sample among approximately 10000 persons, of whom about 600 are in the 0-4 age bracket. Figures on birthweight and length are provided by the parents/guardians of children aged 0-4 years old at the moment the interview takes place.
- The figures are based on a sample and therefore subject to a margin of error. The margin of the 95% confidence interval in the weight graph is about 30 grams. Small changes over time within the margin are consequently insignificant. In order to have a sufficiently large sample, data from three survey years are combined and averaged.

Further information: <http://www.cbs.nl/en-GB/menu/cijfers/statline/zelf-tabellen-maken/default.htm?Languageswitch=on>. Also see <https://www.cbs.nl/en-gb/our-services/methods/surveys/brief-survey-descriptions>.

New Zealand

Source: **Ministry of Health** (National Collections).

Further information: <http://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/maternity-and-newborn-data-and-stats>.

Norway

Source: **The Norwegian Institute of Public Health**, Medical Birth Registry of Norway (MBRN).

Methodology: The Medical Birth Registry contains information about all births, stillbirths, perinatal deaths and abortions from the 16th week of pregnancy onwards from 1967-2001 and from the 12th week of pregnancy onwards starting in 2002.

Further information: <http://www.norgesshelsa.no/norgesshelsa/?language=en>.

Poland

Source: **Central Statistical Office of Poland**, Demographic Yearbook of Poland.

Methodology: The source of data on birth is the individual documentation "Notification of birth (live and still)" which is also used by national statistics.

Further information: <http://www.stat.gov.pl/english/>.

Portugal

Source: **National Statistical Institute** - Demographic Statistics (several issues).

Further information: <http://www.ine.pt>.

Slovak Republic

Source: **Statistical Office of the Slovak Republic**.

Further information: <http://portal.statistics.sk/showdoc.do?docid=359>.

Slovenia

Source: National Institute of Public Health, Perinatal information system of the Republic of Slovenia.

Further information: **Error! Hyperlink reference not valid.** <http://www.nijz.si/> (in Slovenian).

Spain

Source: National Statistics Institute Vital Statistics (several issues).

Further information: <http://www.ine.es/jaxi/menu.do?type=pcaxis&path=%2Ft20%2Fe301&file=inebase&L>.

Sweden

Source: The National Board of Health and Welfare.

From 1973: Figures are from the Medical Birth Register and are based on copies of medical records for nearly all births in Sweden since January 1, 1973.

1960-1971: Figures are estimates from The Annual Reports from the hospitals in Sweden.

Methodology:

1997 onwards: number of newborns weighing less than 2500 grams as a percentage of total live births over 300 grams.

1973-1996: number of newborns weighing less than 2500 grams as a percentage of hospital deliveries over 1000 grams.

Further information: <http://www.socialstyrelsen.se/english>.

Switzerland

Source: Federal Statistical Office, Neuchâtel, Vital Statistics.

Further information: <http://www.bfs.admin.ch/bfs/portal/en/index/themen/14/02/03/key/04.html>.

Turkey

Sources:

2012-2014: Public Health Institution of Turkey, Ministry of Health of Turkey, National Neonatal Screening Programme.

1998-2008: Hacettepe University Institute of Population Studies and Ministry of Health, Mother and Child Health and Family. Planning Department, The Turkey Demographic and Health Survey 1998, 2003 and 2008.

Further information: http://www.hips.hacettepe.edu.tr/tnsa2008/data/TDHS_2008_Main_Report.pdf.

United Kingdom

Source: Health & Social Care Information Centre (HSCIC) using data from:

From 1978 onwards:

- England and Wales: Office for National Statistics (ONS).

- Scotland: Information Services Division Scotland.

- Northern Ireland: Department for Health, Social Services and Public Safety in Northern Ireland (DHSSPSNI).

1960-1977: Table A3.4.1 of "Birth Counts: Statistics of Pregnancy and Childbirth", A. Macfarlane, et al. (Published by TSO, 2000, London).

Coverage:

1982-1987 and 1989 onwards: United Kingdom.

1978-1981 and 1988: Great Britain.

1960-1977: England and Wales.

Methodology:

Scotland:

2012: Data to calculate low birth weight from Scotland represent those born in hospitals, and differ from numbers published by National Records Scotland (NRS). This shortfall is approximately 2%, with the majority of this being

due to incomplete data submission from maternity units and information not being submitted for home births. Births to non-residents are also included.

1978 onwards; Scotland live births exclude home births and births at non-NHS hospitals.

- England and Wales births do not include non-resident births.

Further information: <http://www.hscic.gov.uk>.

United States

Source: U.S. Department of Health and Human Services/Centers for Disease control and Prevention/National Center for Health Statistics. National vital statistics reports. Births: Final data (several years).

Coverage: National.

Further information: NCHS Vital Statistics website at <http://www.cdc.gov/nchs/nvss.htm>, or the FASTAT section at <http://www.cdc.gov/nchs/fastats/birthwt.htm>.

NON-OECD ECONOMIES

Brazil

Source: The World Bank, World DataBank, Health nutrition and population statistics available at: <http://databank.worldbank.org>. Data come from: UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.

China

Source: The World Bank, World DataBank, Health nutrition and population statistics available at: <http://databank.worldbank.org>. Data come from: UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.

Colombia

Source: The World Bank, World DataBank, Health nutrition and population statistics available at: <http://databank.worldbank.org>. Data come from: UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.

Costa Rica

Source: The World Bank, World DataBank, Health nutrition and population statistics available at: <http://databank.worldbank.org>. Data come from: UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.

India

Source: The World Bank, World DataBank, Health nutrition and population statistics available at: <http://databank.worldbank.org>. Data come from: UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.

Indonesia

Source: The World Bank, World DataBank, Health nutrition and population statistics available at: <http://databank.worldbank.org>. Data come from: UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.

Lithuania

Source: The World Health Organisation, Regional office for Europe, European Health for all database (HFA-DB) at <http://data.euro.who.int/hfadbf/>.

Russian Federation

Source: The World Health Organisation, Regional office for Europe, European Health for all database (HFA-DB) at <http://data.euro.who.int/hfad/>.

South Africa

Source: The World Bank, World DataBank, Health nutrition and population statistics available at: <http://databank.worldbank.org>. Data come from: UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.

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