

Poor living conditions and other socio-economic factors affect the health of mothers and newborns, but the quality of health care can greatly reduce the number of infant deaths, particularly by addressing life-threatening issues during the neonatal period (i.e. the first month of life). The main causes of death during the first month are congenital anomalies, prematurity and other conditions arising during pregnancy. For deaths beyond the first month (post neonatal mortality), there tends to be a greater range of causes, with the most common being sudden unexpected death in infancy (Euro-Peristat, 2018).

Infant mortality rates are low in most EU countries, with an average of less than 3.5 deaths per 1 000 live births across EU countries in 2018 (Figure 3.13). However, a small group of countries – Malta, Romania, Bulgaria and the Slovak Republic – still have infant mortality rates of 5 deaths per 1 000 live births or more. In Malta, infant mortality rates are 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.

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 3.4 deaths in 2018. Reductions in infant mortality rates have been particularly rapid in Bulgaria and Romania, converging towards the EU average (Figure 3.14).

Across EU countries, 1 in 15 babies (6.6%) weighed less than 2 500 grammes at birth in 2018 (Figure 3.15). Low birthweight can occur as a result of restricted foetal growth or from pre-term birth. Low birthweight 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 birthweight 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 higher maternal age.

The percentage of low birthweight is more than two-times greater in some EU countries than in others. There is a marked geographical variation that may reflect physiological differences in mothers and babies. The Baltic countries

(Estonia, Latvia and Lithuania) and Nordic countries (Finland, Sweden and Denmark) have the lowest proportion of low birthweight babies, whereas some countries in Southern and Eastern Europe (Cyprus, Greece, Bulgaria and Portugal) have the highest proportion.

Between 2010 and 2018, some countries like Austria and the Czech Republic registered substantial reductions in the percentage of low birthweight babies, whereas this share remained fairly stable in most other countries.

Definition and comparability

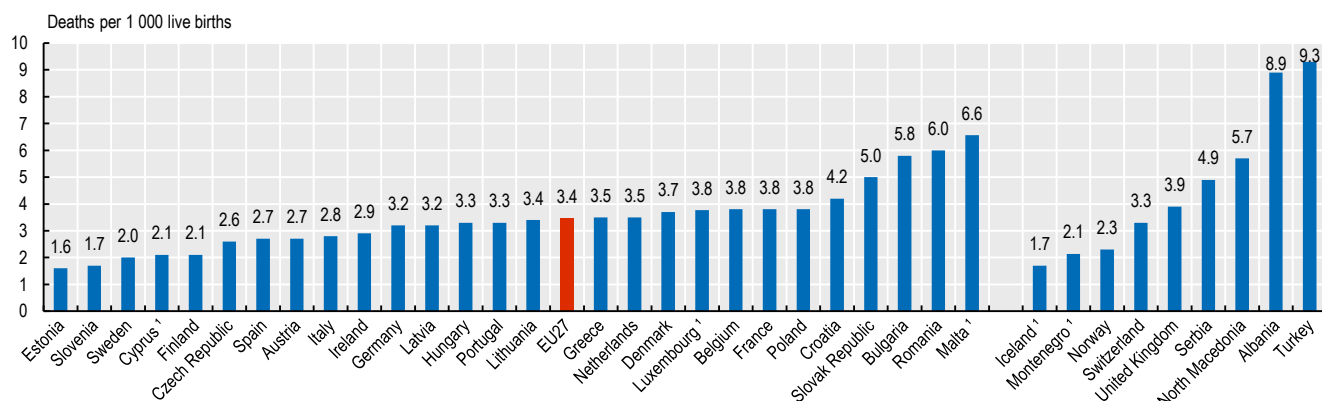
Infant mortality rate is the number of deaths of children under one year of age per 1 000 live births. Some of the international variation in infant and neonatal mortality rates may be due to variations among countries in registering practices of premature infants. While some countries have no gestational age or weight limits for mortality registration, several countries apply a minimum gestational age of 22 weeks (or a birth weight threshold of 500 grammes) for babies to be registered as live births (Euro-Peristat, 2018).

Low birth weight is defined by the World Health Organization as the weight of an infant at birth of less than 2 500 grammes (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 grammes 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, 2018). The number of low weight births is expressed as a percentage of total live births.

Reference

Euro-Peristat (2018), *European Perinatal Health Report: Core indicators of the health and care of pregnant women and babies in Europe in 2015*, November 2018.

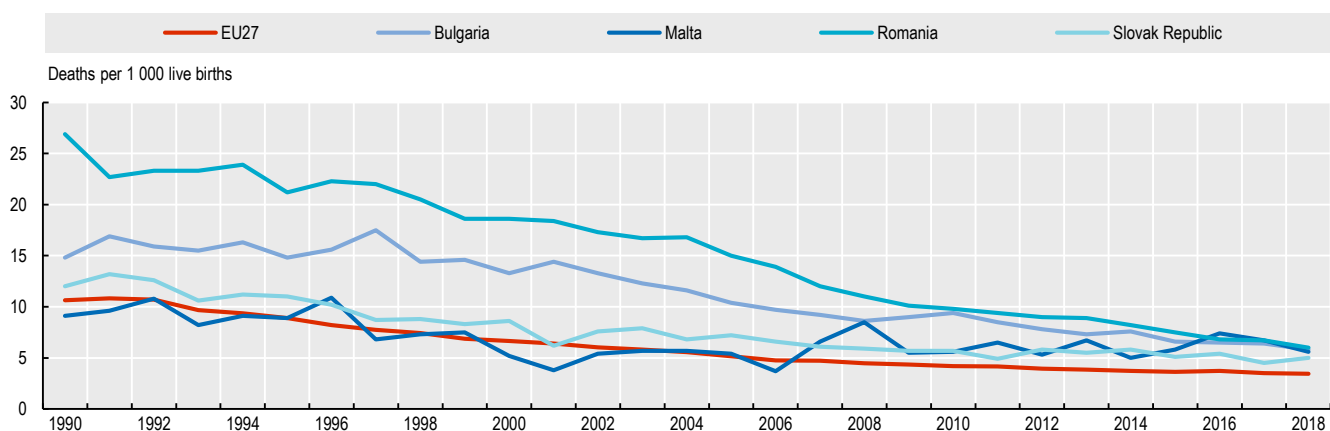
Figure 3.13. Infant mortality, 2018



1. Three-year average (2016-18).
Source: Eurostat Database.

StatLink <https://stat.link/zrvopy>

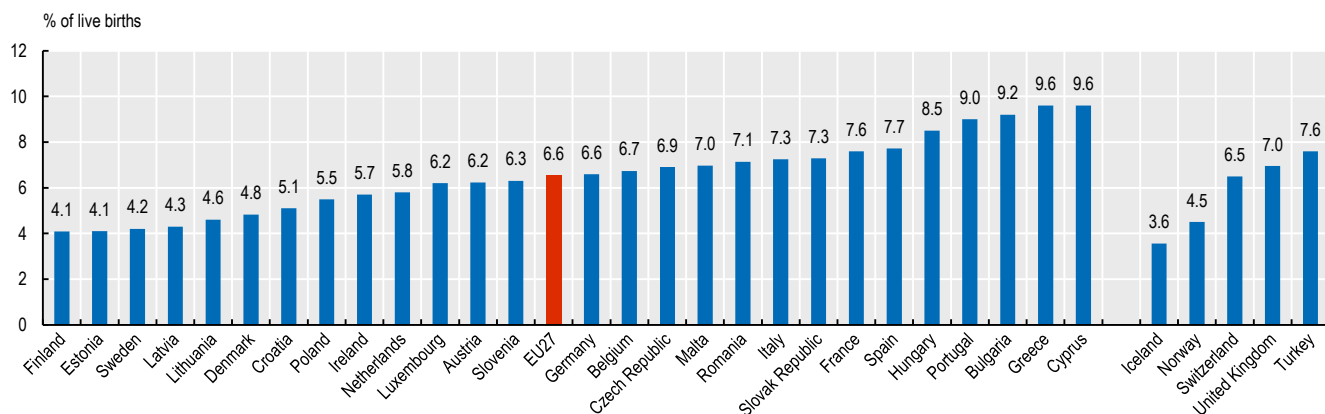
Figure 3.14. Trends in infant mortality, 1990-2018



Source: Eurostat Database.

StatLink <https://stat.link/rylfi5>

Figure 3.15. Low birthweight, 2018 (or nearest year)



Source: OECD Health Statistics 2020, Eurostat Database and national sources for Croatia and Cyprus.

StatLink <https://stat.link/2yt8db>



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