

Editorials

Rise in mortality in England and Wales in first seven weeks of 2018

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Death rate continues to rise for poorest infants in England and Wales

Dear Dr Godlee,

Last year we raised concern about the rise in infant mortality in England and Wales in a letter to the BMJ.

(1) The latest data released by the ONS this week shows that infant mortality has risen for the second year running.(2) In 2016 there were 2651 infant deaths, compared to 2578 and 2517 in the preceeding two years. The statistically significant increase in infant mortality rate from 3.6 to 3.8 deaths per thousand live births over these two years (p-value = 0.037) is explained by the 5.3% increase in infant deaths, rather than by any change in the denominator which showed only negligible change.

It is critical to understand the social patterning of the recent changes in IMR in order to take appropriate public health action. Our analysis shows IMR has continued to rise particularly in the poorest children, whilst remaining stable in the most advantaged groups, further widening inequalities (Figure 1, link below). We know that infant mortality is associated with social disadvantage, and that the risk factors for high IMR such as smoking in pregnancy, low birthweight and obesity are also socially patterned, with higher risk in more disadvantaged populations.

IMR is used internationally as an indicator of the comparative wellbeing of nations. It is sensitive both to the socio-economic conditions affecting women of childbearing age and children; and the quality and accessibility of services for families. IMR continues to improve in most rich countries, with recent data showing that in countries such as Japan and Finland the IMR has dipped to only 2 per thousand.(3) In Liverpool, where some of us work, the infant mortality rate is now an unacceptable 6.8 - more than twice as high as London's average.

We echo the call of Hiam and colleagues for an urgent investigation into the causes of rising mortality in the UK.(4) Poverty is on the increase and projected to get worse, (5) whilst services that support "giving every child the best start in life" are simultaneously being cut. (6, 7) The weakened social protection safety net is a plausible explanation for rising IMR among the most disadvantaged infants in England and Wales. Survival for the most vulnerable children among us will continue to be jeopardized unless policy makers take concerted action to improve the conditions for children to survive and thrive.

Figure 1. Infant mortality rate (95% confidence interval) by socio-economic classification 2008-2016.

Link here:

https://www.dropbox.com/s/ro703io2d9h6qth/IMR_2016_NSSEC.pdf?dl=0

Data source: ONS. For the purposes of the analysis we have grouped IMR for joint registrations by NS-SEC groups into professional (1.1, 1.2, 2), intermediate (3,4) and manual groups (5 and below, including unclassified). In 2011, NS-SEC was rebased on the new Standard Occupational Classification (SOC2010). Up until the 2011 data year, ONS published child mortality and birth statistics by NS-SEC using the father's NS-SEC, but from 2012 onwards this was based on combined parents NS-SEC.(1)

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Competing interests: No competing interests

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