Dear Dr Grodstein,

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 2513 infant deaths, compared to 2578 and 2517 in the preceding 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 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 well-being 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, but from 2012 onwards this was based on combined parents’ NS-SEC. (1)

Deaths in the first seven weeks of 2018 were the highest in at least a decade 8, with a statistically significant 5.3% rise compared to 2017. This, in turn, is associated with a statistically significant rise in infant deaths of 5.3%.

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References
3. World Bank. DataBank: Mortality rate, infant (per 1,000 live births), 2018.

Competing interests: No competing interests

David C Taylor-Robinson
Professor of Public Health and Policy

Eric Li, (Jonathan Bradshaw), Ingrid Wolfe, Andrew Weekes, Ben Barr, Margaret Whitehead 1. Department of Public Health and Policy, University of Liverpool 2. Department of Social Policy and Social Work, University of York 3. Primary Care and Public Health Services, King’s College London 4. Department of Women and Children's Health, University of Liverpool 5. Department of Public Health and Policy, University of Liverpool

Public Health and Policy, The Farr Institute@HeRC, Waterhouse Building, 2nd Floor Block F, Liverpool, L69 3GL.