A National Statistics publication

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1 Introduction

This document provides supporting information for Child Mortality Statistics tables which present final statistics on stillbirths, infant deaths and childhood deaths that occurred in England and Wales in a calendar year. It also provides supporting information for the Birth Cohort Table for Infant Deaths (babies born in a reference year who died before their first birthday) which are published as a separate package of tables. All tables in Child Mortality Statistics and the Birth Cohort Tables have been produced by the Office for National Statistics (ONS).

Child Mortality Statistics replaced the annual reference volume DH3 in 2010 and contains selected tables from DH3, although some tables have been amended to improve the presentation of the data. The Birth Cohort Tables for Infant Deaths (that is babies born in a reference year who died before their first birthday) are now published as a separate package of tables. These annual tables used to be published as part the annual reference volume DH3.

More general information on the collection, production and quality of mortality data is available in Mortality Metadata. Similarly, additional information relating to information collected at birth registration and issues affecting the quality of birth registrations data is available in Births Metadata.

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1.1 Symbols and conventions

In the data tables:

0 denotes a number too small to be shown to the level of precision of the table
- denotes nil
.. denotes not available
: denotes not applicable
* suppressed to protect confidentiality

Rates in tables calculated from fewer than 20 deaths are distinguished by italic type as a warning to the user that their reliability as a measure may be affected by the small number of events. Rates were not calculated where there were fewer than three deaths in a cell, denoted by (:). It is ONS practice not to calculate rates where there are fewer than three deaths in a cell, as rates based on such low numbers are susceptible to inaccurate interpretation.

Some data items collected under the Population Statistics Acts have been aggregated to protect confidentiality. Occasionally, it has been necessary to apply secondary suppression to avoid the possibility of disclosure by differencing. Figures in some tables may not add precisely due to rounding or suppression.

The ONS Disclosure Control Policy for Birth and Death Statistics is available to download on the ONS website.
2 Notes and definitions

2.1 Occurrences and registrations

Deaths

The annual total of deaths occurring in a calendar year is taken from the standard dataset for death occurrences created from the deaths database. To be acceptably complete, this annual extract must be taken some months after the end of the data year to allow for late death registrations. Although there will inevitably be a small number of deaths not registered when the annual extract of death occurrences is taken, delaying the timing of the extract any further will delay the publication of the data.

Not all infant death occurrence records can be linked to their original birth registration record. However, those records that can be linked create an additional dataset: the death cohort. The numbers in the death cohort are infant deaths that occurred in a calendar year that have been linked with their corresponding birth registration record. This cohort of infant deaths is used in Child Mortality Statistics.

The numbers used in the Birth Cohort Tables for infant deaths represent those babies born in a calendar year who died before their first birthday.

Births

The annual totals of live births and stillbirths used in the main tables are derived from the standard annual extract of live births and stillbirths. This extract includes all births occurring and registered in a calendar year plus late registrations from the previous year.

2.2 Childhood and infant deaths

In Child Mortality Statistics, childhood deaths are defined as those under 16 years of age.

Infant deaths (under 1 year) at various ages are defined as:

Early neonatal – deaths under 7 days

Perinatal – stillbirths (see section 2.11) and early neonatal deaths

Late neonatal – deaths between 7 and 27 days

Neonatal – deaths under 28 days

Postneonatal – deaths between 28 days and 1 year

2.3 Registration and certification of stillbirths, neonatal and infant deaths

General information about the registration and certification of stillbirths, neonatal and infant deaths in England and Wales can be found in Mortality Metadata. It also provides information about the specific details collected when a death is certified and registered.
2.4 Referral to the coroner

While the majority of infant deaths are certified by a doctor, some may be reported to the coroner by the certifying doctor or the registrar. The circumstances under which a death has to be referred are covered in Mortality Metadata.

Table A provides the numbers of deaths by method of certification for those infants aged under 1 year, in 2011. Stillbirths may be certified by the medical practitioner or the midwife who is present at or who conducts the delivery, or who examines the body after birth. In 2011, 60% were certified by midwives and 38% by doctors.

The conditions for certifying neonatal deaths are as for other deaths – that the doctor should have been in attendance during the deceased’s last illness, should have seen the patient prior to death or seen the body, and that the cause of death is known and is ‘natural’.

Inquests on stillbirths and neonatal deaths are rare. 87% of neonatal deaths in 2011 were certified by a doctor, and 11% by a coroner with only 9% subject to a coroner’s inquest. This reflects the fact that nearly all neonatal deaths occur in hospitals and that infant deaths can be certified as due to sudden infant death syndrome (SIDS) without being subject to inquest.

Table A: Stillbirths, and neonatal and infant deaths: by method of certification, 2011

<table>
<thead>
<tr>
<th>England and Wales</th>
<th>Stillbirths</th>
<th>Neonatal deaths</th>
<th>Infant deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method of certification</td>
<td>number</td>
<td>%</td>
<td>number</td>
</tr>
<tr>
<td>Total deaths</td>
<td>3,811</td>
<td>100</td>
<td>2,135</td>
</tr>
<tr>
<td>Certified by doctor</td>
<td>1,437</td>
<td>37.7</td>
<td>1,863</td>
</tr>
<tr>
<td>After referral to coroner</td>
<td>-</td>
<td>-</td>
<td>478</td>
</tr>
<tr>
<td>Certified by coroner</td>
<td>-</td>
<td>-</td>
<td>230</td>
</tr>
<tr>
<td>After inquest</td>
<td>-</td>
<td>-</td>
<td>196</td>
</tr>
<tr>
<td>Certified by midwife</td>
<td>2,282</td>
<td>59.9</td>
<td>:</td>
</tr>
<tr>
<td>Other</td>
<td>92</td>
<td>2.4</td>
<td>42</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics

2.5 Areal coverage

The births and deaths recorded in the annual publication Child Mortality Statistics and Birth Cohort Tables are those occurring (and then registered) in England and Wales. Births and deaths to residents of England and Wales that occur, and are registered, outside of England and Wales are excluded. Births and deaths to persons whose usual residence is outside England and Wales are included for any total figures for England and Wales, but are excluded from any sub-division of England and Wales. Figures for live births and stillbirths to women whose usual residence is
outside of England and Wales can be found in Tables 5 and 6 in the publication Characteristics of Birth 1.

Table B gives recent numbers of infant deaths that occurred in England and Wales for those infants not usually resident in England and Wales.

### Table B: Infant deaths of non-residents, 2006–11

<table>
<thead>
<tr>
<th>England and Wales</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths at ages under 1 year</td>
<td>3,264</td>
<td>3,284</td>
<td>3,191</td>
<td>3,077</td>
<td>3,025</td>
</tr>
<tr>
<td>of which deaths of residents outside England and Wales</td>
<td>36</td>
<td>38</td>
<td>39</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>% of total</td>
<td>1.1</td>
<td>1.2</td>
<td>1.2</td>
<td>0.9</td>
<td>0.9</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics

#### 2.6 Base populations

The population figures used to calculate child mortality rates are mid-year estimates of the resident population of England and Wales based on the Census of Population. ONS mid-year population estimates are based on updates from the most recent census allowing for births, deaths, net migration and ageing of the population.

The population estimates used for the calculation of mortality rates presented in the tables are the latest consistent estimates available at the time of production. Further information on population estimates and their methodology can be found online.

#### 2.7 Death rates

The rates presented in this publication are described below. Strictly speaking they are rates only when both numerator and denominator refer to the same time period, for example, the stillbirth rate. When the time periods in each are different they are ratios.

**Stillbirth rate**
Number of stillbirths per 1,000 live births and stillbirths.

**Infant mortality rate**
Number of deaths at ages under 1 year, per 1,000 live births

**Perinatal mortality rate**
Number of stillbirths plus number of deaths at ages under 7 days, per 1,000 live births and stillbirths.

**Early neonatal mortality rate**
Number of deaths at ages under 7 days, per 1,000 live births.

**Neonatal mortality rate**
Number of deaths at ages under 28 days, per 1,000 live births.
Postneonatal mortality rate
Number of deaths at ages 28 days and over, but under 1 year, per 1,000 live births.

Age-specific child mortality rate
Number of deaths in a particular age group per 100,000 population in that group.

2.8 Coding the underlying cause of death

For deaths at ages 28 days and over, the death certificate used in England and Wales accords with that recommended by the World Health Organisation (WHO) in the tenth revision of the International Statistical Classification of Diseases and Related Health Problems (ICD–10) (WHO 1992–1994). Further information regarding coding the underlying cause of death can be found in Mortality Metadata.

2.9 Neonatal and stillbirth cause of death certificates

The neonatal and stillbirth certificates, introduced in January 1986 follow recommendations of WHO in the ICD, whereby causes of death are given separately in the following categories:

- main diseases or conditions in infant/fetus
- other diseases or conditions in infant/fetus
- main maternal diseases or conditions affecting infant/fetus
- other maternal diseases or conditions affecting infant/fetus, and
- other relevant causes

While conditions arising in the mother that affected the infant could be mentioned on certificates prior to 1986, no provision was made for those cases in which the certifier considered that both maternal and infant conditions contributed to the death. The current certificates overcome this problem. However, since equal weighting is given to main conditions in the infant and in the mother, it is no longer possible to identify a single underlying cause of death for neonatal deaths and stillbirths.

2.10 ONS cause of death groups

In England and Wales, stillbirths and neonatal deaths are registered using a special death certificate which enables reporting of relevant diseases or conditions in both the infant and the mother. For postneonatal deaths, a single underlying cause of death can be reported using the standard death certificate. ONS has developed a hierarchical classification system producing broad cause groups to enable direct comparison of neonatal and postneonatal deaths (Dattani & Rowan, 2002). The ONS cause groups hierarchical classification, which is also referred to as the ONS cause groups allows the death to be assigned to a specific category, based on the likely timing of the damage leading to the death. A computer algorithm directs any mention, in the case of neonatal deaths or postneonatal deaths, to the first appropriate class of the following mutually exclusive categories:

Before the onset of labour
  1  Congenital anomalies
  2  Antepartum infections
  3  Immaturity related conditions

In or shortly after labour
  4  Asphyxia, anoxia, or trauma

Postnatal
  5  External conditions
  6  Infections
  7  Other specific conditions
9 Sudden infant deaths

Unclassified

0 Other conditions

A similar algorithm is used for stillbirths.

The grouping of ICD–10 codes into these nine categories for neonatal and postneonatal deaths is shown in Annexes B and C respectively. Corresponding groupings for stillbirths are shown in Annex A.

2.11 Stillbirths

The Stillbirth (Definition) Act 1992 defines a stillbirth as

‘a child which has issued forth from its mother after the twenty-fourth week of pregnancy, and which did not at any time after becoming completely expelled from its mother breathe or show other signs of life’.

This definition has been in use since 1 October 1992. Prior to this, the Births and Deaths Registration Act 1953 defined a stillbirth as above, but at 28 or more weeks completed gestation. Figures for stillbirths from 1993 are thus not comparable with those for previous years. The effect of this change on figures for 1992 is analysed in the annual volume of birth statistics for that year (OPCS 1994).

2.12 Linkage of births and deaths

The linkage of birth and infant death records has been conducted since 1975 to obtain information on the social and biological factors of the baby and parents collected at birth registration.

Death registration gives only a limited amount of information about the parents of the deceased infant, for example, occupation of parent. However, a considerable amount of information is given at birth registration. This includes: age of each parent, number of previous children born within marriage (the mother’s parity), country of birth of parents, place of birth and whether the baby was a singleton or multiple birth.

The unlinked cases can be split into two groups: those that cannot be linked (such as those born outside England and Wales, foundlings, and adopted children) and others that should have been linked but for which no birth registration record could be found. Around 2% of infant deaths cannot be linked to a birth registration record.

2.13 Socio-economic classification as defined by occupation

By combining occupation with the employment status, a code for socio-economic classification (or social class in volumes up to 2001) may be derived. From 1991 to 2000 the occupation of the father was coded using the Standard Occupational Classification SOC90 (OPCS 1990), and occupation codes were allocated to the Registrar General’s Social Class. The Standard Occupational Classification (SOC) is revised every 10 years and in 2001, SOC2000 (ONS 2000a, 2000b) replaced SOC90.

The coding of employment status also changed in 2001 to be consistent with the 2001 Census and SOC2000. Since 2001, the National Statistics Socio-economic Classification (NS-SEC) (Rose and O’Reilly 1998) has categorised the socio-economic classification of people, and has replaced the Registrar General’s Social Class and Socio-economic Group (SEG). In 2011, the NS-
SEC was rebased on the new Standard Occupational Classification (SOC2010). The new classification is based not on skills but on employment conditions, which are now considered to be central to describing the socioeconomic structure of modern societies (ONS, 2010; Rose et al., 2010).

NS-SEC has eight analytic classes, the first of which can be subdivided:

1. Higher managerial and professional occupations
   1.1 Large employers and higher managerial occupations
   1.2 Higher professional occupations
2. Lower managerial and professional occupations
3. Intermediate occupations
4. Small employers and own-account workers
5. Lower supervisory and technical occupations
6. Semi-routine occupations
7. Routine occupations
8. Never worked and long-term unemployed

Students, occupations not stated or inadequately described, and occupations not classifiable for other reasons are added as ‘Not Classified’.

The information on occupation of the father is coded for all infants dying in the first year of life, and for all stillborn babies. However, it is only coded for a sample of 1-in-10 live births. In tables displaying socio-economic classification, the live birth figures for each socio-economic classification have been therefore been grossed up by a multiple of 10. The socio-economic classification breakdowns do not total the ‘All’ rows totals which are based on the full births and death extracts totals.

2.14 Births within/outside marriage/civil partnership, and sole and joint registration

Since 1 September 2009, following the implementation of the Human Fertilisation and Embryology Act (2008), same-sex female couples have been able to register the birth of a child as mother and second parent. The Act also made provision for two men to be officially recognised as the parents of a child through the provision of a parental order, obtainable through the courts.

A birth within marriage/civil partnership is that of a child born to parents who were lawfully married/in a civil partnership either:
   (a) at the date of the child’s birth, or
   (b) when the child was conceived, even if they later divorced/were granted a civil partnership dissolution or the father/second parent died before the child’s birth

Until May 2012, information on
   (a) number of previous children with a current or former husband; and
   (b) whether the mother had previously been married;
was only collected for births occurring within marriage. When the Population (Statistics) Act came into force in 1938, only 4% of live births in England and Wales occurred outside marriage so the information required was collected for nearly all mothers. However by 2011 nearly half of births (47%) took place outside marriage or civil partnership and so the legislation no longer reflected the reality of modern society.

The two amendments made to the Population (Statistics) Act mean that from May 2012:
   (a) information is now collected at all birth registrations on the total numbers of previous live births and previous stillbirths that the mother has had (not just those with the current or
form former husband). This has simplified the question asked by registrars and will provide improved coverage, and (b) information is now collected at all birth registrations on either (i) whether the mother has been previously married or in a civil partnership (if she is currently married or in a civil partnership) or (ii) whether the mother has ever been married or in a civil partnership (if she is not currently married or in a civil partnership).

This brings the birth registration process more in line with equality legislation.

Only for a birth within marriage/civil partnership will the registrar collect, for statistical use, confidential particulars relating to the date of the parents’ marriage/civil partnership, and for within marriage only, whether the mother has been married more than once and the number of the mother’s previous live born and stillborn children.

Births occurring outside marriage/civil partnership may be registered either jointly or solely. A joint registration records details of both parents, and requires them both to be present. A sole registration records only the mother’s details. In a few cases a joint registration is made in the absence of the father/second parent if an affiliation order or statutory declaration is provided. Information from the birth registration is used to determine whether the mother and father/second parent jointly registering a birth outside marriage/civil partnership were usually resident at the same address at the time of registration. Births with both parents at the same address are identified by a single entry for the informant’s usual address, while different addresses are identified by two entries.

Due to small numbers births registered within a civil partnership are included with births registered within marriage. Births registered to a same-sex couple outside of a civil partnership are combined with births outside marriage.

Some infants born outside marriage are deemed to have been born within marriage when the natural parents subsequently marry between the infant’s birth and death. Birth registrations do not, however, identify children whose parents marry after the birth of the child. All relevant tables in Child Mortality Statistics and Birth Cohort Tables relate to the child’s status at birth. This ensures that the numerators and denominators used to calculate rates are compatible.

2.15 Mother’s country of birth

The birthplace of the parents of children born in England and Wales has been recorded at birth registration since 1969, but these data have been available for an infant mortality analysis of social factors only since 1975, when routine linkage was started. A breakdown of the mother’s country of birth groupings used in the relevant tables can be found either within the preliminary text for the annual publication, or alongside the published tables.

2.16 Birthweight

Birthweight is measured in grams. For live birth registrations, the birthweight is passed electronically to ONS from the notification by the midwife or doctor in attendance at the birth. These details are then supplied to the registrar. For stillbirths, details of the weight of the fetus are supplied on a certificate or notification by a doctor or midwife. The certificate or notification is then taken by an informant to the registrar.

If the birthweight is missing, but the registration is linked to the birth notification, then the birthweight from the notification is taken. In cases where no birthweight is recorded, the birth is included in the total ‘all weights’ but not distributed among the individual categories. Any remaining missing birthweights are included in the ‘Not stated’ total for the relevant tables containing birthweight. Annual figures for
records where the birthweight was not recorded for live births and stillbirths can be found in [Births Metadata](#).

### 2.17 Parity

Until May 2012, information on previous births was collected only for women registering a birth within marriage. In this publication, parity is defined as the number of previous live-born or stillborn children by the present or any former husband, as stated at birth registration. This could include any previous births by a husband that occurred outside the marriage.

In May 2012, ONS implemented a legislative change to improve the statistical information collected at birth registration in England and Wales. Two amendments have been made to the Population (Statistics) Act 1938, the legislation which requires registrars to collect confidential information for statistical purposes. The changes were made within the Welfare Reform Act 2009 and were implemented by the Identity and Passport Service.

The two amendments made to the Population (Statistics) Act mean that:

- (a) information is now collected at all birth registrations on the total numbers of previous live births and previous stillbirths that the mother has had (not just those with the current or former husband). This has simplified the question asked by registrars and will provide improved coverage, and
- (b) information is now collected at all birth registrations on either
  - (i) whether the mother has been previously married or in a civil partnership (if she is currently married or in a civil partnership) or
  - (ii) whether the mother has ever been married or in a civil partnership (if she is not currently married or in a civil partnership).

This brings the birth registration process more in line with equality legislation.

This change will have a small impact on published tables from 2012 data year onwards. More information is available in the Statistical Bulletin: [Child Mortality Statistics: Childhood, Infant and Perinatal, 2011](#).

### Further information

The ONS website ([www.ons.gov.uk](http://www.ons.gov.uk)) provides a comprehensive source of freely available vital statistics and ONS products. More information on the ONS website can be obtained from the contact addresses found below.

Special extracts and tabulations of child mortality data for England and Wales are available to order (subject to legal frameworks, disclosure control, resources and agreement of costs, where appropriate). Such enquiries should be made to:

Vital Statistics Outputs Branch  
Office for National Statistics  
Segensworth Road  
Titchfield  
Fareham  
Hants  
PO15 5RR  
Telephone: +44 (0) 1329 444110

Email: vsob@ons.gsi.gov.uk
3.1 Other sources of information on births and deaths

Additional information on background to mortality data published by ONS, together with the quality of mortality data can be found in sections 3 and 4 of Mortality Metadata. Further information and background on birth statistics can be found in Births Metadata.

3.2 Other sources of data on births and deaths

Death occurrences

The Birth Cohort Tables for Infant Deaths provide specific data for deaths of infants born in a given calendar year using additional data from the birth registration record. Gestation specific mortality presents data on live births and infant deaths by gestational age, while Child Mortality Statistics provides statistics on infant and perinatal mortality by father’s occupation, mother’s country of birth, birthweight, mother’s age. Unexplained deaths in infancy includes both sudden infant deaths and deaths for which the cause remained unknown or unascertained.

There are also rolling three-year aggregated infant mortality figures at local authority level.

Deaths registered

Summary data for infant mortality in England and Wales (based on deaths registered in the year) are available in the Deaths registrations summary tables.

The Vital Statistics: Population and Health Reference Tables provide quarterly and annual infant mortality data for the United Kingdom and its constituent countries (based on deaths registered in a year).

A geographical breakdown of infant death numbers and rates by local authority and county level (based on deaths registered in the year) is available in Deaths registered in England and Wales by area of usual residence.

Other UK countries

For mortality data for other UK countries please see the latest infant death statistics for Northern Ireland and the latest infant death statistics for Scotland.

Births

The Births summary tables, England and Wales provide key summary statistics for live births in England and Wales.

3.3 Other useful information

Response to the ONS review of infant mortality statistics
Results from the ICD-10 bridge coding study for stillbirths and neonatal deaths
Disclosure Control Policy for Birth and Death Statistics

We welcome feedback from users on the content, format and relevance of mortality outputs. The Health and Life Events user engagement strategy is available to download from the ONS website. Please send feedback to the postal or email address above.
References


Glossary

**Annual extract**
The dataset taken from the main deaths database from which most of the tabulations in this publication are derived. Sometimes it is referred to as the 'standard' extract.

**Antepartum**
Occurring just before birth.

**Cause groups**
The ONS cause groups is another term used for ‘Hierarchical classification’; see below.

**Childhood**
Children under 16 years of age.

**Congenital anomaly**
A structural or functional abnormality of the human body that develops before birth.

**Coroner**
Public official responsible for the investigation of violent, sudden or suspicious deaths.

**Death cohort dataset**
In this publication, this analysis consists of infant deaths that occurred only in a reference year and have been linked to their birth registration record.

**Early neonatal**
Relating to infants aged under 7 days.

**Hierarchical classification**
ONS' method for classifying the causes of neonatal deaths and stillbirths, made up of groups of ICD codes referred to as ‘ONS cause groups’.

**ICD**
International Classification of Diseases and Related Health Problems.

**Infant deaths**
Under 1 year.

**Inquest**
Inquiry into the cause of an unexplained, sudden or violent death, held by a coroner.

**Linkage**
The matching of infant death records to their corresponding birth registration record.

**Neonatal**
Relating to infants aged under 28 days.

**NS-SEC**
National Statistics Socio-economic Classification categorises the socio-economic classification of people, and has replaced the Registrar General’s Social Class and the Socio-economic Group (SEG).

**Occurrences**
Number of deaths according to the date on which the death occurred.
ONS
Office for National Statistics.

Parity
The number of previous liveborn or stillborn children born to a woman by the present or any former husband - only collected for women whose birth within marriage is being registered.

Perinatal
Stillbirths and early neonatal

Postneonatal
Relating to infants aged between 28 days and 1 year

Registrar
Local Authority employee responsible for the registration of births, deaths, marriages and civil partnerships.

Registrations
Number of deaths according to the date on which the deaths were registered.

SOC 2000
Standard Occupational Classification 2000 is the current occupational classification. SOC2000 codes, details of employment status and size of organisation are required for the derivation of NS-SEC. See NS-SEC.

Stillbirth
A child that has issued forth from its mother after the 24th week of pregnancy, and that did not at any time after being completely expelled from its mother breathe or show any signs of life.

True population
The number of live births in a given at risk year used as the denominator when calculating the mortality rate for the number of deaths of babies born in the same year.

Underlying cause of death
The cause of death selected for primary tabulation (excludes deaths at age under 28 days).

VSOB
Vital Statistics Outputs Branch (at ONS).

WHO
World Health Organisation.
### Annex A – ONS classification of stillbirths and associated ICD-10 codes

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>ICD–10 codes</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Main or other maternal conditions: O350–O352</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Main or other maternal conditions: O353</td>
<td></td>
</tr>
<tr>
<td>4 and 8a</td>
<td>Asphyxia, anoxia or trauma (intrapartum and antepartum)</td>
<td>Main or other infant conditions: P000, P016–P017, P020–P021, P022, P024–P026, P030–P039, P050–P059, P080–P082, P100–P159, P200–P219, P240–P241, P249, P524–P529, P90, P910–P919</td>
</tr>
<tr>
<td></td>
<td>Main or other maternal conditions: O100–O16, O363, O365, O430–O439, O440–O469, O48, O620–O689, O690–O699</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>External conditions</td>
<td>Main or other infant conditions: E40–E441, E46, P242–P248, J690, P800–P809, P830–P831, P833–P839, P920–P929, U509, V01–Y98</td>
</tr>
<tr>
<td>0 and 8b</td>
<td>Other conditions (intrapartum and antepartum)</td>
<td>All other codes</td>
</tr>
<tr>
<td>Group</td>
<td>Description</td>
<td>ICD–10 codes</td>
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<tr>
<td>2</td>
<td>Antepartum infections</td>
<td>Main or other infant conditions: A500–A509, P027, P230–P239, P350–P359, P370–P379 Main or other maternal conditions: O353</td>
</tr>
<tr>
<td>3</td>
<td>Immaturity related conditions</td>
<td>Main or other infant conditions: P010–P011, P018, P070–P073, P220–P229, P250–P258, P270–P279, P280–P287, P289, P520–P523, P578, P590, P77, P964 Main or other maternal conditions: O289</td>
</tr>
<tr>
<td>5</td>
<td>External conditions</td>
<td>Main or other infant conditions: E40–E441, E46, P242–P248, J690, P800–P809, P830–P831, P833–P839, P920–P929, U509, V01–Y98</td>
</tr>
<tr>
<td>9</td>
<td>Sudden infant deaths</td>
<td>Main or other infant conditions: R95–R98</td>
</tr>
<tr>
<td>0</td>
<td>Other conditions</td>
<td>All other codes</td>
</tr>
</tbody>
</table>
### Annex C – ONS classification of postneonatal deaths and associated ICD-10 codes

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>ICD–10 codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Sudden infant deaths</td>
<td>R95–R98</td>
</tr>
<tr>
<td>9</td>
<td>Other conditions</td>
<td>All other codes</td>
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</tbody>
</table>