Births and Deaths in England and Wales (Provisional), 2011

Correction

A production error was identified in the calculation of 2011 age-standardised mortality rates for cancer and circulatory diseases. The rates and percentage change since 2001 have now been corrected.

Key findings

• There were 723,913 live births in England and Wales in 2011, increasing slightly (by 0.1 per cent) from 723,165 in 2010

• There were 484,367 deaths registered in England and Wales in 2011, compared with 493,242 in 2010 (a fall of 1.8 per cent)

• In 2011, the provisional Total Fertility Rate (TFR) decreased to 1.98 children per woman from 2.00 in 2010

• Age-standardised mortality rates (ASMR) in 2011 were the lowest ever recorded for England and Wales, at 6,172 deaths per million population for males and 4,402 deaths per million population for females

Summary

This bulletin presents summary statistics on live births, stillbirths and deaths in England and Wales in 2011. Birth statistics reported include counts of live births, stillbirths, provisional fertility rates by age of mother, by area of usual residence and the percentage of births to mothers born outside the UK. Death statistics reported include counts of deaths by age and sex and by selected cause. Standardised mortality ratios and infant mortality rates by area of usual residence are also included.
The 2011 fertility rates and age-standardised mortality rates within this release are provisional, calculated using 2011 population projections at the national level and 2010 population estimates at the sub-national level. Rates for 2011 will be finalised in October/November 2012 after the 2011 population estimates based on the 2011 Census are published.

This is the first time that 2011 annual figures on births and deaths in England and Wales have been published by the Office for National Statistics (ONS).

**Key trends in births and deaths (numbers and rates)**

**Live births**

There were 723,913 live births in England and Wales in 2011, compared with 723,165 in 2010 (a rise of 0.1 per cent) and 594,634 in 2001. The small rise in 2011 represents a continuation of the increasing numbers of live births recorded since 2001. During this period the number of live births has risen by 22 per cent from 594,634 in 2001 despite a small fall between 2008 and 2009.

**Figure 1: Total Fertility Rate (TFR), England and Wales, 1991-2011**

![Graph showing Total Fertility Rate (TFR) from 1991 to 2011.](source: Office for National Statistics)

**Notes:**

1. Based on births occurring in the calendar year
2. The 2011 TFR is provisional as it has been calculated using the 2010-based population projections for 2011. The rate will be updated later in the year following the release of the 2011 mid-year population estimates
The number of births is affected by fertility rates and the size and age structure of the female population. Fertility rates (see background note 5) for 2011 give an average of 1.98 children per woman in England and Wales. This represents a slight decrease in fertility from 2.00 children per woman in 2010.

Differing trends in fertility rates and population size in different age groups have led to the situation where births have increased slightly despite a fall in the TFR (see section on live births by age of mother for more detail).

The TFR fell gradually during the 1990s, from 1.82 in 1991 to 1.63 by 2001. This was largely due to women delaying childbearing to older ages. Following a gradual increase from 2001 to 2008, the TFR has remained high but relatively stable between 2008 and 2011, fluctuating between 1.96 and 2.00 with no clear trend.

Changes in the TFR can result from changes in the timing of childbearing within women’s lives as well as any changes in completed family size. There is no single explanation underlying the overall increases in fertility since 2001 which are likely to have resulted from a combination of factors (Jefferies, 2008; RAND, 2012). Possible causes may include:

- women born in the 1960s and 1970s who postponed childbearing in their twenties ‘catching up’ in their thirties and forties
- increases in the numbers of foreign born women with above average fertility (Tromans, et al., 2009)
- government policy and the economic climate indirectly influencing individuals’ decisions around childbearing and therefore affecting the number of births

The first two factors listed above are likely to have continued to put upward pressure on the TFR since 2008. However, the combined effect of multiple government policies and the changing economic climate does not have a clear impact on fertility in a particular direction (Sobotka et al., 2010; RAND, 2012).

Stillbirths

The number of stillbirths increased slightly to 3,811 in 2011 from 3,714 in 2010 (a rise of 2.6 per cent). This rise is partly a consequence of the increase in the total number of births (both live births and stillbirths) in 2011. The stillbirth rate takes into account the total number of births and therefore provides a more accurate indication of trends. In 2011 the stillbirth rate rose slightly to 5.2 per thousand total births from 5.1 in 2010.

Small fluctuations in the number of stillbirths and the stillbirth rate have occurred during the last decade (the highest stillbirth rate during the period was 5.8 per thousand live and stillbirths in 2003). Key risk factors for stillbirths are overweight mothers, smoking during pregnancy and multiple pregnancies (SANDS, 2012).
Total deaths

There were 484,367 deaths registered in England and Wales in 2011 compared with 493,242 in 2010 (a fall of 1.8 per cent), and 532,498 in 2001. This is the third consecutive year that annual death registrations have been below half a million. Before 2009, the last time that death registrations fell below half a million was in 1952. The number of deaths is affected by mortality rates (which can be affected by epidemics and very cold winters) and the size and age-sex structure of the population.

Figure 2: Age-standardised mortality rates, England and Wales, 1991-2011

Age-standardised mortality rates have continued their downward trend in 2011, with 6,172 deaths per million population for males and 4,402 deaths per million population for females. Compared with 2010, this is a fall of 3.7 per cent for males and 3.9 per cent for females. Since 1991 age-standardised mortality rates have decreased by 40 per cent for males and 31 per cent for females. The 2011 age-standardised mortality rates for both males and females are the lowest ever recorded in England and Wales.
Mortality rates are generally falling; reasons for this include medical advances in the treatment of many illnesses and diseases. This is illustrated by the reduction in age-standardised mortality rates for many causes of death.

Between 2010 and 2011 age-specific mortality rates across all five-year age-sex groups largely decreased or remained unchanged. In contrast the total number of males and females in England and Wales increased between mid-2010 and mid-2011 by 0.8 per cent and 0.7 per cent respectively although the differences by age were more complex with the population increasing in some age groups but decreasing in others.

**Infant, perinatal and neonatal deaths**

In 2011 there were 3,154 infant deaths (under 1 year of age) registered in England and Wales, a slight increase from 2010, resulting in a rate of 4.4 deaths per thousand live births compared with 4.3 in 2010 and 5.4 in 2001. Similar to stillbirths and perinatal deaths (see below) this rise is partly attributable to the increase in the total number of births (both live births and stillbirths) in 2011.

In 2011 the neonatal mortality rate (deaths under 28 days) remained the same as in 2010 at 3.0 deaths per thousand live births. The postneonatal mortality rate (deaths between 28 days and one year) decreased to 1.3 deaths per thousand live births from 1.4 in 2010.

The perinatal (stillbirths and deaths under 7 days) mortality rate was 7.6 per thousand total births in 2011 compared with 7.4 in 2010.

**Figure 3: Infant, neonatal and postneonatal mortality rates, England and Wales, 1981-2011**

![Graph showing infant, neonatal, and postneonatal mortality rates from 1981 to 2011](source: Office for National Statistics)
Notes:
1. Based on deaths registered in the calendar year

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Small fluctuations in the infant mortality rate have occurred over recent years, after a series of larger drops in the early 1980s and again between 1987 and 1991. Between 1981 and 2011 the infant mortality rate fell by 60 per cent, while the neonatal and postneonatal mortality rates fell by 55 and 70 per cent respectively. However, the rates of change were not constant over the period: change in the first half of the period was about twice that in the second half.

Key risk factors for infant deaths are low birthweight, complications in pregnancy, immaturity-related conditions (for example, respiratory and cardiovascular disorders) and congenital anomalies (NPEU, 2011).

Further patterns and trends: Births

Live births by age of mother

Provisional 2011 figures suggest that between 2010 and 2011 there were decreases in fertility rates of women at all ages except those aged 30 and over. The largest percentage decrease was recorded for women under the age of 20 with fertility falling by 8.7 per cent. Fertility rates for women aged 20–24 and 25–29 fell by smaller amounts (2.8 per cent and 1.1 per cent respectively).

In contrast, fertility rates for women aged 30-34 and 35–39 rose by 0.1 per cent and 3.4 per cent respectively, from 117.8 births per thousand females aged 30-34 in 2010 to 117.9 in 2011 and 61.5 births per thousand females aged 35–39 in 2010 to 63.6 in 2011. The fertility rate for women aged 40 and over increased by 6.7 per cent. This continues the trend of the last two decades, during which the number of live births to mothers aged 40 and over has almost trebled from 9,835 in 1991 to 29,350 in 2011.

These changes in age-specific fertility rates have resulted in the average age of mother rising to 29.7 years in 2011, compared with 29.6 years in 2010 (see background note 11). The rise in 2011 represents a continuation of increasing age of mother recorded since 1975. These trends reflect the increasing numbers of women delaying childbearing to later ages. This may be due to a number of factors such as increased participation in higher education, the desire to establish a career, getting on the housing ladder and ensuring financial stability before starting a family.
The number of births in a given year is dependent on the number of women in the key childbearing ages (15-44 years) and on fertility rates in that year. Compared with 2010, the number of live births in 2011 decreased for women aged under 20, 20-24 and 35-39. For women aged 25-34 and over 40, the number of live births increased. For ages 40 and over, the rise in births was driven solely by a rise in fertility, as the projected female population in England and Wales 40-44 decreased between mid-2010 and mid-2011. The decrease in births to women aged under 20 and 20-24 in 2011 was caused by falling fertility at this age, alongside a projected decrease in the number of women aged 15-19 between mid-2010 and mid-2011. The rise in births to women aged 30-34 was caused by a projected increase in the female population in England and Wales in this age group.

Live births within marriage/civil partnership

In 2011 nearly half of all babies were born outside marriage/civil partnership (47.2 per cent), compared with 46.8 per cent in 2010 and 40.0 per cent in 2001. This continues the long-term rise in
the percentage of births outside marriage/civil partnership, which is consistent with increases in the number of couples cohabiting rather than married or in a civil partnership (for further information, see Families and Households on the ONS website).

**Live births to mothers born outside the UK**

The percentage of live births in England and Wales to mothers born outside the UK continued to rise in 2011, reaching 25.5 per cent compared with 25.1 per cent in 2010 and 16.5 per cent in 2001. The proportion of births to mothers born outside the UK has increased every year since 1990 when it was 11.6 per cent. Recent rises in the number of births to non-UK born women can be mainly attributed to the increase in the population of women born outside the UK (Tromans, et al., 2009).

The proportion of births to women born outside the UK is higher than the proportion of the female population of childbearing age born outside the UK (Tromans, et al., 2009). There are two reasons for this: firstly fertility levels are on average higher among foreign-born women and secondly the foreign-born and UK-born female populations of reproductive age have different age structures (for example a higher proportion of foreign-born women are aged from 25 to 34, the ages where fertility is highest).

**Live births by area of usual residence**

Provisional 2011 TFR figures show the West Midlands had the highest TFR among the regions of England in 2011 with 2.12 children per woman. The North East had the lowest TFR (1.83 children per woman).

Among the local authorities in England in 2011, Westminster had the lowest TFR with 1.16 children per woman, while Newham had the highest (3.21 children per woman). Westminster also had the lowest TFR in 2010 (1.17 children per woman) and Newham had the highest (3.18 children per woman).

In Wales in 2011, Ceredigion had the lowest TFR with 1.58 children per woman while Conwy had the highest (2.36 children per woman). The TFR for Ceredigion is based on a small number of women and so may be less robust. The Welsh areas with the lowest and highest TFRs in 2010 were Cardiff with 1.74 children per woman and the Isle of Anglesey with 2.34 children per woman.

Fertility levels vary by local area for several reasons including differences in the timing of childbearing and differing ideals on family size. These can be influenced by the population characteristics of the area such as levels of educational attainment, ethnicity/country of birth, and deprivation levels (Tromans, et al., 2008).

**Further patterns and trends: Deaths**

**Causes of death**

In January 2011, the software used for cause of death coding was updated from the International Classification of Diseases, Tenth Revision (ICD–10) v2001.2 to v2010. The main changes in ICD-10 v2010 are amendments to the modification tables and selection rules, which are used to ascertain a
causal sequence and consistently assign underlying cause of death from the conditions recorded on the death certificate. Overall, the impact of these changes is small although some cause groups are affected more than others. For further information, see the results of the bridge coding study on the ONS website. There is also another study looking at the impact on stillbirths and neonatal deaths.

Cancer accounted for nearly a third (30 per cent) of all deaths registered in 2011, with a rate of 2,012 deaths per million population for males and 1,469 deaths per million population for females. Since 2001 death rates for cancer have fallen by 14 per cent for males and 11 per cent for females.

Circulatory diseases, such as heart disease and strokes, were the most common cause of death in 2010 and accounted for 29 per cent of all deaths registered in 2011. Between 2001 and 2011, male and female death rates for circulatory diseases fell by 45 per cent to 1,780 deaths per million population for males and 1,091 deaths per million population for females.

Over the course of the 20th century, there have been fairly steady decreases in mortality rates for the main three broad disease groups (cancer, circulatory and respiratory) in England and Wales. The reasons for this include improvements in the treatment of these diseases. Government backed initiatives to improve people’s health through better diet and lifestyle, for example, the Department of Health’s White Paper entitled ‘Choosing Health: making healthy choices easier’ published in 2004 could also have contributed to improvements in mortality rates.

**Death registrations by area of usual residence**

A standardised mortality ratio (SMR) is essentially a comparison of the number of the observed deaths in a population with the number of expected deaths if the age-specific death rates were the same as a standard population. SMRs allow for useful comparisons to be made against a national average as the results take into account differing age structures in the populations of local areas. Local authorities find these ratios useful to gauge how deaths in their area compare with England and Wales as a whole.

The North East had the highest SMR among the regions of England in 2011 with mortality levels 12 percentage points above the national level. In contrast, mortality levels were lowest in London (8 percentage points below the national level). The North West had the highest regional SMR in 2010 while London had one of the lowest. Comparisons of SMRs across years can be misleading because they are influenced by the size and the age-sex structure of the population in local areas which varies between years (for further information see background note 6).

In 2011 the local authority in England with the highest SMR was Liverpool (31 percentage points above the national level) while Kensington and Chelsea had the lowest (41 percentage points below the national level).

In Wales, Blaenau Gwent had the highest SMR (24 percentage points above the national level) while Ceredigion and Powys had the lowest (both 9 percentage points below the national level).

The substantial variation in mortality rates between different local areas reflects underlying differences in factors such as income deprivation, socio-economic status and health behaviour (ONS, 2011).
Infant mortality by region of usual residence

Infant mortality rates vary by region and can fluctuate over time. In 2011 the West Midlands had the highest regional infant mortality rate, with 6.0 deaths per thousand live births. The South East had the lowest with 3.5 deaths per thousand live births. Wales had an infant mortality rate of 3.9 deaths per thousand live births.

The variation between different regions reflects underlying differences in maternal factors such as the mother’s country of birth, socio-economic status, and age (for further information, see [infant mortality by social and biological factors](#) on the ONS website).

Planned changes to birth and death outputs

The 2011 Total Fertility Rates and age-standardised mortality rates within the birth summary tables 2011 (provisional) and death registrations summary tables 2011 (provisional) will be revised in October/November 2012 after the 2011 population estimates based on the 2011 Census become available.

During May 2012 changes were made to the Population Statistics Act, which means that information on the number of previous children and whether previously married is now collected from all mothers at birth registration and not just from married women. This will have an impact on a number of tables and [proposals for changes](#) to outputs for 2012 and 2013 data are available on the ONS website. Feedback from users is welcome.

Changes to the tables included within [Live Births by socio-economic status of father](#) are also being considered including the possible implementation of the combined method for deriving the National Statistics Socio-economic classification (using the higher NS-SEC of both parents rather than the NS-SEC of the father). A proposal for changes to outputs for 2012 data will be available on the ONS website alongside the release of 2011 data.

Future changes to mortality outputs are outlined in the [plan for mortality outputs](#) available on the ONS website. Feedback from users is welcome, see background notes for contact details.

Users and uses of birth and death statistics

The Office for National Statistics uses these data to:

- produce population estimates and population projections both national and subnational
- quality assure census estimates
- report on social and demographic trends
- analyse mortality; for example infant mortality, where infant deaths are linked to their corresponding birth record to enable more detailed analyses on characteristics such as age of parents, birthweight and whether the child was born as part of a multiple birth
- produce life expectancy estimates

The Department of Health (DH) is a key user of birth and death statistics. Data are used, for example, to plan maternity services, inform policy decisions and monitor child mortality. The [Public](#)
Health Outcomes Framework sets out the desired outcomes for public health and how these will be measured, this includes indicators related to births and deaths. Similar indicators are also included within the NHS Outcomes Framework.

Other key users of the data are local authorities and other government departments for planning and resource allocation. For example, local authorities use birth statistics to decide how many school places will be needed in a given area. The Department for Work and Pensions (DWP) uses detailed birth and death statistics to feed into statistical models they use for pensions and benefits.

Users also include other public sector organisations such as the Police and the Home Office who are interested in data on external causes of death. Private sector organisations such as banks, insurance and investment companies are particularly interested in deaths by single year of age and region which feeds into risk estimation, while births data are also of interest to retailers to inform future demand.

Other users include academics, demographers and health researchers who conduct research into trends and characteristics. Lobby groups use birth and death statistics to support their cause, for example, campaigns against school closures, midwife shortages, alcohol misuse or suicide. Special interest groups, such as Birth Choice UK, make the data available to enable comparisons between maternity units to help women choose where they might like to give birth. Organisations such as Eurostat and the United Nations (UN) use birth and death statistics for making international comparisons. The media also report on key trends and statistics.

Further Information on birth and death statistics

More data on births and deaths in England and Wales in 2011, including Deaths by single year of age are available on the ONS website.

Quality and Methodology Information documents for births and deaths statistics are available on the ONS website. Further information on data quality, legislation and procedures relating to births and deaths is available on the ONS website in births metadata and deaths metadata.

Further 2011 births and deaths statistics will be published later in 2012, see the Publication Hub for more details on releases.

Interactive mapping tools, which enable trends in mortality and fertility to be analysed at the local level are available on the Neighbourhood Statistics website. The tools will be updated to include 2011 rates in October/November 2012 once the 2011 population estimates based on the 2011 Census become available.

To meet user needs, very timely but provisional counts of death registrations are published as follows: Provisional counts of weekly death registrations by age-sex group and region and provisional counts of monthly death registrations by local authority. Users should note that figures for 2012 have not been subject to the full quality assurance process so figures are considered provisional.
For births data for other UK countries please see [the latest birth statistics for Northern Ireland](http://www.nisra.gov.uk) and [the latest birth statistics for Scotland](http://www.scottishgovernment.gov.uk).

For mortality data for other UK countries please see [statistics on deaths in Scotland](http://www.scottishgovernment.gov.uk) and [statistics on deaths in Northern Ireland](http://www.nisra.gov.uk).


**References**


2. RAND Corporation (RAND) (2012) *Europe’s demography: Are babies back? The recent recovery in EU period fertility due to older childbearing*


5. Stillbirth and Neonatal Death charity (SANDS), UK stillbirth and neonatal death charity, *Causes and risk factors for stillbirths* [accessed 22 June 2012]


Background notes

1. The TFRs and age-standardised mortality rates for 2011 are provisional. The national rates for 2011 have been calculated using the 2010-based population projections. Sub-national rates are calculated using 2010 population estimates.

2. Death figures are based on deaths registered in the data year. These death figures are based on deaths registered in the data year. This includes some deaths that occurred in years prior to 2011 (20,917 deaths). ONS also takes an annual extract of death occurrences in the autumn following the data year (to allow for late registrations). This is used for seasonal analysis of mortality data and several infant mortality outputs. The difference between death registrations and death occurrences in a year is relatively small. For example, the number of death registrations in 2010 involving deaths occurring in 2010 was 473,661 while the number of 2010 death occurrences was 491,449 (a difference of 4 per cent).

3. Birth figures are based on births occurring in the data year, but incorporate a small number of late registrations from births occurring in the previous year.

4. There is a large degree of comparability in birth and death statistics between countries within the UK. However, there are some differences although these are believed to have a negligible impact on the comparability of the statistics. These differences are outlined in Quality and Methodology Information documents for births and deaths.

5. The total fertility rate (TFR) is the average number of live children that a group of women would have if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing lives. The TFR provides an up-to-date measure of the current intensity of childbearing. Changes in timing of births may influence the TFR; for example if women are increasingly delaying childbearing to older ages the TFR may underestimate average family size. National TFRs are calculated by summing single-year age-specific fertility rates over all ages within the childbearing years (taken to be ages ‘15 and under’ to ages ‘44 and over’). TFRs for subnational areas (that is regions, counties, unitary authorities and health authorities/boards) are calculated by summing five-year age-specific fertility rates over all childbearing ages and then multiplying by five (this method gives more robust TFRs for areas with smaller populations). The national TFRs for 2011 have been calculated using the 2010-based population projections. Sub-national TFRs are calculated using 2010 population estimates.

6. A standardised mortality ratio (SMR) is essentially a comparison of the number of the observed deaths in a population with the number of expected deaths if the age-specific death rates were the same as a standard population. It is expressed as a ratio of observed to expected deaths, multiplied by 100. If an area has an SMR equal to 100 it implies that the mortality rate for the area is the same as the national mortality rate. A number higher than 100 implies an excess mortality rate whereas a number below 100 implies below average mortality. Comparisons of SMRs across years can be misleading because they are influenced by the size and the age-sex structure of the population in local areas which varies between years.

7. Definitions used in this bulletin:
• Stillbirth – born after 24 or more weeks completed gestation and which did not, at any time, breathe or show signs of life

• Early neonatal – deaths under 7 days

• Perinatal – stillbirths and early neonatal deaths

• Neonatal – deaths under 28 days

• Postneonatal – deaths between 28 days and 1 year

• Infant – deaths under 1 year

8. The infant mortality rates in this release have been calculated by dividing the number of infant death registrations (deaths under 1 year) by the number of live births occurring in the year plus late registrations from the previous year. Infant mortality rates can also be calculated using death occurrences. These rates are not released until later because for the death occurrences dataset to be acceptably complete it must be taken some 9 months after the end of the relevant calendar period. All perinatal and neonatal rates have also been calculated using death registrations rather than death occurrences. Statistics on infant, neonatal and perinatal deaths occurring in England and Wales in 2011 will be published in Child Mortality Statistics (this publication is based on death occurrences rather than registrations).

9. Coding underlying cause of death: the cause of death data are based on the final underlying cause of death, which takes account of any additional information provided by medical practitioners or coroners after the death has been registered. The original underlying cause of death only changes in a very small number of deaths (around 0.2 per cent) in a given year. Deaths registered in 2011 have been coded to the Tenth Revision of the International Classification of Diseases and Related Health Problems (ICD–10).

10. The Human Fertilisation and Embryology Act 2008 contained provisions enabling two females in a same-sex couple to register a birth from 1 September 2009 onwards. Due to the small numbers of births registered to same sex couples, births registered within a civil partnership are included with births registered within marriage. Births registered by a same-sex couple outside of a civil partnership have been included with births registered outside marriage. The impact on 2011 birth statistics is negligible since only 0.08 per cent of live births were registered to same-sex couples. In 2011 there were 417 live births registered to same-sex couples in a civil partnership and 191 live births registered to a same-sex couple outside a civil partnership.

11. The 2011 standardised mean (average) age of mother has been calculated using the mid-2010 population estimates. The standardised mean age of mother is used in order to eliminate the impact of any changes in the distribution of the population by age and therefore enables trends over time to be analysed. Standardised means are calculated using rates per 1,000 female population by single year of age of mother.

12. A list of the names of those given pre-publication access to the statistics and written commentary is available in pre-release Annual Births & Deaths - First Release. The rules
and principles which govern pre-release access are featured within the Pre-release Access to Official Statistics Order 2008.

13. Special extracts and tabulations of births and deaths data for England and Wales are available to order for a charge (subject to legal frameworks, disclosure control, resources and agreements of costs, where appropriate). Such enquiries should be made to:

Vital Statistics Outputs Branch
Health and Life Events Division
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The ONS charging policy is available on the ONS website.

14. We would welcome feedback on the content, format and relevance of this release. 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.

15. Follow ONS on Twitter and Facebook.

16. The statistical bulletin and tables within this release will be revised and be available October/November 2012.

17. Details of the policy governing the release of new data are available by visiting www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html or from the Media Relations Office email: media.relations@ons.gsi.gov.uk

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This document is also available on our website at www.ons.gov.uk.

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