

International ranking for infant mortality flawed: study

February 17 2012

Canada's ranking in international child health indexes would dramatically improve if measurements were standardized, according to a new study by researchers from the University of British Columbia, Dalhousie University, McGill University, the University of Calgary, and the Public Health Agency of Canada, working with the Canadian Perinatal Surveillance System and funded by the Canadian Institutes of Health Research (CIHR).

The study, published today in the [British Medical Journal](#), shows the surveys on perinatal, infant and child mortality rates conducted by the United Nations Children's Fund and the Organization for [Economic Cooperation](#) and Development (OECD) are biased because many countries fail to register all babies, especially those born very small or too early.

"The contemporary rankings of industrialized countries by [infant mortality](#) and related indices are extremely misleading," says lead author Dr. K.S. Joseph, a professor in UBC's Department of [Obstetrics and Gynecology](#) and the School of Population and Public Health and a scientist at the Child & Family Research Institute.

"Appropriate steps should be taken to standardize birth registration and related data quality issues if we are to fully understand infant health status in industrialized countries," Dr. Joseph adds.

Using 2004 data from Australia, Canada, Europe and the United States,

the researchers compared fetal, neonatal and infant mortality rates. Comparisons were also made using data for 2007 from Australia, Canada and New Zealand.

The researchers' review revealed wide variations in birth registration procedures, even in [industrialized countries](#), resulting in comparisons that rewarded countries that only register infants who survived, or who had a reasonable chance of survival.

The highly publicized, poor OECD ranking of Canada and the U.S. is almost entirely attributable to the selective registration in other countries of extremely preterm infants who survive, and the systematic under-registration of those who don't," says Michael Kramer, one of the study's authors and until recently the Scientific Director of CIHR's Institute of Human Development, Child and Youth Health. "It is also important to note that this is not necessarily a reflection of the quality or access to health care for pregnant women in Canada and the United States. Correcting for this problem, as is recommended by the World Health Organization, will show our country performs extremely well."

Canada currently ranks 18th among OECD nations, with the United States placing 22nd. If corrected neonatal mortality rates calculations are applied, however, Canadian and U.S. would rank improved 12th and 11th, respectively. Further, only 1 of 11 countries that ranked ahead of Canada and only 2 of the 10 countries that ranked ahead of the U.S. had mortality rates that were significantly lower. Similar findings were obtained in rankings based on fetal and infant death rates.

Provided by University of British Columbia

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