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# Infant mortality and health inequalities

<b>Summary</b>	<b>3</b>
<b>1 Measuring infant mortality</b>	<b>4</b>
1.1 The infant mortality rate across the UK	4
Regional comparisons	5
Interpreting the data	6
International comparisons	7
<b>2 Causes of infant mortality</b>	<b>8</b>
2.1 Risk factors for infant mortality	9
<b>3 Is progress to reduce the infant mortality rate stalling?</b>	<b>9</b>
Effect of social inequalities and deprivation on infant mortality	10
Ethnicity and infant mortality	14
<b>4 Government targets and plans</b>	<b>15</b>
National Maternity Safety Ambition	16
NHS Long Term Plan	18
Equity and equality guidance for local maternity systems	19
The Women’s Health Strategy for England	19

**5 Further reading**

**20**

## Summary

In 2015, the [Government announced the National Maternity Safety Ambition](#) to reduce the rate of stillbirths, neonatal deaths and maternal deaths in England by 50% by 2030.<sup>1</sup> The ambition was subsequently revised in 2017 and the deadline for meeting the target was brought forward to 2025.<sup>2</sup>

This short research briefing examines the progress to date in reducing deaths during both the neonatal (first 28 days) and post-neonatal (28 days to 1 year) periods, collectively referred to as ‘infant mortality’. It particularly focuses on persistent inequalities in infant mortality rates by geographical area, ethnicity and socio-economic group. While some UK-wide data is presented, the briefing primarily focuses on England.

Information on maternal health, and maternity care policies, can be found in the Commons Library briefing on [Quality and safety of maternity care \(England\)](#). Further background on infant mortality can be found in the Parliamentary Office of Science and Technology (POST) briefing on [Infant Mortality and Stillbirth in the UK](#).

The death of a baby is a traumatic event for parents, and their families, and the care they receive afterwards can have a long-term impact on how families cope with their loss. The care of bereaved families is discussed in detail in a POST briefing on [Bereavement Care after the Loss of a Baby in the UK](#).

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<sup>1</sup> Department of Health and Social Care, [New ambition to halve rate of stillbirths and infant deaths](#), 13 November 2015

<sup>2</sup> Department of Health, [Safer Maternity Care. The National Maternity Safety Strategy - Progress and Next Steps \(PDF\)](#), November 2017, p9

# 1

## Measuring infant mortality

Infant mortality is the death of a child before their first birthday. It is typically defined further as:

- ‘neonatal’ mortality, where a death occurs in the first 28 days and;
- ‘post-neonatal’, where deaths occur between 28 days and 1 year.<sup>3</sup>

The infant mortality rate is measured as the number of infant deaths for every 1,000 live births.

The term infant mortality refers only to those deaths that occur after a live birth.<sup>4</sup> In the UK, a “still-born child” is defined in law, under the [Still-Birth \(Definition\) Act 1992](#), as a baby born after 24 or more weeks completed gestation and which did not, at any time, “breathe or show any other signs of life”. More information can be found in the Commons Library briefing on [Registration of stillbirth](#).

Infant mortality is an internationally recognised measure of the overall health of a society, as well as being an important indicator of maternal and child health, and the safety of maternity services. Both the [United Nations \(UN\) Millennium Development Goals](#), and their successor, the [UN Sustainable Development Goals](#), focus on child and infant mortality rates as key indicators of socio-economic development.<sup>5</sup> [UN Sustainable Development Goal 3.2](#), for example, set a target to reduce neonatal mortality “to at least as low as 12 per 1,000 live births” by 2030.<sup>6</sup>

### 1.1

## The infant mortality rate across the UK

In 1980, the infant mortality rate in England and Wales was 12 deaths per 1,000 live births. It subsequently followed a downward trajectory; 40 years

<sup>3</sup> Office for National Statistics (ONS), [User guide to child and infant mortality statistics](#), 1 March 2023

<sup>4</sup> US National Institute of Child Health and Human Development, [About infant mortality](#), October 2021

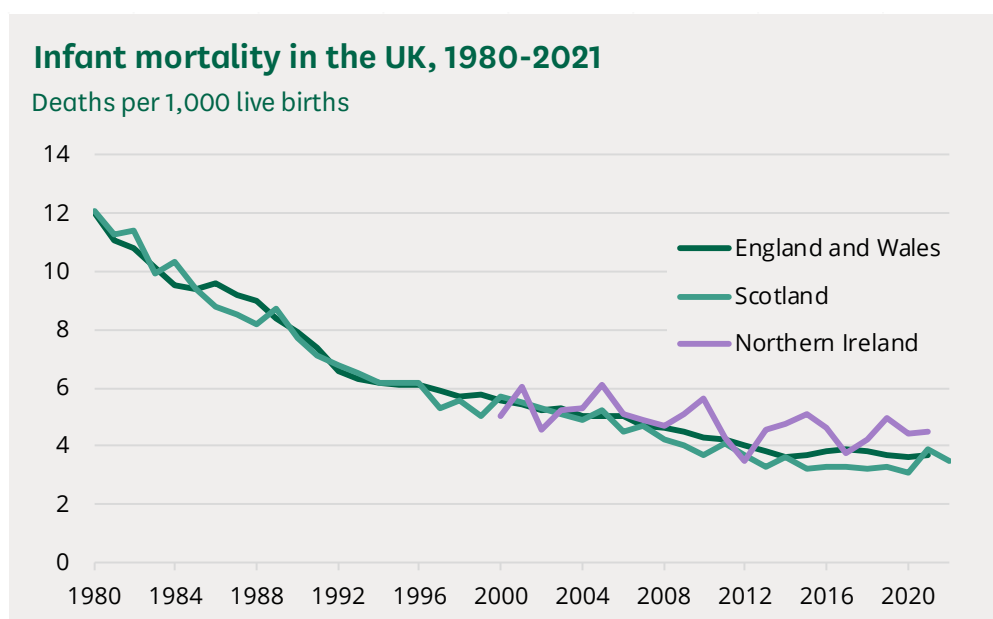
<sup>5</sup> World Health Organization (WHO), [Millennium Development Goals \(MDGs\)](#), 19 February 2018; United Nations, Department of Economic and Social Affairs, [SDG: Goal 3, Targets and Indicators](#), not dated. The WHO notes that the infant mortality rate is “strictly speaking not a rate (i.e. the number of deaths divided by the number of population at risk during a certain period of time) but a probability of death derived from a life table and expressed as rate per 1000 live births”, see WHO, [Infant mortality rate \(between birth and 11 months per 1000 live births\) \(who.int\)](#), not dated [accessed 14 November 2023].

<sup>6</sup> ONS, [UK drops in European child mortality rankings](#), 13 October 2017

later, in 2020, the infant mortality rate in England and Wales had fallen to 3.6 deaths per 1,000 live births.<sup>7</sup>

The most recent data available is for 2021, when the infant mortality rate for England and Wales was 3.7 deaths per 1,000 live births.<sup>8</sup> This corresponds to 2,323 infant deaths in 2021 in England and Wales.

In Scotland, the infant mortality rate was 12.1 per 1,000 live births in 1980, 3.7 in 2010, and 3.5 in 2022.<sup>9</sup> In Northern Ireland, the infant mortality rate was 5.0 in 2000, 5.7 in 2010, and 4.5 in 2021.<sup>10</sup>



Sources: ONS, [Child and Infant Mortality in England and Wales, 2021](#), death cohort data file, table 1; National Records of Scotland, [Vital Events 2022](#), table 4.02; NISRA, [Registrar General Annual Report 2021 Stillbirths and Infant Deaths](#), table 4.3

## Regional comparisons

Focusing on national rates can obscure variations in infant mortality across the country, as well as inequalities within communities. Data from the Office for National Statistics (ONS) for 2021 showed that, across England and Wales, the West Midlands region had the highest infant mortality rate at 5.6 deaths

<sup>7</sup> Office for National Statistics (ONS), [Child and infant mortality in England and Wales: 2020](#), 17 February 2022

<sup>8</sup> Office for National Statistics (ONS), [Child and infant mortality in England and Wales: 2021](#), 1 March 2023

<sup>9</sup> National Records of Scotland, [Vital Events 2022](#), Table 4.07

<sup>10</sup> Northern Ireland Statistics and Research Agency (NISRA), [Registrar General Annual Report, Stillbirths and infant deaths tables](#), 21 Sep 2022

per 1,000 live births while the South West region had the lowest rate at 2.5 deaths per 1,000 live births.<sup>11</sup>

## Interpreting the data

### Registration practices

When examining infant mortality rates, it is important to consider how births are registered and particularly how ‘extremely premature births’ (those that take place at less than 24 weeks gestation) are reported. All births where the baby shows signs of life are required to be registered as live births, regardless of gestational age. Births where the baby shows no signs of life, after 24 weeks gestation, are legally required to be registered as stillbirths.<sup>12</sup>

A “wide regional variation in registration practices for extremely premature births and subsequent deaths” has been repeatedly found in the data; specifically, whether they are recorded as either ‘live births’ or ‘late fetal deaths’.<sup>13</sup> Researchers have identified “practical difficulties in interpreting true signs of life” and note that such decisions have a significant impact on parents.<sup>14</sup> For example, late fetal deaths (at less than 24 weeks gestation) are not officially registered, meaning that there is:

no requirement for a funeral and parents are not eligible for statutory benefits, unlike births registered as live born at the same gestation resulting in a neonatal death, or stillbirths after 24 weeks gestation. This impacts on the parents’ grieving process and also access to benefits which is significant since extremely preterm birth is considerably higher in more deprived areas.<sup>15</sup>

Variations in registration practices can have an impact on infant mortality rates. Those areas that register a higher number of extremely premature births as live born tend to have higher infant mortality rates since these babies tend not to survive.

MBRRACE-UK (‘Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK’) published [National clinical guidance for](#)

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<sup>11</sup> Office for National Statistics (ONS), [Child and infant mortality in England and Wales: 2021](#), March 2023; see also Public Health England, [Infant and perinatal mortality in the West Midlands](#), April 2016

<sup>12</sup> For further information see House of Commons Library, [Registration of stillbirth](#), October 2023

<sup>13</sup> Selina Nath and others, [Are infant mortality rates increasing in England? The effect of extreme prematurity and early neonatal deaths](#), *Journal of Public Health*, Vol. 43, No. 3, pp. 541–550, 2020

<sup>14</sup> Lucy Smith and others, [Comparing regional infant death rates: the influence of preterm births](#), *Archives of Disease in Childhood - Fetal and Neonatal Edition* 2013; 98

<sup>15</sup> Lucy Smith and others, [Comparing regional infant death rates: the influence of preterm births](#), *Archives of Disease in Childhood - Fetal and Neonatal Edition* 2013; 98 The government has since committed in its Women’s Health Strategy, and following recommendations from the [Pregnancy Loss Review](#), to introduce a pregnancy loss certificate in England for those parents who have experienced loss at any gestation under 24 weeks. The [government has stated](#), however, that the certificate would not constitute a legal document or provide evidence of parents’ identity or their entitlement to statutory benefits.

[the determination of signs of life following spontaneous births before 24+0 weeks of gestation where active survival-focused care is not appropriate](#) (PDF) in November 2020. The British Association of Perinatal Medicine explains that the guidance aims to “reduce the confusion and distress experienced by parents and increase the consistency of the registration of births and deaths”.<sup>16</sup>

## International comparisons

The UK infant mortality rate in 2021 was 4.0 per 1,000 live births. Other European countries had lower infant mortality rates than the UK in 2021 – including Spain (2.5 deaths per 1,000 live births), Italy (2.3), Finland (1.8) and Norway (1.9) – suggesting that further reductions in infant mortality in the UK could be possible.<sup>17</sup>

The Nuffield Foundation reported in December 2021 that the UK’s infant mortality rate was “30% higher than the median rate across EU countries”<sup>18</sup> while [the Organisation for Economic Co-operation and Development \(OECD\) ranks](#) the United Kingdom 29th out of 38 OECD countries based on their infant mortality rates. This data is shown in the table below.

It is important to note, however, that international comparisons can be complicated by different data collection and recording standards between countries.<sup>19</sup>

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<sup>16</sup> [MBRRACE-UK Release new Signs of Life Guidance, British Association of Perinatal Medicine](#), 30 November 2020

<sup>17</sup> OECD, Health at a Glance 2021: OECD Indicators, [Infant mortality rates](#), accessed 22 August 2023

<sup>18</sup> [Progress in improving the health of children under five stalls as inequalities worsen - Nuffield Foundation](#), December 2021

<sup>19</sup> OECD, Health at a Glance 2021: OECD Indicators, [Infant mortality rates](#), accessed 22 August 2023

<b>Infant mortality rate in OECD countries</b> Deaths per 1,000 live births, latest available data			
Country	Rate	Country	Rate
Colombia	16.5	Lithuania	3.1
Mexico	12.7	Luxembourg	3.1
Costa Rica	9.6	Germany	3.0
Turkey	9.1	Belgium	2.9
Chile	5.9	Israel	2.8
USA	5.4	Austria	2.7
Slovakia	4.9	Latvia	2.7
Canada	4.5	Portugal	2.6
New Zealand	4.3	Spain	2.5
<b>UK</b>	<b>4.0</b>	Denmark	2.4
Poland	3.9	South Korea	2.4
Switzerland	3.8	Italy	2.3
France	3.7	Czech Republic	2.2
Greece	3.5	Estonia	2.2
Australia	3.3	Norway	1.9
Hungary	3.3	Finland	1.8
Iceland	3.3	Slovenia	1.8
Netherlands	3.3	Sweden	1.8
Ireland	3.2	Japan	1.7

Source: OECD, [Infant mortality rates](#)

## 2

## Causes of infant mortality

Data from the [Office for National Statistics](#) (ONS) identified three main causes of neonatal mortality in England and Wales in 2021:

- **Immaturity-related conditions** (complications from being born prematurely) such as respiratory and cardiovascular disorders (relevant in 48.7% of cases);
- **Congenital anomalies**, such as heart and neural tube defects (relevant in 33.0% of cases) and;
- **Antepartum infections** (infections acquired during pregnancy) (relevant in 9.7% of cases).<sup>20</sup>

<sup>20</sup> ONS, Table 4, [Child and infant mortality in England and Wales](#), 2021, published March 2023



## 2.1

### Risk factors for infant mortality

It is also important to consider factors that increase the risk of infant mortality. They include social and demographic factors, such as social inequalities and deprivation, as well as birth and maternal characteristics. For example:

- Ethnicity (particularly Black, Asian and Mixed ethnicities)
- Smoking tobacco in pregnancy
- Obesity and being overweight in pregnancy
- Maternal age (particularly those who are aged [under 20 years](#) and [over 40 years](#))

These factors should not be viewed in isolation; they are complex and they interact. They are also strongly related to maternal health and can play a role at different times including before conception, during pregnancy and after birth.

Further information, particularly on smoking tobacco in pregnancy, obesity and being overweight in pregnancy, and maternal age can be found in the Parliamentary Office of Science and Technology briefing on [Infant Mortality and Stillbirth in the UK](#).

More recent data on social inequalities, deprivation and ethnicity, as factors that can increase the risk of infant mortality, are set out below.

## 3

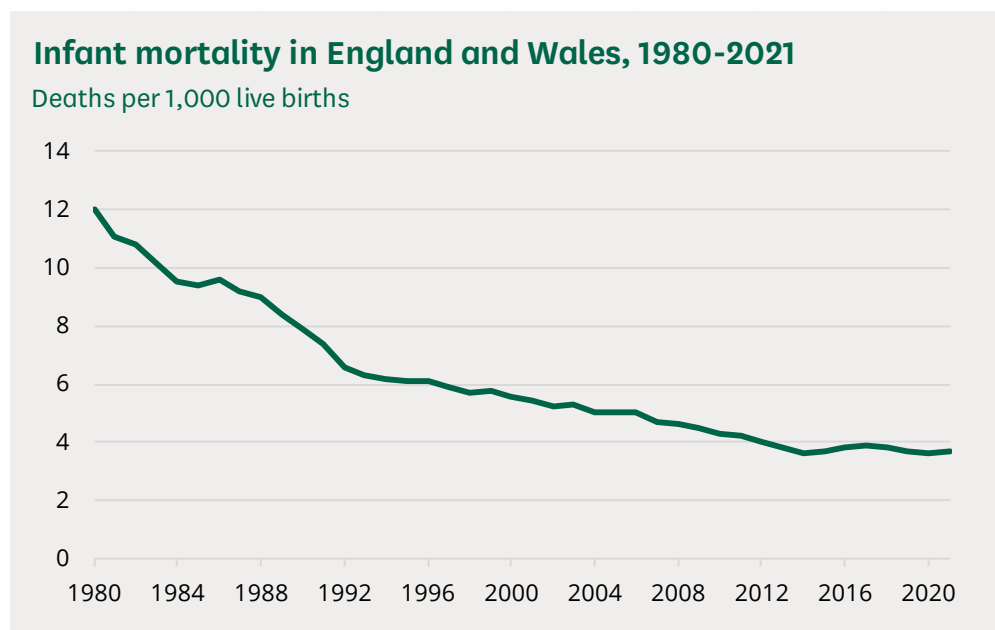
### Is progress to reduce the infant mortality rate stalling?

Since the early 1980s there has been an overall downward trajectory in the infant mortality rate in England and Wales. More recently, however, the infant mortality rate has been relatively static, indicating limited progress in continuing to reduce the overall rate.

A more detailed picture is presented in the chart below. It shows infant mortality rates in England and Wales between 1980 and 2021. Three main phases in the data are apparent:

- Between 1980 and 1991, infant mortality almost halved from 12 to 6 deaths per 1,000 live births.
- Between 1992 and the early 2010s, the rate fell steadily from around 6 to 4 deaths per 1,000 live births.

- Since the mid 2010s, the rate has been relatively stable, with small increases or decreases in successive years.



Source: ONS, [Child and Infant Mortality in England and Wales, 2021](#), death cohort data file, table 1

Professional bodies and charities have called particular attention to the more recent infant mortality data. The [Royal College of Paediatrics and Child Health \(RCPCH\)](#) reported in March 2020 that progress in reducing the infant mortality rate had “stalled in both the UK and England since 2014”.<sup>21</sup> Similarly, the Nuffield Foundation (a charitable foundation funding research into social policy) stated in 2021 that focusing on the long-term, downward trend in infant mortality obscured “stalled progress, increases, and unflattering international comparisons”.<sup>22</sup>

Focusing on the overall downward trend also masks differences in infant mortality rates between geographical areas, socio-economic groups and minority ethnic groups. As the data below indicates, there are clear inequalities in infant mortality rates between groups.

## Effect of social inequalities and deprivation on infant mortality

In his landmark review, [Fair Society, Healthy Lives \(PDF\)](#), commissioned by the government and published in 2010, Professor Sir Michael Marmot

<sup>21</sup> Royal College of Paediatrics and Child Health, [Infant mortality – RCPCH – State of Child Health](#), first published March 2020, updated May 2021

<sup>22</sup> Nuffield Foundation, [Are young children healthier than they were two decades ago? The changing face of early childhood in the UK](#) (PDF), December 2021, p15

emphasised that there was a “social gradient” underpinning many of the causes of mortality and morbidity, for both children and adults.<sup>23</sup>

The social gradient is a concept used to describe the “phenomenon whereby people who are less advantaged in terms of socioeconomic position have worse health (and shorter lives) than those who are more advantaged”.<sup>24</sup> The social gradient, Professor Marmot noted, was particularly apparent in maternal and infant health:

Maternal health and the development of the fetus and baby are strongly influenced by the social, economic, and environmental circumstances that surround them. These factors can also affect their chances of death.<sup>25</sup>

One of the Marmot Review’s conclusions was that infant lives could be saved if risks linked to deprivation were reduced:

one quarter of all deaths under the age of one would potentially be avoided if all births had the same level of risk as those to women with the lowest level of deprivation.<sup>26</sup>

Ten years on from the review, Professor Marmot examined progress in addressing health inequalities in England in a 2020 report.<sup>27</sup> He found that health inequalities had widened and that the “health gap [had] grown between wealthy and deprived areas”.<sup>28</sup> This is reflected in infant mortality rates.

### Inequality and deprivation in England

In 2021, researchers at UCL Great Ormond Street Institute of Child Health published a study examining ONS data on infant mortality rates between 2006 and 2016. They found that the infant mortality rate for those living in the most deprived areas of England was almost double the rate of those in the least deprived areas. Specifically, the infant mortality rate for England between 2006 and 2016 was 2.89 deaths per 1,000 live births among children in the least deprived quintile (Q5) compared with 5.51 deaths per 1,000 live births among children in the most deprived quintile (Q1).<sup>29</sup>

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<sup>23</sup> [Fair Society. Healthy Lives. The Marmot Review. Strategic Review of Health Inequalities in England post-2010](#) (PDF), February 2010

<sup>24</sup> Institute of Health Equity, [Social Gradient](#), February 2014

<sup>25</sup> I Wolfe and others, [Why children die: death in infants, children and young people in the UK. Part A](#) (PDF), May 2014

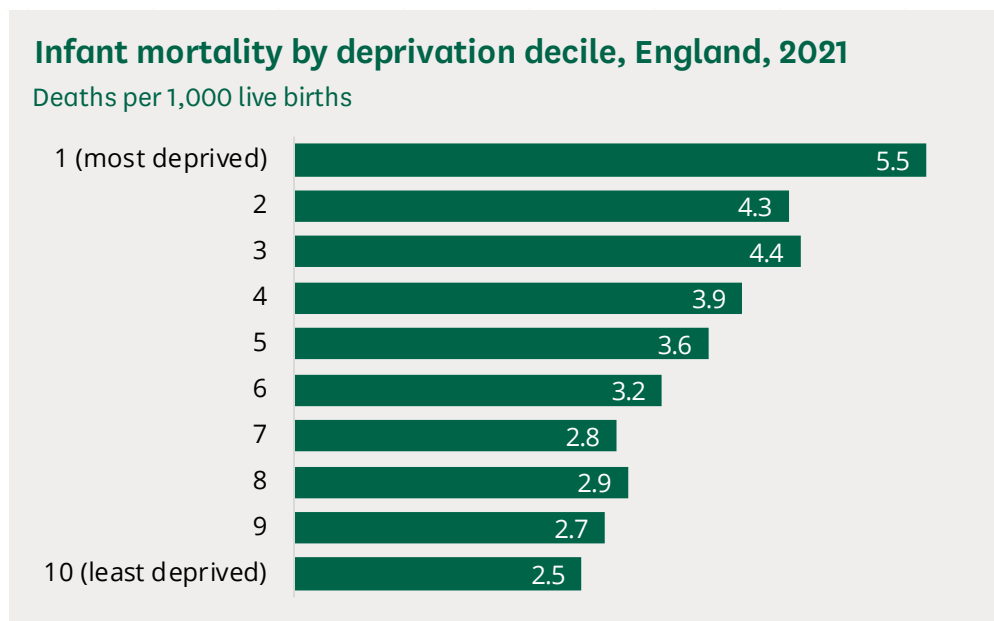
<sup>26</sup> [Fair Society. Healthy Lives. The Marmot Review. Strategic Review of Health Inequalities in England post-2010](#) (PDF), February 2010, p60

<sup>27</sup> Institute of Health Equity, [Health equity in England: The Marmot Review 10 years on](#), February 2020

<sup>28</sup> Institute of Health Equity, [Health Equity in England: The Marmot Review 10 Years On](#), February 2020

<sup>29</sup> Selina Nath and others, [Are infant mortality rates increasing in England? The effect of extreme prematurity and early neonatal deaths](#), *Journal of Public Health*, Volume 43, Issue 3, September 2021

ONS data from 2021 presents a similar picture. The chart below shows that the infant mortality rate in 2021 was twice as high in the most deprived 10% of areas in England compared with the least deprived 10% of areas.



Source: ONS, [Child and Infant Mortality in England and Wales, 2021](#), death cohort data file, table 21

In 2019, researchers from the Universities of Liverpool, Leeds, Newcastle and Copenhagen together estimated that each 1% increase in child poverty in England, between 2014 and 2017, was “significantly associated with an extra 5.8 infant deaths per 100 000 live births”. Their findings suggest that approximately one third of the increases in infant mortality between 2014 and 2017 in England can be attributed to rising child poverty, equating to 172 deaths.<sup>30</sup>

More recently, the National Child Mortality Database (NCMD) reported that, for the year 2022/23, inequalities in infant mortality had widened:

The death rate of infants who were resident in the most deprived neighbourhoods of England was 5.9 per 1,000 infant population, more than twice that of infants resident in the least deprived neighbourhoods (2.2 per 1,000 infant population) [...] inequalities in infant deaths widened, with the infant death rate for the most deprived having increased, despite the rate for the least deprived having decreased from the previous year.<sup>31</sup>

<sup>30</sup> David Taylor-Robinson and others, [Assessing the impact of rising child poverty on the unprecedented rise in infant mortality in England, 2000–2017: time trend analysis](#), *BMJ Open*, 9 (10) 2019. Child poverty in this instance is defined as ‘living in a household with income below 60% of the median household after housing costs’.

<sup>31</sup> National Child Mortality Database, [Child death data release 2023](#), November 2023

The NCMD records comprehensive data, standardised across England, on the circumstances of children's deaths which may not otherwise be captured in ONS data.

### Inequality and deprivation in the UK

A similar pattern is apparent at the UK-level in a 2021 report from MBRRACE-UK. MBRRACE collects and analyses data on all late fetal losses, stillbirths and neonatal deaths using a [standardised reporting system](#) for NHS Trusts and Health Boards across the UK.

In the 2021 report, MBRRACE-UK indicated that the social gradient to infant mortality persists and is becoming steeper:

babies born to those living in the most deprived areas are twice as likely to be stillborn and at a 73% excess risk of neonatal death compared to babies born to women living in the least deprived areas; this excess risk has increased over the period from 2015 to 2019.<sup>32</sup>

MBRRACE-UK added that while there had been an overall reduction in the stillbirth and neonatal mortality rates between 2015 and 2019, the reduction was not evenly spread across the country. Instead, relative reductions had been lowest among babies born to those living in more deprived areas:

for neonatal mortality rates there was 9% reduction among babies born to women living in the most deprived areas between 2015 and 2019; from 2.28 to 2.07 per 1000 live births. This is compared to a 15% reduction in neonatal mortality over the same period among babies born to women living in the least deprived areas; from 1.41 to 1.20 per 1000 live births.<sup>33</sup>

In November 2022, the Royal College of Obstetricians and Gynaecologists, together with over 200 other member organisations of [the Inequalities in Health Alliance](#), called on the Government to publish a cross-government [strategy](#) to reduce health inequalities.

The government's Levelling Up White Paper had committed the Department of Health and Social Care to publish a white paper "designed to tackle the core drivers of disparities in health outcomes".<sup>34</sup> The government has since stated that it will "no longer be publishing" the Health Disparities White Paper (HDWP) but that material for its [Major Conditions Strategy](#), due in 2024, "will cover many of the same areas" as the HDWP.<sup>35</sup>

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<sup>32</sup> MBRRACE-UK, [Perinatal Mortality Surveillance Report, UK Perinatal Deaths for Births from January to December 2019 \(PDF\)](#), October 2021. MBRRACE-UK stands for 'Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK'

<sup>33</sup> MBRRACE-UK, [Perinatal Mortality Surveillance Report, UK Perinatal Deaths for Births from January to December 2019 \(PDF\)](#), October 2021, p12

<sup>34</sup> HM Government, [Levelling Up the United Kingdom](#), Executive Summary, February 2022, p12 (PDF)

<sup>35</sup> [PQ HL6215](#) [on Health: Disadvantaged], 16 March 2023

## Ethnicity and infant mortality

### Ethnicity and infant mortality in the UK

A more recent report from MBRRACE-UK, published in October 2022 and based on 2020 data, examined the effect of ethnicity and deprivation on ‘perinatal mortality’ (which includes late fetal losses, stillbirths, and neonatal deaths). As set out above, one of the known risks for infant mortality is deprivation and, as MBRRACE-UK explains, babies from Asian, Black and other minority ethnic groups are more likely to live in deprived areas:

Due to considerably higher proportions of babies of Black African, Black Caribbean, Pakistani and Bangladeshi ethnicity being from more deprived areas, they are disproportionately affected by the higher rates of stillbirth and neonatal death associated with deprivation.

[...]

Neonatal mortality rates were highest for babies of Pakistani (3.45 neonatal deaths per 1,000 live births), Black African (2.67 neonatal deaths per 1,000 live births) and Bangladeshi ethnicity (2.62 neonatal deaths per 1,000 live births) compared to 1.63 neonatal deaths per 1,000 live births for babies of White ethnicity.<sup>36</sup>

Rates of stillbirths were particularly high and exceeded rates for babies of White ethnicity:

Stillbirth rates were highest for babies of Black African (7.80 stillbirths per 1,000 total births), Black Caribbean (6.42 stillbirths per 1000 total births) and Pakistani ethnicity (6.21 stillbirths per 1,000 births) compared to 3.43 stillbirths per 1,000 total births for babies of White ethnicity.<sup>37</sup>

In its September 2023 ‘State of the Nation’ report, MBRRACE-UK noted that inequalities in infant mortality rates by ethnicity persisted in 2021:

Wide ethnic inequalities in perinatal mortality continue, but stillbirth and neonatal mortality rates for babies of Black ethnicity increased at a higher rate than for babies of Asian and White ethnicity. Babies of Black ethnicity now have the highest rates of both stillbirth and neonatal death.<sup>38</sup>

### Ethnicity and infant mortality in England

A similar picture is apparent in England. The National Child Mortality Database (NCMD) reported that, for the year 2022/23, the estimated infant mortality rate was highest for infants of Black or Black British ethnicity (8.7 per 1,000 live births), followed by infants of Asian or Asian British ethnicity

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<sup>36</sup> MBRRACE-UK, Perinatal Mortality Surveillance Report, [UK Perinatal Deaths for Births from January to December 2020](#), October 2022 (PDF), p19

<sup>37</sup> MBRRACE-UK, Perinatal Mortality Surveillance Report, [UK Perinatal Deaths for Births from January to December 2020](#), October 2022 (PDF), p19

<sup>38</sup> MBRRACE-UK, [Perinatal Mortality Surveillance. UK Perinatal Deaths for Births from January to December 2021](#), September 2023, State of the Nation Report (PDF), p10

(6.2 deaths per 1,000 live births). The lowest rate was for infants of White ethnicity (3.0 deaths per 1,000 live births).<sup>39</sup>

The NCMD also reported that while the “infant death rates for those of black or Asian ethnicity increased in comparison to the previous year [...] the rate of deaths for infants of white ethnicity decreased”.<sup>40</sup>

Commentary on the NCMD figures, featured in The Guardian, stated that “most deaths of infants under one year of age were due to premature births”.<sup>41</sup> The programme lead for the NCMD, Professor Karen Luyt, noted that “many black and minority ethnic women were not registering their pregnancies early enough” and added that the “system needs to reach them in a better way”:

“There’s an element of racism and there’s a language barrier [...] Minority women often do not feel welcome. There’s cultural incompetence and our clinical teams do not have the skills to understand different cultures”.<sup>42</sup>

Further discussion of disparities in maternal health between ethnic groups is set out in section 3 of the Commons Library briefing on [Quality and safety of maternity care \(England\)](#).

In response to the NCMD figures, a spokesperson for the Department of Health and Social Care emphasised its plans and guidance for addressing disparities in maternal and neonatal services, including its:

- three-year plan for maternity and neonatal services;
- NHS England guidance for local maternity systems (aimed at reducing disparities for women and babies from minority ethnic groups and those living in the most deprived areas) and;
- the maternity disparities taskforce which was established to “explore and consider evidence-based interventions to tackle maternal disparities”.<sup>43</sup>

## 4

## Government targets and plans

An overview of government policies and plans aimed at reducing the infant mortality rate, and improving maternal health and care, is provided below.

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<sup>39</sup> National Child Mortality Database, [Child death data release 2023](#), November 2023

<sup>40</sup> National Child Mortality Database, [Child death data release 2023](#), November 2023

<sup>41</sup> Robert Booth, [Black babies in England three times more likely to die than white babies](#), The Guardian, 9 November 2023

<sup>42</sup> Robert Booth, [Black babies in England three times more likely to die than white babies](#), The Guardian, 9 November 2023

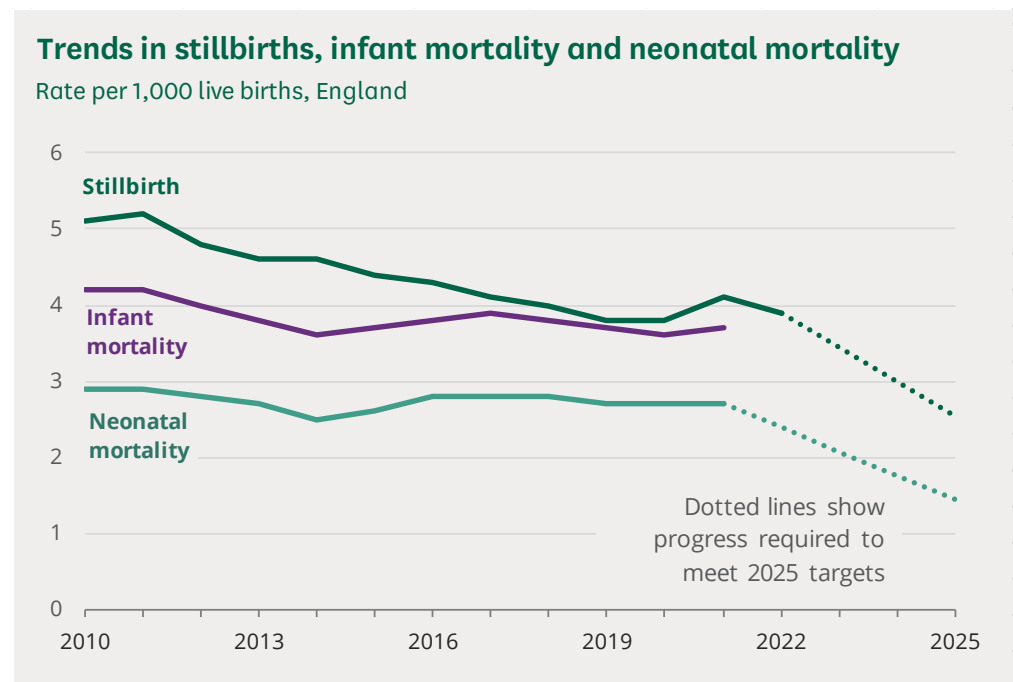
<sup>43</sup> Robert Booth, [Black babies in England three times more likely to die than white babies](#), The Guardian, 9 November 2023

Further information on maternal health, and maternity care policies, can be found in the Commons Library briefing on [Quality and safety of maternity care \(England\)](#).

## National Maternity Safety Ambition

There is currently no government target to reduce the overall infant mortality rate. The National Maternity Safety Ambition, however, was announced by the government in November 2015.<sup>44</sup> It set a target to reduce the rates of stillbirths, neonatal, and maternal deaths in England by 50% by 2030 (relative to the rate in 2010). An interim target of a 20% reduction by 2020, across all three areas, was also established.

Two years later, in 2017, the government announced that, since it was already “on track” to meet the 20% target, the deadline to meet the 50% target would be brought forward to 2025.<sup>45</sup> The table below sets out the progress made to date, as well as the progress required to meet the 2025 targets.



Source: Office for National Statistics, [Child and infant mortality in England and Wales: 2021](#), death cohort tables, Table 21

The ambition was revised for a third time in 2021. Before 2021, the target related to all neonatal deaths, across all gestational ages. In the [Safer](#)

<sup>44</sup> Department of Health, [New ambition to halve rate of stillbirths and infant deaths](#), 13 November 2015

<sup>45</sup> Department of Health, [Safer Maternity Care. The National Maternity Safety Strategy - Progress and Next Steps \(PDF\)](#), November 2017, p31



[Maternity Care Progress Report 2021 \(PDF\)](#), this was changed to those deaths that occurred at, or after, 24 weeks gestation.

The amendment was made by the Department of Health and Social Care (DHSC) on the grounds that ‘extreme preterm births’ under 24 weeks (where, the DHSC stated, infants are likely “to only survive a short time”), were increasingly being classified by health practitioners as “live births” rather than as a “late fetal loss”.<sup>46</sup>

This, the DHSC explained, followed [updates to care practices for the perinatal management of extreme preterm birth](#), published by the British Association of Perinatal Medicine.<sup>47</sup> The DHSC hypothesised that the change to recording practices may have contributed to an increase in neonatal mortality rate between 2014 and 2019 (discussion of birth registration practices for extremely premature births is covered in section 1.1 above).

Charities including Sands (the Stillbirth and Neonatal Death Charity) and Bliss raised concerns about the consequences of excluding babies under 24 weeks from the target and stressed that efforts to reduce mortality in this group of babies must continue.<sup>48</sup>

The 2021 Progress Report also added an additional target of reducing the pre-term birth rate (births before 37 weeks of pregnancy) from 8% to 6%. A joint report by Sands and Tommy’s (a UK pregnancy and baby loss charity), published in May 2023, emphasised that the government was not on track to meet this target, and noted that the pre-term birth rate had remained between 7% and 8% since 2010.

It added that such a reduction was vital to also reduce stillbirth and neonatal deaths; “in 2020, almost three-quarters of stillbirths and neonatal deaths were among babies born prematurely in the UK (73% and 71% respectively)”.<sup>49</sup>

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<sup>46</sup> Department of Health and Social Care, [Safer Maternity Care. Progress Report 2021 \(PDF\)](#), June 2021, p18-19;

<sup>47</sup> Department of Health and Social Care, [Safer Maternity Care. Progress Report 2021 \(PDF\)](#), June 2021, p18-19; British Association of Perinatal Medicine, [Perinatal Management of Extreme Preterm Birth Before 27 weeks of Gestation \(2019\)](#), 23 October 2019

<sup>48</sup> Health and Social Care Committee, Health and Social Care Committee’s Expert Panel: [Evaluation of the Government’s progress against its policy commitments in the area of maternity services in England \(PDF\)](#), First Special Report of Session 2021–22, HC 18, 6 July 2021, p17

<sup>49</sup> Sands and Tommy’s Policy Unit, [Saving Babies’ Lives 2023: A report on progress](#) (PDF), May 2023, p9-10

## NHS Long Term Plan

The National Maternity Safety Ambition was re-iterated in the NHS Long Term Plan in January 2019.<sup>50</sup> To achieve the ambition, the plan focused on measures such as:

- rolling out the [Saving Babies Lives Care Bundle](#) which focuses on five ‘elements’ of care:
  - Reducing smoking in pregnancy
  - Risk assessment and surveillance for fetal growth restriction
  - Raising awareness of reduced fetal movement
  - Effective fetal monitoring during labour
  - Reducing pre-term birth
- Digitising maternity care records, so that they can be accessed via smart phones and other devices.
- Ensuring continuity of carer teams, so that the same midwife provides care throughout the pregnancy, during birth and postnatally.
- Better access to high-quality perinatal mental health care and to postnatal physiotherapy to help recover from birth.<sup>51</sup>

While there is a general commitment in the plan to reduce health inequalities, the then Children’s Commissioner, Anne Longfield, noted in 2020 that it contained “no specific issues or actions” on reducing health inequalities among children.<sup>52</sup>

A similar point was raised by the Health and Social Care Select Committee’s Expert Panel on Maternity Services in England. In July 2021, the Panel highlighted the lack of a “specific [government] pledge relating to equality of [maternity] outcomes for women and babies from disadvantaged backgrounds”.<sup>53</sup>

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<sup>50</sup> NHS, The NHS [Long Term Plan](#) (PDF), January 2019, p47

<sup>51</sup> NHS, The NHS [Long Term Plan](#) (PDF), January 2019, p48-9

<sup>52</sup> Children’s Commissioner, [Children’s Commissioner’s Briefing: Health Inequalities in Childhood](#) (PDF), March 2020

<sup>53</sup> Health and Social Care Committee, Health and Social Care Committee’s Expert Panel: [Evaluation of the Government’s progress against its policy commitments in the area of maternity services in England \(PDF\)](#), First Special Report of Session 2021–22, HC 18, 6 July 2021, p78

## Equity and equality guidance for local maternity systems

In September 2021, NHS England and NHS Improvement published [Equity and equality guidance for local maternity systems](#). The document focuses on actions to reduce disparities for women and babies from Black, Asian and Mixed ethnic groups and those living in the most deprived areas.

Local Maternity Systems (LMSs) are being asked to include four evidence-based interventions that have been demonstrated to reduce the risk of stillbirths and neonatal deaths in their action plans:

- targeted and enhanced Continuity of Carer with 75% of women from Black, Asian and Mixed ethnic groups receiving Continuity of Carer by 2024 and additional midwifery time to support women from the most deprived areas. Women who receive Continuity of Carer are 16% less likely to lose their baby;
- smoke-free pregnancy pathways for mothers and their partners, reducing the risk of stillbirth, preterm birth and infant death;
- strategies to improve breastfeeding rates for women living in the most deprived areas to reduce babies' risk of infections, diarrhoea and vomiting, and sudden infant death syndrome;
- culturally sensitive genetics services for consanguineous couples where appropriate to reduce unexpected affected births (congenital abnormality, infant and child mortality, and serious illness).<sup>54</sup>

NHS England is providing £6.8 million to support LMSs to implement their Equity and Equality Action Plans.<sup>55</sup>

## The Women's Health Strategy for England

'Fertility, pregnancy, pregnancy loss and postnatal support' is one of the six priority areas included in the government's [Women's Health Strategy](#) for England, published in August 2022. In the strategy, the government set out its ambitions, and the actions it is already taking, to improve service provision and access, and to reduce disparities in maternal and neonatal outcomes.

The work of the Maternity Disparities Taskforce is noted in the strategy for:

[...] tackling disparities in outcomes and experiences of care for mothers and babies by improving access to effective pre-conception and maternity care for women from ethnic minorities and those living in the most deprived areas. This taskforce is also addressing the wider social determinants that are linked to

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<sup>54</sup> [PQ 58466](#) [on Infant Mortality], 10 November 2021

<sup>55</sup> [PQ 58466](#) [on Infant Mortality], 10 November 2021

poorer outcomes, such as low income and housing, and health behaviours, such as smoking, drinking and obesity in pregnancy.<sup>56</sup>

The strategy also notes funding of £5 million, from the National Institute for Health and Care Research, for a [policy research unit dedicated to maternal and neonatal health and care research](#) at the University of Oxford. Its research themes include:

- preconception health and prevention
- pregnancy loss, and perinatal morbidity and mortality
- women's experiences of care and its impact on their health
- neonatal care
- health systems

## 5 Further reading

- MBRRACE-UK, [Perinatal Mortality Surveillance](#)
- National Child Mortality Database, [Publications](#)
- Nuffield Trust, [Stillbirths and neonatal and infant mortality](#), August 2023
- Nuffield Foundation, [Trends in early childhood health in the UK](#), December 2021
- Royal College of Paediatrics and Child Health, [State of Child Health short report. Child health in 2030 in England: comparisons with other wealthy countries](#) (PDF), October 2018
- Royal College of Paediatrics and Child Health, [Infant mortality – State of Child Health](#), March 2021
- Sands, [How many babies die in the UK](#)

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<sup>56</sup> Department of Health and Social Care, [Women's Health Strategy for England](#), August 2022

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