NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

Assurance date: August 2023

Review date: August 2026

# Indicator IAP00026

Infant mortality.

# Indicator type

National Library of Quality Indicators.

# Importance

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| **Considerations** | **Assessment** |
| Indicator is part of the [NHS outcomes framework](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework) (NHS OF) domain 1 – preventing people from dying prematurely (indicator 1.6.i)  The [NHS Long Term Plan](https://www.longtermplan.nhs.uk/) details ambitions to improve maternity and neonatal services. | The indicator reflects a specific priority area identified by NHS England. |
| Nationally rates have been falling over time, from a rate per 1,000 of 5.7 in 1999 to 3.6 in 2020. Variation exists by deprivation (higher in most deprived areas), by age of mother (higher in mothers under 20 and over 40) and across geographies. ([NHS OF data for indicator 1.6i](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-1---preventing-people-from-dying-prematurely-nof/1.6.i-infant-mortality), March 2022 release). | The indicator relates to an area where there is known variation in practice.  The indicator addresses under-treatment. |
| The [NHS OF quality statement for indicator 1.6i](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-1---preventing-people-from-dying-prematurely-nof/1.6.i-infant-mortality) (May 2020):  Deaths under one year of age are considered a key international indicator of a country’s population health and quality of health care services. The infant mortality rate is particularly important for monitoring outcomes for high-risk groups such as pre-term babies and growth restricted babies.  Historically, infant mortality claimed a considerable percentage of children born, but rates have significantly declined in the UK mainly due to improvements in basic health care and technological advances. Many post-neonatal deaths occur as a result of improvements in neonatal care postponing deaths which might otherwise have occurred earlier.  Reducing deaths in babies under one year of age and reducing the gap between the richest and poorest groups are part of the [Government's strategy for public health](https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england). | The indicator will lead to a meaningful improvement in patient outcomes. |

# Evidence base

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| **Considerations** | **Assessment** |
| Deaths under one year of age are considered a key international indicator of a country’s population health and quality of health care services. The infant mortality rate is particularly important for monitoring outcomes for high- risk groups such as pre-term babies and growth restricted babies.  NICE’s quality standards QS22, QS32 and QS37 include quality statements on [antenatal care](https://www.nice.org.uk/guidance/qs22), [caesarean birth](https://www.nice.org.uk/guidance/qs32) and [postnatal care](https://www.nice.org.uk/guidance/qs37). | The indicator is derived from a high-quality evidence base.  The indicator aligns with the evidence base. |

# Specification

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| **Considerations** | **Assessment** |
| Numerator: Number of deaths of infants (aged under 1) occurring within the year.  Denominator: Number of live births occurring within the year.  Calculation: Rate per thousand live births.  Exclusions: None.  Definitions: Infant mortality is defined as the number of deaths at ages under one year, per 1,000 births.  Geography: England, region, lower tier local authority.  Data Source: Office for National Statistics (ONS) births and deaths data  Disclosure control: No suppression needed as per current ONS mortality rules | The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions. |

# Feasibility

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| **Considerations** | **Assessment** |
| Both numerator and denominator come from reliable sources which will continue. | The indicator is repeatable. |
| Data is available from the ONS (births and deaths data). | The indicator is measuring what it is designed to measure.  The indicator uses existing data fields. |

# Acceptability

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| **Considerations** | **Assessment** |
| The [NHS OF quality statement for indicator 1.6i](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-1---preventing-people-from-dying-prematurely-nof/1.6.i-infant-mortality) (May 2020) notes that NHS, public health and social care services contribute to improvements in this indicator. | The indicator assesses performance that is attributable to or within the control of the audience. |
| Rates are published each year by NHS England as part of the NHS Outcomes Framework (indicator 1.6i).  Overall rates have been decreasing over time, suggesting improvement. Variation exists across geography, deprivation, age of mother and sex of baby. | The results of the indicator can be used to improve practice. |

# Risk

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| **Considerations** | **Assessment** |
| Similar indicator included in the Public Health Outcomes Framework (PHOF). Methodology should match but risk of the indicators saying different things. PHOF reports as 3-year rolling average. | The indicator has an acceptable risk of unintended consequences. |

# NICE indicator advisory committee recommendation

The NICE indicator advisory committee approved renewal of this indicator.

**NHS Digital Indicator Reference:**

NHS Outcomes Framework - 1.6i Infant mortality