

Mortality: infant

NICE indicator

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Indicator

Infant Mortality.

Indicator type

Network / system level indicator. The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

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 guidance covers antenatal care, intrapartum care and postnatal care. NICE's guideline on antenatal care and [NICE's quality standard on antenatal care](#) highlight the importance of awareness that women and babies from some ethnic backgrounds and those from deprived areas have an increased risk of death. Improving maternity and neonatal services is a key ambition in the [NHS Long Term Plan](#).

Source guidance

- [Intrapartum care. NICE guideline NG235](#) (2023)
- [Antenatal care. NICE guideline NG201](#) (2021)
- [Postnatal care. NICE guideline NG194](#) (2021)

Specification

Numerator: Number of infant deaths (aged under 1) occurring within the year.

Denominator: Number of live births occurring within the year.

Definition: Death in infants age under 1 year.

Calculation: Rate per 1,000 live births

Data source: Office for National Statistics (ONS) births and mortality data.

Expected population size: [ONS NOMIS live births in England and Wales: births down to local authority areas](#) and [ONS \(2024\)'s Estimates of the population for the UK](#), England, Wales, Scotland, and Northern Ireland, mid-2023 edition, MYE1 for England 2023 shows that live births accounted for 1.0% (563,561 divided by 57,690,323) of the mid-year population estimate: 98 per 10,000 services by a network. However, consideration should be given to whether the majority of results would require suppression because of small numbers.

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