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Social Services Committee : Report on Perinatal Mortality and Morbidity.

Report on DHSS Expenditure Policies

DHSS Aspects of the Chancellor's Autumn Statement

SOCIAL

SERVICES

Part 1 : November 1980

Part 2 : March 1988

Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date
15.7.88							
21.11.88							
23.12.88							
15.3.88.							
11.12.90.							

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10 DOWNING STREET

LONDON SW1A 2AA

From the Private Secretary

7 December 1990

The Prime Minister was very grateful for Mrs Bottomley's letter of 6 December which he saw today in his constituency. He was very pleased to read it and quite takes the point Mrs Bottomley makes.

DOMINIC MORRIS

Timothy Sands Esq
Department of Health

06 DEC 1990

Prime Minister 2
I have acknowledged
and thanked
you



The Prime Minister
Rt Hon John Major MP
10 Downing Street
London SW1

Richmond House
79 Whitehall
London SW1A 2NS
Telephone 071 210 3000

From the
Minister for Health

Thank you -
pls use in P's if
H/Booker is
needed
9.12

Dear Prime Minister,

PERINATAL MORTALITY RATES

As you will know from your time in DHSS we keep a careful check on a number of key health indicators. One of these is the rate of perinatal mortality which is also watched carefully by the Social Services Committee and by the National Audit Office.

When you became the member for Huntingdon in 1979, Huntingdon was already in the top ten authorities for low rates of perinatal mortality. It is now, as the enclosed extract from an NAO report on maternity services published in March 1990 shows, top of the league. Huntingdon has much to thank its member for but this may go further than many had imagined.

There is however - as there always is - another side to the coin. From now on Huntingdon can improve its record but not its position at the top of the league. It would be most unfortunate now if Huntingdon failed to stay top in low perinatal mortality. We shall want to see Huntingdon continuing with its very good performance.

You may want to encourage the people of Huntingdon to ensure that they do not lose their place at the top of the table.

Losing top place tends to get bigger headlines than keeping it.

Yours ever
Virginia

VIRGINIA BOTTOMLEY

PERINATAL DEATHS IN GREAT BRITAIN 1986-88

FIGURE 2

(A) Health authorities/boards with the most significantly high rates of perinatal mortality

(B) Health authorities/boards with the most significantly low rates of perinatal mortality

<u>Authority</u>	<u>Rate per</u> <u>1000 births</u>	<u>Authority</u>	<u>Rate per</u> <u>1000 births</u>
Bradford	13.5	Huntingdon	5.1
Burnley, Pendle & Rossendale	13.1	Oxfordshire	5.3
Wolverhampton	12.6	South Warwickshire	5.8
East Birmingham	12.5	Cambridge	5.9
Scunthorpe	12.3	West Essex	6.3
Newham	11.9	East Hertfordshire	6.4
Walsall	11.7	Bromley	6.5
Ayrshire & Arran	11.5	West Surrey & North East Hampshire	6.5
North Staffordshire	11.3		

In authorities with a small number of births, perinatal mortality rates can fluctuate quite widely from year-to-year, and any differences from national rates may be no greater than would be expected by chance. The figure allows for this. It shows, with 99 per cent confidence, those authorities where differences from the average rate in Great Britain in 1986-88 could not have occurred by chance. The average was 9.1 per 1,000 births.

Figure 2 shows health authorities and boards with statistically significant high and low rates of perinatal mortality in 1986-88.

cc. BG



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 01-210 3000

From the Secretary of State for Social Services

Mark Addison Esq
Private Secretary
10 Downing street
LONDON SW1

15 March 1988

Dear Mark

PERINATAL AND INFANT MORTALITY

I attach the paper on this subject which my Secretary of State sent to the Social Services Committee last week. Officials from this Department are to give evidence to the Committee on 16 March.

Yours sincerely

Flora Goldhill

FLORA GOLDHILL
Private Secretary

Prime Minister.

You do not need to look at this in any detail. But the DPHS envelope makes clear that the 1987 infant mortality figures will show that the downward trend is re-established, and be below the 1985 level.

MGA 1573



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MEMORANDUM FOR SOCIAL SERVICES SELECT COMMITTEE ON PERINATAL AND INFANT MORTALITY

A. UPTURN IN INFANT MORTALITY RATE IN 1986: ENGLAND

Introduction

1. This memorandum sets out the main data which we think relevant to the Committee's inquiry about the recent upturn in the infant mortality rate (ie deaths at ages under one year) and the trends in the perinatal rate (ie stillbirths and deaths in the first week of life). It also offers an account of the follow-up to the Maternity Services Advisory Committee's reports and some general observations on developments since the two earlier reports.

2. OPCS monitor DH3 87/4 "Infant and Perinatal Mortality 1986: DHAs" drew attention to the continuing downward trend seen since 1928 in perinatal mortality in England and Wales but also to the first increase in the infant mortality rate since 1970.

3. In England this represents a fall in perinatal deaths from 6115 in 1985 to 5977 in 1986, a reduction in the perinatal death rate from 9.8 in 1985 to 9.5 in 1986. A rise in the same period occurred for infant deaths from 5716 to 5917, the rate per thousand live births rising from 9.2 to 9.5

1987 Infant Mortality

4. That increase should be seen in the context of the expected 1987 position. The data at present available indicates that the infant mortality rate for England in 1987 seems likely to be of the order of 9.1 per 1,000 live births. This is a very provisional judgement and a firmer figure should become available in a few weeks' time. This suggests that the 1986 figure may be exceptional and that the 1987 rate may well show a welcome resumption of the downward trend. The 1986 result is, however, at present puzzling and as the paper goes on to show the reasons for it are being carefully examined.

Recent Trends in Perinatal and Infant Mortality

5. A fuller picture is provided in Annexes 1 to 5. Annex 1 shows graphically rates of infant, perinatal, neonatal and post-neonatal mortality in England in the period 1975-86. Annex 2 defines the periods covered in the rates. Annex 3 gives data for these rates for England together with numbers of births, stillbirths and deaths under 1 year.

Annex 4 shows these rates by RHA area. The following features can be noted.

- 7 RHAs which had experienced an uninterrupted decline in infant mortality rates since 1982 and increases in 1986 (ie Northern, Trent, NE Thames, Wessex, Oxford, South Western and North Western)
- only Mersey had increases in both 1985 and 1986
- 6 RHAs showed falls between 1985 and 1986 but no common pattern between 1982 and 1985 - Yorkshire, East Anglian, NW Thames, SE Thames and West Midlands.
- the flattening in the neonatal rates continued in 1986
- the increase in the infant mortality rate in 1986 occurred in the postneonatal period

6. Annex 5 shows the main causes of deaths.

*the new stillbirth and neonatal death certificate introduced from 1 January 1986 will eventually provide considerably enhanced information. Analysis of the 1986 data is still in progress but is expected to be published later this year.

7. It should be kept in mind that the increase in the number of postneonatal deaths in 1986 was small numerically, perhaps too small for any one factor definitively to be isolated. The small numbers involved make it particularly difficult to draw geographical conclusions. Equally as Annex 3 shows RHAs' performance often fluctuates from year to year.

8. Preliminary analysis⁺ by OPCS suggests:

- most of the increase in the postneonatal rate occurred among boys
- increases in the numbers of deaths due to or associated with Sudden Infant Death Syndrome (SIDS) accounts for the most of the increase

9. The increase in the postneonatal mortality rate does not seem to be exclusive to any one social group. Increasing rates were not confined to any one category of age of mother, legitimacy status, social class, parity and birthweight. More detailed analysis is now being carried out as a result of which it may be possible to put further information to the Committee. For the reasons given in paragraph 7 the small numbers involved in the upturn increasingly make detailed analysis of the interrelationships between the factors being studied more difficult. The Department will keep the position under very close review.

International Comparisons: Perinatal and Infant Mortality Rates

10. The Committee might find it helpful to have international data at Annex 6. These have been prepared by OPCS from the main UN, WHO and Eurostat data. An attempt has been made to provide comparative figures so far as possible. However making international statistical comparisons is difficult particularly for perinatal rates because some countries do not comply fully with international classifications. Furthermore as the Government's response to the Second Report on perinatal and neonatal mortality pointed out because of the higher incidence of congenital handicap and low birthweight in this country there are pitfalls in making direct comparisons with eg Scandinavia and other North European countries.

⁺some of these involve the use of linked data whereby the infant death records are linked to the corresponding birth records so as to get more information eg, about birthweight. These give a slightly lower result than the conventional rates because a number of deaths, usually where the birth occurs outside England and Wales cannot be linked.

Maternity and Neonatal Services

11. This progress has been made because of the concerted efforts of those responsible in health authorities and the health professions and those who use the services. Since the Select Committee's last report the final part of the Maternity Services Advisory Committee (MSAC) Report - on postnatal and neonatal care - has been published and commended to health authorities. These reports have provided health authorities with a clear basis for the planning and operation of their maternity and neonatal services.

12. The importance Ministers attached to the implementation of this guidance was emphasised in the follow-up exercise carried out in 1985. Health authorities were asked about the action taken locally. Their responses were made available to the Committee in 1986. The Department's aim was to assess health authorities' performance and progress and identify the main areas of difficulty. Commentary on and an analysis of the responses from health authorities to this exercise is at Annexes 7 and 8.

13. This shows that most authorities had adopted the MSAC approach. Where recommendations have not been followed up the reasons included:

- existing practices were thought to be working satisfactorily eg where a committee akin to a maternity services liaison committee had been set up
- shortages of medical staff and experienced nursing or midwifery staff, and within some areas, a scarcity of nurse training facilities.

The 1986 exercise has been followed through wherever this was needed. For example, an approach was made to West Midlands RHA who have developed comprehensive proposals for improving its maternity and neonatal services having the highest perinatal mortality of all the RHAs, although a 0.7 improvement in the rate was recorded in 1986. In other cases authorities have been asked to look at cases where consultant units have not established operational policies for labour and childbirth.

14. The exercise suggested a need for action at national level on two items. These are, first, the difficulty authorities have in meeting the demand for nurses or midwives qualified to work in neonatal intensive care units and, second, the problem of medical cover for emergencies. These two issues are discussed below.

Neonatal Intensive Care

15. The demand for this service is growing rapidly as a result of technological developments that have improved the prospects for saving very low birth weight babies. The main reported constraint on the development of the service is a shortage of nurses/midwives trained to work in this specialist area, rather than problems over the availability of financial resources. This was confirmed by a survey of nurse shortages in a sample of health authorities (the purpose of which was related to recruitment and retention problems). Specialist professional organisations have also made known their concern about nurse staffing levels.

16. The problem will only be overcome as health authorities devote more attention to the development of adequate nursing and midwifery training programmes which will ensure a greater supply of adequately qualified staff. Regions have been asked to report in their 1988/89 Short Term Programmes, on progress in developing this service and any continuing concern will be taken up in the next round of Reviews.

17. In addition, the NHS Management Board have authorised a survey of nurses in all aspects of 'high-technology' care. This is concentrating on providing current data on which to base service planning and training needs. The information is being gathered at district level. Regional Nursing Officers have also been asked to provide information to the Chief Nursing Officer on the numbers of nursing staff in certain 'high-technology' areas, including neonatal and paediatric care, and the patterns of staffing and skill mix in those areas.

Emergency Cover

18. The second significant problem which the survey has highlighted is the shortage of appropriately experienced doctors within hospitals - and to some extent in the community - to deal with obstetric emergencies. A more recent survey of facilities at the place of birth conducted by the National Birthday Trust also has drawn attention to this. The Government's document "Achieving a Balance" on medical manpower planning has led to some developments which may help improve the availability of medical support to provide emergency cover. Numbers in the registrar grade are monitored by the Joint Planning Advisory Committee. It will bring forward advice in 1988 and 1989 about the number of posts needed in paediatrics and obstetrics and gynaecology and how

these should be distributed over regions. As a first step to providing better cover RHAs have been asked to review staffing levels in acute specialties and to consider the redeployment of available junior staff and the possible use of the new staff grade. Information from these reviews will be collected centrally and further discussions will be had with the profession about any additional measures which may be made to secure 24 hour emergency cover in acute units.

Other Points From the Select Committee Reports

19. It may be helpful to conclude this memorandum with brief references to points made in the earlier Reports from the Select Committee which may have an effect on reducing perinatal and infant mortality

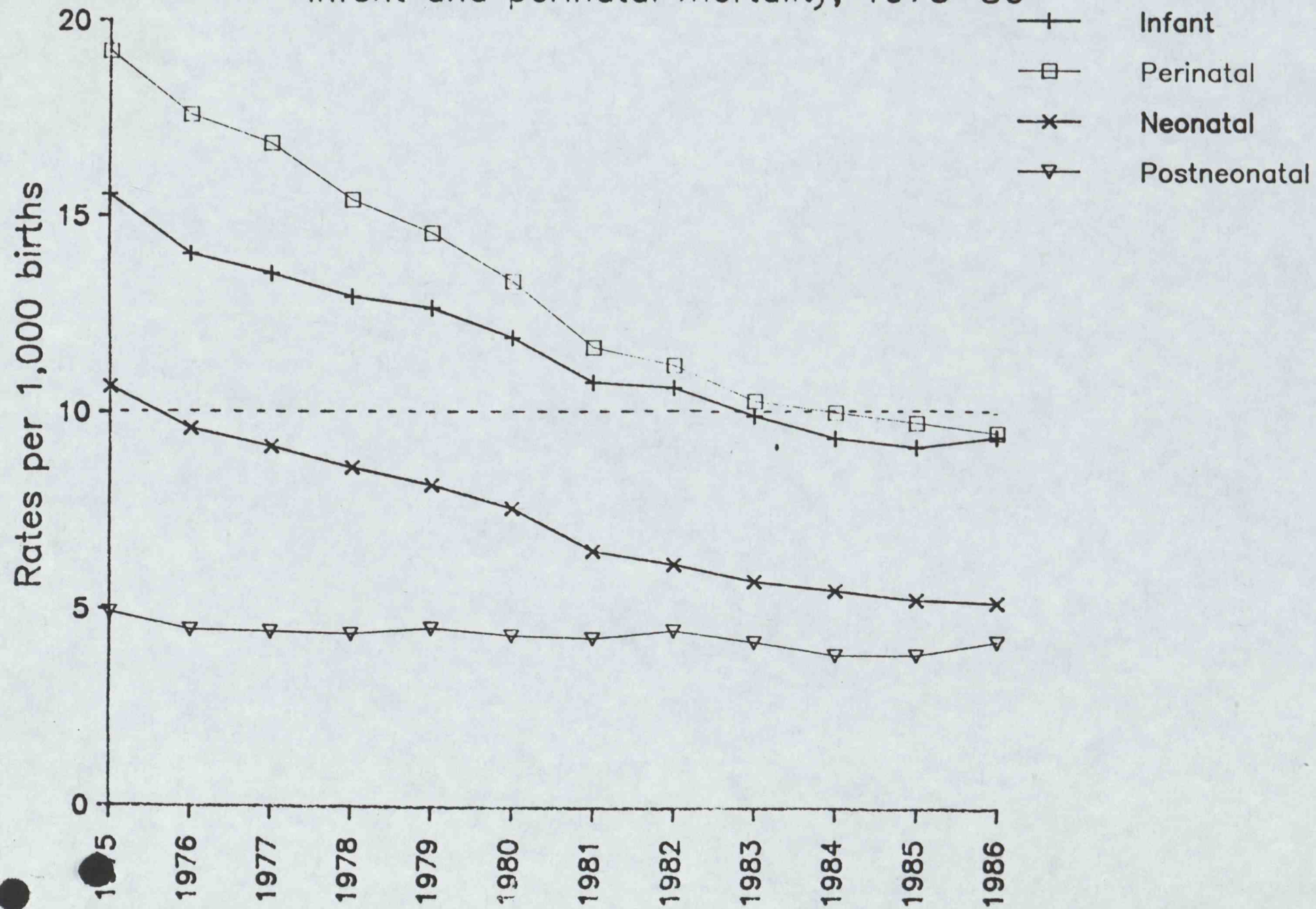
- the RAWP arrangements for the allocation of resources are currently under review with the aim of improving the sensitivity with which they deal with areas of social deprivation as the Committee recommended
- the development of a model survey to help health authorities assess consumer opinion about maternity services
- continued monitoring of babies who received neonatal intensive care is undertaken through a number of research studies eg a study on the costs and benefits of neonatal care to assess the prevalence of improvement in very low birthweight babies; a study of congenital disorders in survivors of neonatal intensive care
- the Asian Mother and Baby Campaign set up in 1984 with central funding had led to the long term employment of link workers in a growing number of DHAs.
- the appropriate development of prenatal screening services, eg through the improved use of ultrasound techniques and genetic studies to detect serious fetal abnormalities, are examples of how techniques might progress

- the development of genetic services is under close consideration: DHSS continuing to fund a special medical development involving three existing genetic centres in England and Wales. Their objective is to find how best this rapidly evolving genetic services can be provided within the NHS, to establish criteria for the development of genetic services, and their costs and to offer Regional Health Authorities a model for service development.

CONCLUSION

20. By 1986 there was a fall of more than a third in the perinatal mortality rate since 1980 when the Select Committee's first report on this subject implied that it should be reduced by between a third and a half. The provisional picture for 1987 on infant mortality suggests that after a small rise in 1986 there has been some improvement. Differences in perinatal and infant mortality rates remain between regions and different social groupings. There are several contributory factors and there is clearly no room for complacency, but real progress has been made.

Infant and perinatal mortality, 1975-86



ANNEX 2

The definitions of the rates shown in the tables are as follows:

<u>Infant deaths</u>	<u>Perinatal Deaths</u>	<u>Neonatal Deaths</u>	<u>Postneonatal Deaths</u>	<u>Stillbirths</u>
Deaths at ages under one year	Stillbirths and deaths in the first week of life [ie 0-6 days]	Deaths in the first 28 days life	Deaths at ages 28 days and over but under one year weeks of	Late fetal deaths: after 28 completed gestation
Rates per thousand live births in the same year	Rates per thousand live births and stillbirths in the same year	Rates per thousand live births in the same year	Rates per thousand live births in the same year	

Annex 3

Infant and perinatal mortality, 1975-86
Unlinked data; EnglandRates per
1,000 births

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		Live Births	Still-births	Deaths under 1 week	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate				
<u>ENGLAND</u>												
Total	1975	8950	15.73	11072	19.26	6100	10.72	2850	5.01	568900	5918	5154
	1976	7823	14.21	9802	17.64	5320	9.67	2503	4.55	550383	5339	4463
	1977	7345	13.68	9157	16.89	4937	9.19	2408	4.48	536953	5087	4070
	1978	7370	13.10	8766	15.45	4867	8.65	2503	4.45	562589	4791	3975
	1979	7671	12.76	8839	14.58	4930	8.20	2741	4.56	601316	4811	4028
	1980	7410	11.98	8316	13.35	4704	7.61	2706	4.38	618371	4523	3793
	1981	6502	10.87	7044	11.70	3921	6.56	2581	4.31	598163	3939	3105
	1982	6342	10.75	6670	11.24	3661	6.21	2681	4.55	589711	3731	2939
	1983	5931	10.00	6158	10.32	3422	5.77	2509	4.23	593255	3412	2746
	1984	5672	9.44	6065	10.04	3326	5.54	2346	3.91	600573	3425	2640
	1985	5716	9.23	6100	9.80	3295	5.32	2421	3.91	619301	3426	2689
	1986	5917	9.49	5977	9.53	3270	5.24	2647	4.24	623609	3337	2640

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
ENGLAND AND WALES									
Males	1975	5430	17.47	6257	19.94	3676	11.83	1754	5.64
	1976	4879	16.25	5819	19.19	3330	11.09	1549	5.16
	1977	4519	15.43	5354	18.10	3055	10.43	1464	5.00
	1978	4513	14.70	5068	16.36	2956	9.63	1557	5.07
	1979	4731	14.41	5205	15.73	3087	9.40	1644	5.01
	1980	4471	13.31	4811	14.22	2847	8.47	1624	4.83
	1981	4119	12.65	4185	12.76	2509	7.70	1610	4.94
	1982	3914	12.18	3934	12.16	2273	7.07	1641	5.11
	1983	3654	11.31	3626	11.15	2093	6.48	1561	4.83
	1984	3443	10.56	3607	11.00	2048	6.28	1395	4.28
	1985	3510	10.42	3628	10.71	2005	5.95	1505	4.47
1986	3724	10.99	3540	10.39	2031	5.99	1693	5.00	
Females	1975	4058	13.86	5512	18.63	2796	9.55	1262	4.31
	1976	3455	12.17	4653	16.23	2333	8.22	1122	3.95
	1977	3322	12.02	4403	15.79	2223	8.05	1099	3.98
	1978	3368	11.64	4282	14.67	2231	7.71	1137	3.93
	1979	3447	11.13	4227	13.54	2169	7.00	1278	4.13
	1980	3428	10.70	4004	12.41	2176	6.79	1252	3.91
	1981	2902	9.40	3378	10.87	1717	5.56	1185	3.84
	1982	2861	9.39	3153	10.29	1652	5.42	1209	3.97
	1983	2727	8.91	2956	9.61	1589	5.19	1138	3.72
	1984	2594	8.35	2857	9.14	1496	4.81	1098	3.53
	1985	2631	8.23	2870	8.93	1526	4.77	1105	3.46
1986	2589	8.04	2832	8.75	1458	4.53	1131	3.51	
Total	1975	9488	15.72	11769	19.30	6472	10.73	3016	5.00
	1976	8334	14.26	10472	17.75	5663	9.69	2671	4.57
	1977	7841	13.77	9757	16.98	5278	9.27	2563	4.50
	1978	7881	13.21	9350	15.54	5187	8.70	2694	4.52
	1979	8178	12.82	9432	14.67	5256	8.24	2922	4.58
	1980	7899	12.04	8815	13.34	5023	7.65	2876	4.38
	1981	7021	11.07	7563	11.84	4226	6.66	2795	4.41
	1982	6775	10.82	7087	11.25	3925	6.27	2850	4.55
	1983	6381	10.14	6582	10.40	3682	5.85	2699	4.29
	1984	6037	9.48	6464	10.09	3544	5.57	2493	3.91
	1985	6141	9.36	6498	9.84	3531	5.38	2610	3.98
1986	6313	9.55	6372	9.59	3489	5.28	2824	4.27	

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
ENGLAND									
Males	1975	5108	17.44	5890	19.91	3445	11.76	1663	5.68
	1976	4578	16.19	5437	19.04	3123	11.05	1455	5.15
	1977	4241	15.35	5047	18.09	2867	10.37	1374	4.97
	1978	4205	14.52	4745	16.25	2768	9.56	1437	4.96
	1979	4443	14.36	4883	15.66	2900	9.37	1543	4.99
	1980	4188	13.23	4540	14.24	2666	8.42	1522	4.81
	1981	3819	12.43	3900	12.61	2326	7.57	1493	4.86
	1982	3681	12.16	3680	12.08	2121	7.01	1560	5.15
	1983	3419	11.21	3404	11.10	1951	6.40	1468	4.81
	1984	3239	10.54	3381	10.93	1915	6.23	1324	4.31
	1985	3254	10.24	3398	10.63	1863	5.86	1391	4.38
	1986	3484	10.90	3314	10.31	1901	5.95	1583	4.95
	Females	1975	3842	13.92	5182	18.57	2655	9.62	1187
1976		3245	12.12	4365	16.15	2197	8.21	1048	3.92
1977		3104	11.91	4110	15.63	2070	7.94	1034	3.97
1978		3165	11.59	4021	14.60	2099	7.69	1066	3.90
1979		3228	11.06	3956	13.44	2030	6.95	1198	4.10
1980		3222	10.67	3776	12.42	2038	6.75	1184	3.92
1981		2683	9.22	3144	10.73	1595	5.48	1088	3.74
1982		2661	9.27	2990	10.36	1540	5.37	1121	3.91
1983		2512	8.71	2754	9.50	1471	5.10	1041	3.61
1984		2433	8.30	2684	9.11	1411	4.81	1022	3.49
1985		2462	8.17	2702	8.92	1432	4.75	1030	3.42
1986		2433	8.00	2663	8.71	1369	4.50	1064	3.50
Total		1975	8950	15.73	11072	19.26	6100	10.72	2850
	1976	7823	14.21	9802	17.64	5320	9.67	2503	4.55
	1977	7345	13.68	9157	16.89	4937	9.19	2408	4.48
	1978	7370	13.10	8766	15.45	4867	8.65	2503	4.45
	1979	7671	12.76	8839	14.58	4930	8.20	2741	4.56
	1980	7410	11.98	8316	13.35	4704	7.61	2706	4.38
	1981	6502	10.87	7044	11.70	3921	6.56	2581	4.31
	1982	6342	10.75	6670	11.24	3661	6.21	2681	4.55
	1983	5931	10.00	6158	10.32	3422	5.77	2509	4.23
	1984	5672	9.44	6065	10.04	3326	5.54	2346	3.91
	1985	5716	9.23	6100	9.80	3295	5.32	2421	3.91
	1986	5917	9.49	5977	9.53	3270	5.24	2647	4.24

Annex 4

Infant and perinatal mortality, 1975-86
Unlinked data: England and Wales, England, RHAsRates per
1,000 births

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
Northern									
Males	1975	332	16.88	415	20.86	229	11.64	103	5.24
	1976	321	17.24	371	19.73	229	12.30	92	4.94
	1977	323	17.37	386	20.52	210	11.29	113	6.08
	1978	301	15.26	360	18.08	208	10.54	93	4.71
	1979	316	14.79	391	18.13	231	10.81	85	3.98
	1980	281	13.28	331	15.52	192	9.08	89	4.21
	1981	236	11.55	289	14.03	152	7.44	84	4.11
	1982	231	11.45	260	12.79	134	6.64	97	4.81
	1983	218	10.81	224	11.04	118	5.85	100	4.96
	1984	199	9.97	241	11.99	125	6.26	74	3.71
	1985	192	9.07	230	10.80	126	5.95	66	3.12
	1986	231	11.26	231	11.19	136	6.63	95	4.63
	Females	1975	236	12.85	350	18.84	164	8.93	72
1976		237	12.98	339	18.36	169	9.25	68	3.72
1977		213	12.30	309	17.65	151	8.72	62	3.58
1978		231	12.46	319	17.03	164	8.85	67	3.61
1979		237	11.69	296	14.48	164	8.09	73	3.60
1980		228	11.38	291	14.40	154	7.69	74	3.69
1981		190	9.79	242	12.37	120	6.18	70	3.61
1982		176	9.21	208	10.81	109	5.70	67	3.50
1983		180	9.50	200	10.49	119	6.28	61	3.22
1984		171	8.87	193	9.95	107	5.55	64	3.32
1985		151	7.66	173	8.73	98	4.97	53	2.69
1986		163	8.27	177	8.93	98	4.97	65	3.30
Total		1975	568	14.94	765	19.89	393	10.33	175
	1976	558	15.13	710	19.05	398	10.79	160	4.34
	1977	536	14.92	695	19.14	361	10.05	175	4.87
	1978	532	13.90	679	17.57	372	9.72	160	4.18
	1979	553	13.28	687	16.36	395	9.48	158	3.79
	1980	509	12.36	622	14.97	346	8.40	163	3.96
	1981	426	10.69	531	13.22	272	6.83	154	3.86
	1982	407	10.36	468	11.83	243	6.18	164	4.17
	1983	398	10.17	424	10.78	237	6.06	161	4.12
	1984	370	9.43	434	10.99	232	5.91	138	3.52
	1985	343	8.39	403	9.81	224	5.48	119	2.91
	1986	394	9.79	408	10.08	234	5.82	160	3.98

Regional Health Authority		Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
Yorkshire									
Males	1975	454	19.70	529	22.71	312	13.54	142	6.16
	1976	383	17.30	451	20.15	255	11.52	128	5.78
	1977	353	16.66	408	19.07	236	11.14	117	5.52
	1978	336	14.86	397	17.40	223	9.86	113	5.00
	1979	384	16.12	428	17.80	239	10.04	145	6.09
	1980	347	14.21	398	16.15	216	8.85	131	5.36
	1981	338	14.24	367	15.33	206	8.68	132	5.56
	1982	302	12.86	310	13.11	175	7.45	127	5.41
	1983	312	13.07	313	13.02	189	7.92	123	5.15
	1984	261	10.97	283	11.81	152	6.39	109	4.56
	1985	290	11.78	279	11.27	156	6.34	134	5.44
	1986	297	12.00	259	10.41	159	6.43	138	5.58
Females	1975	346	16.04	444	20.36	245	11.36	101	4.68
	1976	261	12.61	345	16.51	170	8.22	91	4.40
	1977	285	14.21	346	17.10	194	9.67	91	4.54
	1978	261	12.42	321	15.15	176	8.37	85	4.04
	1979	276	12.27	347	15.30	182	8.09	94	4.18
	1980	267	11.45	319	13.57	176	7.55	91	3.90
	1981	248	10.92	286	12.50	147	6.47	101	4.45
	1982	224	10.03	267	11.87	134	6.00	90	4.03
	1983	212	9.37	237	10.41	123	5.44	89	3.93
	1984	238	10.41	262	11.38	135	5.90	103	4.50
	1985	223	9.53	234	9.94	136	5.81	87	3.72
	1986	216	9.15	240	10.12	131	5.55	85	3.60
Total	1975	800	17.93	973	21.57	557	12.48	243	5.45
	1976	644	15.04	796	18.39	425	9.92	219	5.11
	1977	638	15.47	754	18.11	430	10.43	208	5.04
	1978	597	13.68	718	16.31	399	9.15	198	4.54
	1979	660	14.25	775	16.59	421	9.09	239	5.16
	1980	614	12.86	717	14.89	392	8.21	222	4.65
	1981	586	12.62	653	13.95	353	7.60	233	5.02
	1982	526	11.48	577	12.50	309	6.75	217	4.74
	1983	524	11.27	550	11.75	312	6.71	212	4.56
	1984	499	10.69	545	11.60	287	6.15	212	4.54
	1985	513	10.68	513	10.62	292	6.08	221	4.60
	1986	513	10.61	499	10.27	290	6.00	223	4.61

Regional Health Authority		Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
Trent									
Males	1975	483	16.84	548	18.92	316	11.02	167	5.82
	1976	462	16.74	585	20.98	342	12.39	120	4.35
	1977	421	15.63	478	17.59	293	10.88	128	4.75
	1978	426	15.37	471	16.85	275	9.92	151	5.45
	1979	399	13.42	462	15.41	274	9.21	125	4.20
	1980	355	11.53	428	13.80	248	8.05	107	3.48
	1981	374	12.61	371	12.43	235	7.92	139	4.69
	1982	350	11.98	365	12.42	217	7.43	133	4.55
	1983	339	11.54	356	12.04	202	6.88	137	4.66
	1984	303	10.27	322	10.85	186	6.31	117	3.97
	1985	294	9.69	324	10.61	168	5.54	126	4.15
	1986	332	10.99	345	11.34	195	6.45	137	4.53
	Females	1975	384	14.25	496	18.22	260	9.65	124
1976		330	12.60	461	17.42	228	8.70	102	3.89
1977		308	12.15	404	15.79	209	8.24	99	3.91
1978		294	11.03	366	13.62	200	7.50	94	3.53
1979		327	11.56	394	13.82	209	7.39	118	4.17
1980		302	10.21	364	12.23	197	6.66	105	3.55
1981		253	9.01	281	9.95	155	5.52	98	3.49
1982		241	8.86	271	9.91	144	5.30	97	3.57
1983		252	9.07	262	9.38	140	5.04	112	4.03
1984		221	7.85	246	8.69	135	4.80	86	3.05
1985		211	7.43	239	8.37	120	4.22	91	3.20
1986		253	8.70	261	8.94	156	5.37	97	3.34
Total		1975	867	15.59	1044	18.58	576	10.36	291
	1976	792	14.72	1046	19.24	570	10.59	222	4.13
	1977	729	13.94	882	16.71	502	9.60	227	4.34
	1978	720	13.24	837	15.27	475	8.74	245	4.51
	1979	726	12.51	856	14.64	483	8.33	243	4.19
	1980	657	10.89	792	13.03	445	7.37	212	3.51
	1981	627	10.86	652	11.22	390	6.75	237	4.10
	1982	591	10.48	636	11.21	361	6.40	230	4.08
	1983	591	10.34	618	10.75	342	5.98	249	4.36
	1984	524	9.09	568	9.80	321	5.57	203	3.52
	1985	505	8.60	563	9.53	288	4.90	217	3.69
	1986	585	9.87	606	10.17	351	5.92	234	3.95

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
East Anglia									
Males	1975	189	16.17	185	15.70	115	9.84	74	6.33
	1976	165	14.53	162	14.16	96	8.45	69	6.07
	1977	144	13.11	155	14.00	91	8.28	53	4.83
	1978	151	13.33	166	14.53	96	8.47	55	4.85
	1979	184	15.03	183	14.82	105	8.57	79	6.45
	1980	151	11.87	156	12.18	88	6.92	63	4.95
	1981	133	10.93	126	10.30	73	6.00	60	4.93
	1982	131	11.20	135	11.47	75	6.41	56	4.79
	1983	120	10.14	125	10.49	58	4.90	62	5.24
	1984	108	8.83	119	9.67	60	4.91	48	3.92
	1985	143	11.38	141	11.16	85	6.77	58	4.62
	1986	124	9.81	103	8.11	65	5.14	59	4.67
	Females	1975	143	13.07	175	15.86	91	8.32	52
1976		91	8.56	146	13.60	58	5.46	33	3.11
1977		97	9.24	127	12.00	59	5.62	38	3.62
1978		87	8.10	130	12.02	58	5.40	29	2.70
1979		117	10.13	128	11.01	76	6.58	41	3.55
1980		107	8.87	126	10.39	71	5.89	36	2.98
1981		99	8.59	117	10.10	61	5.29	38	3.30
1982		84	7.55	105	9.37	43	3.86	41	3.68
1983		88	7.83	90	7.97	48	4.27	40	3.56
1984		87	7.59	94	8.16	46	4.02	41	3.58
1985		88	7.38	100	8.35	55	4.61	33	2.77
1986		74	6.19	88	7.33	37	3.10	37	3.10
Total		1975	332	14.67	360	15.77	206	9.10	126
	1976	256	11.64	308	13.89	154	7.00	102	4.64
	1977	241	11.22	282	13.03	150	6.98	91	4.24
	1978	238	10.78	296	13.31	154	6.98	84	3.81
	1979	301	12.65	311	12.98	181	7.61	120	5.04
	1980	258	10.41	282	11.31	159	6.42	99	3.99
	1981	232	9.79	243	10.20	134	5.66	98	4.14
	1982	215	9.42	240	10.45	118	5.17	97	4.25
	1983	208	9.01	215	9.26	106	4.59	102	4.42
	1984	195	8.23	213	8.94	106	4.48	89	3.76
	1985	231	9.43	241	9.79	140	5.72	91	3.72
	1986	198	8.05	191	7.73	102	4.15	96	3.90

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
N W Thames									
Males	1975	355	16.26	409	18.56	252	11.54	103	4.72
	1976	347	16.13	423	19.47	239	11.11	108	5.02
	1977	295	13.72	368	16.95	192	8.93	103	4.79
	1978	299	13.30	332	14.66	210	9.34	89	3.96
	1979	318	13.22	366	15.10	211	8.77	107	4.45
	1980	301	12.39	280	11.46	184	7.57	117	4.82
	1981	263	10.91	279	11.50	161	6.68	102	4.23
	1982	276	11.84	251	10.70	143	6.13	133	5.71
	1983	241	10.24	223	9.43	141	5.99	100	4.25
	1984	237	9.97	219	9.17	139	5.85	98	4.12
	1985	256	10.51	252	10.28	143	5.87	113	4.64
	1986	233	9.40	213	8.56	134	5.41	99	4.00
	Females	1975	292	14.11	382	18.26	194	9.37	98
1976		233	11.52	290	14.22	157	7.76	76	3.76
1977		198	9.76	255	12.47	124	6.11	74	3.65
1978		235	10.96	290	13.41	153	7.13	82	3.82
1979		230	10.10	258	11.26	139	6.11	91	4.00
1980		219	9.43	244	10.44	122	5.25	97	4.18
1981		218	9.61	223	9.78	128	5.65	90	3.97
1982		188	8.42	192	8.55	95	4.25	93	4.17
1983		159	7.21	172	7.76	84	3.81	75	3.40
1984		160	7.13	201	8.91	102	4.55	58	2.58
1985		173	7.49	183	7.89	95	4.11	78	3.38
1986		179	7.67	203	8.65	99	4.24	80	3.43
Total		1975	647	15.21	791	18.42	446	10.49	201
	1976	580	13.90	713	16.93	396	9.49	184	4.41
	1977	493	11.79	623	14.78	316	7.56	177	4.23
	1978	534	12.16	622	14.05	363	8.26	171	3.89
	1979	548	11.71	624	13.23	350	7.48	198	4.23
	1980	520	10.94	524	10.96	306	6.44	214	4.50
	1981	481	10.28	502	10.67	289	6.18	192	4.10
	1982	464	10.17	443	9.65	238	5.22	226	4.95
	1983	400	8.77	395	8.62	225	4.93	175	3.84
	1984	397	8.59	420	9.05	241	5.22	156	3.38
	1985	429	9.04	435	9.12	238	5.01	191	4.02
	1986	412	8.56	416	8.60	233	4.84	179	3.72

Annex 4

Infant and perinatal mortality, 1975-86
Unlinked data; England and Wales, England, RHAsRates per
1,000 births

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
N E Thames									
Males	1975	395	16.35	470	19.26	262	10.85	133	5.51
	1976	369	15.55	447	18.65	246	10.37	123	5.18
	1977	367	15.92	410	17.61	239	10.37	128	5.55
	1978	354	14.77	389	16.10	242	10.10	112	4.67
	1979	325	12.75	366	14.24	202	7.92	123	4.82
	1980	342	12.95	381	14.31	208	7.88	134	5.07
	1981	303	11.66	297	11.36	181	6.97	122	4.70
	1982	324	12.80	327	12.83	193	7.63	131	5.18
	1983	275	10.79	280	10.93	160	6.28	115	4.51
	1984	264	10.09	286	10.85	146	5.58	118	4.51
	1985	252	9.47	263	9.82	135	5.07	117	4.39
	1986	278	10.27	284	10.43	162	5.98	116	4.28
	Females	1975	306	13.32	387	16.68	200	8.71	106
1976		247	11.13	321	14.34	162	7.30	85	3.83
1977		259	11.92	318	14.51	164	7.55	95	4.37
1978		271	11.97	319	13.98	173	7.64	98	4.33
1979		267	11.09	309	12.74	167	6.94	100	4.15
1980		275	10.92	338	13.31	171	6.79	104	4.13
1981		224	9.07	266	10.71	139	5.63	85	3.44
1982		221	9.15	250	10.29	139	5.76	82	3.40
1983		206	8.44	216	8.80	111	4.55	95	3.89
1984		210	8.38	213	8.46	119	4.75	91	3.63
1985		189	7.45	225	8.81	94	3.70	95	3.74
1986		213	8.23	229	8.80	124	4.79	89	3.44
Total		1975	701	14.87	857	18.00	462	9.80	239
	1976	616	13.41	768	16.57	408	8.88	208	4.53
	1977	626	13.98	728	16.11	403	9.00	223	4.98
	1978	625	13.41	708	15.07	415	8.91	210	4.51
	1979	592	11.94	675	13.51	369	7.44	223	4.50
	1980	617	11.96	719	13.82	379	7.35	238	4.61
	1981	527	10.40	563	11.05	320	6.32	207	4.09
	1982	545	11.02	577	11.59	332	6.71	213	4.31
	1983	481	9.64	496	9.89	271	5.43	210	4.21
	1984	474	9.25	499	9.68	265	5.17	209	4.08
	1985	441	8.48	488	9.33	229	4.40	212	4.08
1986	491	9.27	513	9.64	286	5.40	205	3.87	

Annex 4

Infant and perinatal mortality, 1975-86
Unlinked data; England and Wales, England, RHAsRates per
1,000 births

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
S E Thames									
Males	1975	372	17.31	421	19.39	234	10.89	138	6.42
	1976	336	16.05	380	17.99	236	11.27	100	4.78
	1977	300	14.59	350	16.87	203	9.88	97	4.72
	1978	330	15.22	385	17.59	222	10.24	108	4.98
	1979	336	14.65	343	14.85	208	9.07	128	5.58
	1980	328	13.89	322	13.54	209	8.85	119	5.04
	1981	306	13.46	309	13.50	176	7.74	130	5.72
	1982	262	11.66	254	11.23	134	5.96	128	5.70
	1983	246	10.92	256	11.28	136	6.03	110	4.88
	1984	264	11.53	255	11.08	162	7.07	102	4.45
	1985	258	10.83	253	10.55	138	5.79	120	5.04
1986	258	10.59	227	9.27	123	5.05	135	5.54	
Females	1975	292	14.24	395	19.06	212	10.34	80	3.90
	1976	266	13.38	336	16.74	177	8.91	89	4.48
	1977	224	11.58	325	16.64	147	7.60	77	3.98
	1978	226	11.15	251	12.29	130	6.41	96	4.73
	1979	244	11.36	286	13.21	141	6.57	103	4.80
	1980	233	10.56	270	12.14	136	6.16	97	4.40
	1981	200	9.19	230	10.50	113	5.19	87	4.00
	1982	168	7.86	187	8.71	85	3.98	83	3.89
	1983	167	7.78	195	9.04	104	4.84	63	2.93
	1984	178	8.19	218	9.96	90	4.14	88	4.05
	1985	187	8.11	197	8.49	98	4.25	89	3.86
1986	150	6.47	180	7.72	71	3.06	79	3.41	
Total	1975	664	15.81	816	19.23	446	10.62	218	5.19
	1976	602	14.75	716	17.38	413	10.12	189	4.63
	1977	524	13.14	675	16.76	350	8.77	174	4.36
	1978	556	13.25	636	15.03	352	8.39	204	4.86
	1979	580	13.06	629	14.05	349	7.86	231	5.20
	1980	561	12.28	592	12.87	345	7.55	216	4.73
	1981	506	11.37	539	12.03	289	6.49	217	4.88
	1982	430	9.81	441	10.00	219	5.00	211	4.81
	1983	413	9.38	451	10.19	240	5.45	173	3.93
	1984	442	9.90	473	10.53	252	5.64	190	4.26
	1985	445	9.49	450	9.54	236	5.03	209	4.46
1986	408	8.58	407	8.51	194	4.08	214	4.50	

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
S W Thames									
Males	1975	265	16.13	323	19.48	180	10.96	85	5.17
	1976	225	14.22	256	16.04	144	9.10	81	5.12
	1977	227	14.19	248	15.38	147	9.19	80	5.00
	1978	239	14.22	223	13.18	148	8.81	91	5.42
	1979	233	13.02	249	13.82	155	8.66	78	4.36
	1980	226	12.55	210	11.60	130	7.22	96	5.33
	1981	234	12.75	228	12.35	152	8.28	82	4.47
	1982	193	10.99	205	11.61	115	6.55	78	4.44
	1983	162	9.08	181	10.08	95	5.32	67	3.75
	1984	165	9.19	168	9.31	85	4.74	80	4.46
	1985	184	9.84	187	9.95	109	5.83	75	4.01
	1986	192	10.16	171	9.01	98	5.19	94	4.98
	Females	1975	202	12.97	257	16.36	143	9.18	59
1976		168	11.17	205	13.53	114	7.58	54	3.59
1977		129	8.74	206	13.83	85	5.76	44	2.98
1978		182	11.54	221	13.90	116	7.35	66	4.18
1979		152	9.01	218	12.81	91	5.39	61	3.61
1980		162	9.37	172	9.90	94	5.44	68	3.93
1981		141	8.13	162	9.29	78	4.50	63	3.63
1982		177	10.44	162	9.51	99	5.84	78	4.60
1983		139	8.25	146	8.62	75	4.45	64	3.80
1984		133	7.84	134	7.86	73	4.30	60	3.54
1985		148	8.38	153	8.62	93	5.26	55	3.11
1986		131	7.34	131	7.31	69	3.87	62	3.48
Total		1975	467	14.59	580	17.96	323	10.09	144
	1976	393	12.73	461	14.82	258	8.36	135	4.37
	1977	356	11.57	454	14.64	232	7.54	124	4.03
	1978	421	12.92	444	13.53	264	8.10	157	4.82
	1979	385	11.07	467	13.33	246	7.07	139	4.00
	1980	388	11.00	382	10.76	224	6.35	164	4.65
	1981	375	10.51	390	10.86	230	6.45	145	4.06
	1982	370	10.72	367	10.58	214	6.20	156	4.52
	1983	301	8.68	327	9.38	170	4.90	131	3.78
	1984	298	8.54	302	8.61	158	4.53	140	4.01
	1985	332	9.13	340	9.30	202	5.55	130	3.57
	1986	323	8.79	302	8.18	167	4.55	156	4.25

Annex 4

Infant and perinatal mortality, 1975-86
Unlinked data; England and Wales, England, RHAsRates per
1,000 births

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
Wessex									
Males	1975	291	17.57	287	17.21	197	11.90	94	5.68
	1976	232	14.73	252	15.88	141	8.95	91	5.78
	1977	225	14.73	233	15.14	152	9.95	73	4.78
	1978	204	12.86	206	12.91	122	7.69	82	5.17
	1979	247	14.47	216	12.59	152	8.91	95	5.57
	1980	236	13.36	238	13.38	133	7.53	103	5.83
	1981	208	12.24	168	9.84	109	6.42	99	5.83
	1982	191	11.33	187	11.02	102	6.05	89	5.28
	1983	193	11.28	166	9.65	95	5.55	98	5.73
	1984	202	11.70	180	10.37	115	6.66	87	5.04
	1985	190	10.54	171	9.44	102	5.66	88	4.88
	1986	201	11.00	178	9.69	104	5.69	97	5.31
	Females	1975	205	13.15	266	16.90	151	9.69	54
1976		160	10.60	219	14.37	100	6.62	60	3.97
1977		163	11.34	229	15.79	110	7.65	53	3.69
1978		176	11.72	205	13.55	111	7.39	65	4.33
1979		176	11.08	209	13.06	114	7.18	62	3.90
1980		174	10.53	164	9.87	107	6.47	67	4.05
1981		161	10.01	153	9.47	96	5.97	65	4.04
1982		146	9.14	144	8.97	81	5.07	65	4.07
1983		142	8.92	146	9.12	75	4.71	67	4.21
1984		127	7.68	113	6.80	64	3.87	63	3.81
1985		126	7.44	152	8.93	72	4.25	54	3.19
1986		125	7.15	139	7.91	68	3.89	57	3.26
Total		1975	496	15.43	553	17.06	348	10.83	148
	1976	392	12.71	471	15.14	241	7.81	151	4.89
	1977	388	13.09	462	15.45	262	8.84	126	4.25
	1978	380	12.31	411	13.22	233	7.55	147	4.76
	1979	423	12.84	425	12.81	266	8.07	157	4.76
	1980	410	11.99	402	11.68	240	7.02	170	4.97
	1981	369	11.16	321	9.66	205	6.20	164	4.96
	1982	337	10.27	331	10.02	183	5.57	154	4.69
	1983	335	10.14	312	9.39	170	5.14	165	4.99
	1984	329	9.73	293	8.63	179	5.29	150	4.44
	1985	316	9.04	323	9.19	174	4.98	142	4.06
	1986	326	9.11	317	8.82	172	4.81	154	4.31

Regional Health Authority		Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
Oxford									
Males	1975	214	14.37	233	15.52	149	10.00	65	4.36
	1976	219	14.82	226	15.19	151	10.22	68	4.60
	1977	205	14.17	246	16.86	147	10.16	58	4.01
	1978	205	13.47	200	13.07	132	8.67	73	4.80
	1979	220	13.44	208	12.63	133	8.12	87	5.31
	1980	218	12.93	225	13.27	147	8.72	71	4.21
	1981	167	10.26	178	10.88	103	6.33	64	3.93
	1982	201	12.46	184	11.34	116	7.19	85	5.27
	1983	166	10.47	151	9.48	87	5.49	79	4.98
	1984	165	10.15	168	10.28	102	6.27	63	3.88
	1985	148	8.77	155	9.13	75	4.44	73	4.33
	1986	170	9.95	165	9.61	101	5.91	69	4.04
	Females	1975	153	10.88	222	15.64	102	7.26	51
1976		150	10.78	173	12.35	100	7.19	50	3.59
1977		153	11.14	181	13.07	101	7.35	52	3.78
1978		160	11.16	200	13.85	116	8.09	44	3.07
1979		138	8.95	163	10.51	87	5.64	51	3.31
1980		158	9.78	192	11.80	99	6.13	59	3.65
1981		92	5.99	121	7.83	52	3.38	40	2.60
1982		105	6.98	127	8.40	65	4.32	40	2.66
1983		122	8.08	127	8.37	74	4.90	48	3.18
1984		105	6.75	109	6.98	60	3.86	45	2.89
1985		123	7.60	129	7.93	68	4.20	55	3.40
1986		129	8.00	132	8.16	75	4.65	54	3.35
Total		1975	367	12.68	455	15.58	251	8.67	116
	1976	369	12.86	399	13.81	251	8.75	118	4.11
	1977	358	12.69	427	15.01	248	8.79	110	3.90
	1978	365	12.35	400	13.45	248	8.39	117	3.96
	1979	358	11.26	371	11.60	220	6.92	138	4.34
	1980	376	11.39	417	12.55	246	7.45	130	3.94
	1981	259	8.19	299	9.40	155	4.90	104	3.29
	1982	306	9.81	311	9.92	181	5.81	125	4.01
	1983	288	9.31	278	8.94	161	5.20	127	4.10
	1984	270	8.49	277	8.67	162	5.09	108	3.40
	1985	271	8.19	284	8.54	143	4.32	128	3.87
	1986	299	9.01	297	8.91	176	5.30	123	3.70

Annex 4

Infant and perinatal mortality, 1975-86
Unlinked data; England and Wales, England, RHAsRates per
1,000 births

Regional Health Authority		Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
South Western									
Males	1975	296	16.05	341	18.32	200	10.84	96	5.21
	1976	259	14.57	321	17.88	176	9.90	83	4.67
	1977	240	13.73	299	16.95	161	9.21	79	4.52
	1978	258	14.03	291	15.69	162	8.81	96	5.22
	1979	260	13.38	277	14.15	168	8.65	92	4.74
	1980	255	12.68	277	13.68	168	8.36	87	4.33
	1981	232	12.72	216	11.76	133	7.29	99	5.43
	1982	203	11.16	167	9.13	97	5.33	106	5.83
	1983	206	11.24	180	9.77	110	6.00	96	5.24
	1984	176	9.53	203	10.92	109	5.90	67	3.63
	1985	177	9.14	190	9.76	110	5.68	67	3.46
	1986	209	10.69	197	10.02	95	4.86	114	5.83
	Females	1975	222	12.78	270	15.40	146	8.40	76
1976		188	11.11	242	14.19	123	7.27	65	3.84
1977		187	11.18	261	15.45	124	7.41	63	3.77
1978		183	10.68	252	14.57	122	7.12	61	3.56
1979		192	10.48	228	12.36	123	6.71	69	3.77
1980		196	10.29	218	11.37	121	6.35	75	3.94
1981		139	8.03	195	11.18	80	4.62	59	3.41
1982		154	9.01	155	9.01	86	5.03	68	3.98
1983		143	8.32	155	8.97	80	4.65	63	3.66
1984		133	7.51	137	7.70	71	4.01	62	3.50
1985		143	7.85	153	8.36	78	4.28	65	3.57
1986		152	8.18	166	8.89	81	4.36	71	3.82
Total		1975	518	14.46	611	16.90	346	9.66	172
	1976	447	12.88	563	16.08	299	8.62	148	4.27
	1977	427	12.48	560	16.22	285	8.33	142	4.15
	1978	441	12.41	543	15.15	284	7.99	157	4.42
	1979	452	11.97	505	13.28	291	7.71	161	4.27
	1980	451	11.52	495	12.56	289	7.38	162	4.14
	1981	371	10.43	411	11.48	213	5.99	158	4.44
	1982	357	10.12	322	9.07	183	5.19	174	4.93
	1983	349	9.82	335	9.38	190	5.35	159	4.48
	1984	309	8.54	340	9.34	180	4.97	129	3.56
	1985	320	8.52	343	9.09	188	5.01	132	3.51
	1986	361	9.47	363	9.47	176	4.62	185	4.85

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
Oxford									
Males	1975	214	14.37	233	15.52	149	10.00	65	4.36
	1976	219	14.82	226	15.19	151	10.22	68	4.60
	1977	205	14.17	246	16.86	147	10.16	58	4.01
	1978	205	13.47	200	13.07	132	8.67	73	4.80
	1979	220	13.44	208	12.63	133	8.12	87	5.31
	1980	218	12.93	225	13.27	147	8.72	71	4.21
	1981	167	10.26	178	10.88	103	6.33	64	3.93
	1982	201	12.46	184	11.34	116	7.19	85	5.27
	1983	166	10.47	151	9.48	87	5.49	79	4.98
	1984	165	10.15	168	10.28	102	6.27	63	3.88
	1985	148	8.77	155	9.13	75	4.44	73	4.33
	1986	170	9.95	165	9.61	101	5.91	69	4.04
	Females	1975	153	10.88	222	15.64	102	7.26	51
1976		150	10.78	173	12.35	100	7.19	50	3.59
1977		153	11.14	181	13.07	101	7.35	52	3.78
1978		160	11.16	200	13.85	116	8.09	44	3.07
1979		138	8.95	163	10.51	87	5.64	51	3.31
1980		158	9.78	192	11.80	99	6.13	59	3.65
1981		92	5.99	121	7.83	52	3.38	40	2.60
1982		105	6.98	127	8.40	65	4.32	40	2.66
1983		122	8.08	127	8.37	74	4.90	48	3.18
1984		105	6.75	109	6.98	60	3.86	45	2.89
1985		123	7.60	129	7.93	68	4.20	55	3.40
1986		129	8.00	132	8.16	75	4.65	54	3.35
Total		1975	367	12.68	455	15.58	251	8.67	116
	1976	369	12.86	399	13.81	251	8.75	118	4.11
	1977	358	12.69	427	15.01	248	8.79	110	3.90
	1978	365	12.35	400	13.45	248	8.39	117	3.96
	1979	358	11.26	371	11.60	220	6.92	138	4.34
	1980	376	11.39	417	12.55	246	7.45	130	3.94
	1981	259	8.19	299	9.40	155	4.90	104	3.29
	1982	306	9.81	311	9.92	181	5.81	125	4.01
	1983	288	9.31	278	8.94	161	5.20	127	4.10
	1984	270	8.49	277	8.67	162	5.09	108	3.40
	1985	271	8.19	284	8.54	143	4.32	128	3.87
	1986	299	9.01	297	8.91	176	5.30	123	3.70

Annex 4

Infant and perinatal mortality, 1975-86
Unlinked data; England and Wales, England, RHAsRates per
1,000 births

Regional Health Authority		Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
South Western									
Males	1975	296	16.05	341	18.32	200	10.84	96	5.21
	1976	259	14.57	321	17.88	176	9.90	83	4.67
	1977	240	13.73	299	16.95	161	9.21	79	4.52
	1978	258	14.03	291	15.69	162	8.81	96	5.22
	1979	260	13.38	277	14.15	168	8.65	92	4.74
	1980	255	12.68	277	13.68	168	8.36	87	4.33
	1981	232	12.72	216	11.76	133	7.29	99	5.43
	1982	203	11.16	167	9.13	97	5.33	106	5.83
	1983	206	11.24	180	9.77	110	6.00	96	5.24
	1984	176	9.53	203	10.92	109	5.90	67	3.63
	1985	177	9.14	190	9.76	110	5.68	67	3.46
	1986	209	10.69	197	10.02	95	4.86	114	5.83
	Females	1975	222	12.78	270	15.40	146	8.40	76
1976		188	11.11	242	14.19	123	7.27	65	3.84
1977		187	11.18	261	15.45	124	7.41	63	3.77
1978		183	10.68	252	14.57	122	7.12	61	3.56
1979		192	10.48	228	12.36	123	6.71	69	3.77
1980		196	10.29	218	11.37	121	6.35	75	3.94
1981		139	8.03	195	11.18	80	4.62	59	3.41
1982		154	9.01	155	9.01	86	5.03	68	3.98
1983		143	8.32	155	8.97	80	4.65	63	3.66
1984		133	7.51	137	7.70	71	4.01	62	3.50
1985		143	7.85	153	8.36	78	4.28	65	3.57
1986		152	8.18	166	8.89	81	4.36	71	3.82
Total		1975	518	14.46	611	16.90	346	9.66	172
	1976	447	12.88	563	16.08	299	8.62	148	4.27
	1977	427	12.48	560	16.22	285	8.33	142	4.15
	1978	441	12.41	543	15.15	284	7.99	157	4.42
	1979	452	11.97	505	13.28	291	7.71	161	4.27
	1980	451	11.52	495	12.56	289	7.38	162	4.14
	1981	371	10.43	411	11.48	213	5.99	158	4.44
	1982	357	10.12	322	9.07	183	5.19	174	4.93
	1983	349	9.82	335	9.38	190	5.35	159	4.48
	1984	309	8.54	340	9.34	180	4.97	129	3.56
	1985	320	8.52	343	9.09	188	5.01	132	3.51
	1986	361	9.47	363	9.47	176	4.62	185	4.85

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
West Midlands									
Males	1975	647	19.13	768	22.47	452	13.37	195	5.77
	1976	573	17.75	742	22.72	404	12.51	169	5.23
	1977	536	17.03	681	21.40	383	12.17	153	4.86
	1978	472	14.32	599	17.98	314	9.53	158	4.79
	1979	536	15.32	644	18.23	368	10.52	168	4.80
	1980	500	13.78	579	15.82	330	9.09	170	4.68
	1981	468	13.54	467	13.42	296	8.56	172	4.98
	1982	452	12.98	500	14.26	293	8.42	159	4.57
	1983	430	12.18	470	13.23	277	7.85	153	4.33
	1984	434	12.30	465	13.10	285	8.08	149	4.22
	1985	418	11.57	457	12.56	265	7.33	153	4.23
	1986	410	11.30	442	12.10	249	6.86	161	4.44
Females	1975	462	14.59	678	21.16	332	10.49	130	4.11
	1976	411	13.52	599	19.48	294	9.67	117	3.85
	1977	381	12.93	512	17.20	260	8.82	121	4.11
	1978	399	12.94	510	16.38	257	8.33	142	4.60
	1979	406	12.23	511	15.25	253	7.62	153	4.61
	1980	434	12.44	506	14.38	287	8.22	147	4.21
	1981	320	9.73	408	12.31	191	5.81	129	3.92
	1982	366	11.06	441	13.23	215	6.50	151	4.56
	1983	310	9.41	378	11.40	201	6.10	109	3.31
	1984	337	10.08	387	11.50	222	6.64	115	3.44
	1985	323	9.44	368	10.69	205	5.99	118	3.45
	1986	296	8.67	334	9.73	165	4.84	131	3.84
Total	1975	1109	16.94	1446	21.83	784	11.97	325	4.96
	1976	984	15.70	1341	21.15	698	11.13	286	4.56
	1977	917	15.05	1193	19.37	643	10.55	274	4.50
	1978	871	13.65	1109	17.21	571	8.95	300	4.70
	1979	942	13.82	1155	16.78	621	9.11	321	4.71
	1980	934	13.12	1085	15.12	617	8.67	317	4.45
	1981	788	11.68	875	12.88	487	7.22	301	4.46
	1982	818	12.05	941	13.76	508	7.48	310	4.57
	1983	740	10.85	848	12.35	478	7.01	262	3.84
	1984	771	11.22	852	12.32	507	7.38	264	3.84
	1985	741	10.53	825	11.65	470	6.68	271	3.85
	1986	706	10.03	776	10.96	414	5.88	292	4.15

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
Mersey									
Males	1975	279	17.29	358	21.93	190	11.77	89	5.51
	1976	246	16.07	310	20.04	166	10.84	80	5.23
	1977	213	14.63	285	19.36	145	9.96	68	4.67
	1978	206	13.50	236	15.34	135	8.85	71	4.65
	1979	254	15.16	271	16.04	160	9.55	94	5.61
	1980	240	14.53	258	15.49	145	8.78	95	5.75
	1981	216	13.17	222	13.44	132	8.05	84	5.12
	1982	203	12.56	178	10.95	107	6.62	96	5.94
	1983	167	10.25	165	10.08	92	5.65	75	4.60
	1984	149	9.20	160	9.82	81	5.00	68	4.20
	1985	162	9.64	183	10.82	96	5.71	66	3.93
	1986	185	11.10	179	10.67	98	5.88	87	5.22
	Females	1975	234	15.49	341	22.29	171	11.32	63
1976		177	12.25	277	18.94	123	8.51	54	3.74
1977		196	14.13	254	18.13	139	10.02	57	4.11
1978		158	10.77	223	15.05	100	6.81	58	3.95
1979		166	10.75	235	15.09	105	6.80	61	3.95
1980		172	10.93	188	11.87	109	6.92	63	4.00
1981		145	9.39	175	11.27	101	6.54	44	2.85
1982		126	8.24	166	10.78	78	5.10	48	3.14
1983		129	8.29	133	8.51	80	5.14	49	3.15
1984		103	6.68	126	8.13	62	4.02	41	2.66
1985		131	8.15	155	9.59	92	5.72	39	2.43
1986		122	7.60	123	7.63	63	3.93	59	3.68
Total		1975	513	16.42	699	22.10	361	11.55	152
	1976	423	14.21	587	19.50	289	9.71	134	4.50
	1977	409	14.39	539	18.76	284	9.99	125	4.40
	1978	364	12.16	459	15.20	235	7.85	129	4.31
	1979	420	13.05	506	15.58	265	8.23	155	4.82
	1980	412	12.77	446	13.72	254	7.87	158	4.90
	1981	361	11.34	397	12.39	233	7.32	128	4.02
	1982	329	10.46	344	10.87	185	5.88	144	4.58
	1983	296	9.29	298	9.31	172	5.40	124	3.89
	1984	252	7.97	286	9.00	143	4.53	109	3.45
	1985	293	8.91	338	10.22	188	5.72	105	3.19
	1986	307	9.38	302	9.18	161	4.92	146	4.46

Regional Health Authority	Infant Mortality		Perinatal Mortality		Neonatal Mortality		Postneonatal Mortality		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
North Western									
Males	1975	536	20.61	603	22.92	357	13.72	179	6.88
	1976	441	17.56	511	20.15	298	11.87	143	5.69
	1977	392	16.14	500	20.36	268	11.04	124	5.11
	1978	424	16.60	490	18.99	279	10.92	145	5.68
	1979	431	15.85	479	17.46	294	10.81	137	5.04
	1980	408	14.78	457	16.42	268	9.71	140	5.07
	1981	341	12.40	383	13.83	217	7.89	124	4.51
	1982	362	13.22	357	12.95	220	8.03	142	5.18
	1983	344	12.55	314	11.39	191	6.97	153	5.58
	1984	312	11.28	312	11.21	168	6.07	144	5.20
	1985	290	10.21	313	10.95	155	5.46	135	4.75
	1986	364	12.78	320	11.17	182	6.39	182	6.39
Females	1975	365	14.78	519	20.76	244	9.88	121	4.90
	1976	326	13.72	412	17.17	222	9.34	104	4.38
	1977	311	13.48	383	16.45	203	8.80	108	4.68
	1978	302	12.61	414	17.13	223	9.31	79	3.30
	1979	300	11.58	374	14.32	179	6.91	121	4.67
	1980	295	11.01	384	14.21	194	7.24	101	3.77
	1981	253	9.82	285	10.99	134	5.20	119	4.62
	1982	285	11.00	315	12.07	167	6.44	118	4.55
	1983	263	10.03	297	11.26	157	5.99	106	4.04
	1984	230	8.67	251	9.41	125	4.71	105	3.96
	1985	246	9.05	241	8.82	128	4.71	118	4.34
	1986	230	8.49	260	9.55	132	4.87	98	3.62
Total	1975	901	17.77	1122	21.87	601	11.85	300	5.92
	1976	767	15.69	923	18.70	520	10.64	247	5.05
	1977	703	14.85	883	18.46	471	9.95	232	4.90
	1978	726	14.67	904	18.09	502	10.14	224	4.53
	1979	731	13.77	853	15.93	473	8.91	258	4.86
	1980	703	12.92	841	15.34	462	8.49	241	4.43
	1981	594	11.15	668	12.45	351	6.59	243	4.56
	1982	647	12.14	672	12.52	387	7.26	260	4.88
	1983	607	11.32	611	11.33	348	6.49	259	4.83
	1984	542	10.00	563	10.33	293	5.41	249	4.60
	1985	536	9.64	554	9.91	283	5.09	253	4.55
	1986	594	10.69	580	10.38	314	5.65	280	5.04

	Cause of death											
	All causes		I Infectious and parasitic diseases		II Neoplasms		III Endocrine, nutritional, etc. diseases		IV Diseases of blood and blood-forming organs		V Mental disorders	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ENGLAND AND WALES												
1979	8178	1281.8	149	23.4	35	5.5	52	8.2	28	4.4	1	.2
1980	7899	1203.7	126	19.2	45	6.9	71	10.8	18	2.7	0	.0
1981	7021	1106.6	131	20.6	43	6.8	56	8.8	12	1.9	2	.3
1982	6775	1082.4	100	16.0	36	5.8	47	7.5	24	3.8	3	.5
1983	6381	1014.3	99	15.7	38	6.0	59	9.4	14	2.2	1	.2
1984	6037	948.0	92	14.4	32	5.0	57	9.0	15	2.4	3	.5
1985	6141	935.5	109	16.6	37	5.6	80	12.2	13	2.0	3	.5
ENGLAND												
1979	7671	1275.7	141	23.4	30	5.0	44	7.3	27	4.5	1	.2
1980	7410	1198.3	119	19.2	42	6.8	69	11.2	17	2.7	0	.0
1981	6502	1087.0	116	19.4	42	7.0	52	8.7	10	1.7	2	.3
1982	6342	1075.4	91	15.4	33	5.6	46	7.8	23	3.9	3	.5
1983	5931	999.7	90	15.2	37	6.2	52	8.8	13	2.2	1	.2
1984	5672	944.4	88	14.7	29	4.8	49	8.2	14	2.3	3	.5
1985	5716	923.0	101	16.3	33	5.3	72	11.6	13	2.1	2	.3
ENGLAND AND WALES												
1979-81	23098	1197.6	406	21.0	123	6.4	179	9.3	58	3.0	3	.2
1980-82	21695	1131.9	357	18.6	124	6.5	174	9.1	54	2.8	5	.3
1981-83	20177	1067.8	330	17.5	117	6.2	162	8.6	50	2.6	6	.3
1982-84	19193	1014.5	291	15.4	106	5.6	163	8.6	53	2.8	7	.4
1983-85	18559	965.4	300	15.6	107	5.6	196	10.2	42	2.2	7	.4
ENGLAND												
1979-81	21583	1187.3	376	20.7	114	6.3	165	9.1	54	3.0	3	.2
1980-82	20254	1121.3	326	18.0	117	6.5	167	9.2	50	2.8	5	.3
1981-83	18775	1054.1	297	16.7	112	6.3	150	8.4	46	2.6	6	.3
1982-84	17945	1006.1	269	15.1	99	5.6	147	8.2	50	2.8	7	.4
1983-85	17319	955.2	279	15.4	99	5.5	173	9.5	40	2.2	6	.3

	Cause of death											
	VI Diseases of nervous system, sense organs		VII Diseases of circulatory system		VIII Diseases of respiratory system		IX Diseases of digestive system		X Diseases of genitourinary system		XII Diseases of the skin, etc.	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ENGLAND AND WALES												
1979	173	27.1	78	12.2	930	145.8	74	11.6	26	4.1	1	.2
1980	152	23.2	75	11.4	802	122.2	109	16.6	27	4.1	1	.2
1981	159	25.1	61	9.6	667	105.1	35	5.5	44	6.9	2	.3
1982	185	29.6	57	9.1	638	101.9	36	5.8	27	4.3	2	.3
1983	185	29.4	53	8.4	505	80.3	33	5.2	28	4.5	0	.0
1984	160	25.1	53	8.3	412	64.7	31	4.9	24	3.8	0	.0
1985	159	24.2	56	8.5	429	65.4	25	3.8	33	5.0	0	.0
ENGLAND												
1979	161	26.8	71	11.8	894	148.7	69	11.5	25	4.2	1	.2
1980	150	24.3	71	11.5	758	122.6	100	16.2	24	3.9	1	.2
1981	148	24.7	57	9.5	628	105.0	33	5.5	41	6.9	2	.3
1982	173	29.3	53	9.0	609	103.3	36	6.1	25	4.2	1	.2
1983	174	29.3	51	8.6	470	79.2	30	5.1	25	4.2	0	.0
1984	150	25.0	48	8.0	391	65.1	29	4.8	24	4.0	0	.0
1985	152	24.5	53	8.6	402	64.9	22	3.6	32	5.2	0	.0
ENGLAND AND WALES												
1979-81	484	25.1	214	11.1	2399	124.4	218	11.3	97	5.0	4	.2
1980-82	496	25.9	193	10.1	2107	109.9	180	9.4	98	5.1	5	.3
1981-83	529	28.0	171	9.0	1810	95.8	104	5.5	99	5.2	4	.2
1982-84	530	28.0	163	8.6	1555	82.2	100	5.3	79	4.2	2	.1
1983-85	504	26.2	162	8.4	1346	70.0	89	4.6	85	4.4	0	.0
ENGLAND												
1979-81	459	25.2	199	10.9	2280	125.4	202	11.1	90	5.0	4	.2
1980-82	471	26.1	181	10.0	1995	110.5	169	9.4	90	5.0	4	.2
1981-83	495	27.8	161	9.0	1707	95.8	99	5.6	91	5.1	3	.2
1982-84	497	27.9	152	8.5	1470	82.4	95	5.3	74	4.1	1	.1
1983-85	476	26.3	152	8.4	1263	69.7	81	4.5	81	4.5	0	.0

	Cause of death											
	XIII Diseases of the muskulo-skeletal system		XIV Congenital anomalies		XV Perinatal conditions		XVI Symptoms, signs, etc.		XVII Injury and poisoning		Sudden Infant Death Syndrome	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ENGLAND AND WALES												
1979	2	.3	2083	326.5	3417	535.6	883	138.4	246	38.6	858	134.5
1980	1	.2	2113	322.0	3133	477.4	1035	157.7	191	29.1	1021	155.6
1981	1	.2	1914	301.7	2647	417.2	1074	169.3	173	27.3	1055	166.3
1982	1	.2	1864	297.8	2444	390.5	1151	183.9	160	25.6	1130	180.5
1983	0	.0	1699	270.1	2410	383.1	1130	179.6	127	20.2	1099	174.7
1984	2	.3	1638	257.2	2275	357.2	1118	175.6	125	19.6	1080	169.6
1985	2	.3	1600	243.7	2276	346.7	1189	181.1	130	19.8	1165	177.5
ENGLAND												
1979	2	.3	1927	320.5	3200	532.2	840	139.7	238	39.6	815	135.5
1980	1	.2	1958	316.6	2933	474.3	981	158.6	186	30.1	967	156.4
1981	1	.2	1752	292.9	2444	408.6	1012	169.2	162	27.1	996	166.5
1982	1	.2	1719	291.5	2272	385.3	1102	186.9	155	26.3	1081	183.3
1983	0	.0	1551	261.4	2237	377.1	1078	181.7	122	20.6	1047	176.5
1984	2	.3	1539	256.3	2115	352.2	1072	178.5	119	19.8	1034	172.2
1985	2	.3	1480	239.0	2109	340.5	1121	181.0	122	19.7	1098	177.3
ENGLAND AND WALES												
1979-81	4	.2	6110	316.8	9197	476.8	2992	155.1	610	31.6	2934	152.1
1980-82	3	.2	5891	307.4	8224	429.1	3260	170.1	524	27.3	3206	167.3
1981-83	2	.1	5477	289.9	7501	397.0	3355	177.6	460	24.3	3284	173.8
1982-84	3	.2	5201	274.9	7129	376.8	3399	179.7	412	21.8	3309	174.9
1983-85	4	.2	4937	256.8	6961	362.1	3437	178.8	382	19.9	3344	174.0
ENGLAND												
1979-81	4	.2	5637	310.1	8577	471.8	2833	155.8	586	32.2	2778	152.8
1980-82	3	.2	5429	300.6	7649	423.5	3095	171.3	503	27.8	3044	168.5
1981-83	2	.1	5022	282.0	6953	390.4	3192	179.2	439	24.6	3124	175.4
1982-84	3	.2	4809	269.6	6624	371.4	3252	182.3	396	22.2	3162	177.3
1983-85	4	.2	4570	252.1	6461	356.3	3271	180.4	363	20.0	3179	175.3

	Cause of death											
	All causes		I Infectious and parasitic diseases		II Neoplasms		III Endocrine, nutritional, etc. diseases		IV Diseases of blood and blood-forming organs		V Mental disorders	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ENGLAND AND WALES												
1979	5256	823.8	21	3.3	8	1.3	17	2.7	10	1.6	0	.0
1980	5023	765.4	20	3.0	12	1.8	20	3.0	5	.8	0	.0
1981	4226	666.0	26	4.1	10	1.6	18	2.8	1	.2	0	.0
1982	3925	627.1	19	3.0	11	1.8	13	2.1	7	1.1	0	.0
1983	3682	585.2	12	1.9	10	1.6	17	2.7	3	.5	0	.0
1984	3544	556.5	16	2.5	6	.9	17	2.7	8	1.3	0	.0
1985	3531	537.9	30	4.6	11	1.7	27	4.1	5	.8	0	.0
ENGLAND												
1979	4930	819.9	21	3.5	8	1.3	14	2.3	10	1.7	0	.0
1980	4704	760.7	19	3.1	12	1.9	20	3.2	5	.8	0	.0
1981	3921	655.5	22	3.7	10	1.7	18	3.0	1	.2	0	.0
1982	3661	620.8	17	2.9	11	1.9	13	2.2	7	1.2	0	.0
1983	3422	576.8	11	1.9	10	1.7	15	2.5	3	.5	0	.0
1984	3326	553.8	15	2.5	6	1.0	16	2.7	8	1.3	0	.0
1985	3295	532.1	28	4.5	10	1.6	26	4.2	5	.8	0	.0
ENGLAND AND WALES												
1979-81	14505	752.0	67	3.5	30	1.6	55	2.9	16	.8	0	.0
1980-82	13174	687.3	65	3.4	33	1.7	51	2.7	13	.7	0	.0
1981-83	11833	626.2	57	3.0	31	1.6	48	2.5	11	.6	0	.0
1982-84	11151	589.4	47	2.5	27	1.4	47	2.5	18	1.0	0	.0
1983-85	10757	559.6	58	3.0	27	1.4	61	3.2	16	.8	0	.0
ENGLAND												
1979-81	13555	745.7	62	3.4	30	1.7	52	2.9	16	.9	0	.0
1980-82	12286	680.2	58	3.2	33	1.8	51	2.8	13	.7	0	.0
1981-83	11004	617.8	50	2.8	31	1.7	46	2.6	11	.6	0	.0
1982-84	10409	583.6	43	2.4	27	1.5	44	2.5	18	1.0	0	.0
1983-85	10043	553.9	54	3.0	26	1.4	57	3.1	16	.9	0	.0

	Cause of death											
	VI Diseases of nervous system, sense organs		VII Diseases of circulatory system		VIII Diseases of respiratory system		IX Diseases of digestive system		X Diseases of genitourinary system		XII Diseases of the skin, etc.	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ENGLAND AND WALES												
1979	53	8.3	16	2.5	135	21.2	34	5.3	12	1.9	0	.0
1980	44	6.7	14	2.1	118	18.0	61	9.3	13	2.0	1	.2
1981	48	7.6	10	1.6	106	16.7	8	1.3	21	3.3	0	.0
1982	46	7.3	9	1.4	87	13.9	7	1.1	17	2.7	1	.2
1983	41	6.5	9	1.4	57	9.1	7	1.1	16	2.5	0	.0
1984	44	6.9	23	3.6	64	10.0	6	.9	15	2.4	0	.0
1985	29	4.4	14	2.1	48	7.3	5	.8	16	2.4	0	.0
ENGLAND												
1979	47	7.8	15	2.5	131	21.8	32	5.3	12	2.0	0	.0
1980	42	6.8	14	2.3	108	17.5	56	9.1	12	1.9	1	.2
1981	45	7.5	10	1.7	100	16.7	7	1.2	21	3.5	0	.0
1982	44	7.5	9	1.5	82	13.9	7	1.2	16	2.7	0	.0
1983	37	6.2	9	1.5	51	8.6	7	1.2	14	2.4	0	.0
1984	39	6.5	22	3.7	60	10.0	6	1.0	15	2.5	0	.0
1985	29	4.7	12	1.9	42	6.8	4	.6	16	2.6	0	.0
ENGLAND AND WALES												
1979-81	145	7.5	40	2.1	359	18.6	103	5.3	46	2.4	1	.1
1980-82	138	7.2	33	1.7	311	16.2	76	4.0	51	2.7	2	.1
1981-83	135	7.1	28	1.5	250	13.2	22	1.2	54	2.9	1	.1
1982-84	131	6.9	41	2.2	208	11.0	20	1.1	48	2.5	1	.1
1983-85	114	5.9	46	2.4	169	8.8	18	.9	47	2.4	0	.0
ENGLAND												
1979-81	134	7.4	39	2.1	339	18.6	95	5.2	45	2.5	1	.1
1980-82	131	7.3	33	1.8	290	16.1	70	3.9	49	2.7	1	.1
1981-83	126	7.1	28	1.6	233	13.1	21	1.2	51	2.9	0	.0
1982-84	120	6.7	40	2.2	193	10.8	20	1.1	45	2.5	0	.0
1983-85	105	5.8	43	2.4	153	8.4	17	.9	45	2.5	0	.0

	Cause of death											
	XIII Diseases of the musculo-skeletal system		XIV Congenital anomalies		XV Perinatal conditions		XVI Symptoms, signs, etc.		XVII Injury and poisoning		Sudden Infant Death Syndrome	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ENGLAND AND WALES												
1979	1	.2	1540	241.4	3317	519.9	51	8.0	41	6.4	48	7.5
1980	0	.0	1567	238.8	3023	460.7	81	12.3	44	6.7	78	11.9
1981	1	.2	1345	212.0	2524	397.8	76	12.0	32	5.0	70	11.0
1982	0	.0	1282	204.8	2333	372.7	52	8.3	41	6.6	51	8.1
1983	0	.0	1158	184.1	2253	358.1	66	10.5	33	5.2	63	10.0
1984	1	.2	1118	175.6	2131	334.6	70	11.0	25	3.9	64	10.0
1985	2	.3	1124	171.2	2118	322.7	69	10.5	33	5.0	58	8.8
ENGLAND												
1979	1	.2	1445	240.3	3105	516.4	49	8.1	40	6.7	46	7.6
1980	0	.0	1468	237.4	2828	457.3	76	12.3	43	7.0	73	11.8
1981	1	.2	1258	210.3	2333	390.0	68	11.4	27	4.5	64	10.7
1982	0	.0	1199	203.3	2166	367.3	52	8.8	38	6.4	51	8.6
1983	0	.0	1077	181.5	2093	352.8	62	10.5	33	5.6	59	9.9
1984	1	.2	1060	176.5	1983	330.2	70	11.7	25	4.2	74	12.3
1985	2	.3	1061	171.3	1965	317.3	64	10.3	31	5.0	54	8.7
ENGLAND AND WALES												
1979-81	2	.1	4452	230.8	8864	459.6	208	10.8	117	6.1	196	10.2
1980-82	1	.1	4194	218.8	7880	411.1	209	10.9	117	6.1	199	10.4
1981-83	1	.1	3785	200.3	7110	376.3	194	10.3	106	5.6	184	9.7
1982-84	1	.1	3558	188.1	6717	355.0	188	9.9	99	5.2	178	9.4
1983-85	3	.2	3400	176.9	6502	338.2	205	10.7	91	4.7	185	9.6
ENGLAND												
1979-81	2	.1	4171	229.4	8266	454.7	193	10.6	110	6.1	183	10.1
1980-82	1	.1	3925	217.3	7327	405.6	196	10.9	108	6.0	188	10.4
1981-83	1	.1	3534	198.4	6592	370.1	182	10.2	98	5.5	174	9.8
1982-84	1	.1	3336	187.0	6242	350.0	184	10.3	96	5.4	184	10.3
1983-85	3	.2	3198	176.4	6041	333.2	196	10.8	89	4.9	187	10.3

	Cause of death											
	All causes		I Infectious and parasitic diseases		II Neoplasms		III Endocrine, nutritional, etc. diseases		IV Diseases of blood and blood-forming organs		V Mental disorders	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ENGLAND AND WALES												
1979	2922	458.0	128	20.1	27	4.2	35	5.5	18	2.8	1	.2
1980	2876	438.3	106	16.2	33	5.0	51	7.8	13	2.0	0	.0
1981	2795	440.5	105	16.5	33	5.2	38	6.0	11	1.7	2	.3
1982	2850	455.3	81	12.9	25	4.0	34	5.4	17	2.7	3	.5
1983	2699	429.0	87	13.8	28	4.5	42	6.7	11	1.7	1	.2
1984	2493	391.5	76	11.9	26	4.1	40	6.3	7	1.1	3	.5
1985	2610	397.6	79	12.0	26	4.0	53	8.1	8	1.2	3	.5
1986	2824	427.2	103	15.6	19	2.9	45	6.8	10	1.5	2	.3
ENGLAND												
1979	2741	455.8	120	20.0	22	3.7	30	5.0	17	2.8	1	.2
1980	2706	437.6	100	16.2	30	4.9	49	7.9	12	1.9	0	.0
1981	2581	431.5	94	15.7	32	5.3	34	5.7	9	1.5	2	.3
1982	2681	454.6	74	12.5	22	3.7	33	5.6	16	2.7	3	.5
1983	2509	422.9	79	13.3	27	4.6	37	6.2	10	1.7	1	.2
1984	2346	390.6	73	12.2	23	3.8	33	5.5	6	1.0	3	.5
1985	2421	390.9	73	11.8	23	3.7	46	7.4	8	1.3	2	.3
1986	2647	424.5	95	15.2	16	2.6	42	6.7	8	1.3	2	.3
ENGLAND AND WALES												
1979-81	8593	445.5	339	17.6	93	4.8	124	6.4	42	2.2	3	.2
1980-82	8521	444.6	292	15.2	91	4.7	123	6.4	41	2.1	5	.3
1981-83	8344	441.6	273	14.4	86	4.6	114	6.0	39	2.1	6	.3
1982-84	8042	425.1	244	12.9	79	4.2	116	6.1	35	1.9	7	.4
1983-85	7802	405.9	242	12.6	80	4.2	135	7.0	26	1.4	7	.4
1984-86	7927	405.6	258	13.2	71	3.6	138	7.1	25	1.3	8	.4
ENGLAND												
1979-81	8028	441.6	314	17.3	84	4.6	113	6.2	38	2.1	3	.2
1980-82	7968	441.1	268	14.8	84	4.7	116	6.4	37	2.0	5	.3
1981-83	7771	436.3	247	13.9	81	4.5	104	5.8	35	2.0	6	.3
1982-84	7536	422.5	226	12.7	72	4.0	103	5.8	32	1.8	7	.4
1983-85	7276	401.3	225	12.4	73	4.0	116	6.4	24	1.3	6	.3
1984-86	7414	402.2	241	13.1	62	3.4	121	6.6	22	1.2	7	.4

	Cause of death											
	VI Diseases of nervous system, sense organs		VII Diseases of circulatory system		VIII Diseases of respiratory system		IX Diseases of digestive system		X Diseases of genitourinary system		XII Diseases of the skin, etc.	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ENGLAND AND WALES												
1979	120	18.8	62	9.7	795	124.6	40	6.3	14	2.2	1	.2
1980	108	16.5	61	9.3	684	104.2	48	7.3	14	2.1	0	.0
1981	111	17.5	51	8.0	561	88.4	27	4.3	23	3.6	2	.3
1982	139	22.2	48	7.7	551	88.0	29	4.6	10	1.6	1	.2
1983	144	22.9	44	7.0	448	71.2	26	4.1	12	1.9	0	.0
1984	116	18.2	30	4.7	348	54.6	25	3.9	9	1.4	0	.0
1985	130	19.8	42	6.4	381	58.0	20	3.0	17	2.6	0	.0
1986	147	22.2	41	6.2	311	47.0	26	3.9	18	2.7	1	.2
ENGLAND												
1979	114	19.0	56	9.3	763	126.9	37	6.2	13	2.2	1	.2
1980	108	17.5	57	9.2	650	105.1	44	7.1	12	1.9	0	.0
1981	103	17.2	47	7.9	528	88.3	26	4.3	20	3.3	2	.3
1982	129	21.9	44	7.5	527	89.4	29	4.9	9	1.5	1	.2
1983	137	23.1	42	7.1	419	70.6	23	3.9	11	1.9	0	.0
1984	111	18.5	26	4.3	331	55.1	23	3.8	9	1.5	0	.0
1985	123	19.9	41	6.6	360	58.1	18	2.9	16	2.6	0	.0
1986	138	22.1	39	6.3	298	47.8	23	3.7	15	2.4	1	.2
ENGLAND AND WALES												
1979-81	339	17.6	174	9.0	2040	105.8	115	6.0	51	2.6	3	.2
1980-82	358	18.7	160	8.3	1796	93.7	104	5.4	47	2.5	3	.2
1981-83	394	20.9	143	7.6	1560	82.6	82	4.3	45	2.4	3	.2
1982-84	399	21.1	122	6.4	1347	71.2	80	4.2	31	1.6	1	.1
1983-85	390	20.3	116	6.0	1177	61.2	71	3.7	38	2.0	0	.0
1984-86	393	20.1	113	5.8	1040	53.2	71	3.6	44	2.3	1	.1
ENGLAND												
1979-81	325	17.9	160	8.8	1941	106.8	107	5.9	45	2.5	3	.2
1980-82	340	18.8	148	8.2	1705	94.4	99	5.5	41	2.3	3	.2
1981-83	369	20.7	133	7.5	1474	82.8	78	4.4	40	2.2	3	.2
1982-84	377	21.1	112	6.3	1277	71.6	75	4.2	29	1.6	1	.1
1983-85	371	20.5	109	6.0	1110	61.2	64	3.5	36	2.0	0	.0
1984-86	372	20.2	106	5.7	989	53.6	64	3.5	40	2.2	1	.1

	Cause of death											
	XIII Diseases of the musculo-skeletal system		XIV Congenital anomalies		XV Perinatal conditions		XVI Symptoms, signs, etc.		XVII Injury and poisoning		Sudden Infant Death Syndrome	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ENGLAND AND WALES												
1979	1	.2	543	85.1	100	15.7	832	130.4	205	32.1	810	127.0
1980	1	.2	546	83.2	110	16.8	954	145.4	147	22.4	943	143.7
1981	0	.0	569	89.7	123	19.4	998	157.3	141	22.2	985	155.2
1982	1	.2	582	93.0	111	17.7	1099	175.6	119	19.0	1079	172.4
1983	0	.0	541	86.0	157	25.0	1064	169.1	94	14.9	1036	164.7
1984	1	.2	520	81.7	144	22.6	1048	164.6	100	15.7	1016	159.5
1985	0	.0	476	72.5	158	24.1	1120	170.6	97	14.8	1107	168.6
1986	0	.0	489		203	30.7	1305	197.4	104	15.7	1292	195.5
ENGLAND												
1979	1	.2	482	80.2	95	15.8	791	131.5	198	32.9	769	127.9
1980	1	.2	490	79.2	105	17.0	905	146.4	143	23.1	894	144.6
1981	0	.0	494	82.6	111	18.6	944	157.8	135	22.6	932	155.8
1982	1	.2	520	88.2	106	18.0	1050	178.1	117	19.8	1030	174.7
1983	0	.0	474	79.9	144	24.3	1016	171.3	89	15.0	988	166.5
1984	1	.2	479	79.8	132	22.0	1002	166.8	94	15.7	960	159.8
1985	0	.0	419	67.7	144	23.3	1057	170.7	91	14.7	1044	168.6
1986	0	.0	442	70.9	190	30.5	1237	198.4	100	16.0	1224	196.3
ENGLAND AND WALES												
1979-81	2	.1	1658	86.0	333	17.3	2784	144.3	493	25.6	2738	142.0
1980-82	2	.1	1697	88.5	344	17.9	3051	159.2	407	21.2	3007	156.9
1981-83	1	.1	1692	89.5	391	20.7	3161	167.3	354	18.7	3100	164.1
1982-84	2	.1	1643	86.8	412	21.8	3211	169.7	313	16.5	3131	165.5
1983-85	1	.1	1537	80.0	459	23.9	3232	168.1	291	15.1	3159	164.3
1984-86	1	.1	1485	76.0	505	25.8	3473	177.7	301	15.4	3415	174.7
ENGLAND												
1979-81	2	.1	1466	80.6	311	17.1	2640	145.2	476	26.2	2595	142.8
1980-82	2	.1	1504	83.3	322	17.8	2899	160.5	395	21.9	2856	158.1
1981-83	1	.1	1488	83.5	361	20.3	3010	169.0	341	19.1	2950	165.6
1982-84	2	.1	1473	82.6	382	21.4	3068	172.0	300	16.8	2978	167.0
1983-85	1	.1	1372	75.7	420	23.2	3075	169.6	274	15.1	2992	165.0
1984-86	1	.1	1340	72.7	466	25.3	3296	178.8	285	15.5	3228	175.1

	Cause of death											
	All causes		I Infectious and parasitic diseases		II Neoplasms		III Endocrine, nutritional, etc. diseases		IV Diseases of blood and blood-forming organs		V Mental disorders	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ENGLAND AND WALES												
1979	9432	1466.5	3	.5	0	.0	8	1.2	6	.9	0	.0
1980	8815	1333.6	10	1.5	0	.0	2	.3	5	.8	0	.0
1981	7563	1184.1	7	1.1	0	.0	2	.3	2	.3	0	.0
1982	7087	1125.2	5	.8	0	.0	1	.2	5	.8	0	.0
1983	6582	1040.2	4	.6	0	.0	1	.2	4	.6	0	.0
1984	6464	1009.3	6	.9	0	.0	1	.2	5	.8	0	.0
1985	6498	984.5	10	1.5	0	.0	1	.2	3	.5	0	.0
ENGLAND												
1979	8839	1458.3	3	.5	0	.0	6	1.0	6	1.0	0	.0
1980	8316	1335.1	10	1.6	0	.0	2	.3	5	.8	0	.0
1981	7044	1169.9	5	.8	0	.0	2	.3	2	.3	0	.0
1982	6670	1124.0	3	.5	0	.0	1	.2	4	.7	0	.0
1983	6158	1032.1	4	.7	0	.0	1	.2	4	.7	0	.0
1984	6065	1004.1	5	.8	0	.0	1	.2	5	.8	0	.0
1985	6100	979.6	10	1.6	0	.0	1	.2	3	.5	0	.0
ENGLAND AND WALES												
1979-81	25810	1328.5	20	1.0	0	.0	12	.6	13	.7	0	.0
1980-82	23465	1216.1	22	1.1	0	.0	5	.3	12	.6	0	.0
1981-83	21232	1116.7	16	.8	0	.0	4	.2	11	.6	0	.0
1982-84	20133	1057.9	15	.8	0	.0	3	.2	14	.7	0	.0
1983-85	19544	1010.9	20	1.0	0	.0	3	.2	12	.6	0	.0
ENGLAND												
1979-81	24199	1321.5	18	1.0	0	.0	10	.5	13	.7	0	.0
1980-82	22030	1211.5	18	1.0	0	.0	5	.3	11	.6	0	.0
1981-83	19872	1108.8	12	.7	0	.0	4	.2	10	.6	0	.0
1982-84	18893	1053.1	12	.7	0	.0	3	.2	13	.7	0	.0
1983-85	18323	1004.9	19	1.0	0	.0	3	.2	12	.7	0	.0

	Cause of death											
	VI Diseases of nervous system, sense organs		VII Diseases of circulatory system		VIII Diseases of respiratory system		IX Diseases of digestive system		X Diseases of genitourinary system		XII Diseases of the skin, etc.	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ENGLAND AND WALES												
1979	26	4.0	0	.0	45	7.0	0	.0	0	.0	0	.0
1980	17	2.6	0	.0	39	5.9	0	.0	0	.0	0	.0
1981	15	2.3	0	.0	29	4.5	0	.0	0	.0	0	.0
1982	13	2.1	0	.0	32	5.1	0	.0	0	.0	0	.0
1983	12	1.9	0	.0	21	3.3	0	.0	0	.0	0	.0
1984	13	2.0	0	.0	23	3.6	0	.0	0	.0	0	.0
1985	9	1.4	0	.0	16	2.4	0	.0	0	.0	0	.0
ENGLAND												
1979	22	3.6	0	.0	43	7.1	0	.0	0	.0	0	.0
1980	17	2.7	0	.0	35	5.6	0	.0	0	.0	0	.0
1981	14	2.3	0	.0	27	4.5	0	.0	0	.0	0	.0
1982	11	1.9	0	.0	29	4.9	0	.0	0	.0	0	.0
1983	11	1.8	0	.0	18	3.0	0	.0	0	.0	0	.0
1984	12	2.0	0	.0	22	3.6	0	.0	0	.0	0	.0
1985	9	1.4	0	.0	14	2.2	0	.0	0	.0	0	.0
ENGLAND AND WALES												
1979-81	58	3.0	0	.0	113	5.8	0	.0	0	.0	0	.0
1980-82	45	2.3	0	.0	100	5.2	0	.0	0	.0	0	.0
1981-83	40	2.1	0	.0	82	4.3	0	.0	0	.0	0	.0
1982-84	38	2.0	0	.0	76	4.0	0	.0	0	.0	0	.0
1983-85	34	1.8	0	.0	60	3.1	0	.0	0	.0	0	.0
ENGLAND												
1979-81	53	2.9	0	.0	105	5.7	0	.0	0	.0	0	.0
1980-82	42	2.3	0	.0	91	5.0	0	.0	0	.0	0	.0
1981-83	36	2.0	0	.0	74	4.1	0	.0	0	.0	0	.0
1982-84	34	1.9	0	.0	69	3.8	0	.0	0	.0	0	.0
1983-85	32	1.8	0	.0	54	3.0	0	.0	0	.0	0	.0

	Cause of death											
	XIII Diseases of the musculo-skeletal system		XIV Congenital anomalies		XV Perinatal conditions		XVI Symptoms, signs, etc.		XVII Injury and poisoning		Sudden Infant Death Syndrome	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ENGLAND AND WALES												
1979	0	.0	2041	317.3	7181	1116.5	14	2.2	28	4.4	12	1.9
1980	0	.0	1944	294.1	6643	1005.0	17	2.6	30	4.5	13	2.0
1981	0	.0	1590	248.9	5813	910.1	25	3.9	24	3.8	19	3.0
1982	0	.0	1474	234.0	5469	868.3	12	1.9	31	4.9	11	1.7
1983	0	.0	1296	204.8	5151	814.0	19	3.0	23	3.6	15	2.4
1984	0	.0	1164	181.7	5152	804.4	23	3.6	19	3.0	16	2.5
1985	0	.0	1164	176.3	5188	786.0	22	3.3	22	3.3	12	1.8
ENGLAND												
1979	0	.0	1918	316.4	6724	1109.3	12	2.0	27	4.5	10	1.6
1980	0	.0	1859	298.4	6240	1001.8	16	2.6	30	4.8	12	1.9
1981	0	.0	1468	243.8	5428	901.5	24	4.0	19	3.2	19	3.2
1982	0	.0	1386	233.6	5150	867.8	12	2.0	28	4.7	11	1.9
1983	0	.0	1213	203.3	4819	807.7	17	2.8	23	3.9	13	2.2
1984	0	.0	1110	183.8	4813	796.9	23	3.8	19	3.1	16	2.6
1985	0	.0	1102	177.0	4858	780.1	21	3.4	21	3.4	12	1.9
ENGLAND AND WALES												
1979-81	0	.0	5575	286.9	19637	1010.7	56	2.9	82	4.2	44	2.3
1980-82	0	.0	5008	259.5	17925	929.0	54	2.8	85	4.4	43	2.2
1981-83	0	.0	4360	229.3	16433	864.3	56	2.9	78	4.1	45	2.4
1982-84	0	.0	3934	206.7	15772	828.8	54	2.8	73	3.8	42	2.2
1983-85	0	.0	3624	187.5	15491	801.3	64	3.3	64	3.3	43	2.2
ENGLAND												
1979-81	0	.0	5245	286.4	18392	1004.4	52	2.8	76	4.2	41	2.2
1980-82	0	.0	4713	259.2	16818	924.9	52	2.9	77	4.2	42	2.3
1981-83	0	.0	4067	226.9	15397	859.1	53	3.0	70	3.9	43	2.4
1982-84	0	.0	3709	206.7	14782	823.9	52	2.9	70	3.9	40	2.2
1983-85	0	.0	3425	187.8	14490	794.7	61	3.3	63	3.5	41	2.2

INFANT MORTALITY FOR SELECTED EUROPEAN COUNTRIES, U.S.A.,
CANADA AND JAPAN
1971, 76, 1981-86

COUNTRY	1971	1976	1981	1982	1983	1984	1985	1986
AUSTRIA (b)	26.1	18.2	12.7	12.8 a	11.9	11.4	11.0 *	10.3
BELGIUM (c)	20.4	15.3	11.5	11.1	10.6	10.7	9.4 *	9.7 *
DENMARK (c)	13.5	10.2	7.9	8.2	7.7	7.7	7.9	-
FINLAND (b)	12.6	9.9	6.5	6.0 a	6.2	6.5	-	5.9
FRANCE (c)	17.2	12.5	9.7	9.5	9.1	8.3	8.3	7.9 *
GERMAN FEDERAL REPUBLIC (c)	23.1	17.4	11.6	10.9	10.2	9.6	9.0	8.5
GREECE (c)	26.9	22.5	16.3	15.1	14.6	14.3	14.1	12.3 *
IRELAND (c)	18.0	15.5	10.3	10.5	10.1	9.6	8.9 *	8.7 *
ITALY (c)	28.5	19.5	14.1	12.9 *	12.3 *	11.3 *	10.3 *	-
LUXEMBOURG (c)	22.5	17.9	13.8	12.1	11.2	11.7	9.0	8.1
NETHERLANDS (c)	12.1	10.7	8.3	8.3	8.4	8.3	8.0	8.1 *
NORWAY (b)	12.8	10.5	7.5	8.1	7.9	8.3	8.5	-
PORTUGAL (c)	51.9	33.4	21.8	19.8	19.2	16.7	17.8	15.9
SPAIN (c)	25.7	17.1	10.3	9.6	7.3	-	-	-
SWEDEN (b)	11.1	8.3	7.0	6.8 a	7.2	6.4	6.7 *	5.9 *
SWITZERLAND (b)	14.4	10.7	7.6	7.7	7.5 a	7.1	6.9	6.8
UNITED KINGDOM (d)	17.9	14.5	11.2	11.0	10.2	9.6	9.4	9.5 *
ENGLAND & WALES (d)	17.5	14.3	11.1	10.8	10.1	9.5	9.4	9.6 -
ENGLAND (d)	17.5	14.2	10.9	10.8	10.0	9.4	9.2	9.5
UNITED STATES OF AMERICA (b)	19.1	15.2	11.9	11.5 a	10.9	10.6 a*	10.5 *	10.4 *
CANADA (b)	17.5	13.0	9.5	9.1	8.5	-	7.9	-
JAPAN (b)	12.4	9.3	7.1	6.6	6.2 a	6.0	5.5	5.2

1986 rates taken from WHO "World Health Statistics Annual", apart from U.K. and England and Wales.

The source of rates for earlier years is indicated against each country. The appearance of a letter against a particular year shows that FOR THAT YEAR the rate has been taken from the different sources indicated.

a: United Nations "Demographic Yearbook"

b: World Health Organization "World Health Statistics Annual"

c: Statistical Office Of European Communities "Demographic Statistics"

d: (OPCS) Population Trends

KEY: * = PROVISIONAL

- = NOT AVAILABLE

PERINATAL MORTALITY FOR SELECTED EUROPEAN COUNTRIES, U.S.A,
CANADA AND JAPAN
1971, 76, 1981-86

COUNTRY	1971	1976	1981	1982	1983	1984	1985	1986
AUSTRIA (a)	25.9	18.2	11.9	11.3	11.2	10.2	-	-
BELGIUM (c)	22.9	18.0	13.2	12.6	12.2	11.3 e	-	-
DENMARK (c)	17.4	12.6	9.0	8.7	9.0	8.4	8.1	-
FINLAND (a)	16.5	11.9	7.9	7.4	7.4	7.6	-	-
FRANCE (c)	22.5	17.1	12.3	12.0	11.4	11.1	10.7	-
GERMAN FEDERAL REPUBLIC (c)	25.3	17.1	10.5	9.6	9.3	8.6	7.9	-
GREECE (c)	27.9	25.1	18.4	16.8	16.5	16.6	-	-
IRELAND (c)	22.8	19.7	13.4	13.5	13.7	13.6	-	-
ITALY (c)	30.4	22.8	16.7	16.0	15.2	14.5	13.2	-
LUXEMBOURG (c)	21.6	18.0	11.3	12.0	10.7	8.8	7.8	-
NETHERLANDS (c)	17.6	14.4	10.7	10.0	10.1	10.0	9.8	-
NORWAY (a)	17.7	13.3	10.1	10.2	9.9	8.9	-	-
PORTUGAL (c)	38.2	29.3	24.5	23.8	21.4	21.0	21.6	-
SPAIN (c)	-	19.8	17.0 e	-	-	-	-	-
SWEDEN (a)	15.6	10.7	7.7	7.8	7.3	7.3	-	-
SWITZERLAND (a)	17.0	13.1	9.1	9.0	-	-	-	-
UNITED KINGDOM (d)	22.6	18.0	12.0	11.4	10.5	10.2	9.9	9.6
ENGLAND & WALES (d)	22.3	17.7	11.8	11.3	10.4	10.1	9.8	9.6
ENGLAND (d)	22.1	17.6	11.7	11.2	10.3	10.0	9.8	9.5
UNITED STATES (a) OF AMERICA	25.9	-	13.4	-	-	-	-	-
CANADA (a)	20.1	-	10.7	10.1	9.5	-	-	-
JAPAN (a)	20.0	14.7	10.8	10.0	8.8	8.7	-	-

The source of the rates (U.K., England and Wales) or the basic data (other countries) is indicated against the country.

a: United Nations "Demographic Yearbook"

c: Statistical Office of European Communities "Demographic Statistics"

d: (OPCS) Population Trends

e: Combination of c with W.H.O. "World Health Statistics Annual"

see Belgium (1984) and Spain (1981). These rates should be treated as provisional.

KEY - = NOT AVAILABLE

INFANT MORTALITY

Sources of Data.

Figures for the U.K. and England & Wales are taken from OPCS's "Population Trends".

For other countries there are three main sources of data:

- A) The United Nations "Demographic Yearbook".
- B) The World Health Organization's "World Health Statistics Annual".
- C) The Statistical Office of the European Communities (SOEC) "Demographic Statistics", referred to below as the "Eurostat" volume.

All three volumes agreed with the definition of Infant Mortality as

" Deaths under one year of age" (per 1,000 livebirths as a rate)

Each volume also gave tables showing such rates.

Selection of data.

This was done as follows:

UK and England & Wales taken from "Population Trends"

Other EEC countries were taken from the "Eurostat" volume (1987 edition). As a rule this tends to have later years available, and thereby more "final" data and a serial table of infant data makes it easy to extract quickly.

Non- EEC countries were taken from either the UN or WHO volumes depending on which contained the latest (i.e. final) data for the year concerned.

If, as occasionally happened, both volumes contained provisional data, or both contained "final" data that differed from each other, the figure was taken from the WHO volume. This is more in the interests of consistency than anything else, and also because the WHO volume has been used more often in the past.

PERINATAL MORTALITY

Sources of data

U.K. data has always been compiled on the basis of the definition of perinatal mortality as being:

Number of deaths in days 0-6 (day 6 being where date of death is 6 days after the date of birth) plus stillbirths (per 1,000 live + stillbirths for the rate).

OPCS believe this to be the generally accepted international definition.

Published rates: the three international volumes mentioned previously vary in their presentation of rates:

A) U.N. Demographic Yearbook.

This publishes perinatal mortality rates in Table 19 of its current edition. However, this only uses livebirths as the denominator, rather than live and stillbirths.

B) WHO Annual.

In its recent editions, no perinatal mortality rates are shown. Until 1983, Table 4 gave perinatal mortality rates, but this also used only livebirths as the denominator.

C) Eurostat " Demographic Statistics "

Table 6 in the current edition gives perinatal rates. However, from our calculations it appears that in some cases stillbirths are omitted from the denominator.

Raw Data:

These are available as follows.

A) UN Demographic Yearbook shows livebirth, stillbirth (late fetal death) and Death 0-6 days data separately.

B) WHO Annual shows stillbirth and Death 0-6 days data.

C) Eurostat shows livebirth, stillbirth and Death 0-6 days data.

cont/

Selection of data

Perinatal mortality contd.....

In consequence, the rates shown on the attached table were extracted as follows :-

- 1) U.K. and England & Wales data was taken from Population Trends
- 2) Other EEC countries data was calculated solely from raw data given in the Eurostat volume. As with infant mortality, this tends to contain later years and more "final" figures than other sources.
- 3) Non- EEC countries rates were calculated from raw data given in the UN Demographic Yearbook. This source was used because all the raw data needed were included (unlike WHO), and because the serial tables in this volume tend to avoid the missing data years sometimes occurring in the WHO volume.
- 4) In two instances, in the interests of obtaining as complete a set of data as possible, it was possible to combine data from the WHO Annuals with that from the Eurostat volume to produce rates. These have been marked accordingly on the attached list, and should be regarded as provisional.

MATERNITY SERVICES ADVISORY COMMITTEE

REPORT ON PROGRESS

DETAILED COMMENTARY

Because of the different presentation of the reports by regions the practicality of a detailed analysis is restricted. It is, for example, difficult to gauge the representation of all groups in the constitution of the local maternity services liaison committee. Where the questions were specifically addressed to Regions a clearer picture is revealed. The following paragraphs describe responses to the individual questions. (Note, in this paper a brief form of the detailed questions is used - the full text of the questions is set out in the appendix)

QUESTION 1. Which health authorities have not:-

1a. set up maternity services liaison committees?

Only 6% of the districts had not set up maternity services liaison committees. Others hoped to establish or retitile similar bodies later in the year.

1b. Agreed guidelines on shared antenatal and post natal care?

About 26% of the districts have not agreed antenatal and post-natal care guidelines with family practitioner committees, but the response to this question revealed many different arrangements. Among the reasons given for not doing so were that:-

i. GPs involved were often members of their local maternity services committee;

ii. Informal arrangements practised over many years had proved satisfactory (but in some instances regions said they will encourage formal procedures).

iii. In districts with close consultant/GP liaison, clinicians have established their own guidelines which are well understood at the point of referral;

iv. Family practitioner committees' involvement was thought to be superfluous in some districts.

1c. Agreed cover for obstetric emergencies occurring outside hospital?

Only 4% (eight) districts described unsatisfactory cover. Two of the Thames districts were currently investigating means for the provision of the service. In one instance, the present facilities offered provided no cover for one day in 7 and one weekend in 4. In a few instances where limited services were provided there was also current inadequate hospital cover. In one case, a 24-hour consultant cover could not be guaranteed because of the geography of the location.

QUESTION 2. Which consultant maternity units do not:

2a. Have agreed written operational policies?

About 22% have not established written operational policies. Many variations were declared, several quoted unwritten policies, policies for non-medical matters only, and policies for specialist areas only, eg caesarean and forcep deliveries. Some districts have not opted for written policies and declared that it would be dangerous to put operational policies into writing preferring to adopt regular discussions between and within disciplines to agree the best method of approach. Many declared this topic was under consideration and will be subject to revision at a later date.

2b. Have immediate medical cover for emergencies in hospital?

Units in 52% of districts have problems over immediate medical cover. Some specified commitments covering other adjacent wards, others admitted problems but failed to give underlying causes. One district had no cover available for 24 hours a week and one weekend in 4. A few districts had staffing difficulties for routine duties.

2c. Have an anaesthetist and paediatrician to attend for emergencies?

22% of the units had difficulty in meeting this requirement. Anaesthetic cover is more problematic than paediatric cover. Split sites raised problems and some regions explained that where there was an inadequate cover this occurred only in units which accepted "low risk" cases. Again, some units experienced staffing difficulties to cover routine duties and could only guarantee a 9-5 Monday-Friday service.

QUESTION 3. What difficulties does the Regional Health Authority foresee in fulfilling the recommendations of MSAC; and what steps are planned to overcome them?

3a. In relation to management information?

No particular problems were envisaged. The majority of the regions offer their own systems but stated that they were looking to the implementation of the Korner systems to enhance their current knowledge. Modern technology would be used by all to meet these statistical needs.

3b. In relation to neonatal intensive care?

All regions recognise a growing demand for neonatal intensive care and many report continuing discussions about the way the service should be developed. There are 3 major impediments to the development of the service, ie shortages of:-

- trained nurses/midwifery staff.
- Nurse training facilities.
- Experienced medical staff.

Some regions plan intensive care services from designated regional perinatal centre with the districts providing care for at least the first 48 hours of the baby's life. Others expect districts to provide for their own requirements with regional funding being made available for training.

3c. In relation to perinatal pathology?

Generally, regions judge their perinatal pathology services as inadequate although all regions have indicated on-going activity to monitor perinatal deaths. Two regions reported difficulties in recruitment. Some found that cross referral worked satisfactorily. One region found that general pathologists with recourse to expert opinion for the more complicated cases provided a satisfactory service. Arrangements for perinatal pathology are still under consideration in 4 of the regions.

QUESTION 4. What examples of good practice in relation to consumer views can the RHA give?

Consumer satisfaction surveys in some way or other have been undertaken by the majority of the regions. Among the other issues tackled have been:-

- i. Waiting times in clinics and non-attendance have been monitored.
- ii. Where mothers express difficulties in travelling, alternative clinic facilities have been provided.
- iii. Where birth plans have been drawn up in the antenatal period, the mother's care was evaluated after the birth while she was still in hospital.
- iv. Open meetings of maternity services liaison committees have been held.
- v. Annual meetings have been held between the Maternity Services Liaison Committee and the Community Health Council.
- vi. Discussions with parents in the 25-35 age group have been held drawing on their experiences to agree changes in the services provided.
- vii. In areas with ethnic groups, interpreters and befriending schemes have been introduced.
- viii. In one region the community dietician promoted healthy eating for pregnant women.
- ix. Support groups for parents whose babies were in special care baby units have been formed and the hospital staff visited the home following the baby's discharge.

x. Anti-smoking health education for mothers and visitors was practised by using a side ward for smoking mothers and segregating the smoking visitors on the ward with a view to eradicating smoking in the maternity unit.

Note, the information provided here has been passed on to the Social Survey Division of OPCS who are currently undertaking a research project to develop a guide for health authorities on measuring consumer views on maternity services.

DA(85)32



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

To: Regional General Managers – for action

District General Managers – for information*

October 1985

Dear General Manager

MATERNITY SERVICES ADVISORY COMMITTEE

1. Dear Administrator letters DA(84)4 and DA(85)4 asked all health authorities to consider the Maternity Services Advisory Committee's (MSAC) three reports and to decide what action can and should be taken at Regional or District levels to improve the provision of maternity and neonatal services. The letter DA(85)4 made clear Ministers' intention to follow up issues arising from the implementation of the MSAC reports through the accountability review process.
2. To help prepare for appropriate consideration of this subject within the review process, the Management Board needs to establish a baseline of information on progress made to date. Information is required:
 - to establish each Region's relative performance in a national context;
 - to identify aspects of policy implementation which may be helped by action taken by interested professional organisations;
 - to review overall policy objectives in the light of practical experience of their implementation or non-implementation;
 - to inform Departmental consideration of future public expenditure bids.
3. Regions will have made or be making their own arrangements to monitor the action taken by their Districts. To help focus that monitoring process the Board has identified questions (set out in the Annex to this letter) covering critical elements of the MSAC's advice.
4. Regional General Managers in the Thames Regions will wish to know that the Department will be writing in similar terms to the General Managers of the Hospitals for Sick Children, the Hammersmith Hospital, and Queen Charlotte's Hospital, about their part in this exercise.

ACTION

5. Each Regional General Manager is asked to ensure that as an Annex to the Region's out-turn report on its 1985/6 short term programme (due by 30 June 1986) a report is included detailing the Region's response to each of the questions.

Yours faithfully

A J RATCLIFFE
PMC Division

From:

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* Administrators where no DGM is in post.

IMPLEMENTATION OF MATERNITY SERVICES ADVISORY COMMITTEE REPORTS

1. Which District Health Authorities have *not*:
 - a. set up Maternity Services Liaison Committees (or a similar representative body under another name) to review maternity and neonatal services in the light of the MSAC reports?
 - b. agreed with Family Practitioner Committees guidelines on the provision of shared antenatal and postnatal care?
 - c. agreed arrangements for an immediate response to be made to any obstetric emergency occurring outside hospital?
2. Which consultant maternity units do *not*:
 - a. have agreed written operational policies covering care during labour and childbirth?
 - b. have arrangements for a doctor to be immediately available for the delivery suite at all times, without other conflicting commitments?
 - c. have arrangements for an anaesthetist and a paediatrician to attend promptly to deal with emergencies?
3. What difficulties does the Regional Health Authority foresee in fulfilling the recommendations of the MSAC in the fields of management information, neonatal intensive care, and perinatal pathology; and what steps are planned to overcome them?
 - a. Management information — in particular, that District Health Authorities have up-to-date statistics for each maternity and associated neonatal unit in regard to the incidence and outcome of births involving complications, or obstetric procedures; the nature and outcome of neonatal care; and the demographic and epidemiological characteristics of the population.
 - b. Neonatal intensive care — in particular, the prediction of future demand for the services; providing resources to meet that demand; and recruiting and training any additional medical and nursing staff required.
 - c. Perinatal pathology — in particular, the improvement of the usage and performance of perinatal pathology services for the Region; funding additional consultant posts where required; and recruiting and training medical staff with an interest in the field.
4. What examples of good practice can the Regional Health Authority give of efforts made by District Health Authorities to keep systematically under review the wishes and expectations of consumers of the maternity and neonatal services, and their levels of satisfaction with the services provided?

REGION	QUESTION 1) Which District Health Authorities have <u>not</u> ;		
	(a)	(b)	(c)
	Set up Maternity Services Liaison Committees (or a similar representative body under another name) to review maternity and neonatal services in the light of the MSAC reports?	Agreed with Family Practitioner Committees guidelines on the provision of shared antenatal and post-natal care?	Agreed arrangements for an immediate response to be made to any obstetric emergency occurring outside hospital?
Northern	None	Hartlepool, East Cumbria, Gateshead, Newcastle	None
Yorkshire	None	Hull, East Yorkshire, Grimsby, Harrogate, Airedale	Scarborough
Trent	1 has not	None	None
East Anglian	Peterborough	Peterborough (All the rest have but not necessarily through FPC's)	Peterborough
North West Thames	None	None	None
North East Thames	Barking Havering and Brentwood	Haringey, Mid Essex, Redbridge	City and Hackney, North East Essex, Basildon and Thurrock
South East Thames	None	None	None
South West Thames	None	Mid-Surrey, Kingston and Esher, Wandsworth	North West Surrey
Wessex	East Dorset	Bath, Swindon, Portsmouth, Basingstoke	None
Oxford	Kettering	West Berkshire, Milton Keynes	None
South Western	None	Frenchay, Southmead, Bristol and Western Plymouth	None
West Midlands	Worcester, Coventry Mid-Staffordshire	Bromsgrove and Redditch Herefordshire, Worcester, Mid-Staffordshire, Shropshire, South Warwickshire, Central Birmingham, South Birmingham, Coventry, Sandwell, Solihull, Walsall	Bromsgrove and Redditch
Mersey	Liverpool	Liverpool, Crewe, Chester, South Sefton	Southport and Formby
North Western	Burnley, Pendle and Rosendale	Blackburn, Hyndburn and Ribble Valley, West Lancashire, Central Manchester, Oldham, Rochdale, Stockport, Trafford	None

REGION	QUESTION 2 - Which Consultant Maternity Units Do not:-		
	2a) Have agreed written organisational policies covering care during labour and childbirth?	2b) Have arrangements for a doctor to be immediately available for the delivery suite at all times, without other conflicting commitments?	2c) Have arrangements for an anaesthetist and a paediatrician to attend promptly to deal with emergencies?
Northern	North Tees	Hartlepool, South Cumbria, Northumberland	East Cumbria, South Cumbria
Yorkshire	Scunthorpe, York, Harrogate, Airedale,	York, Scunthorpe, Harrogate, Airedale, Wakefield, Pontefract	East Yorkshire, Hull, Grimsby, Airedale, Calderdale, Scarborough
Trent	None	None	None
East Anglian	East Suffolk	Peterborough, Great Yarmouth and Waveney, East Suffolk, West Suffolk	None
North West Thames	North Hertfordshire, Hillingdon	North Bedfordshire, South Bedfordshire, North West Hertfordshire Hillingdon	North Bedfordshire, North West Hertfordshire
North East Thames	Basildon and Thurrock, City and Hackney, Waltham Forest, (North East Essex, Hampstead, Bloomsbury - under revision)	Barking, Havering and Brentwood, North East Essex, Southend	Basildon and Thurrock, North East Essex, Southend Tower Hamlets
South East Thames	7 consultant units	11 consultants units	5 consultant units
South West Thames	Mid Surrey	West Surrey and North East Hampshire Worthing District, Mid-Downs, Merton and Sutton, Richmond, Twickenham and Roehampton	Mid-Downs
Wessex	Bath, Swindon	East Dorset, West Dorset	East Dorset, West Dorset
Oxford	Kettering	Northampton, Aylesbury Vale	Aylesbury Vale
South Western	Plymouth, Somerset, North Devon, Gloucester	North Devon, Plymouth Somerset	Bristol and Weston, North Devon
West Midlands	Herefordshire, Kidderminster, Mid-Staffordshire, South East Staffordshire, Solihull, North Warwickshire, Wolverhampton, East Birmingham	Herefordshire, Kidderminster, Shropshire, Mid-Staffordshire, South Warwickshire, East Birmingham, Dudley	Kidderminster, Shropshire Mid-Staffordshire, South Warwickshire, East Birmingham, Wolverhampton
Mersey	Crewe, Warrington	Macclesfield, Crewe, Southport and Formby	None
North Western	Lancaster, Blackburn, Hyndburn and Ribble Valley Chorley and South Ribble, Central Manchester, Oldham Trafford, Wigan	Lancaster, West Lancashire, South Manchester Oldham, Salford, Trafford	Lancaster, Blackburn, Hyndburn and Ribble Valley Burnley, Pendle and Rossendale, Rochdale, Tameside and Glossop

REGION

QUESTION 3.a.

What difficulties does the Regional Health Authority foresee in fulfilling the recommendations of the MSAC in the fields of management information - in particular, that District Health Authorities have up-to-date statistics for each maternity and associated neonatal unit in regard to the incidence and outcome of births involving complications, or obstetric procedures; the nature and outcome of neonatal care; and the demographic and epidemiological characteristics of the population and what steps are planned to overcome them.?

Northern	The collection of management information data varies between the District Health Authorities. The Standard Maternity Information System (SMIS) is operated by 5 districts, a further 7 will be included by April 1987 and the remainder will meet the initial Korner requirements. The RHA's view is that these systems will supply up to date material and neonatal statistics.
Yorkshire	All districts operate their own systems at present. They are however committed to implementing the Korner recommendations and extend them by means of the Northern Region's Standard Maternity Information System. The Region is also piloting a microcomputer system to provide a full pregnancy record. This will supply management with information on all aspects of maternity and neonatal care.
Trent	A two year perinatal/infant mortality study, based on six Districts has recently been completed. The findings are to be discussed by the Regional Speciality Committee. A trial maternity system is to be mounted at the Leicester General Hospital, which will then be available by April 1987 for use in other DHA's within the Region.
East Anglian	Work is currently underway to establish a Regional Stillbirth and Neonatal Mortality survey.
North West Thames	The Region is committed to an obstetric computer system developed at St Mary's Hospital. The system has been developed to fulfil the needs of all those involved in the care of mothers and babies. Management will be provided with information covering all of its maternity units in an easily assimilated form.
North East Thames	The Region plans to implement the Korner options after April 1987. Detailed monitoring of trends in perinatal deaths will continue. Meanwhile difficulties in providing statistics covering obstetrics will continue.
South East Thames	No problem is anticipated in implementing the Korner recommendations from April 1987. From April 1988 the clinical options for neonatal services will be available to districts via a maternity computer system.
South West Thames	Difficulties are not envisaged for the implement of the Korner requirements. A Regional group is currently reviewing perinatal and neonatal practice. This information will form the basis for decisions and future pattern of the service. Present systems vary throughout the Region.
Wessex	The Region and Districts now receive adequate information and Regional Information Systems Programme will link hospital and community modules and further enhance information transfer to health authorities. Two in-depth studies of perinatal mortality have been undertaken and research of antenatal care practices is planned.
Oxford	All districts health authorities have the necessary management information. Each department of obstetrics provides information in their annual reports. Once the Korner Maternity systems have been introduced the available data will be improved.
South Western	All District Health Authorities collect some of the necessary information. Computerisation is required to improve the present systems.
West Midlands	A comprehensive data set covering mothers and babies exists for all hospital deliveries. Improvements to the system will be included as part of the Korner programme.
Mersey	Basic information is generally available but looking to Korner implementation to provide a better regional service. Further computerisation is designed by some of the Districts.
North Western	Until the Korner recommendations are implemented it is not possible to provide up-to-date statistics covering obstetric complications, and long term information on neonatal care.

REGION

QUESTION 3.b.

What difficulties does the Regional Health Authority foresee in fulfilling the recommendations of the MSAC in the fields of neonatal intensive care (in particular the prediction of future demand for the services; providing resources to meet that demand; and recruiting and training any additional medical and nursing staff required); and what steps are planned to overcome them.?

Northern	<p>The Region published a report in April 1984 on the question of neonatal care. It forms the basis of its policy with high-dependency centred in Newcastle and future development, by July 1987 of 8 high care cots at Middlesbrough a number of other less intensive units exist at present within the Region. The aim is for all larger units to provide higher dependency care up to the level of ventilatory support for at least a short period.</p> <p>More staff training has been identified as a requirement and suitable courses are available within the region.</p>
Yorkshire	<p>The Regional Medical Committee carried out a survey of neonatal intensive care services in each District. Recommendations covering special and intensive care, equipment provision, staffing and referral to Regional Centres have been made. Nurse training needs have been incorporated into Regional plans.</p>
Trent	<p>Discussions continue between Region and Districts on the organising of funding for this service. The Region funds five intensive care cots in Leicester, Nottingham and Sheffield but some Districts wish to provide their own intensive care facilities and others continue to rely on sub-regional centres. Demand for neonatal intensive care is growing within the Region, especially for very small immature babies.</p>
East Anglia	<p>A Regional working party is studying MSAC's recommendations in this field.</p>
North West Thames	<p>Difficulties in providing appropriately trained staff to meet the increases in very small babies and the multiple outcomes from 'in-vitro' fertilisation. The Region receives babies from other Regions.</p>
North East Thames	<p>The Region set up a Working Party to provide a Regional strategy in neonatal intensive care, and identified a need for 43 intensive care cots. Their strategy provides 3 levels of care. Work is well advanced to assess current and future demands for neonatal care and include plans for recruitment and staff training.</p>
South East Thames	<p>The Region's revised strategy for obstetric services will be issued in September. Current work indicates that more cots are necessary and financial and staffing needs are being assessed.</p>
South West Thames	<p>In 1982 the region approved a strategy for neonatal intensive care. A Regional Perinatal Centre was developed at St Georges' with sub-regional units at three other sites. Districts are providing some intensive care facilities for short periods within their own special care baby units.</p>
Wessex	<p>Intensive neonatal care cots are provided in all districts with cross-referrals as necessary. The Region hopes to establish Southampton General Hospital as the Regional Perinatal Unit. There have been difficulties in recruiting skilled nurses in this field.</p>
Oxford	<p>Neonatal care has shown rapid changes and has ceased to be an entirely Regional speciality. A study of staffing and workloads in the 10 Special Care Baby Units, resulted in extra funding to the Royal Berkshire and John Radcliffe Hospitals. Regional funds to support Neonatal Intensive Care Nursing courses, have been provided yearly since 1982.</p>
South Western	<p>All Districts predict an increasing demand for neonatal intensive care services. Shortages of trained medical and nursing staff have been identified.</p>
West Midlands	<p>The Region plans to introduce categories of intensive care as the present information is not of an acceptable standard. The districts are rapidly developing their own facilities for high dependency babies. The future plan will identify cases to be dealt within Regional and sub-regional units. Recruitment of suitably qualified staff is likely to present problems.</p>
Mersey	<p>Three districts make referrals to the Regional Unit - an increased need has been identified in another three districts, and the Region is to review intensive care facilities in a fourth district. Staffing problems have been identified.</p>
North Western	<p>A survey on neonatal intensive care indicated that 800 babies a year would be catered for. Each District has a minimum of 2 cots and 20 intensive care cots are at the Regional Unit. A shortage of specially trained nurses has been identified.</p>

REGION	QUESTION 3.c.
	What difficulties does the Regional Health Authority foresee in fulfilling the recommendations of the MSAC in the fields of perinatal pathology; and what steps are planned to overcome them?
Northern	The Region acknowledges that perinatal pathology services are inadequate. They have difficulty in recruiting pathologists with a special interest in perinatal and paediatric pathology. Some districts with a well developed service provide a referral service to underserved districts.
Yorkshire	The two teaching districts have full perinatal pathologists. The Regional Pathology Committee has piloted a new reporting form and a part-time perinatal pathologist has been appointed to assist when asked.
Trent	The Region has two consultant pathologists with a special interest in perinatal work. There are no plans to improve the present position.
East Anglia	The Region has difficulties in improving perinatal pathology services both from a recruitment view and logistically on a Regional scale.
North West Thames	There is a perinatal pathologist and a senior registrar at the SHA who provide expert advice in the Region. The service is kept under regular review.
North East Thames	The Region's perinatal pathology services are adequate. Paediatric histopathology and Senior Registrars rotate for training purposes between the London Hospital and Great Ormond Street and St Bartholomew's and Great Ormond Street.
South East Thames	Within the next 6 months a proposal for funding neonatal pathology services will be considered.
South West Thames	The Regional Perinatal Group will study and report on needs for perinatal pathology within the Region.
Wessex	Regional resources do not permit a full time Regional Perinatal Pathology Unit. As present perinatal pathology is not covered and the paediatricians have yet to decide priorities, but provision will be made.
Oxford	In 1981 a Regional Perinatal Pathology study was undertaken which indicated that general pathologists with appropriate guidance could obtain pathological information from perinatal postmortems. A need is recognised for experts to investigate more complicated cases in the perinatal field. Recognition as a Regional specialty is being contemplated.
South Western	Perinatal pathology services within the Region are seen as being generally satisfactory. However the need to generate more interest and commitment to perinatal pathology has been recognised.
West Midlands	The consultant based at Birmingham provides a perinatal pathology service for the Region. A Regional Working Party made recommendations to establish a Regional Perinatal Audit and to develop perinatal pathology services.
Mersey	The need for a Regional Perinatal Pathologist to co-ordinate, standardise and carry out selected post-mortems is accepted.
North Western	A paediatric Histopathology post has been created to include perinatal work which has previously been deficient in the Region.

SOCIAL SERVICES:

Perinatal Mortality

Nov 80

Grey Scale #13



A

1

2

3

4

5

6

M

8

9

10

11

12

13

14

15

B

17

18

19

