

EDITORIAL

Perinatal and infant mortality:
a worldwide issue

CARLO LA VECCHIA, Editor, FABIO PARAZZINI, FABIO LEVI, Guest editors *

Perinatal and infant mortality, which constitute the topic of two papers in this issue,^{1,2} are not only major public health and social problems, but also recognized indicators of the health status of a population.³

Over the last three decades, reductions in perinatal and infant mortality have been described in most areas of the world. Marked worldwide differences, however, still exist.^{4,5}

Data on infant mortality for 46 countries in the World Health Organization (WHO) mortality database have been recently reviewed.⁶ In general, over the last three decades infant mortality rates have declined steadily and markedly in most countries.

In the early 1990s rates below 10 per 1,000 live births for perinatal and infant (0-365 days of life) mortality were observed in the USA, Canada, most of the European countries, Israel and three Asian countries (Hong Kong, Singapore and Japan). Intermediate rates (around 10-25 per 1,000 live births for 0-365 days of life mortality) were reported by a number of Southern American, Asian and Eastern European countries. A few Latin American countries (Ecuador, Colombia and the Dominican Republic) showed the highest rates, together with Sri Lanka.

Most of the trends in the rates over time were relatively linear. In Southern Europe, for instance, the decrease over the last three decades has been substantial and constant, although most countries started from relatively high rates. However, in central Europe (Austria, Germany, Hungary and Czechoslovakia), the infant mortality rates did not show appreciable reductions until the late 1960s or early 1970s, but the decrease was marked and consistent thereafter. Likewise, in the United Kingdom the reduction was less marked in the late 1960s and 1970s than in most recent calendar years. In Scandinavian countries, which in the late 1960s had some of the lowest rates worldwide, the reduction was consistent until the mid-1980s, but the downward trend has tended to level off somewhat over

recent years, although these countries maintain comparatively low perinatal and infant mortality rates.

Among the few Asian countries providing data, a favourable rate and constant decline over time should be noted for Japan, which in the early 1990s had the lowest infant mortality rate worldwide (4.5 per 1,000 live births). The trends were also extremely favourable in other Asian countries such as Singapore, Hong Kong and Thailand. In the late 1960s, the USA and Canada had comparable rates, but the decline was much greater in Canada and in the early 1990s Canada showed a considerably more favourable infant mortality rate (6.7 versus 9.2 per 1,000 live births in the USA). In most Latin American countries, except Argentina, the reduction in infant mortality was appreciable and in the early 1990s the lowest rates were observed in Cuba, with a value comparable to that of the USA. Australia and New Zealand reached rates of around 7-8 per 1,000 live births in the early 1990s.

It is difficult to interpret this pattern of trends in terms of technical rather socioeconomic improvements. The decline has been long-lasting in most countries and no appreciable change in the slope of mortality rates has been observed during the last few years, when neonatal assistance has registered substantial technical improvements. Thus, improvements in socioeconomic and cultural conditions rather than specific technical advancements may explain the reduction in infant mortality. This is confirmed by the observation of the persisting low mortality rates in Cuba, whereas a few countries showing unfavourable trends over the last few decades (including the Dominican Republic and Romania) have suffered substantial socioeconomic, cultural and political disruption.

Finally, we cannot forget that the available data cover only a limited number of countries and an even smaller proportion of the world's population. China, India, Russia and Brazil (plus all of Africa) are among the countries whose data were not available to the WHO database. It is important, therefore, that more data are made available, in order to understand, in comparable and quantitative terms, the real size of the problem of perinatal and infant mortality and, consequently, to define priorities for intervention.

* C. La Vecchia^{1,2}, F. Parazzini^{1,3}, Fabio Levi⁴

1 Istituto di Ricerche Farmacologiche 'Mario Negri', Milano, Italy

2 Istituto di Statistica Medica e Biometria, Università degli Studi di Milano, Milano, Italy

3 Prima Clinica Ostetrica Ginecologica, Università degli Studi di Milano, Milano, Italy

4 Registre Vaudois des Tumeurs, Institut universitaire de médecine sociale et préventive, CHUV, Lausanne, Switzerland

Correspondence: Carlo La Vecchia, Head, Laboratory of Epidemiology, Istituto di Ricerche Farmacologiche 'Mario Negri', Via Eritrea 62, 20157 Milano, Italy, tel. +39 2 390141, fax +39 2 39001916

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