

Birth Cohort Tables for Infant Deaths QMI

Contact:

vsob@ons.gsi.gov.uk

Release date:

10 March 2015

Next release:

To be announced

Table of contents

1. [Methodology background](#)
2. [Executive summary](#)
3. [Output quality](#)
4. [About the output](#)
5. [How the output is created](#)
6. [Validation and quality assurance](#)
7. [Coherence and comparability](#)
8. [Concepts and definitions](#)
9. [Other information](#)
10. [Sources of further information or advice](#)

1 . Methodology background

National Statistic	
Survey name	
Frequency	Annual
How compiled	Based on third party data
Geographic coverage	England and Wales
Sample size	
Last revised	10 March 2015

2 . Executive summary

[Child Mortality Statistics](#) presents figures and rates on stillbirths, infant deaths (under 1 year of age) and childhood deaths (between 1 and 15 years of age) occurring annually in England and Wales. It also contains historical data back to 1921.

Some of the tables are based on infant deaths that have been successfully linked to their corresponding birth records and represent the infant death cohort for that year. This linkage enables analysis of infant deaths by risk factors and other demographic characteristics collected at birth registration. These include: birthweight, mother's age at birth of child, mother's country of birth, mother's marital status, parity (number of previous children) and socio-economic status.

The [Birth Cohort Tables for Infant Deaths](#) present data on infant deaths for those babies that were born in a reference year and died before their first birthday. They also contain additional analyses by some of the main risk factors affecting infant deaths derived from linking the death to the corresponding birth registration record, including: age of mother, birthweight, mother's country of birth, mother's marital status and socio-economic status.

[Child Mortality Statistics](#) replaced the annual reference volume [Mortality Statistics: Childhood, Infant and Perinatal \(Series DH3\)](#) in 2010. It contains selected tables from DH3, although some tables have been amended to improve the presentation of the data. The [Birth Cohort Tables for Infant Deaths](#) (that is, babies born in a reference year who died before their first birthday) are now published as a separate package of tables. These annual tables used to be published as part the annual reference volume DH3.

More information about the certification and registration of childhood and infant deaths can be found in [Child Mortality Statistics Metadata](#). More general information on the collection, production and quality of mortality data is available in [Mortality Metadata](#). Additional information on the collection and quality of data for births can be found in [Births Metadata](#).

This document contains the following sections:

- Output quality
- About the output
- How the output is created
- Validation and quality assurance
- Coherence and comparability
- Concepts and definitions
- Other information, relating to quality trade-offs and user needs
- Sources for further information or advice

3 . Output quality

This document contains a range of information that describes the quality of the data and details any points that should be noted when using the output. We have developed [Guidelines for Measuring Statistical Quality](#); these are based upon the five European Statistical System (ESS) quality dimensions. This document addresses these quality dimensions and other important quality characteristics, which are:

- relevance
- timeliness and punctuality
- coherence and comparability
- accuracy
- output quality trade-offs
- assessment of user needs and perceptions
- accessibility and clarity

More information is provided about these quality dimensions in the following sections.

4 . About the output

Relevance

(The degree to which statistical outputs meet users' needs.)

The information on deaths used in the tables is based on details collected when deaths are certified and registered. The live births and stillbirths information is based largely on the details collected when births are registered.

The births and deaths recorded are those occurring (and then registered) in England and Wales. Time series data back to 1921 are also included.

Births and deaths of all residents of England and Wales that occur, and are registered, outside of England and Wales are excluded. Births and deaths of persons whose usual residence is outside England and Wales are included for any total figures for England and Wales, but are excluded from any sub-division of England and Wales.

The published tables of data are accompanied by a statistical bulletin, which provides analysis and context and [Child Mortality Statistics Metadata](#), which gives additional background information. Further general information on the collection, production and quality of mortality data is available in [Mortality Metadata](#).

Figures are published for live births, stillbirths, infant mortality and childhood mortality and include time series data. The tables contain information collected at the time of registration. Age at death is broken down into the broad categories:

- early neonatal (deaths under 7 days)
- neonatal (deaths under 28 days)
- late neonatal (deaths between 7 and 27 days)
- postneonatal (deaths between 28 days and 1 year)
- infant (deaths under 1 year)
- childhood deaths (between 1 and 15 years of age)

Birthweight as a risk factor is presented as a grouped variable to draw distinction between death rates for low and normal birthweight babies. Deaths by mother's age at the time of baby's birth provides a useful comparison between younger and older age groups of mothers.

A new coding system for country of birth was introduced in 2006 and was used to code mother's and father's country of birth. The [National Statistics Country Classification](#) is based on the International Standard Organisation (ISO) 3166 Codes for the Representation of Names of Countries and their Subdivisions, adapted to meet data needs of UK National Statistics' users and producers.

Infant deaths are also published by marital status of the parents as recorded at the birth registration (inside or outside marriage), registration type (joint or sole registration) and [National Statistics Socio-economic Classification \(NS-SEC\)](#) as defined by occupation. For further information on socio-economic classification as defined by occupation, refer to section 2.13 of [Child Mortality Statistics Metadata](#).

Additional information is given in the "Coherence and comparability" section in this report. A [proposal for changes to outputs for 2012](#) data was published in February 2013. Feedback from users was invited. No feedback was received so the outlined changes will be implemented.

The Human Fertilisation and Embryology Act 2008 contained provisions enabling two females in a same-sex couple to register a birth. Due to the small numbers, births registered to a same-sex couple in a civil partnership are included with marital births, while births registered to a same-sex couple outside a civil partnership are included with births outside marriage. Tables are footnoted to show the number of births to same-sex couples included with marital and non-marital births.

Postneonatal and childhood deaths are also presented by broad underlying cause of death groups. The cause of death information is based on the details collected when the death is certified and registered. For deaths at age 28 days and over, the death certificate used in England and Wales accords with that recommended by the World Health Organisation (WHO) in the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

The selection of the underlying cause of death for deaths at ages 28 days and over is based on ICD rules and is made from the condition or conditions reported by the certifier, as recorded on the Medical Certificate of Cause of Death. For further information on coding the underlying cause of death at age 28 days and over, refer to section 2.8 of [Child Mortality Statistics Metadata](#).

Finally, a breakdown of both stillbirths and linked infant deaths by ONS cause groups is presented. This is a hierarchical classification of cause groups in ICD-10 and was developed by ONS for categorising the causes of neonatal deaths and stillbirths. This allows the death to be assigned to a specific category, based on the likely timing of the damage leading to the death.

These categories are derived from a special death certificate (instead of the standard death certificate), which was introduced by ONS in 1986. It is not possible to derive a single underlying cause of death for stillbirths and neonates from this certificate, or to compare the information available on neonatal deaths with that on postneonatal deaths, as these are certified on the standard death certificate. For further information on our cause of death groups hierarchical classification, refer to section 2.10 of [Child Mortality Statistics Metadata](#).

The Department of Health (DH) is a main user of child mortality statistics. Previously, the department has used this report in conjunction with other analysis that we had carried out to monitor the Public Service Agreement target on infant mortality for England and Wales. Currently, infant mortality continues to take a central role in DH's work on tackling health inequalities within the [National Health Service \(NHS\) Outcomes Framework 2013 to 2014](#). Detailed information on how ONS statistics on infant mortality are used by DH is available in their annual bulletin [Mortality Monitoring Bulletin \(infant mortality, inequalities\)](#).

Other users of this output include academics, independent researchers of infant mortality, charities and the media.

There are also two specific users of the birth cohort data. The Department of Midwifery and Child Health, City University London; and Public Health England (PHE) who produce information, data and intelligence on people's health at a local level. These main users utilise a long time series of birth cohort data in their analyses and provide further analyses by main risk factors affecting stillbirths and infant deaths, including age of mother and birthweight.

Timeliness and punctuality

(Timeliness refers to the lapse of time between publication and the period to which the data refer. Punctuality refers to the gap between planned and actual publication.)

The data for a given year are published annually about 13 months after the end of the reference year. As these figures use deaths occurring in a reference year, the annual data extract must be taken some months after the end of the data year to allow for late registrations. Deaths that are referred to the coroner may take several weeks or months before they are registered. Therefore, sufficient time is allowed to receive as many death registrations as possible, before releasing these figures.

The annual release of the Child Mortality figures is announced on the [GOV.UK release calendar](#) at least 4 weeks in advance. From 2013, the [Birth Cohort Tables for Infant Deaths](#) have been published at the same time as Child Mortality Statistics.

For more details on related releases, the [GOV.UK release calendar](#) provides 12 months' advance notice of release dates. In the unlikely event of a change to the pre-announced release schedule, public attention will be drawn to the change and the reasons for the change will be explained fully at the same time, as set out in the [Code of Practice for Official Statistics](#).

5 . How the output is created

We are responsible for publishing statistics on mortality taking place in England and Wales.

Child mortality statistics are extracted from a “live” database of all deaths registered in England and Wales that have occurred since 1 January 1993. This database is maintained by us and is continually updated and amended as further information becomes available.

Figures presented in the publication are based on information collected at the registration of a birth or an infant death (under 1 year of age). Where possible, infant deaths have been linked to their corresponding birth record to obtain information on social and biological factors of the baby and parents.

The denominators used to calculate rates for stillbirths and infant deaths are births that occurred in the same year, that is, the true population at risk. For childhood mortality (deaths between 1 and 15 years of age), the denominators are the mid-year population estimates of the resident population in England and Wales, based on the Census of Population. The mid-year population estimates used for the calculation of mortality rates are the latest available at the time of production.

More detailed information on the main processes used in the compilation of mortality and birth statistics and on the accuracy and quality of the data used are available in [Mortality Metadata](#) and [Births Metadata](#).

Rates are not calculated where there are fewer than 3 deaths in a cell, denoted by (u). It is our practice not to calculate rates where there are fewer than 3 deaths in a cell, as rates based on such low numbers are susceptible to inaccurate interpretation.

Rates in tables calculated from fewer than 20 deaths are denoted by (u) as a warning to the user that their reliability as a measure may be affected by the small number of events.

Some data items collected under the Population Statistics Acts (PSA) 1938 and 1960 have been aggregated to protect confidentiality. Occasionally, it has been necessary to apply secondary suppression to avoid the possibility of disclosure by differencing. Some of the figures in some tables may not add precisely due to rounding or suppression.

Our [policy on protecting confidentiality in birth and death statistics](#) is available. This guidance was revised in January 2014.

6 . Validation and quality assurance

Accuracy

(The degree of closeness between an estimate and the true value.)

Birth and death statistics in England and Wales are derived from birth and death registrations. The data pass through a number of processes before becoming usable for analysis. [Mortality Metadata](#) provides additional information on the collection, processing and quality of mortality data for England and Wales. More specific information relating to stillbirths and infant deaths is available in [Child Mortality Statistics Metadata](#). [Births Metadata](#) provides detailed information on the registration, collection and quality of births data in England and Wales.

The accuracy of information contained in the draft birth entry is the responsibility of the informant(s), usually the mother, or the mother and father where the registration is a joint one outside marriage. Wilfully supplying false information may render the informant(s) liable to prosecution for perjury.

It is believed that, in general, the information supplied by the informant(s) is correct.

Occasionally, birth information might be missing from an entry. This can occur for a number of reasons including the informant refusing to give information, or the informant not knowing the information. Under the Populations Statistics Acts (PSA) 1938 and 1960, certain confidential data items are collected at the registration of a birth. If any of these data items are missing, an appropriate value is imputed by ONS for the data item or the corresponding derived variable. More information on the imputation of missing births data can be found in section 1.3 of the [Births Metadata](#), while the number of birth records missing age of parents', number of previous live-born children and duration of marriage can be found in sections 2.9, 2.13 and 2.16.

For deaths, other than the cause of death (including a stillbirth), additional information is supplied to the registrar by the informant when the death is registered. For deaths certified after inquest, the coroner, police officers or other witnesses may supply this information, which cannot later be checked by the registrar.

When a birth or death is registered, the registration system provides the opportunity for the registrar to make validation checks at the point of registration, therefore improving the quality of the data. Internal consistency checks are conducted by ONS to eliminate any errors made in the supply and recording of birth and death records. Checks are more frequent on those records with extreme values for main variables (such as age of mother and father), as these have a greater impact on published statistics. A small number of birth registrations are raised with the General Register Office (GRO) on a monthly basis for verification.

Some tables in [Child Mortality Statistics](#) show the latest figures for infant deaths that occurred in a given year, while others are based on linked infant death records which consist of infant deaths that occurred in a given year and which have been successfully linked to their corresponding birth record. The [Birth Cohort Tables for Infant Deaths](#) are based on births occurring in a reference year that have been successfully linked to their corresponding death registration record for those babies who died before their first birthday.

Around 2% of infant deaths cannot be linked to a birth record. The main reasons for this are either that a birth record cannot be found, or the birth was registered outside England and Wales. Further information on the linkage process is available in section 2.12 of [Child Mortality Statistics Metadata](#).

To maximise the number of death registrations recorded in the death occurrences extract, it must be taken some months after the end of the data year to allow for late death registrations. Figures for infant deaths based on death occurrences for a reference year will therefore differ from figures based on deaths registered in a reference year. Any late registrations received following the extraction of the death occurrence subset for a reference year are not used to update any previously published figures.

7 . Coherence and comparability

(Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar. Comparability is the degree to which data can be compared over time and domain, for example, geographic level.)

Coherence

[Child Mortality Statistics](#) and the [Birth Cohort Tables for Infant Deaths](#) replaced the annual reference volume [Mortality Statistics: Childhood, Infant and Perinatal \(Series DH3\)](#). Although all publications are based on death occurrences, Child Mortality Statistics and the Birth Cohort Tables contain selected tables from the old annual reference volume and some amended tables to improve the presentation of the data.

Currently, the published infant mortality rates in [Child Mortality Statistics](#) and the [Birth Cohort Tables for Infant Deaths](#) use live births and stillbirths figures based on birth occurrences plus late registrations from the previous year as the denominator.

Following on from an evaluation of the suite of mortality releases in summer 2012, further rationalisation of infant mortality products has taken place to avoid confusion for users and minimise the variation in infant mortality figures from the use of different datasets. Given that the publication date for [Child Mortality Statistics](#) has been brought forward (around 13 months after the end of the data year). We have discontinued [Infant and Perinatal Mortality by Social and Biological Factors](#), which contained very similar tables. To ensure the tables continue to best meet user needs, a few small changes to existing tables have also been made. These were outlined in the statistical bulletin: [Childhood Mortality Statistics: Childhood, Infant and Perinatal, 2013](#).

Comparability

The linkage of birth and infant death records has been conducted since 1975 to obtain information on the social and biological factors of the baby and parents, as registered on the birth record.

Over the years there have been significant changes in the way some of the risk factor variables have been coded. Therefore, comparability over time is limited for some variables.

On 1 October 1992, the legal definition of a stillbirth was changed from a baby born dead after 28 or more weeks completed gestation to one born dead after 24 or more weeks completed gestation. This means that figures for stillbirths from 1993 are not comparable with those for previous years.

A hierarchical classification using the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) was developed by ONS for statistics relating to stillbirths and neonatal deaths. This was derived from a special death certificate (instead of the standard death certificate), which followed the recommendation of the World Health Organisation (WHO) and was introduced by ONS in 1986.

While conditions arising in the mother that affected the infant could be mentioned on certificates prior to 1986, no provision was made for those cases in which the certifier considered that both maternal and infant conditions contributed to the death. The current certificates overcome this problem. However, it is not possible to derive a single underlying cause of death for stillbirths and neonates from this certificate, or to compare the information available on neonatal deaths with that on postneonatal deaths, as these are certified on the standard death certificate.

For this reason, we have developed a method for classifying the causes of neonatal deaths and stillbirths. This is known as the ONS cause groups hierarchical classification, which is also referred to as the ONS cause groups. Stillbirths and infant mortality data by ONS cause groups are not available prior to 1993.

From January 2001, information on cause of death in England and Wales was coded to ICD-10 v2001.2. ICD-10 was implemented on the recommendation of WHO and replaced ICD-9, which has been in use since 1979. Further information on [changes in ICD-10 and comparability between ICD-9 and ICD-10](#) is available. In January 2011, we began using ICD-10 v2010. A bulletin presenting the main findings from a [Bridge Coding Study of 2009 Stillbirth and Neonatal Death Registrations](#) (in which deaths were independently coded using v2001.2 and v2010), is available to help users understand the impact of this change on perinatal mortality statistics for England and Wales. The impact of ICD-10 v2010 on other deaths has been investigated in a separate study.

On 1 January 2014, we changed the software used to code cause of death from the Medical Mortality Data Software (MMDS) to IRIS. The new IRIS software version 2013 incorporates official updates to ICD-10 that are approved by WHO. The use of the IRIS software will help to improve the international comparability of mortality statistics.

For stillbirths and neonatal deaths, any maternal condition mentioned on the death certificate will be coded to the “P chapter” (certain conditions originating in the perinatal period) rather than elsewhere in the ICD classification. Previously, these deaths may have been coded to the “O chapter” (pregnancy, childbirth and the puerperium). The 2014 registrations of stillbirths and neonates that occurred in 2013 were recoded to ensure comparability within the 2013 occurrences dataset. Although this change was implemented on 1 January 2014, there are a very small number of infant deaths that occurred in 2013 and were registered in 2014, that will be affected by the change.

[Further information on IRIS](#) is available.

Over the years, the source of information on father’s social class has undergone numerous changes. Since 2001, the [National Statistics Socio-economic Classification \(NS-SEC\)](#) has been used for all official statistics and surveys. It replaced Social Class (SC) based on Occupation (formerly Registrar General’s Social Class) and Socio-economic Groups (SEG). This change was agreed by the National Statistician following a major review of government social classifications commissioned in 1994 by the Office of Population Censuses and Surveys (now the Office for National Statistics (ONS)) and carried out by the Economic and Social Research Council. In 2011, the NS-SEC was rebased on the new Standard Occupational Classification (SOC 2010). The new classification is based not on skills but on employment conditions, which are now considered to be central to describing the socio-economic structure of modern societies.

Up until the 2011 data year, we published child mortality and birth statistics by NS-SEC using the father’s NS-SEC. Historically, the decision to use father’s NS-SEC was based on the premise that many mothers either do not have a paid occupation or choose not to state their occupational details at birth registration.

From the 2012 data year, we have used the combined method for reporting NS-SEC for birth and child mortality statistics (using the most advantaged NS-SEC of either parent and creating a household level classification rather than just using the father’s classification). These changes mean that figures from the 2012 data year onwards are not directly comparable with previous years.

Additional details on specific historical changes to the collection and coding of mortality data are published under section 3.4 of [Mortality Metadata](#).

For mortality data for other UK countries please see stillbirths and infant deaths in Scotland and stillbirths and infant deaths in Northern Ireland. These figures are comparable with those for England and Wales.

8 . Concepts and definitions

(Concepts and definitions describe the legislation governing the output and a description of the classifications used in the output.)

The Stillbirth (Definition) Act 1992 defines a stillbirth as, "a child which has issued forth from its mother after the 24th week of pregnancy, and which did not at any time after becoming completely expelled from its mother breathe or show other signs of life."

This definition has been in use since 1 October 1992. Prior to this, the Births and Deaths Registration Act 1953 defined a stillbirth as previously mentioned, but at 28 or more weeks completed gestation. Figures for stillbirths from 1993 are therefore not comparable with those for previous years. The effect of this change on figures for 1992 is analysed in the annual volume of birth statistics for that year (OPCS 1994).

Infant deaths (under 1 year) at various ages are defined as:

- early neonatal (deaths under 7 days)
- perinatal (stillbirths and early neonatal deaths)
- late neonatal (deaths between 7 and 27 days)
- neonatal (deaths under 28 days)
- postneonatal (deaths between 28 days and 1 year)

Childhood mortality refers to deaths between 1 and 15 years of age.

Parity refers to the number of previous live-born or stillborn children by the present or any former husband, as stated at birth registration. This could include any previous births by a husband that occurred outside the marriage (only recorded for married women until May 2012).

Plurality refers to the total number of live births and stillbirths at the maternity.

The rates used in the tables are described in this section. Strictly speaking, they are rates only when both numerator and denominator refer to the same time period, for example, the stillbirth rate. When the time periods in each are different they are ratios. The rates are as follows:

- stillbirth rate: number of stillbirths per 1,000 live births and stillbirths
- infant mortality rate: number of deaths at ages under 1 year, per 1,000 live births
- perinatal mortality rate: number of stillbirths plus number of deaths at ages under 7 days, per 1,000 live births and stillbirths
- early neonatal mortality rate: number of deaths at ages under 7 days, per 1,000 live births
- neonatal mortality rate: number of deaths at ages under 28 days, per 1,000 live births
- postneonatal mortality rate: number of deaths at ages 28 days and over, but under 1 year, per 1,000 live births
- age-specific child mortality rate: number of deaths in a particular age group per 100,000 population in that group

Legislation

The existing provisions for the registration of deaths and the processing, reporting and analysis of mortality data appear in different legislation that reflects the distinct and separate roles of the Registrar General for England and Wales and the UK Statistics Authority.

The Registrar General is guided by the following:

- Population (Statistics) Act 1938 – deals with the statistical information collected at registration
- Births and Deaths Registration Act 1953 – covers all aspects of the registration of births, stillbirths and deaths
- Population (Statistics) Act 1960 – makes further provision for collecting statistical detail at registration
- Registration of Births and Deaths Regulations 1987 – covers further aspects of the registration of births and deaths
- Coroners Act 1988 – sets out the procedures to be followed by coroners in handling deaths
- Stillbirth (Definition) Act 1992 – which altered the definition of a stillbirth to 24 or more weeks completed gestation, instead of the previous definition of 28 or more weeks
- Deregulation (Stillbirth and Death Registration) Order 1996 – allows for the registration of deaths by declaration
- National Health Service Act 2006 and National Health Service (Wales) Act 2006 – consolidate legislation relating to the health service and separate provision of the health service in Wales from that in England; the Acts require notification of a birth or death to the Director of Public Health in the Clinical Commissioning Group (Local Health Board in Wales) where the birth or death occurred and both Acts include provision for the supply of information on individual deaths to the National Health Service by the Registrar General

The UK Statistics Authority is guided by the following:

- Registration Service Act 1953 – which in Section 19 required the Registrar General to produce annual abstracts of the number of live births, stillbirths and deaths
- Statistics and Registration Service Act 2007 – which transferred some of the statistical functions of the Registrar General, including the production of an annual abstract, to the Statistics Board, also known as the UK Statistics Authority, and Office for National Statistics (ONS), which became the executive office of the UK Statistics Authority.

The 2007 Act also provides the Registrar General with a power to allow them to disclose any information about a birth, death or a stillbirth to the UK Statistics Authority for statistical purposes. It also enables the UK Statistics Authority to produce and publish statistics relating to any matter. The Act also includes a provision for the UK Statistics Authority to supply individual birth and death records to the Secretary of State for Health and certain NHS bodies.

When the Statistics and Registration Service Act 2007 came into force on 1 April 2008, the arrangement where the National Statistician was also the Registrar General for England and Wales ended. At the same time, the General Register Office also stopped being part of ONS and was moved to the Identity and Passport Service. The National Health Service Central Register (NHSCR), formerly part of ONS, also transferred to the Health and Social Care Information Centre (HSCIC). The responsibility for the production of mortality statistics is now a function of the UK Statistics Authority, which is required to produce an annual abstract of mortality statistics so that the Minister for the Cabinet Office can lay it before Parliament.

9 . Other information

Output quality trade-offs

(Trade-offs are the extent to which different dimensions of quality are balanced against each other.)

Child Mortality Statistics and the Birth Cohort Tables are occurrence-based outputs. Although this means that there is a delay in the publication of these statistics to allow for late death registrations, there are a number of advantages of using death occurrences over registrations.

Assessment of user needs and perceptions

(The processes for finding out about uses and users, and their views on the statistical products.)

A user consultation to review ONS infant mortality statistics took place between 5 July and 16 August 2011 and [our response to the review](#) is also available.

A feedback survey for the Birth Cohort Tables took place in July 2011 and [results and responses](#) to this survey are also available.

Proposed changes to Child Mortality Statistics were outlined in the [Child Mortality Statistics, 2011](#) statistical bulletin and user feedback was requested. Very little feedback was received so the proposed changes are being implemented.

All Child Mortality statistical bulletins seek feedback from users with the inclusion of a standard statement, “We welcome feedback from users on the content, format and relevance of this release.”

User feedback is requested at the bottom of all emails sent by customer service teams within the Vital Statistics Outputs Branch. The standard wording is, “We welcome feedback on the content, format and relevance of the data provided. Please provide any feedback and state whether you would like your contact details to be added to our list of users. All known users will be invited to participate in any consultations that are run.”

We also receive feedback through regular attendance at user group meetings and conferences.

We maintain a list of known users, including which statistical outputs they use and the use made of them.

10 . Sources of further information or advice

Accessibility and clarity

(Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the release details, illustrations and accompanying advice.)

The latest figures on [Child Mortality Statistics](#) and the [Birth Cohort Tables for Infant Deaths](#) can be accessed free of charge.

A statistical bulletin containing context and commentary accompanies the release. The bulletin describes the main trends looking at age-specific mortality rates and reports on the latest statistics on stillbirths and infant deaths.

More general information on the collection, production and quality of mortality data is available in [Mortality Metadata](#).

Our recommended format for accessible content is a combination of HTML web pages for narrative, charts and graphs, with data being provided in usable formats such as CSV and Excel. We also offer users the option to download the narrative in PDF format. In some instances other software may be used, or may be available on request. Available formats for content published on our website but not produced by us, or referenced on our website but stored elsewhere, may vary. For further information, please email vsob@ons.gsi.gov.uk or telephone +44 (0)1329 444110.

For information regarding conditions of access to data, please refer to these links:

• [Terms and conditions \(for data on the website\)](#) • [Copyright and reuse of published data](#) • [Pre-release access \(including conditions of access\)](#) • [Accessibility](#)

Special extracts and tabulations of child mortality data for England and Wales are available to order (subject to legal frameworks, disclosure control, resources and agreement of costs, where appropriate). Such enquiries should be made to the Vital Statistics Outputs Branch via email to vsob@ons.gsi.gov.uk and via telephone to +44 (0)1329 444110.

Our [charging policy](#) is also available. In line with the [ONS approach to open data](#), all [ad hoc data requests](#) will be published to the website.

Access to microdata and disclosive data, that is, data which have the potential to identify an individual record, requires the approval of the ONS Microdata Release Procedure (MRP) before the data can be provided.

Useful links

[Child Mortality Statistics](#) presents detailed statistics on stillbirths, infant deaths and childhood deaths occurring annually in England and Wales. The [Birth Cohort Tables for Infant Deaths](#) provides specific data for deaths of infants born in a given calendar year using additional data from the birth record. [Gestation-specific Infant Mortality](#) presents data on live births and infant deaths by gestational age. [Unexplained Deaths in Infancy](#) includes both sudden infant deaths and deaths for which the cause remained unknown or unascertained.

The [Vital Statistics: Population and Health Reference Tables](#) provide annual infant mortality data for the UK and its constituent countries (based on deaths registered in a year).

Summary data for infant mortality in England and Wales (based on deaths registered in the year) are available in the [Deaths Registrations Summary Tables](#).

A geographical breakdown of infant death numbers and rates by local authority and county level is available in [Deaths Registered in England and Wales by Area of Usual Residence](#).

The [Births Summary Tables, England and Wales](#) provide important summary statistics for live births in England and Wales.