

Infant Mortality

What this is about...

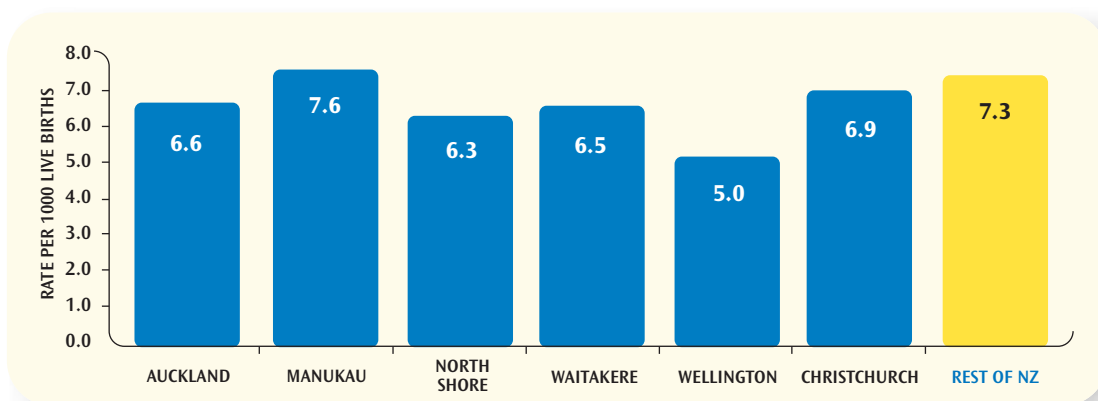
Deaths in infancy are recognised internationally as a sensitive indicator of social and economic conditions and the adequacy of health services.⁶⁶

The indicator used is the average annual rate of infant mortality per 1,000 live births by ethnicity (for 1996 and 1997 combined).⁶⁷ An infant death is defined as a live-born infant dying before their first birthday.

What did we find ?

- Overall, the New Zealand infant mortality rate (IMR) declined steadily until 1992 but has levelled off since. It has not improved at the same rate as in other developed countries. In 1960, New Zealand's infant mortality rate ranked sixth out of twenty-one Organisation for Economic Co-operation and Development (OECD) countries, but in 1995 our IMR dropped to fifteenth.⁶⁸
- Manukau City has the highest rate of infant mortality of 7.6 deaths per 1,000 live births. This is higher than the rate of 7.3 for the rest of New Zealand. This may be linked to the higher level of socio-economic deprivation that exists within the city.

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS, BY CITY (1996 AND 1997 AVERAGED)



Data Source: New Zealand Health Information Service

The rate of infant mortality is highest for Maori and Pacific Islands people across all the cities. The Maori IMR has declined but remains higher than that of non-Maori, mostly due to a higher rate of sudden infant death syndrome (cot death). The gap between Maori and non-Maori IMRs has widened since the mid-1980s. The IMR for Pacific Islands infants was consistently lower than the European rate until the mid-1980s, but it has been above the European rate for three out of five years since 1990.⁶⁹

Smoking is known to be strongly associated with socio-economic status, and has also been associated with sudden infant death syndrome. One in four New Zealanders smoke, and the young are more likely to smoke than older people. Maori smoking rates are almost twice those of non-Maori, and the prevalence of smoking among young women, particularly young Maori women, is of concern.⁷⁰

66 National Health Committee. 1998. The Social, Cultural and Economic Determinants of Health in New Zealand: Action to improve health.

67 Data for 1998 is unavailable due to 'unresolved data issues'. Owing to changes in the coding of ethnicity on birth and death certificates during 1995, pre 1995 data has not been included.

68 National Health Committee. 1998. The Social, Cultural and Economic Determinants of Health in New Zealand: Action to improve health.

69 The National Health Committee analysis of IMR by ethnicity is based on pre 1995 data. Due to changes in the coding of ethnicity on birth and death certificates during 1995 pre 1995 and post 1995 ethnicity data is not comparable. Data for this indicator is based on post 1995 data and serves as a baseline for future reporting.

70 Statistics New Zealand. 2000. Looking past the 20th Century, a selection of long - term statistical trends that influence and shape public policy in New Zealand.

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS, BY ETHNICITY (1996 AND 1997 AVERAGED)

	European	Maori	Pacific Islands	Other
Auckland	4.3	9.7	10.4	3.8
Manukau	2.9	10.4	7.2	11.6
North Shore	4.2	10.4	6.8	12.0
Waitakere	4.4	14.8	2.6	4.4
Wellington	4.8	9.7	7.9	0.0
Christchurch	5.7	11.6	17.5	3.3
Rest of NZ	5.0	11.2	8.0	6.2

Data Source: New Zealand Health Information Service

Low Birth Weight Babies

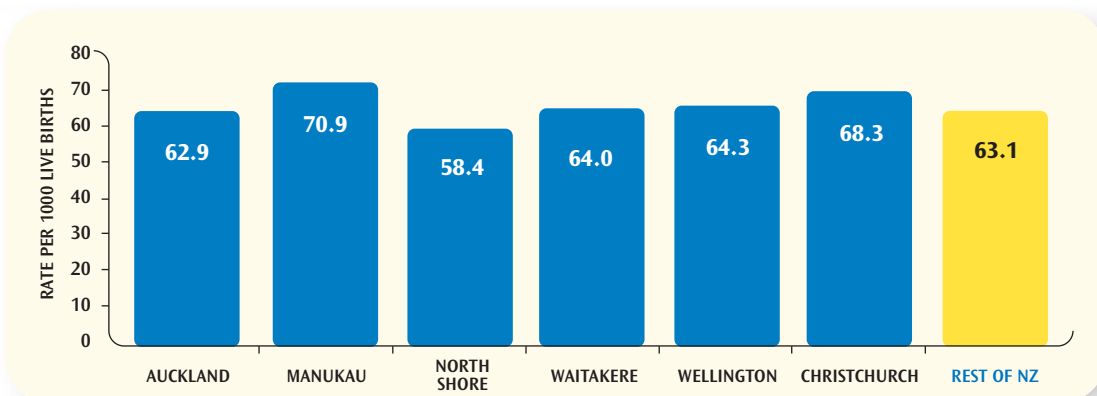
What this is about...

A low birth weight baby weighs less than 2,500 grams. Babies weighing 2,500 grams or less are at greater risk of death within the first month of life as well as increased risk of illness, disability and health problems in later life. Birth weight is affected by the overall health of the mother and her environment, and the quality of and level of access to prenatal care. This indicator measures the average annual number of low birth weight babies per 1,000 live births (1996 and 1997).

What did we find ?

- Manukau City has the highest rate of low birth weight babies compared to the other five largest cities. As for infant mortality, this may be linked to the higher level of socio-economic deprivation that exists within the city.

AVERAGE ANNUAL RATE OF LOW BIRTH WEIGHT BABIES PER 1,000 LIVE BIRTHS, BY CITY (1996 AND 1997 AVERAGED)



Data Source: New Zealand Health Information Service

Between 1980 and 1993 the proportion of low birth weight babies increased in New Zealand. The increase occurred predominantly among people of European ethnicity. This may be partly due to an increase in the survival of very low birth weight babies (under 1,500 grams) as a result of improved medical technology.⁷¹

However, the Maori rate of low birth weight is considerably higher than the European rate. Smoking is one of the most important preventable determinants of low birth weight babies. Proportionately more Maori women smoke during pregnancy and are more likely to have low birth weight babies.⁷²

The rate is lowest for Pacific Islands infants, remaining steady at around 43 per 1,000 live births during 1980 to 1993.⁷³ The table below shows a high rate of low birth weight babies amongst other ethnic groups which may reflect generally smaller babies, or a range of other issues such as access to prenatal care and socio-economic factors. However, as for infant mortality, the numbers are small.

**AVERAGE RATE OF LOW BIRTH WEIGHT BABIES
PER 1,000 LIVE BIRTHS, BY ETHNICITY (1996 AND 1997 AVERAGED)**

	European	Maori	Pacific Islands	Other
Auckland	51.2	83.8	42.9	92.5
Manukau	75.2	82.4	45.2	105.4
North Shore	49.5	79.9	37.7	87.2
Waitakere	53.3	84.6	36.0	109.1
Wellington	53.9	96.7	49.4	84.3
Christchurch	63.2	82.2	31.5	108.8
Rest of NZ	55.1	68.9	45.6	137.6

Data Source: New Zealand Health Information Service

Other factors that may increase the likelihood of low birth weight babies is poor nutrition and drinking alcohol during pregnancy.⁷⁴ These are influenced by socio-economic status, access to prenatal care and information, and education levels.

71 National Health Committee. 1998. The Social, Cultural and Economic Determinants of Health in New Zealand: Action to improve health.

72 National Health Committee. Maternity services for 'hard to reach' women not so satisfactory. News and Issues 15, www.nhc.govt.nz

73 The National Health Committee analysis of low birth weight is based on pre 1995 data. Due to changes in the coding of ethnicity on birth and death certificates during 1995 pre 1995 and post 1995 ethnicity data is not comparable. Data for this indicator is based on post 1995 data and services as a baseline for future reporting.

74 National Crime Prevention Council. 2000. The Determinants of Health and Children. Canada. www.crime-prevention.org