Infant mortality

Infant mortality, or deaths in children aged less than one year, reflects the impact of economic, social, and environmental conditions on the health of mothers and infants, as well as the effectiveness of health systems. Factors such as the education of the mother, quality of antenatal and childbirth care, preterm birth and birth weight, immediate new-born care, and infant feeding practices are important determinants of infant mortality (see section "Infant and young child feeding" in Chapter 4). The COVID-19 pandemic has indirectly resulted in the reduction of reproductive, maternal, neonatal, and child health (RMNCH) services and could therefore reverse the achievements made in the last decades in the region on reducing infant and maternal mortality (Castro, 2020[1]).

In 2020, the infant mortality average in LAC was 15 deaths per 1 000 live births. Infant mortality was lower in countries such as Cuba, Uruguay, Antigua and Barbuda, and Chile (under 7 deaths per 1 000 live births), while higher in the Dominican Republic, Dominica, and particularly Haiti (at almost 28, 32, and 47 per 1 000 live births, respectively) (Figure 3.6). Between 2000 and 2020, the average infant mortality rate has fallen by 38% in the LAC region, with most countries experiencing declines between 30% and 60% (Figure 3.6). Peru, Uruguay and Bolivia saw declines of over 30%. However, countries like Grenada, Venezuela, Saint Lucia and Dominica experienced increases in infant mortality rate, particularly the latter with an increase of 125%.

Across countries, important determinants of infant mortality rates are income status and the education of mothers. For instance, in Paraguay, infant mortality is 26 times higher in the poorest quintile compared to the richest quintile, while in El Salvador it is more than four times higher when mothers have lower levels of education than higher (no education or primary compared to secondary or tertiary education). Geographical location (urban or rural) is another determinant of infant mortality in the region, particularly in Guyana where infant mortality rate in rural areas reaches 39 deaths per 1 000 live births, compared to 7 deaths per 1 000 live births in urban areas (Figure 3.7).

Infant mortality can be reduced through cost-effective and appropriate interventions. These include immediate skin-to-skin contact between mothers and newborns after delivery, early and exclusive breastfeeding for the first six months of life, and kangaroo parent care for babies weighing 2 000g or less. Postnatal care for mothers and newborns within 48 hours of birth, delayed bathing until after 24 hours of childbirth, and dry cord care are important in reducing infant deaths. Management and treatment of neonatal infections, pneumonia, diarrhoea, and malaria are also critical. Oral rehydration therapy is a cheap and effective means to offset the debilitating effects of diarrhoea, and countries could also implement relatively inexpensive public health interventions, including immunisation and providing clean water and sanitation (see indicator "Water and sanitation" in Chapter 4 and "Childhood vaccination programmes" in Chapter 7). Reductions in infant mortality will require not only the aforementioned strategies but also that all segments of the population benefit from these improvements (Gordillo-Tobar, Quinlan-Davidson and Mills, 2017[2]).

Definition and comparability

Infant mortality rate is defined as the number of children who die before reaching their first birthday in a given year, expressed per 1 000 live births. Some countries base their infant mortality rates on estimates derived from censuses, surveys, and sample registration systems, and not on accurate and complete registration of births and deaths. Differences amongst countries in registering practices for premature infants may also add slightly to international variations in rates. Infant mortality rates are generated by either applying a statistical model or transforming under age 5 mortality rates based on model life tables.

Data on mortality by socio-economic conditions is from DHS surveys and MICS. These surveys allow for the disaggregation of household data by education level (no education and primary vs secondary and tertiary), income (lowest and highest quintiles of income) and rural and urban residency.

References

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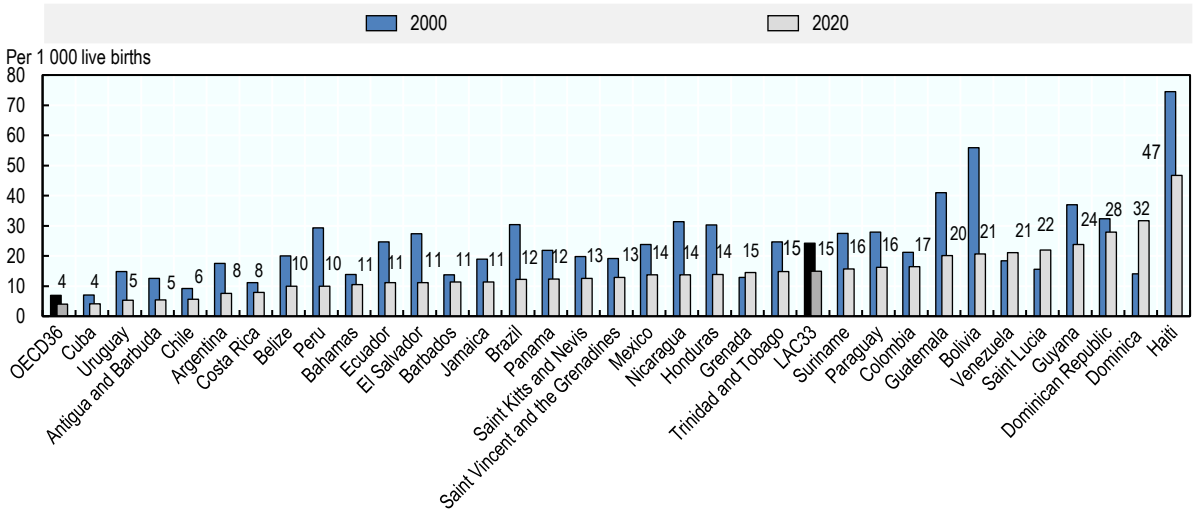
Gordillo-Tobar, A., M. Quinlan-Davidson and S. Mills (2017), *Maternal and child health : the World Bank Group's response to sustainable development goal 3: Target 3.1 and 3.2*, The World Bank, http://documents.worldbank.org/curated/en/996461511255244233/Target-3-1-and-3-2. [2]

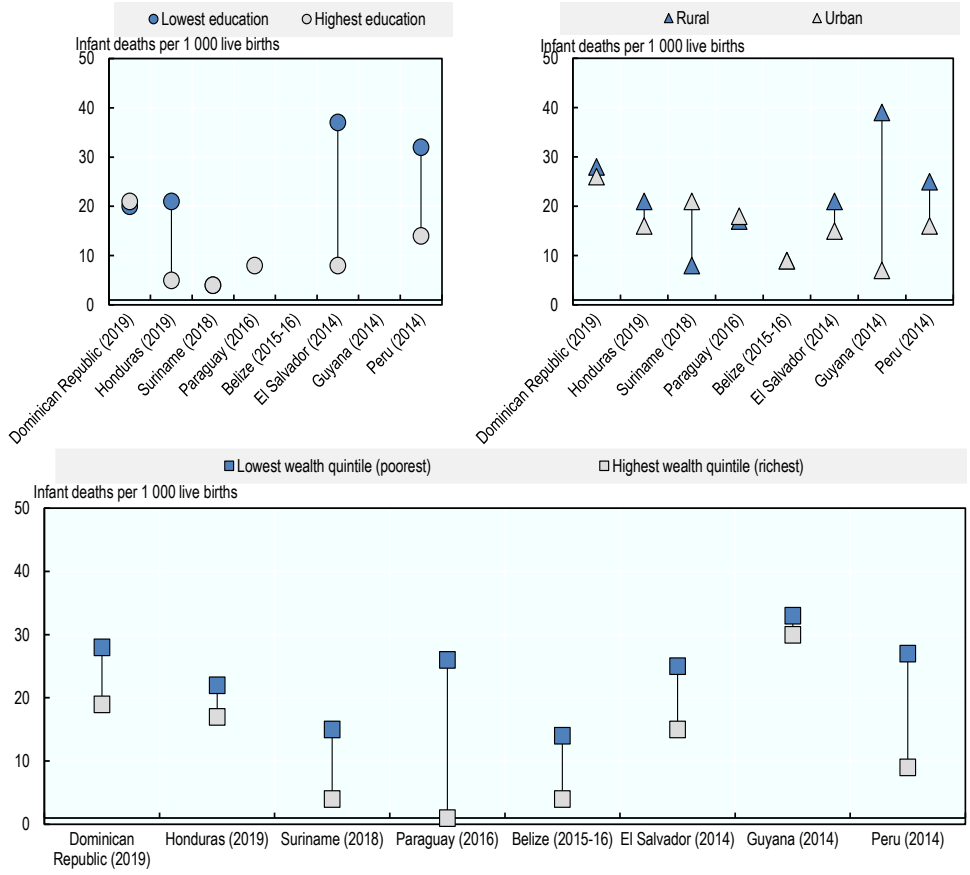
Figure 3.6. Infant mortality rates, 2000 and 2020 (or nearest year)



Source: The World Bank World Development Indicators Online 2022.

StatLink https://stat.link/0y8uib

Figure 3.7. Infant mortality rate by socio-economic and geographic factor, selected countries and latest year available



Source: Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS).

StatLink https://stat.link/xuq1zj