

Peterson-Kaiser Health System Tracker

Measuring the performance of the U.S. health system

How infant mortality rates in the United States compare to rates in other countries

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Infant mortality rate (death within their first year of life) is a widely-utilized indicator of population health. Our new chart collection highlights infant mortality rates in the U.S. compared to rates in similarly wealthy and sizable OECD countries, as well as variations in the rate of infant mortality by race and ethnicity within the U.S.

Overall, the U.S. and comparable countries have seen a decrease in infant mortality rate in recent years. The infant mortality rate in the U.S. declined about 13 percent from 2000 to 2012. However, rates vary significantly by race and ethnicity. Blacks in the U.S. continue to have significantly higher rates of infant mortality than other races, despite seeing an improvement of about 15 percent from 2000 to 2010. Data from the National Vital Statistics System (NVSS) indicate American-Indian and Alaska Natives also have higher-than-average rates and were the only group to experience an increase (almost 3 percent) in infant mortality from 2005 to 2010.

The black population saw the most improvement in neonatal mortality rate from 2000 to 2010 (an 18 percent decrease), but continues to have much higher neonatal death rates than all other races/ethnicities in the U.S. In 2010, the neonatal death rate for blacks was more than twice the rate for whites.

The U.S. has been slower to improve its infant mortality rate than comparable countries, which we define as countries whose gross domestic products (GDP) and per capita GDP were above average in at least one of the past 10 years. While the infant mortality rate in the U.S. improved by about 13 percent from 2000-2012, the comparable country average improved about 26 percent, according to data from the Organization for Economic Cooperation and Development (OECD).

U.S. infant mortality rates appear to be about 42 percent higher than the comparable country average. Looking into specific measures of infant mortality, it also appears that the U.S. has about 71 percent more **neonatal deaths** (deaths which occur less than 28 days after birth) than the comparable country average. From 2000 to 2012, neonatal deaths decreased by 11 percent in the U.S. and by 23 percent in comparable OECD countries. Measurement of **perinatal mortality** includes deaths that occur within one week of birth (**early neonatal deaths**), as well as **fetal deaths** of either a minimum gestational period of 28 weeks or a minimum fetal weight of 1000g. The United States seems to have slightly fewer perinatal deaths than comparable OECD countries.

International comparisons of infant mortality should be done carefully, though, as some of the variation is likely due – at least in part – to reporting differences. In most countries,

'premature deaths' are categorized with no specifications for gestational age or weight limit, while some countries specify that premature deaths must fall within limits based on some combination of gestational age, birth weight and survival. Some countries also have varying definitions of 'fetal deaths.' For example, in the U.S., federal guidelines recommend reporting fetal death in instances when birth weight is over 350 g or gestation is longer than 20 weeks. In contrast, Japan registers all live births, regardless of gestation period.

Differential reporting methods are likely just one explanation why the U.S. appears to lag behind in improving overall infant mortality. A [working paper](#) from the National Bureau of Economic Research (NBER) suggests that differential reporting only explains about 40 percent of the apparent difference in infant mortality rate between the U.S. and Austria and Finland (the two countries the report benchmarks for cross-national comparison).

The data still suggest that the U.S. is improving at a slower rate than other countries, and that significant disparities persist within the U.S. Racial disparities are also evident in postneonatal mortality rates (deaths occurring between 28 days and one year of birth). Although data are not widely available for cross-national comparison of postneonatal mortality, NVSS data indicate that within the U.S., postneonatal mortality rates among non-Hispanic Blacks, American Indian, and Alaska Natives are twice as high as the average of all other races. The NBER working paper concludes that high postneonatal mortality rates among disadvantaged groups is almost entirely the reason these rates are higher in the U.S. than in Austria and Finland.

SOURCE: Healthsystemtracker.org