

OECD Health Statistics 2025

Definitions, Sources and Methods

Perinatal mortality

The ratio of deaths of children within one week of birth (early neonatal deaths) plus foetal deaths of minimum gestation period 28 weeks or minimum foetal weight of 1000g, expressed per 1000 births.

i Note that some variations exist in the definitions for some countries, particularly with regard to foetal deaths, and as such, care should be exercised when making comparisons between countries.

The **Eurostat database** (dataset Infant mortality rates [demo_minfind] accessed in June 2025) is the main data source for some European countries (Germany, Greece, Hungary, Iceland, Italy, Lithuania, Luxembourg, the Slovak Republic, Sweden, Switzerland, as well as Bulgaria, Romania and Ukraine). Other countries have provided their own national data, see details below.

Sources and Methods

Australia

Sources:

From 2013 onwards: **Australian Institute of Health and Welfare (AIHW)**. National Perinatal Mortality Data Collection. Canberra: AIHW, see <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/data>.

1960-2012: **Australian Bureau of Statistics (ABS)**. Causes of Death, Australia. Canberra: ABS.

Methodology:

From 2013 onwards: The National Perinatal Mortality Data Collection collates data from the administrative and clinical record systems in each state and territory. The collection covers all stillbirths and neonatal deaths of at least 20 weeks' gestation or birthweight of at least 400 grams, with information collected by midwives and other clinical staff. Deaths are grouped by the year in which the birth occurred.

i Deviation from the definition: Data from 2013 include only those neonatal deaths where gestational age was 20 or more weeks, or birthweight was 400 or more grams. Data before 1978 comprise foetal deaths (500g at delivery or 22 weeks gestation) and neonatal deaths (within 28 days of birth) per 1000 total births.

✂ Break in time series in 2013: Change in data source and methodology.

✂ Break in time series in 1999: Data from 1999 comprise foetal deaths (1000g at delivery or 28 weeks gestation) and neonatal deaths (within one week of birth) per 1000 total births.

✂ Break in time series in 1978: From 1978 to 1998, live births exclude those under 1000g, which comprise about 0.4% of the total.

Further information: <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies> and <http://www.abs.gov.au/>.

Austria

Source: **Statistics Austria**, Gesundheitsstatistisches Jahrbuch (Todesursachenstatistik).

Further information: <https://www.statistik.at/en/>

Belgium

Sources:

From 1997: **Statistics Belgium** (former National Statistical Institute).

Until 1996: **Eurostat database**.

i Deviation from the OECD definition: Death occurring before the 8th day of life. The minimum gestation period for a foetal death is 26 weeks and minimum foetal weight of 500g.
Methodology: Since 2010, the official numbers for livebirths and deaths are coming from the Population National Register (and not exclusively from vital registration). Livebirths and deaths of residents taking place in foreign countries are therefore included in the statistics.
✂ Break in time series in 2010 due to a change in source and coverage.
Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Canada

Source: Statistics Canada, Canadian Vital Statistics Birth, Stillbirth and Death Databases.
From 1991: Table 13-10-0714-01 (formerly CANSIM 102-0508). Table 13-10-0714-01 includes foetal deaths with a minimum gestation period of 28 weeks, regardless of foetal weight.
1960-1990: Selected Infant Mortality and Related Statistics, Canada, 1921-1990, Cat. No. 82-549. Only foetal deaths of more than 20 weeks of gestational age or 500 grams are registered in Canada.
Further information: <http://www.statcan.gc.ca/>.

Chile

Source: National Committee of Vital Statistics, composed of the National Institute of Statistics (INE), the Ministry of Health (MINSAL, Department of Health Statistics and Information DEIS) and the National Service of Civil Identification Registry (“Servicio de Registro Civil e Identificación”, SRCeI).
Methodology: Foetal deaths, which are only recorded for statistical purposes, have been collected since 2001 with the same forms as those used for deaths. For further information see the process explained for infant mortality.
Further information: Information on Vital Registries available at <https://deis.minsal.cl/>.

Colombia


Source: National Administrative Department of Statistics (DANE). Vital Statistics, Births and deaths.
Source of the Administrative Record: Sole Registry of Affiliates (Registro único de Afiliados, RUAF).
Estimation: The information has no adjustments, it is calculated with the totals obtained from the official registry.
Further information:
- <http://www.dane.gov.co/index.php/estadisticas-por-tema/demografia-y-poblacion/nacimientos-y-defunciones>.
- Anonymised microdata:
http://microdatos.dane.gov.co/index.php/catalog/MICRODATOS/about_collection/22/5.

Costa Rica

Data not available.

Czechia

Source: Czech Statistical Office, official national data on births and deaths.
Coverage:
Until March 2012, live birth was defined as a child expelled or removed out of the mother’s body, who gives sign of life (respiration, heartbeat, umbilicus pulsation, active movement of muscles) and whose birth weight is 500 grams and more or less than 500 grams, and survives for 24 hours after birth. Those surviving less than 24 hours were registered as spontaneous abortions. A fetus with no signs of life and with a birth weight of at least 1000 grams was considered a **stillbirth**.
Since April 2012, live birth is defined as a child expelled or removed out of the mother’s body, who gives sign of life. Definition of live birth does not contain weight limit and gestational age. A fetus with no signs of life and with a birth weight of at least 500 grams is considered a **stillbirth**.

 **Break in time series in 1965:** Until 1964, **live birth** was defined as a birth of a fetus that showed signs of life (breathing or a heartbeat), born after 28 weeks of gestation, longer than 35 cm and weighing at least 1000 grams. All fetuses not meeting the criteria of live birth but surviving at least 24 hours were considered live births. Those surviving less than 24 hours were registered as spontaneous abortions. A fetus, or at least 28 weeks gestation, that was not breathing, with a body length of at least 35 cm and with a birth weight of at least 1000 grams was considered a **stillbirth**. In 1965, the former Czechoslovakia started using the internationally recommended definition of live birth. Such change in definition resulted in a sudden jump in infant mortality rates between 1964 and 1965 in both Czechia and the Slovak Republic. **Live birth** child was defined as a birth of a fetus that showed signs of life (no minimum threshold). A fetus with no signs of life, born at least 28-week gestation and with a birth weight of at least 1000 grams was considered a **stillbirth**.

Denmark


Sources:

From 1997 onwards: **The Medical Birth Register, The Danish Health Data Authority.**

1960-1996: **Eurostat database.** Data extracted in June 2021.

Coverage:

- For cases where an induced abortion has been made up to 30 days before birth, and the baby is stillborn and the birth weight <1000g after gestational week 22+0, or a live birth with a baby that dies within the first day and the birth weight < 1000g, those cases are since September 2022 registered as late abortions and excluded from data from 1997 onwards.

 **Breaks in time series in 1997 and 2019** due to a change in source.

- Data before 1997 include stillbirths while data from 1997 onwards only include live births.

- Children with a birth weight equal to or less than 200g are excluded until 2019.


Further information: <https://sundhedsdatastyrelsen.dk/da/registre-og-services/om-de-nationale-sundhedsregistre/graviditet-foedsler-og-boern/foedselsregisteret> and http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Estonia

Sources:

From 2008: **National Institute for Health Development, Causes of Death Registry and Medical Birth Registry.**

1960-2007: **Eurostat database.** Data extracted in June 2021.

 **Break in time series in 2008** due to a change in source.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Finland

Source: **Finnish Institute for Health and Welfare (THL), Medical Birth Register.**

Methodology:

Minimum threshold of 28 weeks.

- Information on infant and neonatal mortality for the pilot data collection is taken from THL Medical Birth Register (and includes cases without information on gestational age), since the data collected by Statistics Finland do not include information on gestational age for others than deceased infants. The inclusion criteria differ slightly between these two data sources: Statistics Finland includes all births and deaths in Finland for citizens and permanent residents, while THL Medical Birth Register includes all births and deaths in Finland without any restrictions to citizenship or residency.

France

Source: **Institut national de la statistique et des études économiques (Insee)** and Programme de Médicalisation des Systèmes d'Information (PMSI) for stillbirths, from 2012.

 **Breaks in time series:**

- in 2012: From 2012 the number of stillbirths comes from PMSI, and includes all babies from 22 weeks of gestation (or from 500 grams birthweight).

- in 2009: In 2008, a new legislative change took place. The decree No. 2008-800 of August 20th 2008 has redefined the notion of a lifeless child. The certificate for a lifeless child is based on a medical birth certificate. The criteria (22 weeks of gestation or a 500-grams weight) are no longer taken into account.

- in 2002: The strong growth of perinatal mortality and stillbirth rates in 2002 is due to a legislative change. According to the November 2001 circular, a stillborn certificate now matches 22 weeks of amenorrhea term or a 500-grams weight, following the viability criteria defined by WHO

(<http://www.insee.fr/fr/methodes/default.asp?page=sources/sou-adm-etat-civil.htm>). These criteria replace the previously used 180 gestation days or 28 weeks. Deaths which were previously counted as intra-uterine deaths are thus now considered stillborn.

- Before March 1993, when a child was dead at the time of declaration, registrars were not allowed to draw up a birth certificate nor a death certificate, they drew up a lifeless child certificate.

Foetal deaths: BESP; National databases from the "programme de médicalisation des systèmes d'information (PMSI).

Reference period: Calendar year.

Coverage:

- French data cover residents of Metropolitan France and/or overseas Départements (Guadeloupe, Martinique, French Guyana, Réunion Island and from 2015 Mayotte), who were hospitalised in public and private hospitals of the same area. They refer to hospitalisations in the units delivering acute care in medicine, medical specialties, surgery, surgical specialties, gynecology and obstetrics (MCO).

- It is important to note that a large proportion of foetal deaths come from medical termination of pregnancy that can be practiced until the end of pregnancy in France.

Further information:

Drees, *Stabilité de la mortalité périnatale entre 2014 et 2019*, Études & Résultats n° 1199, July 2021, see <https://drees.solidarites-sante.gouv.fr/publications/etudes-et-resultats/stabilite-de-la-mortalite-perinatale-entre-2014-et-2019>.

- Early neonatal deaths: Insee, Données détaillées des statistiques d'état civil sur les décès en 2022, séries longues, tableau T77 : *Décès d'enfants de moins d'un an selon le sexe et la durée de vie*, <https://www.insee.fr/fr/statistiques/7678712?sommaire=7678731>.

Germany

Source: Eurostat database.

ⓘ Deviation from the OECD definition:

Definition of still births in Germany has changed over time.

- From April 1994: still births relate to births with a weight of 500 grams or more.

- From July 1979 to March 1994: the definition required a weight of 1000 grams or more.

- Before July 1979: still births referred to cases with a minimum length of 35 cm.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Greece

Source: Eurostat database.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Hungary

Source: Eurostat database.

Methodology: Late foetal death (stillbirth) in Hungary is defined as follows: if after the separation from the mother's body the foetus did not show any sign of life, if from the conception more than 24 complete weeks have passed (27 weeks until 1997), or if, in the case the age of the foetus cannot be stated, the length of the foetus is 30 cm or more or if the weight of the foetus is 500 g or more; in the case of twin births, if at least one of the foetus was born alive.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Iceland

Source: Eurostat database.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Ireland

Sources:

From 2000 onwards: National Perinatal Reporting System (NPRS), Healthcare Pricing Office (HPO).
1960-1999: Eurostat database. Data extracted in June 2021.

Methodology:

From 2000:


- Number of perinatal deaths (includes stillbirths ≥ 28 weeks gestation or ≥ 1000 grams and all early neonatal deaths) per 1,000 total births (includes all live births and stillbirths ≥ 28 weeks gestation OR ≥ 1000 grams).

- Births with both 'not stated' gestation and 'not stated' weight are excluded.

1960-1999: See http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Coverage:

From 2000: Generally, the NPRS reports on births weighing ≥ 500 grams or with a gestation of ≥ 24 weeks. However, the data reported refer to all live births, all early neonatal deaths and all stillbirths ≥ 28 weeks gestation or ≥ 1000 grams. The data reported here therefore differs from data published elsewhere by the NPRS.

 **Break in time series in 2000:** Births are notified and registered on a standard Birth Notification Form used to notify local registrars of all live births and stillbirths occurring in Ireland. Notification of birth, which is collected by the National Perinatal Reporting System, differs from registration of birth. The Civil Registration Act 2004 outlines the duty of persons attending each birth to notify the local registrar of a stillbirth or live birth, however it is not a legal requirement of the parents/guardians to register stillbirths. Therefore, the General Register Office (GRO), and subsequently the Irish Central Statistics Office and Eurostat, publish data on registered births, stillbirths and perinatal deaths only. The data provided by the National Perinatal Reporting System from 2000 refers to 'notified' births, stillbirths and early neonatal deaths which would be higher than the number of 'registered' births in the case of stillbirths.

Further information: <https://hpowp.com/nprs-annual-report/>.

Israel

Source: Central Bureau of Statistics. Based on birth, death and foetal death registrations.

Further information: <https://www.cbs.gov.il/EN/Pages/search/yearly.aspx>.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Source: Eurostat database.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Japan

Source: Ministry of Health, Labour and Welfare, Vital Statistics of Japan (published annually).

Methodology: The live births are registered regardless of the gestation period, so very premature babies are registered as live births.

Further information: <https://www.e-stat.go.jp/en/stat-search/files?page=1&toukei=00450011&tstat=000001028897>.

Korea

Sources:

From 2009: **Statistics Korea**, Annual Report on the Cause of Death Statistics (based on vital registration).
1996-2008: **Ministry of Health and Welfare, Korea Institute for Health and Social Affairs**, Infant Mortality Survey Report.

Methodology:

- Information on deaths under seven days and foetal deaths at 28 weeks or more of gestation was gathered from various existing sources and integrated into one set, after adjusting any overlap among datasets from the various sources (medical insurance data, survey data from medical facilities and vital registration data).
- Total perinatal deaths divided by estimated total live births based on vital registration.

Further information: <http://kosis.kr/eng/>.

Latvia

Source: Centre for Disease Prevention and Control.

Methodology: Number of stillborns and deaths during the first week of life (28 and over gestational weeks) (Register of Causes of Death) per 1000 live births (Medical Birth Register) and stillborns (Register of Causes of Death).

Lithuania

Source: Eurostat database.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Luxembourg

Source: Eurostat database.

- National data source: Civil Register (collected by the National Statistics Office “STATEC”).

Methodology:

Numerator: Number of perinatal deaths of residents in or outside the country.

Denominator: Number of births of residents in or outside the country.

Coverage:

❗ All foetal deaths are included, even those with a gestational age of less than 22 weeks and a birthweight of less than 500g. For this reason, the perinatal mortality rate for the defined criteria is overestimated.

❗ The 2021 number is underestimated: the source of the number of perinatal mortality is the national registry of causes of death (Directorate of health), which only includes the number of perinatal deaths of residents in the country.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Mexico

Sources: National Institute of Statistics (INEGI) / Ministry of Health, Mortality Database 1990-2023, and database on fetal deaths 1990-2022. **National Population Council (CONAPO)**, Mexico 2023: Demographic estimations 1990-2019 and Population projections 2020-2070, Mexico.

Methodology: The denominator is calculated using the estimated live births plus foetal deaths estimated.

✂ Break in time series in 2011:

- From 2011, information from birth certificates and administrative death records is used.

- Early neonatal mortality (1990-2010) was estimated by multiplying the proportion of early neonatal deaths of infant deaths observed by child deaths estimated by the National Population Council. In the case of foetal deaths (28 weeks or more), derived from the underreporting of Vital Statistics System (foetal death certificate) for which coverage varies by state, 60% was added to correct underreporting.

Further information: <http://www.inegi.gob.mx/> and <http://www.salud.gob.mx/> (both in Spanish).

Netherlands

Source: Statistics Netherland. Data come from the **Causes of death statistics**, based on the obligatory registration in the **population register**.

Methodology:

- Perinatal mortality used to be reported with a minimum gestation period of 24 weeks in previous years. The perinatal mortality ratio has now been updated for all years so that it concerns mortality based on a **minimum gestation period of 28 weeks** (note that information on birth weight is not included in the population register).
- Note that these rates used to be extracted from the Eurostat database (dataset Infant mortality rates [demo_minfind]). However, the perinatal mortality rates available in the Eurostat database contain foetal deaths of a minimum gestation period of 24 weeks (and rates are not available for 2020 onwards). Hence, Statistics Netherlands is instead used as source to provide perinatal mortality rates with a minimum gestation period of 28 weeks in the 2025 edition of the OECD Health Statistics database.
- Stillbirths are obligatorily registered with a minimum threshold of 24 weeks (and before 1991, 28 weeks); children who die within 7 days after birth are also included.
- Data for 2023 are still provisional.

Further information: <https://opendata.cbs.nl/statline/#/CBS/en/dataset/37979eng/table?dl=BD75E>.

New Zealand

Source: Ministry of Health (National Collections).

Methodology:

- Birth data are based on live births registered in New Zealand by the date of registration. Late birth registrations are included in the denominator population.
- Death data are based on deaths registered in New Zealand by death registration year.
- The infant mortality figures include late registrations of deaths, after resolving mis-registered infant deaths and still births (i.e. registered as one when it is the other) based on additional information that they receive. These data processes cause delays in provision of final data (for both infant and neonatal mortality statistics).
- Data relate to the year ending in December.
- Additionally, perinatal mortality requires complete still births information, and the process used by the National Collections and Reporting Team to produce complete still births counts is quite complex and lengthy. The data processes involved in producing perinatal mortality statistics cause delays in provision of final data.

🔴 **Lower limits of registration of still-births in New Zealand:** more than 20 weeks of gestational age or a minimum of 400 grams birth weight. Prior to 1996, the definition used for foetal death was gestational age of 28 weeks or more. There were no birth-weight criteria in the definition. Data supplied to the OECD uses the 28 weeks and 500g criteria.

Further information: <http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/mortality-collection>.

Norway

Sources:

1967 onwards: **The Norwegian Institute of Public Health**, Medical Birth Registry of (MBRN).

1960-1966: **Eurostat database**. Data extracted in June 2021.

http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Methodology:

- The Medical Birth Registry contains information about all births, stillbirths, perinatal deaths and abortions from the 16th week of pregnancy onwards from 1967-2001 and from the 12th week of pregnancy onwards starting in 2002.
- The data on infant deaths are updated using information from maternity wards, neonatal wards and the national register, Norway.

🔴 **Break in time series in 1967** due to a change in source.


Further information: https://statistikk.fhi.no/mfr/92zKyzsWWp9CeDnulgmj_QqXfjvkmj_u.

(https://statistikk.fhi.no/mfr/92zKyzsWWp9CeDnulgmj_QqXfjvkmj_u)

Poland

Source: Statistics Poland, published annually (Demographic Yearbook of Poland).

Methodology: Statistics Poland sources of data are administrative registers and the individual documentation “Notification of death” and “Notification of birth (live and still)”, secondarily used by national statistics.

 In Poland, the criteria for registration of live births are a minimum weight of 500 grams (or a minimum threshold of 22 weeks of gestation). For the years 1994 -2014, the main criterion for foetal deaths was a gestation period of 28 weeks. Since 2015, the main criteria is a minimum weight of 1000g.

Further information: <http://stat.gov.pl/en/>.

Portugal

Source: Statistics Portugal.


Coverage: National (place of residence of the mother = Portugal). Deaths of live infants aged under 7 days and foetal deaths of 28 or more weeks of gestation in Portugal, and live births and stillbirths of 28 or more weeks of gestation born in Portugal, whose mothers reside outside Portugal, are not included.

Further information:

https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_indicadores&indOcorrCod=0012566&contexto=b&selTab=tab2.

Slovak Republic

Source: Eurostat database.

 **Break in time series in 1965:** Until 1964, **live birth** was defined as a birth of a fetus that showed signs of life (breathing or a heartbeat), born after 28 weeks of gestation, longer than 35 cm and weighing at least 1000 grams. All fetuses not meeting the criteria of live birth but surviving at least 24 hours were considered live births. Those surviving less than 24 hours were registered as spontaneous abortions. A fetus, of at least 28 weeks gestation, that was not breathing, with a body length of at least and with a birth weight of at least 1000 grams was considered a **stillbirth**. In 1965, the former Czechoslovakia started using the internationally recommended definition of live birth. Such change in definition resulted in a sudden jump in infant mortality rates between 1964 and 1965 in both the Czech Republic and Slovak Republic.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind, and also <https://datacube.statistics.sk>.

Slovenia

Source: National Institute of Public Health, Slovenia (Perinatal information system of the Republic of Slovenia, Notification of death, Medical Certificate of Death and Cause of Death).

Methodology: The ratio of deaths of children within one week of birth (early neonatal deaths) plus foetal deaths of minimum gestation period 28 weeks, expressed per 1000 births.

Spain

Source: *Basic Demographic Indicators* published by the **National Institute of Statistics**.

Further information: https://www.ine.es/en/metodologia/t20/metodologia_idb_en.pdf.


Sweden

Source: Eurostat database.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Switzerland

Source: Eurostat database.

 **Break in time series in 2005:** Since 2005, the minimal gestation period to register a foetal death is 22 weeks, or a minimum foetal weight of 500g. Until 2004, the minimal gestation period was 24 weeks, or a minimum foetal length of 30 cm.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.


Türkiye

Sources:

2009 onwards: **Ministry of Health, General Directorate of Public Health.**

1993, 2003 and 2008: **Hacettepe University, the Institute of Population Studies and the Ministry of Health, Mother and Child Health and Family Planning Department, The Türkiye Demographic and Health Survey, 1993 (advanced analyses), 2003 and 2008.**

Methodology:

 2009 onwards: The ratio of deaths of children within one week of birth (early neonatal deaths) plus foetal deaths per 1000 births.

1993, 2003 and 2008: TDHS (The Türkiye Demographic and Health Survey) reflects the average value of the 5 years prior to the survey date.

Further information: http://www.hips.hacettepe.edu.tr/tnsa2008/data/TDHS_2008_Main_Report.pdf and <https://dosyamerkez.saglik.gov.tr/Eklenti/28593.health-statistics-yearbook-pdf.pdf?0>.

United Kingdom

Sources:

From 2010:

- England and Wales: Vital Statistics Tables, **ONS.**

- Scotland: **ISD Maternity**, Annual Reports.

- Northern Ireland: **Northern Ireland Statistics and Research Agency**, Annual Reports.

2006-2009: **UK Health Statistics, ONS.**


1974-2005:


- England and Wales: **Office for National Statistics**, Mortality Statistics: Childhood, infant and perinatal, England and Wales' annual reference volumes series DH3 (1974-2005).

- Scotland: **General Register Office for Scotland**, Annual Reports.

- Northern Ireland: **Northern Ireland Statistics and Research Agency**, Annual Reports.

1960-1973: Registrar General's Annual Statistical Review of England and Wales (1960-1973).

Coverage:  1960-1973: Data cover only England and Wales.

 **Break in time series in 1992:** 1 October 1992: In the UK, the definition of a stillbirth was amended to cover 24 weeks gestation or more (but voluntary notification at 22 and 23 weeks is possible). Before 1992, it was 28 weeks.

Further information:

- England and Wales: <http://www.statistics.gov.uk/>.

- Scotland: <http://www.nrscotland.gov.uk>.

- Northern Ireland: <http://www.nisra.gov.uk>.

United States

Sources:

1995 onwards: **U.S. Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Health Statistics.** Linked Birth/Infant Deaths final data (several years).

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Health Statistics. Foetal Death final data (several years).

1980 to 1994: **U.S. Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Health Statistics.** Vital Statistics of the United States, Volume II, Mortality, and Part A (published annually).

1960-1979: **U.S. Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Health Statistics.** Vital Statistics of the United States, Vol. II Mortality. Unpublished data.

Coverage: National Vital Statistics Registration System.

Methodology:

1972-1976: Deaths based on a 50 percent sample. Data based on 50 largest U.S. Standard Metropolitan Statistical Areas (SMSA).

🔴 The US federal guidelines recommend reporting those foetal deaths whose birth weight is over 12.5 oz (350g), or those having more than 20 weeks gestation.

Further information: NCHS Vital Statistics website, <http://www.cdc.gov/nchs/nvss.htm>.

NON-OECD ECONOMIES

Argentina

Source: Vital Statistics, Dirección de Estadísticas e Información en Salud, Ministerio de Salud.

Coverage: Greater than 95%.

Methodology/Deviation from the definition: Only gestational weeks are considered (28 or more) for fetal deaths.

Further information: <https://www.argentina.gob.ar/salud/deis>.

Bulgaria

Source: Eurostat database.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

Croatia

Source: Croatian Institute of Public Health.

Methodology:

- The Croatian Institute of Public Health collects data for all births that occur at Croatian hospitals, which enables to calculate perinatal mortality according to weeks of pregnancy and/or birth weight.
- The data reported refer to CIPH ≥ 28 - Perinatal deaths and total births: minimum threshold ≥ 28 weeks.

Peru

Source: Demographic and Family Health Survey (ENDES).

Coverage: National estimates.

Methodology:

- Numerator: Stillbirths or foetal deaths in pregnancies of 7 or more months in the last 5 years before the survey (NM) + Early neonatal deaths occurring in the first 0-6 days after birth in the last 5 years before the survey (MNT).

- Denominator: Number of pregnancies ≥ 7 months.

🔴 **Limitation:** Information gathered is based on the informants' statements, which may not be a very precise measurement due to recall issues.

Further information: <https://proyectos.inei.gob.pe/microdatos/>, see Datasets REC21, REC0111 y REC82.

Romania

Source: Eurostat database.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=demo_minfind.

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<https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>