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17 Countries Top the U.S. In Low Infant Mortalities

THE RATE of infant mortality is one of the most poignant social indicators. The official U.N. statistics, recently analyzed by the U.S. National Center for health Statistics, give little cause for self-congratulation to an affluent country like the United States.

This country had 24.8 infant deaths per 1000 live births in 1964. Seventeen other countries showed superior performances, down to 14.2 in Sweden, with the Scandianvians, Dutch and British leading the list. The United States would even have to strive to match Japan (20.4), Czechoslovakia (21.2) and Taiwan (23.9).

THROUGHOUT the world, infant mortality rates have constantly improved over the past half-century. In the developing countries, this trend has, of course, sparked the population explosion.

In the United States between 1915 and 1950, the index dropped steadily from 100 to 30. Since then the improvement has been much less spectacular, perhaps because of the hard-core residence of infant deaths from causes beyond the reach of simple treatments like antibiotics.

Variations of the infant mortality index within the United States by region and by color are often quoted as measures of the unequal distribution of human rights. The index for nonwhites, mainly Negroes, in 1963 was 41.5 compared to 22.2 for the white population.

For rural non-whites, it was 47.3, and in Mississippi, the index reaches the scandalous peak of 58.3. This is indeed an index of discrimination. Among Mississippi whites, the urban and rural rates are not very different, 22.6 versus 23.1.

At the other extreme, rural white Iowa returns an index of 18.6, just ahead of Denmark and Switzerland.

These socio-economic discrepancies are a challenge to whatever decent humanity a great nation can implement through the force of government. However, a vital attack on this kind of problem demands better insight than we now have about the detailed causes of differences in the mortality index. There can be little doubt that the most elementary needs for medical care, maternal education and decent nutrition and sanitation will account for much of the discrepancies within the United States.

ON THE other hand, we should not be too quick to assume that these account for the differences between the white-urban United States and northern Europe. Unfortunately, we do not have sufficiently detailed and comparable vital statistics to give satisfactory clues on this question.

Among the visible variables, the incidence of very small babies is the only one that gives any interesting correlation with the infant mortality rates. In fact, the effects of color and of the number of high-risk babies weighing less than five pounds will completely account for the disparities between the United States and Europe.

We have very little insight into the reasons for these undersized infants. Many of them are undoubtedly prematurely delivered well before the normal term of nine months. Others may have been carried for full term but have developed backwardly. These immature babies are often more serious risks than the premature ones.

The statistics on gestation times are too unreliable to be very useful. It is even conceivable that more strenuous efforts to save a threatened pregnancy may produce a higher rate of infant mortality at the expense of prenatal deaths.

At any rate, the study of variation in birthweights now has a high priority in our efforts to understand and control avoidable infant deaths.

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