A country’s infant mortality rate often points to the state of its health development. In Canada, the infant mortality rate has declined significantly over the past three decades. However, between 1991 and 1995, it stagnated between 6.1 and 6.4 per 1,000 live births. Then, in 1996, the rate dropped steeply to 5.6, dipping again in 1997 to 5.5. The reason for the sudden decline was unclear. Were infant deaths? (whether caused by sudden infant death syndrome (SIDS), congenital anomalies, infections or other causes) decreasing globally, or had there been a decline in some specific causes of infant deaths?

Canadian researchers began examining the birth and death registries kept by the country’s provincial and territorial governments for the years 1991 through 1997. Problems with the data collected in Ontario meant the province’s statistics were excluded from the study. As with other industrialized countries, Canadian data showed that congenital anomalies are a leading cause of death, both prenatally and in the first year of life. However, the researchers discovered that the infant mortality rates for congenital anomalies were stable from 1991 to 1995, but declined by 21% in 1996 and had remained low in 1997.

The researchers then examined fetal deaths from pregnancy terminations. They found a substantial increase (up 578% from 1991 to 1997), with the sharpest increase starting in 1995. The researchers noted that these changes were happening against the backdrop of an increasing use of prenatal testing for congenital anomalies and selective termination of affected pregnancies. They concluded that this rise in testing and pregnancy termination for congenital anomalies is related to the overall decrease in Canada’s infant mortality rate.

“The study raises important questions about access to prenatal testing across the country,” says Dr. André Lalonde, Executive Vice-President of the Society of Obstetricians and Gynecologists of Canada. “We have to make sure there is good access to prenatal testing. This may not be a problem in major urban centres, but what about women in rural areas?”

Dr. Lalonde also pointed out that the study found significantly higher infant death rates due to congenital anomalies in the Yukon, Saskatchewan and Newfoundland. “Further research is needed to explain these differences. Researchers should also begin looking at the impact of early prenatal testing, which can detect fetal anomalies as early as 11 to 13 weeks.” Finally, Dr. Lalonde urged Canadian and Ontario government officials to correct the Ontario birth and death registries. “Ontario women account for 30 to 40% of all Canadian births,” he noted. “Data must be corrected.”


“The study raises important questions about access to prenatal testing across the country”