

# **Perinatal health indicators in the Brussels-Capital Region 1998-2004**

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## **Summary**

### **Introduction**

The periods before and after birth are particularly important. It can permanently affect the health of children in the medium and long term. In a region such as Brussels, where young adults of child-bearing age represent one third of the population and where the number of births constantly rises, the health of mothers and children is an indicator of the overall health and quality of life of a large proportion of the Brussels population.

The information contained in this report is based on an analysis of the births and under one year deaths certificates, as recorded for each birth and death by the health professionals (midwives, doctors) and by the registry office staff of the Brussels municipalities. The data found in this file only refer to births and deaths of children whose mother is resident in the Brussels region.

### **Births**

A continued increase in the number of births in Brussels has been recorded over the past twenty years. The birth rate in the Brussels regions is considerably higher compared to the rest of the country: 15.9‰ in the Brussels region, 11.6‰ in Wallonia and 10.8‰ in Flanders in 2006.

In the past few years over 6% of Brussels births have not been recorded within the National Population Registry. The real number of children in Brussels is therefore higher than what the official figures show. Young children are concentrated in the marginalised districts of the centre of the capital.

### **Perinatal health indicators**

Over the past 25 years all categories of foeto-infantile mortality (stillbirths, neonatal deaths and post-neonatal deaths) have continued to fall. Currently approximately one child out of 100 dies in the foeto-infantile period, which represents some 130 foeto-infantile deaths per year in the Brussels region. Stillbirths make up slightly more than half of the total of these deaths.

Compared to European data, neonatal death rates are relatively low (3.1 per thousand live births in 2004) and infantile death rates are relatively high in the Brussels region (4.4 per 1000 live births in 2004). Congenital anomalies are the major cause of infantile death. The number of deaths attributed to Sudden Infant Death Syndrome has fallen sharply and currently represents the 4th cause of infantile death (8 deaths per year in the Brussels region).

Premature births have risen by 30% in 25 years but this figure has stabilised in those last years (6.7 per 100 live births in 2005). The same evolution can be seen in the frequency of low birth-weight infants (6.5 per 100 live births in 2005). The considerable rise in the number of multiple pregnancies largely explained these developments. The proportion of twins has almost doubled in 25 years, going from 2.1% in 1980 to 3.6% in 2005, following the increasing use of in-vitro fertilisation techniques, partly due to the raise of mothers age. Almost half of the children born from multiple pregnancies are premature, with 55% weighing less than 2,500 g.

In 2004 17% of Brussels births required caesarean section and the rate of induced labour (26%) is among the highest in Europe.

### **Births in Brussels - socio-demographic characteristics**

The proportion of mothers over 35 has almost tripled in 25 years, while the proportion of mothers under 20 has fallen sharply. In 2004 19% of mothers were 35 years of age or over and 3% under 20. After the age of 35 the risk of premature birth, perinatal death and obstetrical intervention rises.

In 2004 nearly 3 children out of 10 were born in a household with no work income and 15% in a single-parent family. The risk of death in the post-natal period is three times greater for a newborn child in a family with no income from work than in a double-income family. This risk is twice as high in the perinatal period. This abnormally high death rate is recorded for all causes of death.

Almost half of newborn babies in Brussels have a non-Belgian mother. Mothers of Turkish nationality are often younger and mothers of Moroccan nationality older than Belgian mothers.

Inequalities related to the nationality of the mother are to be observed in the perinatal period. The prevalence of premature births is particularly high for babies with mothers from sub-Saharan Africa. These infants are also at a higher risk of perinatal and infantile death, particularly when born prematurely. Babies with Moroccan or Turkish mothers have a noticeably higher rate of perinatal death than those with Belgian mothers, despite the fact that they have a lower rate of premature birth and low birth weight. Part of this high death rate is related to congenital anomalies.

#### **For more information:**

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