

Statistics Canada

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Infant and perinatal mortality, by sex, three-year average, Canada, provinces, territories, health regions and peer groups

occasional (number)

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Sex = Both sexes			
Characteristics 16 , 17 , 18 , 19 = Number			
Geography 5 , 4	Infant or perinatal mortality	2000-2002	2005-2007
Canada [0]	Infant mortality 2	5,142	5,354
	Perinatal mortality 3	6,161	5,895
Yukon [60]	Infant mortality 2	7	6
	Perinatal mortality 3	9	6
Northwest Territories [61]	Infant mortality 2	12	12
	Perinatal mortality 3	17	15
Nunavut [62]	Infant mortality 2	20	27
	Perinatal mortality 3	18	26

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Footnotes:

- Sources: Statistics Canada, Canadian Vital Statistics, Birth, Death and Stillbirth Databases. The CANSIM table 102-4305 is an update of CANSIM tables [102-0207](#) and [102-0208](#).
- Infant mortality corresponds to the death of a child under one year of age. Expressed as a rate per 1,000 live births.
- Perinatal deaths include late fetal deaths (stillbirths with a gestational age of 28 weeks or more) and early neonatal deaths (deaths of infants aged less than one week).
- Numbers and rates in this table may differ from those found in similar data published by the Vital Statistics program as the data here have been tabulated based on postal codes available for place of residence.
- Health regions are administrative areas defined by provincial ministries of health according to provincial legislation. The health regions presented in this table are based on boundaries and names in effect as of December 2007. For complete Canadian coverage, each northern territory represents a health region.
- Peer groups are aggregations of health regions that share similar socio-economic and demographic characteristics, based on 2006 Census data. These are useful in the analysis of health regions, where important differences may be detected by comparing health regions within a peer group. The ten peer groups are identified by the letters A through J, which are appended to the health region 4-digit code. Caution should be taken when comparing data for the peer groups over time due to changes in the peer groups. For more information on the peer groups classification, consult Statistics Canada's publication "Health Indicators" (catalogue number 82-221-XWE).
- Prince Edward Island restructured and collapsed the four administrative areas into one in November 2005. Statistics Canada and the province chose to present data by the three counties. Although these 3 counties have the same codes as previous health regions (1101, 1102 and 1103) they have a different geography. Therefore sub-provincial data from 2007 or later cannot be compared with data from 2005 or 2003 in this province.
- In Nova Scotia, zones are aggregations of the nine district health authorities.
- In February 2006 a small boundary change in New Brunswick occurred: Cambridge-Narrows village (population 717) was reassigned from Region 2 to Region 3.
- In Ontario, Public Health Units (PHU) administer health promotion and disease prevention programs. Local Health Integration Networks (LHIN) are responsible for planning, funding and administering health care programs and services across the province. Data are provided for both PHUs and LHINs. However, since the weights for the Canadian Community Health Survey sample are primarily based on PHUs, only estimates for rates (percentages) are available by LHIN in the profile. Special LHIN weights are available upon request. These weights will allow for more precise estimation at the LHIN level including the estimation of totals.
- Ontario's Muskoka-Parry Sound Health Unit (3545) was dissolved on April 1, 2005 and part of the region was merged with North Bay and District Health Unit (3547) while the rest was merged with Simcoe County District Health Unit (3560). The 2005 survey weights were adjusted to represent these new regions' boundaries. The adjustment has not been made to the 2003 weights since the impact of this change on the quality of 2003 estimates for the two regions is considered to be acceptable.
- In Manitoba, Saskatchewan and Alberta, health regions are referred to as Health Authorities (HA) or Regional Health Authorities (RHA).
- To avoid data suppression, northern regions in Manitoba have been grouped with neighbouring regions, as follows: Churchill Regional Health Authority (4690) is combined with Burntwood Regional Health Authority (4680) and referred to as Burntwood/Churchill (4685).
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To avoid data suppression, northern regions in Saskatchewan have been grouped with neighbouring regions, as follows: Athabasca Health Authority (4713) is combined with Mamawetan Churchill River Regional Health Authority (4711) and Keewatin Yatthé Regional Health Authority (4712) and referred to as Mamawetan/Keewatin/Athabasca (4714).

15. In 2007, the codes in Alberta have been updated to conform with the codes used by Alberta Health and Wellness. The boundaries and health region names did not change.
16. Counts and rates in this table are based on three consecutive years of data.
17. The 95% confidence interval (CI) illustrates the degree of variability associated with a number or a rate.
18. Wide confidence intervals (CIs) indicate high variability, thus, these numbers or rates should be interpreted and compared with due caution.
19. The following standard symbols are used in this Statistics Canada table: (..) for figures not available for a specific reference period, (...) for figures not applicable and (x) for figures suppressed to meet the confidentiality requirements of the Statistics Act.
20. This variable provides direction and statistical significance of the difference between estimates ($p < 0.05$). A value of +1 means the difference observed is significantly higher, -1 means the difference is significantly lower and 0 means the difference is not statistically significant.

Source: Statistics Canada. *Table 102-4305 - Infant and perinatal mortality, by sex, three-year average, Canada, provinces, territories, health regions and peer groups, occasional (number unless otherwise noted)*, CANSIM (database). (accessed:)

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