

## Table 12 - Demographic Yearbook 2021

Table 12 presents late foetal deaths and late foetal-death ratios by urban/rural residence for as many years as possible between 2017 and 2021.

**Description of variables:** Late foetal deaths are foetal deaths<sup>1</sup> of 28 or more completed weeks of gestation.

Statistics on the number of late foetal deaths are obtained from civil registers unless otherwise noted.

The urban/rural classification of late foetal deaths is as provided by each country or area; it is presumed to be based on the national census definitions of urban population that have been set forth at the end of the technical notes for table 6.

**Ratio computation:** Late foetal-death ratios are the annual number of late foetal deaths per 1 000 live births (as shown in table 9) in the same year. The live-birth base was adopted because it is assumed to be more comparable from one country or area to another than the sum of live births and foetal deaths.

Ratios by urban/rural residence are the annual number of late foetal deaths, in the appropriate urban or rural category, per 1 000 corresponding live births (as shown in table 9). These ratios are calculated by the United Nations Statistics Division.

Ratios presented in this table are limited to those for countries or areas and urban/rural areas having at least a total of 30 late foetal deaths in a given year.

**Reliability of data:** Each country or area is asked to indicate the estimated completeness of the late foetal deaths recorded in its civil register. These national assessments are indicated by the quality codes "C", "U" and "..." that appear in the first column of this table.

"C" indicates that the data are estimated to be virtually complete, that is, representing at least 90 per cent of the late foetal deaths occurring each year, while "U" indicates that data are estimated to be incomplete, that is, representing less than 90 per cent of the late foetal deaths occurring each year. The code "..." indicates that no information was provided regarding completeness.

Data from civil registers which are reported as incomplete or of unknown completeness (coded "U" or "...") are considered unreliable. They appear in italics in this table. Ratios are not computed for data so coded.

For more information about the quality of vital statistics data in general, see section 4.2 of the Technical Notes.

**Limitations:** Statistics on late foetal deaths are subject to the same qualifications as have been set forth for vital statistics in general and foetal-death statistics in particular as discussed in section 4 of the Technical Notes.

The reliability of the data is a very important factor. Of all vital statistics, the registration of foetal deaths is probably the most incomplete.

Variation in the definition of foetal deaths, and in particular late foetal deaths, also limits international comparability. The criterion of 28 or more completed weeks of gestation to distinguish late foetal deaths is not universally used; some countries or areas use different durations of gestation or other criteria such as size of the foetus. In addition, the difficulty of accurately determining gestational age further reduces comparability. However, to promote comparability, late foetal deaths shown in this table are restricted to those of at least 28 or more completed weeks of gestation. Wherever this is not possible, a footnote is provided.

Late foetal-death ratios are subject to the limitations of the data on live births with which they have been calculated. These have been set forth in the technical notes for table 9.

It must be pointed out that when late foetal deaths and live births are both under registered, the resulting ratios may be of reasonable magnitude. For the countries or areas where live-birth registration is poorest, the late foetal-death ratios may be the largest, effectively masking the completeness of the base

data. For this reason, possible variations in birth-registration completeness as well as the reported completeness of late foetal deaths must always be borne in mind in evaluating late foetal-death ratios.

Finally, it may be noted that the counting of live-born infants as late foetal deaths, because they died before the registration of the birth or within the first 24 hours of life, has the effect of inflating the late foetal-death ratios unduly by decreasing the birth denominator and increasing the foetal-death numerator. This factor should not be overlooked in using data from this table.

The comparability of data by urban/rural residence is affected by the national definitions of urban and rural used in tabulating these data. It is assumed, in the absence of specific information to the contrary, that the definitions of urban and rural used in connection with the national population census were also used in the compilation of the vital statistics for each country or area. However, it cannot be excluded that, for a given country or area, different definitions of urban and rural are used for the vital statistics data and the population census data respectively. When known, the definitions of urban used in national population censuses are presented at the end of the technical notes for table 6. As discussed in detail in the technical notes for table 6, these definitions vary considerably from one country or area to another.

Urban/rural differentials in late foetal death ratios may also be affected by whether the late foetal deaths and live births have been tabulated in terms of place of occurrence or place of usual residence. This problem is discussed in more detail in section 4.1.4.1 of the Introduction.

**Earlier data:** Late foetal deaths and late foetal-death ratios have been shown in each issue of the Demographic Yearbook beginning with the 1951 issue. A special topic CD on natality published in 2001 presents the data for all available years from 1990 to 1998. For more information on specific topics, and years for which data are reported, readers should consult the Historical Index.

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## NOTES

<sup>1</sup> For definition, see section 4.1.1 of the Introduction.