Office for National Statistics

Article

Death Certification Reform, England and Wales: 9 September 2024 to 30 June 2025 (provisional data)

Analysis of death registrations since death certification reform, including time taken to register death, cause of death, and new ethnicity and pregnancy fields.

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1 . Main points

- Death certification reform (DCR) was implemented in England and Wales on 9 September 2024; a total of 454,898 deaths occurred between implementation and 30 June 2025 (DCR 2024 to 2025) and were registered by 25 August 2025; most of these were certified by a doctor (85.0%, 386,755).
- The median time taken to register deaths certified by a doctor in England and Wales was eight days; this is an increase compared with the same period in 2023 to 2024 (a median time of six days); however, there has been variation by region with the median time in London and the North West less affected.
- The number of conditions listed in Part 1 of the medical certificate of cause of death (MCCD) has remained broadly stable in the DCR 2024 to 2025 period compared with previous time periods; Line 1d was used in 0.8% of doctor-certified deaths in England and 1.7% of doctor-certified deaths in Wales, since DCR was implemented.
- Dementia and Alzheimer's remains the leading cause of death in England and Wales since DCR was implemented, compared with previous time periods.
- Of the deaths that occurred in the DCR 2024 to 2025 period and included the new ethnicity field, over 80% had ethnicity recorded from the patient's medical record (369,084, 81.1%).
- Of deaths that occurred in the DCR 2024 to 2025 period, 85% were linked to Census 2021; the proportion of Census records that was in agreement with MCCD records was highest in individuals recorded as White British (80.9%), and lowest in individuals who were recorded as Black African (3.7%).
- In the DCR 2024 to 2025 period, 61 deaths were recorded as having occurred during pregnancy or within a year of the end of pregnancy; however, in only 10 of these cases the pregnancy directly contributed to the death.

2 . Overview of death certification reform

Death certification reform

On 9 September 2024, Death Certification Reform (DCR) was implemented in England and Wales, following well-publicised reports and inquiries since theShipman case in 1998 (PDF, 1.45MB). These reforms were led by the Department of Health and Social Care (DHSC) in collaboration with a wide range of organisations involved in the death certification and registration process.

There were four main aims of the reforms:

- provide greater safeguards for the public through independent scrutiny of all non-coronial deaths
- ensure the appropriate direction of deaths to the coroner
- improve experience for bereaved people and provide an opportunity for them to raise concerns with someone not involved in caring for the deceased
- improve the quality of death certification and of mortality data

Changes included but were not limited to:

1. Introduction of a statutory medical examiner (ME) system

2. Addition of line 1d in Part 1 of the cause of death section of the MCCD, bringing the MCCD in line with international standards

3. Addition of ethnicity of deceased to the MCCD, as self-declared by the patient on their medical record

4. Additional questions on the MCCD about whether the deceased was pregnant, and whether the pregnancy contributed to the death, which brings the MCCD in line with international standards

5. Introduction of a ME medical certificate of cause of death (MCCD)

Following the introduction of the statutory ME system, the proposed cause of death identified for all non-coronial deaths must undergo independent scrutiny by a ME, before registration. The role of a ME is to:

- provide independent scrutiny of causes of death given by the medical practitioner, to improve the quality and accuracy of the medical certificate of cause of death (MCCD)

- determine whether a death should be reported to a coroner, to reduce unnecessary referrals

- facilitate discussions with the bereaved about any questions or concerns they may have with someone not involved in providing care

- review medical records and work with attending practitioners (APs) to complete the MCCD to help ensure accuracy and to highlight any concerns about the care of the deceased

The five-day statutory timeframe to register a death starts once the ME notifies the informant. Before 9 September 2024, the five-day statutory timeframe started from date of death or the date on which a body is found (including weekends and bank holidays), unless the coroner is involved.

MEs had been scrutinising some, but not all, deaths on a non-statutory basis since 2019. This proportion increased gradually between 2019 and DCR implementation in 2024.

The introduction of an ME MCCD means that MEs can certify a death when there is no attending practitioner available, and when the cause of death is known, and a senior coroner makes a request for the ME to do so.

Further details on DCR changes can be found in Section 8 of the User guide for mortality statistics.

Assessing changes to mortality data

Since DCR implementation, mortality data has been monitored to assess changes to existing trends or quality. This article presents provisional analysis comparing deaths that occurred between 9 September 2024 and 30 June 2025 (and were registered by 25 August 2025), with comparative reference periods before DCR implementation.

Four themes are assessed:

- time taken to register death
- cause of death data
- new field on ethnicity of the deceased
- new fields on pregnancy status of the deceased

More detailed analysis and updates will be provided in Summer 2026, once final 2025 death registrations are available.

These are accredited official statistics. However, the statistics presented on ethnicity and pregnancy are official statistics in development, and we advise caution when using this data.

Specific reference periods have been curated to enable like-for-like comparisons between deaths that occurred on or after the DCR implementation date and deaths that occurred under the previous process. Analysis uses finalised data for deaths registered from 2019 to 2024, and provisional data for deaths registered in 2025.

Analysis is based on provisional data and bespoke reference periods, and so figures may not align with patterns reported in regular mortality publications that are based on our usual reference periods.

The DCR 2024 to 2025 period is defined as all deaths that occurred between 9 September 2024 and 30 June 2025 and were registered by 25 August 2025. A total of 454,898 deaths occurred during this period, of which:

- 85.0% were certified by a doctor and were scrutinised by an ME under the statutory ME system
- 14.0% were certified by a coroner
- 1.0% were certified by an ME
- less than 0.1% were uncertified or unknown

The overall balance of deaths certified by a doctor versus a coroner has not changed. The volume of uncertified or unknown deaths has decreased from 11,381 deaths in 2023 to 2024 (2.5%) to 12 deaths in 2024 to 2025 (less than 0.1%). This decrease is explained by DCR expanding the eligibility of attending practitioners and introducing ME certification as a new certification type.

More information on the data reference periods can be found in Section 9: Data sources and quality.

Comparisons over time focus on doctor-certified deaths only. Most doctor-certified deaths that occurred during the DCR period have been registered and collected by the ONS whereas coroner-certified deaths will be incomplete because of the time taken to investigate. See Section 9: Data sources and quality for further information.

The data presented in this article will be missing some coroner-certified deaths that occurred since DCR because of the time taken to investigate (i.e. the Office for National Statistics (ONS) will not have received data on them yet). However, we note that separate coroner statistics produced by the Ministry of Justice show that, in 2024, deaths reported to coroners have decreased by 10% since 2023.

3 . Time taken to register death

Since death certification reform (DCR) implementation, deaths must now be registered by the informant within five days of being contacted by the medical examiner (ME), not five days from the date of death. Alongside the steps required for death registration, it is accepted that MEs will take some time to complete their work, and there is interest in the impact on time taken to register deaths across the system.

To investigate whether there has been any change in the time taken to register deaths certified by a doctor, we calculated the median time between date of death and the date of registration, before and after DCR implementation.

Trends in time taken to register death

The overall median time taken to register a death certified by a doctor in England and Wales increased by two days for deaths occurring in the DCR 2024 to 2025 period when compared with deaths occurring in the same weeks in 2023 to 2024 (Table 1).

A t-test was conducted to assess the statistical significance of this change. It compared the average weekly median time to register a death in the 2023 to 2024 period (6.02 days) against the 2024 to 2025 period (7.93 days). It indicated a statistically significant difference in the average weekly median time of 1.91 days. While there has been variation by week since the implementation of the DCR, median time taken to register a death has been steadily increasing throughout the reference periods analysed. However, there has been variation by week since implementation.

Table 1: Median time taken to register death increased following death certification reform (DCR) implementation in England and Wales

Median time taken to register deaths (days), England and Wales, deaths certified by a doctor, deaths occurring between 9 September 2024 and 30 June 2025 and comparative reference periods from 2019 to 2024

Reference period	Deaths	Median time taken to register death (days)
2019 to 2020	421,205	4
2020 to 2021	416,177	4
2021 to 2022	387,938	6
2022 to 2023	392,356	6
2023 to 2024	372,381	6
DCR 2024 to 2025	386,755	8

Source: Deaths in England and Wales from the Office for National Statistics

Notes

1. Reference periods refer to deaths that occurred between Week 37 for previous year and Week 27 of the following year that were registered within 8 weeks of the end of the period.

Time taken to register death by week in England and Wales

In both England and Wales, there was an increase in the median time for deaths certified by a doctor to be registered, after the introduction of DCR, with the median time reaching a peak of 11 days in England and 15 days in Wales. After the peak, there has been a general downward trend in the overall median time throughout 2025, and it is now closer to pre-DCR levels (Figure 1).

Figure 1: Median time to register death has started to return to similar levels that were seen before death certification reform (DCR)

Median time taken to register deaths (days), England and Wales, deaths certified by a doctor, deaths occurring between 30 December 2023 and 27 June 2025, by week

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Time taken to register death by week in each region

Most regions saw an increase in the median time taken to register a death after the introduction of DCR, with the highest averages recorded being 15 days in Wales and 13 days in the South East (Figure 2).

London and the North West saw less impact: London did not see any significant change in the median time after the introduction of DCR and continued to follow a similar trend. The North West saw an increase in the median time of 1 day, which then remained relatively unchanged.

Figure 2: The biggest changes in the median time to register a death following death certification reform (DCR) implementation occurred in Wales and the South East

Median time taken to register deaths (days), English regions and Wales, deaths certified by a doctor, deaths occurring between 30 December 2023 and 27 June 2025, by week

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Notes:

1. The area is based on the person’s usual residence as provided by the informant upon registration in England and Wales, and is based on the latest available postcode boundaries.

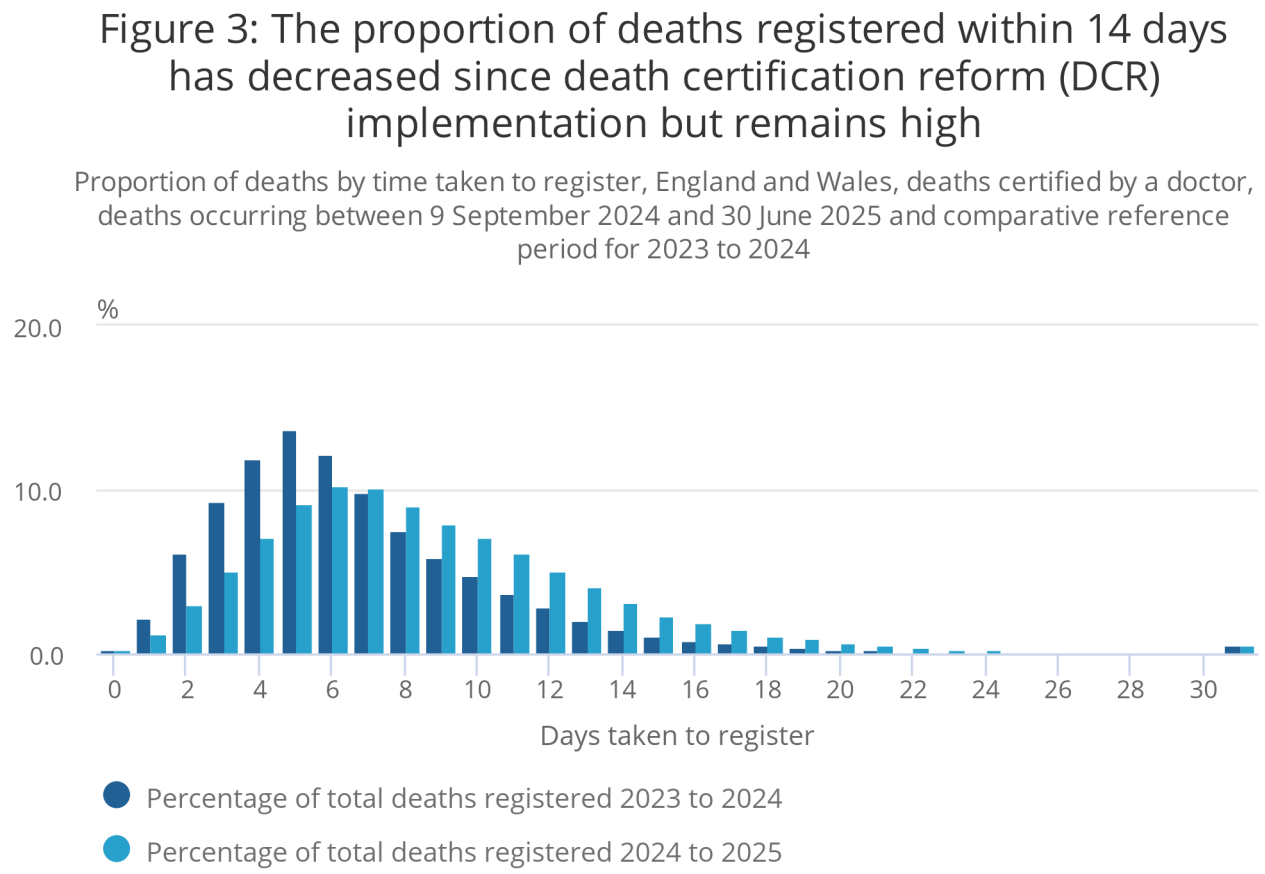
Changes in the distribution of time taken to register a death

Of the 386,755 deaths certified by a doctor that occurred in England and Wales in the DCR 2024 to 2025 period, 85.5% were registered within 14 days. This figure was 92.6% during the same weeks in 2023 to 2024 (Figure 3).

Only 0.6% of the deaths occurring in the DCR 2024 to 2025 period took over 30 days to register. This is unchanged from 2023 to 2024.

Figure 3: The proportion of deaths registered within 14 days has decreased since death certification reform (DCR) implementation but remains high

Proportion of deaths by time taken to register, England and Wales, deaths certified by a doctor, deaths occurring between 9 September 2024 and 30 June 2025 and comparative reference period for 2023 to 2024



Source: Deaths in England and Wales from the Office for National Statistics

Notes:

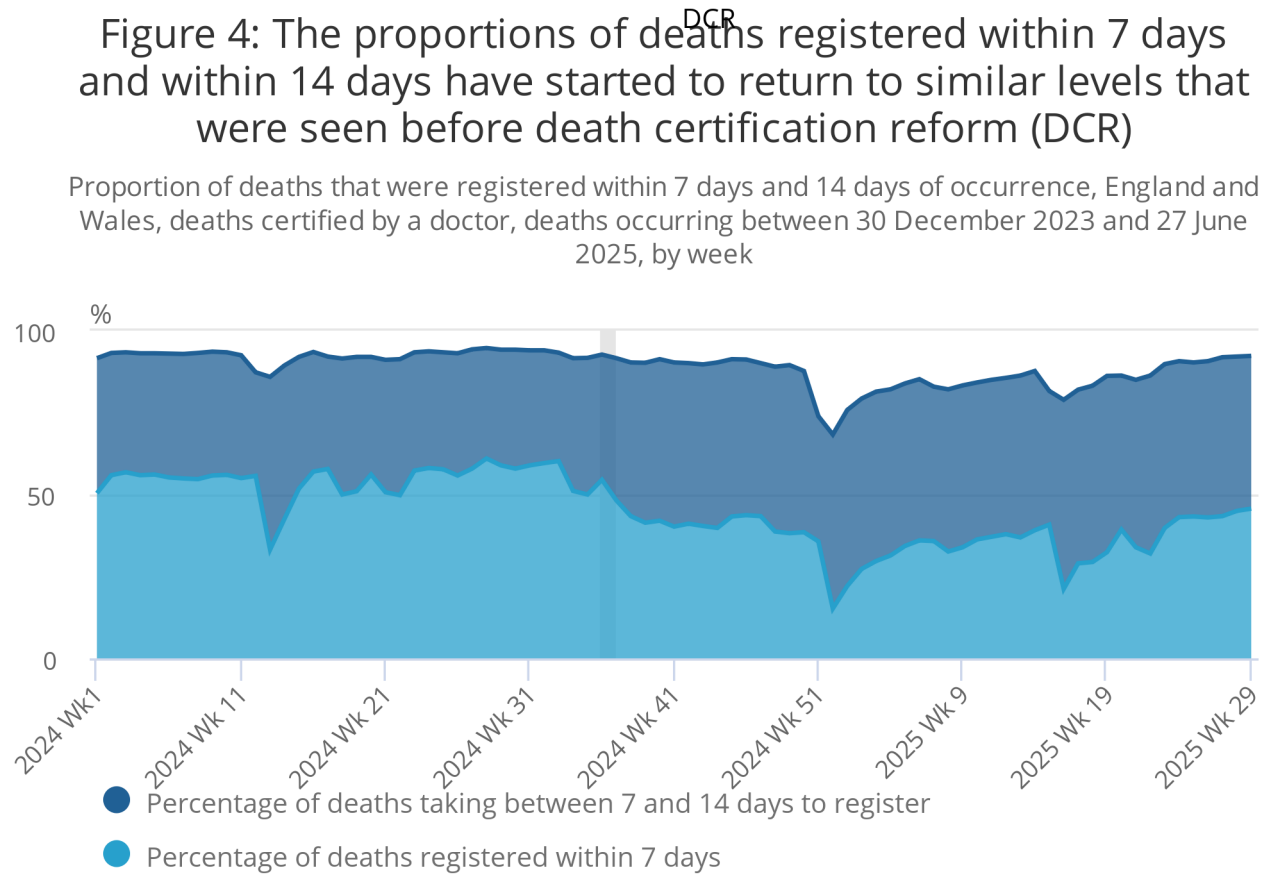
1. Reference periods refer to deaths that occurred between Week 37 for previous year and Week 27 of the following year, that were registered within eight weeks of the end of the period.

The proportions of deaths registered within 7 days and within 14 days have returned to similar levels seen before DCR in the most recent weeks (Figure 4).

Of the deaths that occurred in week 26 of 2025 (week ending 27 June 2025), 90.7% were registered within 14 days. This is only slightly lower than the 92.7% observed in the final week before implementation and the 93.1% observed in the same week of 2024 (week ending 28 June 2024).

Figure 4: The proportions of deaths registered within 7 days and within 14 days have started to return to similar levels that were seen before death certification reform (DCR)

Proportion of deaths that were registered within 7 days and 14 days of occurrence, England and Wales, deaths certified by a doctor, deaths occurring between 30 December 2023 and 27 June 2025, by week



Source: Deaths in England and Wales from the Office for National Statistics

Notes:

1. Some weeks are affected by bank holidays. For example, deaths occurring in week 52 of 2024 will have taken longer to register because of the Christmas day and boxing day bank holidays, so the percentages of deaths occurring in those weeks that were registered within 7 days and within 14 days are lower.

4 . Cause of death

The International Classification of Diseases, version 10 (ICD-10) is used to code causes of death and assign the underlying cause of death for non-neonatal deaths. Cause of death has been examined using ICD-10 codes and their position reported on the medical certificate of cause of death (MCCD) for non-neonatal deaths. Analysis assesses whether the statutory medical examiner (ME) system and the addition of line 1d has changed statistical patterns on cause of death or data quality.

Number of causes mentioned on the death certificate

The mean number of causes mentioned anywhere on the MCCD can be viewed as a measure of quality, as more causes mentioned suggest that more detail was provided into the conditions causing or contributing to the death. We might expect ME scrutiny of doctor-certified deaths to affect this.

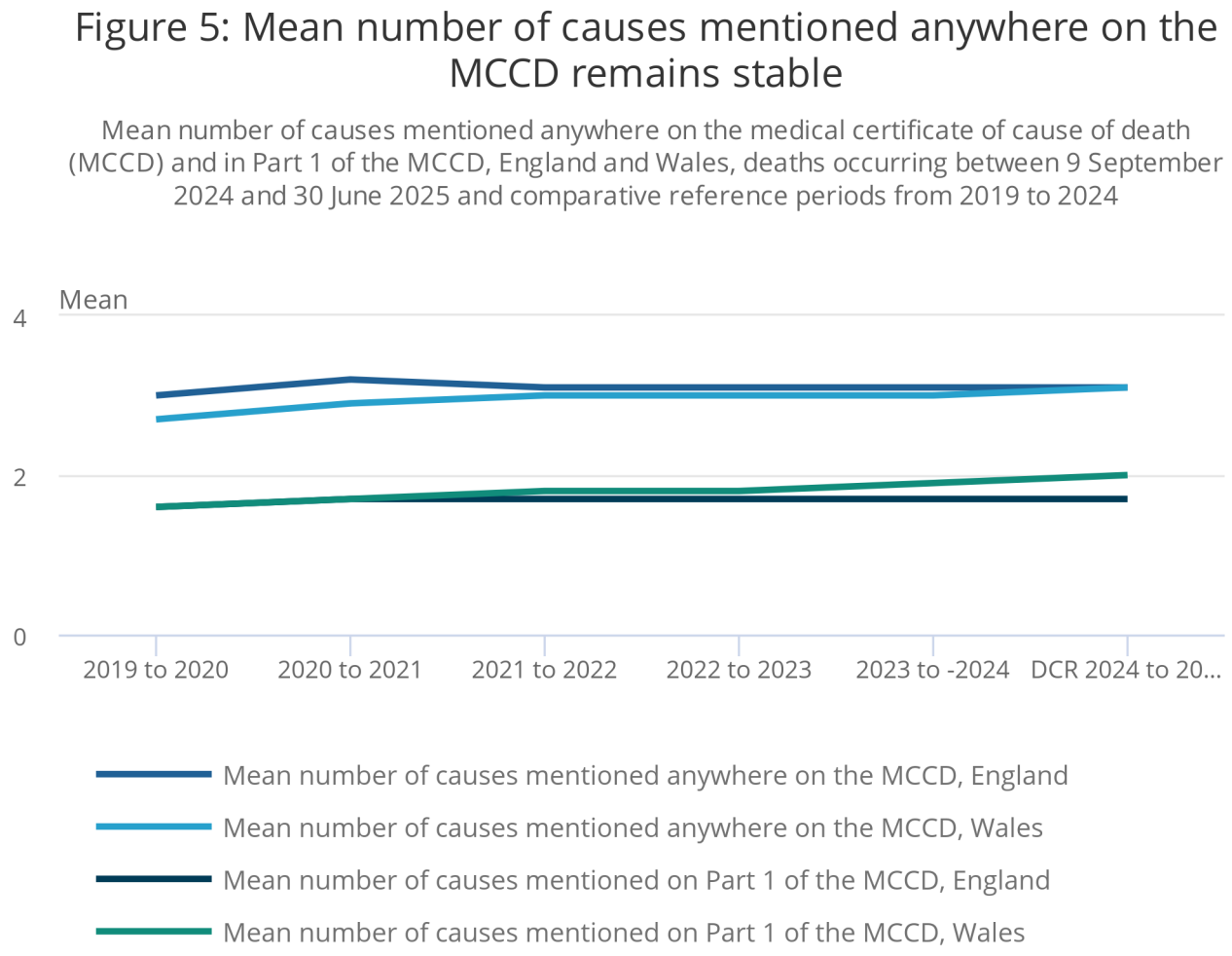
Part 1 of the MCCD captures the chain of events leading to the death with the underlying cause usually reported on the lowest completed line. Part 2 captures any associated conditions that contributed to the death but are not part of the causal sequence.

In England, the mean number of causes mentioned anywhere on MCCD certified by a doctor remained stable in the DCR 2024 to 2025 period compared with previous time periods (Figure 5). This pattern was broadly similar in Wales with a slight increase across all reference periods.

The mean number of mentions on Part 1 of MCCDs, certified by a doctor, show the same trend.

Figure 5: Mean number of causes mentioned anywhere on the MCCD remains stable

Mean number of causes mentioned anywhere on the medical certificate of cause of death (MCCD) and in Part 1 of the MCCD, England and Wales, deaths occurring between 9 September 2024 and 30 June 2025 and comparative reference periods from 2019 to 2024



Source: Deaths in England and Wales from the Office for National Statistics

Notes:

1. Reference periods refer to deaths that occurred between Week 37 for previous year and Week 27 of the following year, that were registered within 8 weeks of the end of the period.

Use of Part 1 line d

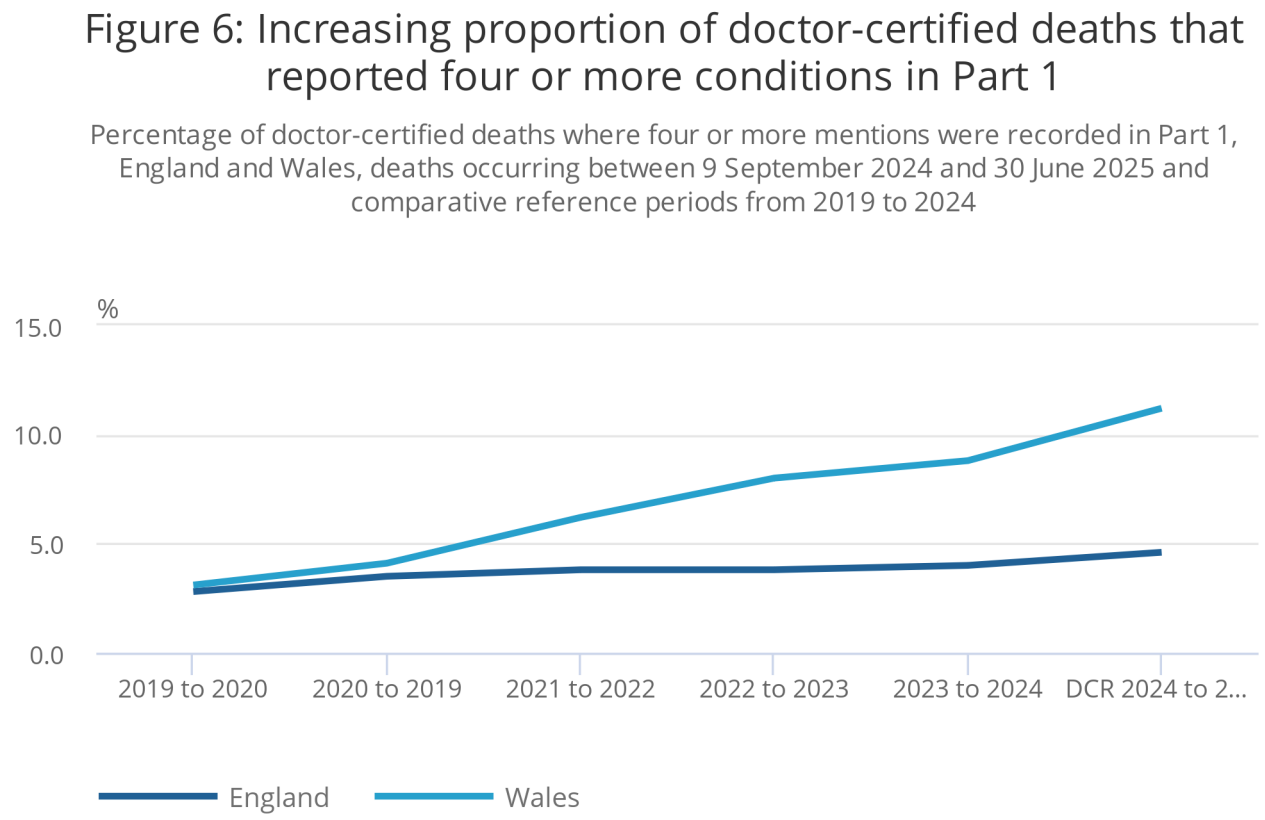
The sequence of causes recorded by the certifier can be ambiguous if there are many causes mentioned in Part 1, as space available on the MCCD may influence line usage. A fourth line, line 1d, was added to Part 1 of the MCCD from 9 September 2024.

There must be at least four causes mentioned, for line 1d to potentially be needed. In the DCR 2024 to 2025 period, this requirement is met in 4.6% of doctor-certified deaths in England and 11.2% in Wales. This proportion has increased over time, particularly for deaths in Wales (Figure 6).

Since DCR was implemented, the newly available line 1d has been used in 0.8% of doctor-certified deaths in England and 1.7% of doctor-certified deaths in Wales.

Figure 6: Increasing proportion of doctor-certified deaths that reported four or more conditions in Part 1

Percentage of doctor-certified deaths where four or more mentions were recorded in Part 1, England and Wales, deaths occurring between 9 September 2024 and 30 June 2025 and comparative reference periods from 2019 to 2024



Source: Deaths in England and Wales from the Office for National Statistics

Notes:

1. Reference periods refer to deaths that occurred between Week 37 for previous year and Week 27 of the following year, that were registered within 8 weeks of the end of the period.

Leading cause of death

During the 2020 to 2021 reference period, COVID-19 was the leading cause of death for doctor-certified deaths in England and Wales. For all other reference periods including the DCR 2024 to 2025 period, the leading cause of death in both England and Wales remained Dementia and Alzheimer's disease (14.9% and 14.3%, respectively in the DCR 2024 to 2025 period).

Ill-defined causes of death

The World Health Organization (WHO) classifies a selection of ill-defined conditions (PDF, 866KB) for mortality analysis. These conditions include those in the ICD-10 chapter "Signs, symptoms and ill-defined conditions" and a selection of other terms that are either ill-defined or describe a mode of dying rather than a cause of death.

Table 8 provides a full list of such ICD-10 codes and conditions.

While it is sometimes necessary to certify using such conditions and terms, certification will ideally be more specific. As such, the guidance provided to medical practitioners completing death certificates advises certifiers to:

- avoid using "old age" alone as a cause of death (unless specific circumstances apply)
- never use "natural" causes alone
- avoid using "organ failure" alone
- avoid terminal events, modes of dying and other vague terms

This guidance also relates to international coding rules (PDF, 10161KB) on assigning underlying cause of death. To try and avoid assigning an ill-defined underlying cause, then where the last completed line of Part 1 only contains ill-defined conditions, cause coders are instructed to determine whether other Part 1 mentions, or Part 2 mentions, can explain all other conditions mentioned. However, sometimes an ill-defined underlying cause is the only possible option based on the text provided by the attending practitioner (AP) or ME.

One potential indicator of quality is the proportion of deaths where the underlying cause is ill-defined.

In the DCR 2024 to 2025 period, 9.4% of doctor-certified deaths in England and 9.0% in Wales were assigned an ill-defined underlying cause of death (33,964 and 2,157 deaths, respectively), down from 9.8% and 9.5%, respectively in 2023 to 2024. This begins to reverse a recent upward trend in this proportion since 2019 to 2020 (when it was 7.4% in England, and 7.3% in Wales).

Of these, the most common ill-defined underlying causes of death assigned in the DCR 2024 to 2025 period in both England and Wales were:

- Other general symptoms and signs (R68)
- Heart failure (I50)
- Malignant neoplasm without specification of site (C80)
- Other sepsis (A41)
- Senility (R54)

These are the same as the main ill-defined causes seen in previous time periods.

5 . Ethnicity of deceased

Ethnicity distribution

From 9 September 2024, a new field for ethnicity of the deceased was added to the medical certificate of cause of death (MCCD), in which the self-declared ethnicity on the patient's medical record should be recorded. There are 18 ethnic groups, with an additional category for "Not known".

Table 2 indicates the number and proportion of each ethnic group recorded for the 454,898 deaths that occurred during the death certification reform (DCR) 2024 to 2025 period.

Table 2: Distribution of recorded ethnicities on death certificates
Counts and percentages of deaths, England and Wales, death certification reform (DCR) 2024 to 2025 period

Category	Ethnicity	Number of Registered Deaths	Percentage of Registered Deaths
1	White: English, Welsh, Scottish, Northern Irish or British	335,274	73.7
2	White: Irish	3,044	0.7
3	White: Gypsy or Irish Traveller	179	<0.1
4	White: Other White	8,529	1.9
5	Mixed or Multiple ethnic groups: White and Black Caribbean	433	0.1
6	Mixed or Multiple ethnic groups: White and Black African	170	<0.1
7	Mixed or Multiple ethnic groups: White and Asian	242	0.1
8	Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	427	0.1
9	Asian or Asian British: Indian	5,435	1.2
10	Asian or Asian British: Pakistani	3,142	0.7
11	Asian or Asian British: Bangladeshi	925	0.2
12	Asian or Asian British: Chinese	679	0.1
13	Asian or Asian British: Other Asian	2,051	0.5
14	Black, Black British, Caribbean or African: Caribbean	2,847	0.6
15	Black, Black British, Caribbean or African: African	1,837	0.4
16	Black, Black British, Caribbean or African: Other Black	1,165	0.3
17	Other ethnic group: Arab	348	0.1
18	Other ethnic group: Any other ethnic group	2,357	0.5
19	Not Known	85,814	18.9
Total		454,898	100

Source: Deaths in England and Wales from the Office for National Statistics

Notes

1. Reference periods refer to deaths that occurred between Week 37 for previous year and Week 27 of the following year that were registered within 8 weeks of the end of the period.

2. Ethnic group category labels are taken from the medical certificate of cause of death (MCCD) and may differ from other data sources.

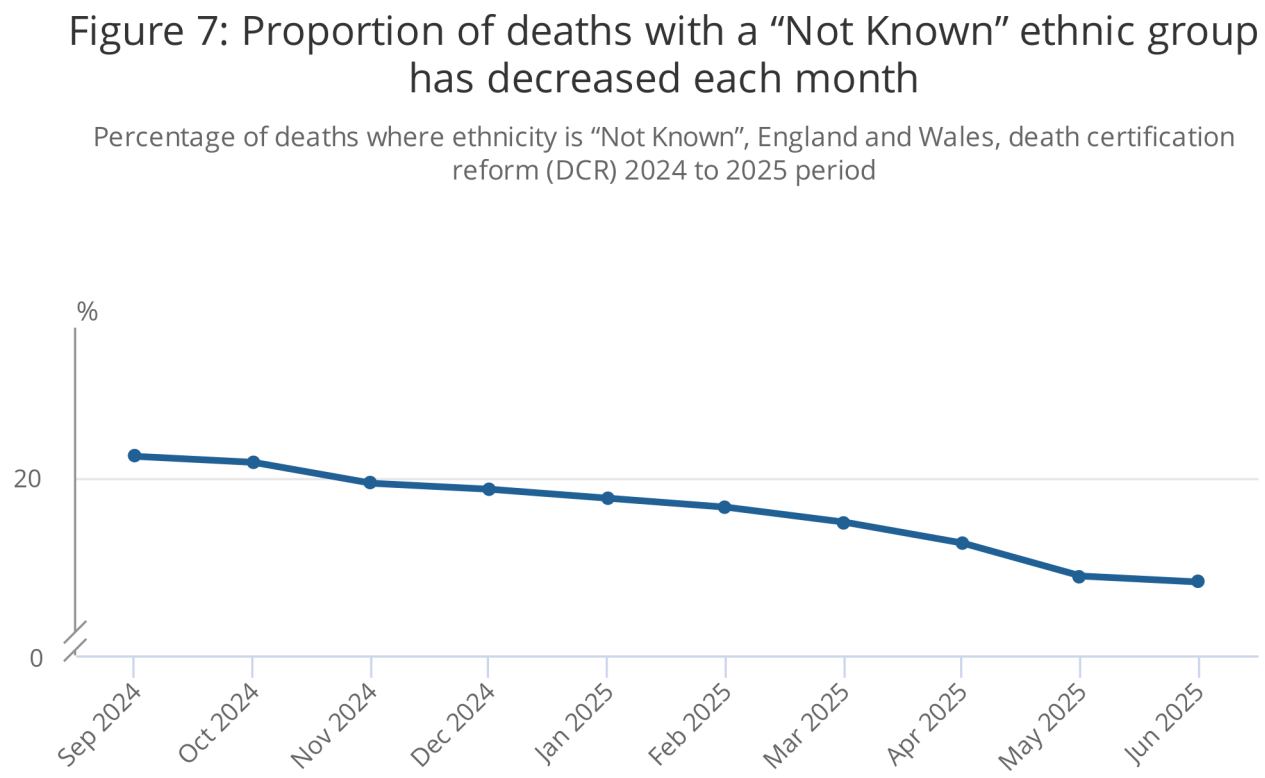
“Not known” ethnic group by month

Of deaths occurring in the DCR 2024 to 2025 period, 18.9% of individuals did not have an ethnicity recorded on their MCCD (85,814).

The percentage of deaths recorded as “Not known” decreased each month, from 20.7% in September 2024 to 16.5% in June 2025 (Figure 7).

Figure 7: Proportion of deaths with a “Not Known” ethnic group has decreased each month

Percentage of deaths where ethnicity is “Not Known”, England and Wales, death certification reform (DCR) 2024 to 2025 period



Source: Deaths in England and Wales from the Office for National Statistics

Notes:

1. Reference periods refer to deaths that occurred between Week 37 for previous year and Week 27 of the following year, that were registered within 8 weeks of the end of the period.

2. Month is based on date of death.

3. September does not cover the full month as the data range started from 9 September 2024.

Ethnic group data quality

Linkage

To assess the quality of the data collected using the new ethnicity variable, we made person-level comparisons to quantify the agreement between the ethnicity recorded on the MCCD within the DCR 2024 to 2025 period and self-reported ethnicity recorded in Census 2021.

Our Census 2021 population included 59.6 million people in England and Wales, of which 47.3 million had an NHS number. Death registrations in the DCR 2024 to 2025 period and Census 2021 data were linked using the NHS number.

From a total of 454,898 death registrations, the number of individuals linked to their Census record was 386,675 (85%). Consequently, assumptions using the linked dataset are caveated, as 15% of death registrations could not be linked.

The “Not known” ethnic group

In the linked dataset, 17.9% of deaths were recorded with a “Not known” ethnicity during the DCR 2024 to 2025 period.

The ethnic group most likely to have a “Not known” ethnicity (as defined by Census 2021) reported on their MCCD, is the Mixed White and Asian ethnic group (33.6%). This is followed by the Other Mixed (32.0%) ethnic group (Table 3). The ethnic groups that are least likely to have a “Not known” ethnicity reported on their MCCD are the Bangladeshi (14.2%) and Pakistani (17.0%) ethnic groups.

Table 3: Distribution of Census 2021 ethnic groups in the linked dataset and percentage where ethnic group is "Not Known" on the death certificate
Counts and percentages, England and Wales, DCR 2024 to 2025 period

Category	Ethnicity in Census 2021	Number in Linked Dataset	Number in Linked Dataset with Not Known in MCCD	Percentage of Not Known in MCCD
1	White: English, Welsh, Scottish, Northern Irish or British	354,820	62,635	17.7
2	White: Irish	6,070	1,075	17.7
3	White: Gypsy or Irish Traveller	250	50	20.0
4	White: Other White	5,975	1,390	23.3
5	Mixed or Multiple ethnic groups: White and Black Caribbean	775	215	27.7
6	Mixed or Multiple ethnic groups: White and Black African	220	60	27.3
7	Mixed or Multiple ethnic groups: White and Asian	535	180	33.6
8	Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	485	155	32.0
9	Asian, Asian British or Asian Welsh: Indian	5,300	995	18.8
10	Asian, Asian British or Asian Welsh: Pakistani	2,670	455	17.0
11	Asian, Asian British or Asian Welsh: Bangladeshi	845	120	14.2
12	Asian, Asian British or Asian Welsh: Chinese	690	160	23.2
13	Asian, Asian British or Asian Welsh: Other Asian	1,720	410	23.8
14	Black, Black British, Black Welsh, Caribbean or African: Caribbean	1,445	345	23.9
15	Black, Black British, Black Welsh, Caribbean or African: African	3,415	725	21.2
16	Black, Black British, Black Welsh, Caribbean or African: Other Black	465	130	28.0
17	Other ethnic group: Arab	290	85	29.3
18	Other ethnic group: Any other ethnic group	705	170	24.1

Source: Deaths in England and Wales from the Office for National Statistics and Census 2021 linked

Notes

1. Because of disclosure of Census group sizes

2. numbers are rounded to the nearest 5. Agreement percentages are based on rounded figures. Because of rounding, the numbers cannot be compared between tables and may add up to different totals.

Agreement

Of the linked records (386,675), we made person-level comparisons on whether the ethnic group according to Census 2021 matched the ethnic group according to the MCCD.

As shown in Figure 8, agreement is highest for individuals who reported their ethnic group in Census 2021 as:

- White British (80.9%)
- Pakistani (70.4%)
- Bangladeshi (69.2%)
- Indian (67.0%)

Agreement is lowest for individuals who reported their ethnic group in Census 2021 as:

- Black African (3.7%)
- Other Mixed (4.1%)
- Gypsy or Irish Traveler (6.0%)
- White and Asian (6.5%)
- Black Caribbean (8.3%)
- White and Black Caribbean (9.0%).

Figure 8: Agreement of ethnicity between Census 2021 and death certificate by 18-category ethnic group

Percentage agreement of ethnicity between census record and death certificate, England and Wales, death certification reform (DCR) 2024 to 2025 period

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Notes:

1. Because of disclosure of Census group sizes, numbers are rounded to the nearest 5. Agreement percentages are based on rounded figures. Because of rounding, the numbers cannot be compared between tables and may add up to different totals.
2. Agreement is calculated in the linked dataset as what proportion of Census 2021 records agree with death certificates.

We also compared the 18-category ethnic groupings with the five-category ethnic groupings. A list of categories included in each grouping is given in Section 9: Data sources and quality.

When comparing the 18-category groupings with the 5-category groupings, agreement rates improved in all ethnic groups, except the “Arab”, and “White and Black African” ethnic groups. For these groups, the agreement rates at the 18-category level (24.1% and 11.4%, respectively) are marginally higher than their corresponding five-category ethnic group (“Other” (23.6%) and “Mixed” (11.2%), respectively). Further information is shown in Figure 9.

This improvement in agreement is most evident for the three Black ethnic groups, which have low agreement rates at the 18-category level (African 3.7%, Caribbean 8.3%, Other Black 17.2%). However, when these categories are aggregated to the larger ethnic group “Black or African or Caribbean or Black British”, agreement increases to 65.0%. This suggests that although agreement for individuals identifying as Black in both sources is high, there are marked discrepancies in the subcategory of Black ethnicity recorded in these two sources.

Figure 9: Agreement of ethnicity between Census 2021 and death certificate by 5-category ethnic group

Percent agreement of ethnicity between census record and death certificate, England and Wales, death certification reform (DCR) 2024 to 2025 period

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Notes:

1. Because of disclosure of Census group sizes, numbers are rounded to the nearest 5. Agreement percentages are based on rounded figures. Because of rounding, the numbers cannot be compared between tables and may add up to different totals.

2. Agreement is calculated in the linked dataset as what proportion of Census 2021 records agree with death certificates.

6 . Pregnancy status of deceased

In the UK, the frequency of maternal deaths is reported by Mothers and Babies: Reducing Risk Through Audits and Confidential Enquires Across the UK (MBRRACE-UK) in their annual Saving Lives, Improving Mothers' Care reports. From 9 September 2024, two new questions were included on the medical certificate of cause of death (MCCD) regarding the pregnancy status of the deceased. Details of the changes can be found in Section 9. Data sources and quality. In this section we assess the quality of this new data for the monitoring of maternal deaths in England and Wales.

Pregnancy-related deaths in women of childbearing age

Using the death certification reform (DCR) 2024 to 2025 reference period, the data were filtered to only include women aged between 10 to 64 years. This range was defined by assessing the distribution of ages for which women have previously registered births in England and Wales. Using these criteria, 24,197 deaths were identified.

Filtering using the new pregnancy fields, 61 deaths were reported to have occurred during a pregnancy or within a year of the end of pregnancy (Table 4). Fifteen were recorded as having occurred during pregnancy; for most cases, death occurred after the pregnancy had ended.

Of the 61 total deaths, 10 of these were considered cases in which the pregnancy had directly contributed to the death. The majority of cases were recorded as "Did not contribute" (35) or "Unknown" (16).

Table 4: Cases in which women of childbearing age were pregnant within the year before death
Counts of deaths of women aged 10 to 64 years, England and Wales, death certification reform (DCR) 2024 to 2025 period

	Total	Pregnant at the time of death	Pregnant 1-42 days before death	Pregnant 43 days to a year before death
Total	61	15	13	33
Contributed	10	4	5	1
Did not contribute	35	8	5	22
Unknown	16	3	3	10

Source: Deaths in England and Wales from the Office for National Statistics

Notes

1. “Not applicable” used for deaths that the attending practitioner deemed incapable of being pregnant.“Not pregnant” used for deaths where the deceased was capable of being pregnant, but they were not at the time of death. “Not pregnant” should be used where there was doubt.

2. Deaths registered in England and Wales to women aged 10 years and over, and under 65 years.

Assessing the quality of the data

The guidance for medical practitioners completing medical certificates of cause of death in England and Wales from the Department of Health and Social Care (DHSC) advises that the question on the contribution of the pregnancy to the death should only be completed in cases where the individual was recorded as pregnant in the year prior to their death. In our sample of women of childbearing age there were 11 cases where the second question had been completed, despite the individual not having been recorded as pregnant in the previous year (Table 5). This represents 0.05% of all records in the sample.

Table 5: Cases where the pregnancy-related questions were not filled out according to guidance
Counts of deaths of women aged 10 to 64 years, England and Wales, death certification reform (DCR) 2024 to 2025 period

	Total	Not applicable	Not pregnant	Unknown
Total	11	4	7	0
Contributed	1	0	1	0
Did not contribute	8	3	5	0
Unknown	2	1	1	0

Source: Deaths in England and Wales from the Office for National Statistics

Notes

1. “Not applicable” used for deaths that the attending practitioner deemed incapable of being pregnant.“Not pregnant” used for deaths where the deceased was capable of being pregnant

2. but they were not at the time of death. “Not pregnant” should be used where there was doubt. ,Deaths registered in England and Wales to women aged 10 years and over and under 65 years.

There were 21 death registrations (0.01%) to women aged 65 years and over who had been recorded as having been pregnant in the previous year; none had a pregnancy-related condition mentioned on their MCCD. There were also seven death registrations where men were recorded as having been pregnant in the previous year. All individuals were aged over 55 years, and none had cause of death mentions on their MCCD that indicated pregnancy-related conditions. We consider these 28 cases likely errors and would not include them in our statistics.

7 . Data on death certification reform

Death certification reform, England and Wales: 9 September 2024 to 30 June 2025 (provisional data)
Dataset | Released 09 October 2025
Provisional data on time taken to register death, cause of death and new data fields on ethnicity of the deceased and pregnancy of the deceased.

8 . Glossary

Agreement

Agreement is calculated as the percentage of linked records where the ethnicity in the deaths data source and Census 2021 are the same. This is based on the medical certificate of cause of death (MCCD) records with a stated ethnicity, linked to Census 2021 using NHS number.

Attending practitioner (AP)

The medical practitioner responsible for completing a Medical Certificate of Cause of Death (MCCD).

Coroner

A coroner is a public official responsible for the investigation of violent, sudden or suspicious deaths.

Ethnicity stated

Ethnicity stated refers to the ethnicity being recorded as a specific ethnic group and not recorded as being "Not known".

Informant

An informant is the person who provides the registrar with the information required to register a death.

Maternal deaths

Deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy. Late maternal deaths are the death from direct or indirect obstetric causes, occurring more than 42 days but less than one year after termination of pregnancy.

Medical certificate of cause of death (MCCD)

A legal document that records the cause of a person's death.

Medical examiner (ME)

Senior medical practitioners who are employed by an NHS body to provide independent scrutiny of the causes of death.

Time taken to register death

Mortality statistics for a given time period can be based on occurrence (death date) or registration (registration date). Time taken to register a death is the difference between the date of occurrence and the date of registration.

9 . Data sources and quality

Data coverage

Our analysis of deaths since death certification reform (DCR) was implemented cover all deaths that occurred between 9 September 2024 and 30 June 2025, and that were registered by 25 August 2025 (DCR 2024 to 2025), as well as comparative reference periods.

Comparisons over time focus on doctor-certified deaths only because analysis is based on date of occurrence. While most doctor-certified deaths that occurred in the DCR 2024 to 2025 period will be registered and collected by the Office for National Statistics (ONS), coroner-certified deaths will be incomplete because of the time taken to investigate. All certifier types will be assessed in future analysis once a full calendar year of 2025 data is available.

Comparable data reference periods have been curated to enable comparisons before and after DCR implementation. Reference periods refer to deaths that occurred between Week 37 of the first year and Week 27 of the following year, that were registered within eight weeks of the end of the period. These data reference periods are outlined in Table 6.

Table 6: Data reference periods

Reference period	Start date, date of death	End date, date of death	All deaths registered within 8 weeks of the end date
DCR 2024-25	09 September 2024	30 June 2025	454,898
2023-24	11 September 2023	01 July 2024	450,687
2022-23	12 September 2022	03 July 2023	475,878
2021-22	13 September 2021	04 July 2022	457,672
2020-21	07 September 2020	05 July 2021	483,143
2019-20	09 September 2019	29 June 2020	487,875

Source: Deaths in England and Wales from the Office for National Statistics

New data fields

New data fields have been added to the medical certificate of cause of death (MCCD) since DCR, for the attending practitioner (AP) to complete.

Line 1d was added to Part 1 of the cause of death section of the MCCD, to align with international standards.

Ethnicity

Ethnicity of the deceased is recorded using the self-declared ethnicity recorded on the patient's medical record.

Census 2021 includes 19 ethnic groups of a known ethnicity, including a newly implemented Roma category, whereas the MCCD has 18 categories of a known ethnicity. Individuals who self-reported their ethnicity in Census 2021 as Roma were therefore not included in the dataset linking together Census 2021 and MCCD data.

Where MCCD data were analysed on their own in this article, the MCCD ethnic category labels listed in this subsection were used. Where MCCD and Census 2021 data were linked, Census 2021 ethnic category labels were used.

The five-category MCCD ethnic groups used in this release are:

1. White
2. Mixed or Multiple
3. Asian or Asian British
4. Black or African or Caribbean or Black British
5. Other

The 18-category MCCD ethnic groups used in this release are:

1. White: English, Welsh, Scottish, Northern Irish or British
2. White: Irish
3. White: Gypsy or Irish Traveller
4. White: any other White background
5. Mixed or Multiple ethnic groups: White and Black Caribbean
6. Mixed or Multiple ethnic groups: White and Black African
7. Mixed or Multiple ethnic groups: White and Asian
8. Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups
9. Asian or Asian British: Indian
10. Asian or Asian British: Pakistani
11. Asian or Asian British: Bangladeshi
12. Asian or Asian British: Chinese
13. Asian or Asian British: any other Asian Background
14. Black or African or Caribbean or Black British: Caribbean
15. Black or African or Caribbean or Black British: African
16. Black or African or Caribbean or Black British: Other Black or African or Caribbean background
17. Other ethnic group: Arab
18. Other ethnic group: any other ethnic group

Maternal deaths

Two questions relating to maternal deaths have also been added to the non-neonatal MCCD, to align it with international standards. This subsection presents each question with its response options.

Was the deceased pregnant within the year prior to their death?

- 0. Not applicable
- 1. Pregnant at the time of death
- 2. Pregnant 1 to 42 days before death
- 3. Pregnant 43 days to a year before death
- 4. Not pregnant
- 9. Unknown

If the deceased was pregnant within the year prior to their death, did the pregnancy contribute to their death?

- 1. Yes
- 2. No
- 9. Unknown

The use of "0. Not applicable" in the first question covers deaths of those that the AP deems incapable of being pregnant. The use of "4. Not pregnant", is for the deaths where the AP believes the deceased was capable of being pregnant, but they were not at the time of death.

The second question is only completed if the response to the first question was either:

- 1. Pregnant at the time of death
- 2. Pregnant 1 to 42 days before death
- 3. Pregnant 43 days to a year before death

Cause of death

The cause of death section of the MCCD is set out in two parts. Part 1 gives the condition or sequence of conditions leading directly to death, while Part 2 reports any associated conditions that contributed to the death but are not part of the causal sequence. Cause of death is classified using the International Classification of Diseases (ICD-10).

The underlying cause of death is the condition or conditions reported by the certifier, selected using ICD rules. More information is available in Section 10: Cause of death coding of our User guide to mortality statistics for further information.

Ill-defined conditions

The World Health Organisation (WHO) also classify a selection of ill-defined conditions. In this subsection, each condition is listed using its ICD-10 code, followed by the name of the condition.

- A40–A41; Streptococcal and other septicaemia
- C76, C80, C97; Ill-defined cancer sites
- D65; Disseminated intravascular coagulation [defibrination syndrome]
- E86; Volume depletion
- I10; Essential (primary) hypertension
- I26.9; Pulmonary embolism without mention of acute cor pulmonale
- I46; Cardiac arrest
- I47.2; Ventricular tachycardia
- I49.0; Ventricular fibrillation and flutter
- I50; Heart Failure
- I51.4; Myocarditis unspecified
- I51.5; Myocardial degeneration
- I51.6; Cardiovascular disease, unspecified
- I51.9; Heart disease, unspecified
- I70.9; Generalized and unspecified atherosclerosis
- I95.9; Hypertension, unspecified
- I99; Other and unspecified disorders of the circulatory system
- J81; Pulmonary oedema
- J96; Respiratory failure, not elsewhere classified
- K72; Hepatic failure, not elsewhere classified
- N17; Acute renal failure
- N18; Chronic renal failure
- N19; Unspecified renal failure
- P28.5; Respiratory failure of new-born
- R00–R99 (excluding R95); Symptoms, signs and ill-defined conditions (excluding sudden infant death syndrome)
- Y10–Y34, Y87.2; External cause of death not specified as accidentally or purposefully inflicted

Accredited official statistics and official statistics in development

Mortality data are accredited official statistics and were independently reviewed by the Office for Statistics Regulation in February 2013. They comply with the standards of trustworthiness, quality and value in the Code of Practice for Statistics and should be labelled "accredited official statistics".

The new mortality data fields on ethnicity and pregnancy are not accredited official statistics. These fields are classified as official statistics in development because their quality is still being reviewed. Future analysis will inform how these fields will be used in our mortality statistics.

10 . Related links

An overview of the death certification reforms
Guidance | Updated 14 August 2024
Guidance released by the Department of Health and Social Care (DHSC) on death certification reform.

Deaths registered weekly in England and Wales
Dashboard | Released 1 October 2025
Provisional number of deaths registered in England and Wales in the latest weeks.

Deaths registered in England and Wales: 2024
Bulletin | Released 9 October 2025
Registered deaths by age, sex, selected underlying causes of death and the leading causes of death. Death rates and registrations by residence area and single year of age.

User guide to mortality statistics
Methodology | Released 9 October 2025
Supporting information for mortality statistics, which present figures on deaths registered in England and Wales in a specific week, month, quarter or year.

Quality of ethnicity data in health-related administrative data sources by sociodemographic characteristics, England: May 2024 Article | Released 3 May 2024
Comparing the quality of ethnicity data recorded in health-related administrative data sources with Census 2021.

Saving Lives, Improving Mothers' Care 2025 - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2021-23
Article | Released 11 September 2025
Annual report of the Confidential Enquiries into Maternal Deaths and Morbidity, published by Mothers and Babies: Reducing Risk Through Audits and Confidential Enquires Across the UK (MBRRACE-UK).

11 . Cite this article

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