

Health and Wellbeing Board

7 December 2015

Infant Mortality Working Group

1. Purpose

The purpose of this report is to update the Health and Well-being Board on the progress made by the Infant Mortality Work Group.

2. Recommendations

2.1 That the HWB approves the work of the Infant Mortality Working Group to date and agrees how it wishes to monitor progress in the future.

3. Report detail

The Health and Well-being Board decided at the meeting on 22nd June 2015 to set up and lead a joint task and finish group with the Children and Young People's Partnership Board to review the current infant mortality work programme in Walsall.

The group is being led by Dr Barbara Watt, Director of Public Health and supported by Councillor Rose Martin, Mrs Salma Ali, Chief Accountable Officer of Walsall Clinical Commissioning Group and Councillor Robertson.

A representative group was formed of council officers representing Children's Services and Public Health to support the work of the task and finish group. This group has met on two occasions between 22nd June 2015 and November 2015.

The first of these meeting conducted an overarching review of factors contributing to infant mortality. The second meeting conducted an in depth review of the management of lifestyle risk factors contributing to infant mortality.

There are plans to hold two further meetings of the task and finish group to discuss the role of healthcare in infant mortality and the impact wider determinants of health on infant mortality.

Background information about infant and perinatal¹ mortality

The death of a baby is a devastating loss for a family. Infant mortality is also a sensitive indicator of the overall health of a population, providing a measure of the wellbeing of infants, children and pregnant women.

¹ The perinatal mortality rate is an estimate of the number of stillbirths and deaths in the first week of life for every 1000 live births.

Nationally, there are unacceptable health inequalities in infant mortality; although infant mortality affects all population groups, babies of families from certain groups are more likely to die before their first birthday. Walsall's infant mortality rate (6.8 per 1000 live births) is consistently higher than regional (5.4 per 1000 live births) and national rates (4.1 per 1000 live births), reflecting its high level of deprivation. Both infant and perinatal mortality are strongly associated with deprivation, with infant mortality significantly higher in the most deprived areas of Walsall. Reducing health inequalities in infant mortality requires a combination of health interventions and actions on the wider social determinants of health.

Low birth weight babies are more likely to die in the first year of life and have a higher incidence of disability and other diseases than babies of normal birth weight. Walsall has the highest levels of low birth weight babies both nationally and regionally at rates of 10.2 per 1000.

Teenage pregnancy is also known to be a risk factor for infant mortality; rates of teenage pregnancy in Walsall are dropping but continue to present a challenge.

An audit into infant and perinatal deaths in Walsall completed in 2008 identified four key contributing factors, namely, smoking in pregnancy, maternal obesity, deprivation and consanguinity, which are in turn linked to prematurity and congenital abnormalities.

A more recent audit of infant and perinatal deaths in Walsall was completed in June 2015. The review was commissioned by Walsall Council Public Health and Walsall Clinical Commissioning Group to investigate the provision of care to mothers and babies to identify areas of good practice and aspects of care which could be improved. The review found examples of good practice as well as instances where care was below an acceptable standard, which was thought to have potentially contributed to the death in a proportion of cases. It was considered that optimal care may have resulted in better outcomes in 18 of the 42 stillbirths (43%), and in 5 of the 16 neonatal deaths (31%) examined. The review has made recommendations for the commissioners and providers of maternity and neonatal services and for Walsall Public Health. A joint action plan has been developed by Walsall Healthcare Trust, Walsall Public Health and Walsall CCG in response to the recommendations. These will be considered by the next meeting of the task and finish group and

Current Priorities for action:

It is essential to ensure that avoidable infant deaths are prevented through the provision of high quality preconception, maternity, neonatal and paediatric care and targeted interventions to at-risk groups.

Some of the key priorities within the current infant mortality work programme include the following:

- *Improving antenatal care through encouraging early booking for antenatal care, improved detection of intrauterine growth restriction (IUGR) and prompt detection and management of reduced foetal movements*

- *Reducing levels risk factors in pregnancy such as maternal obesity and smoking in pregnancy through projects such as Maternal and Early Years Service, Smoke Free Homes, improving smoking cessation in pregnancy and working with ethnic communities to reduce the use of ethnic tobacco products*
- *Exploring the development of a healthy pregnancy initiative to support women to optimise their health in pregnancy and reduce risk factors in pregnancy.*
- *Continuing to maintain effective antenatal and newborn screening and immunisation programmes*
- *Reducing sudden unexpected death in infancy (SUDI) and improving breastfeeding initiation and continuation rates*
- *Identifying and supporting vulnerable pregnant women through effective antenatal risk assessment and support through health visiting and specialised programmes*
- *Addressing social determinants such as reducing child poverty, improving housing and reducing overcrowding and reducing teenage conceptions, including repeat conceptions.*

4. Implications for Joint Working arrangements

- It is anticipated that the infant mortality work programme will contribute to delivery of the Health and Wellbeing Board's priorities set out in the current Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy.
- It is anticipated that the implementation of the infant mortality work programme will contribute to the achievement of the Marmot objectives.
- The infant mortality work programme will promote the safeguarding of and improving the outcomes for children.

5. Health and Wellbeing Priorities:

Infant mortality is an important indicator of health for any community. Infant mortality rates are used worldwide to gauge the health and well-being of populations. Rates of infant mortality are sensitive indicators of a broad range of factors affecting children's health. As such, infant mortality is the "tip of the iceberg" of child health problems, and changes in infant mortality are a signal of factors affecting child health more broadly. In addition to its role as a general gauge of child health, infant mortality itself represents an important health problem. Growing evidence suggests that higher infant mortality within a population is linked to that population's overall health and development across the life course.

6. Background papers

None

Authors

Dr Uma Viswanathan
Consultant in PH Medicine

☎ 653751

✉ uma.viswanathan@walsall.gov.uk

Dr Barbara Watt
Director Public Health

☎ 653752

✉ Barbara.watt@walsall.gov.uk

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