

Health and Wellbeing Board

3 December 2019

Infant Mortality Strategy Reducing Risk Factors

1. Purpose

The purpose of this report is to;

- describe the progress made towards meeting actions identified in the Walsall Multidisciplinary Infant Mortality¹ Strategy,
- identify the significant challenges that the partnership in Walsall continues to face in its drive to reduce infant mortality
- outline the future approach to reducing infant mortality in Walsall.

2. Recommendations

- 2.1. That the HWB notes the progress made towards the reduction in infant mortality in Walsall.
- 2.2 That the HWB endorses the partnership activity identified that needs to be continued to reduce the risk factors for infant mortality.
- 2.3 That the HWB notes the intention to embed infant mortality strategy actions within the Best Start in Life Children and Young People long term plan

3. Background

- 3.1 Infant Mortality (IM) continues to be an issue of significant concern in Walsall both because of the high levels of and the risk factors have a long-term impact on a baby's ability to thrive and develop. **Figure 1** below identifies the risk factors for infant mortality.

¹ The death of a baby before his or her first birthday is called infant mortality. The *infant mortality rate* is an estimate of the number of infant deaths for every 1,000 live births.

Figure 1 Risk Factors for infant mortality



3.2 Current Infant Mortality Rates in Walsall

Infant Mortality rates have reduced from 7.6 per 1000 births in 2010-12 to 6.2 per 1000 births in 2015-17 our most recent annual figure. Walsall is still significantly above England rates at 3.9 per 1000 (see **Figure 2**)

This reduction over 5 years is a significant achievement. Our sustained reduction where some other areas have seen increased rates is also a major achievement.

However, Walsall's ambition to narrow the gap between Walsall and England and to achieve the 50% reduction in infant deaths target by 2025 (see **Figure 3** for trajectory) remains a challenge.

Figure 2 Infant Mortality Rates in Black Country

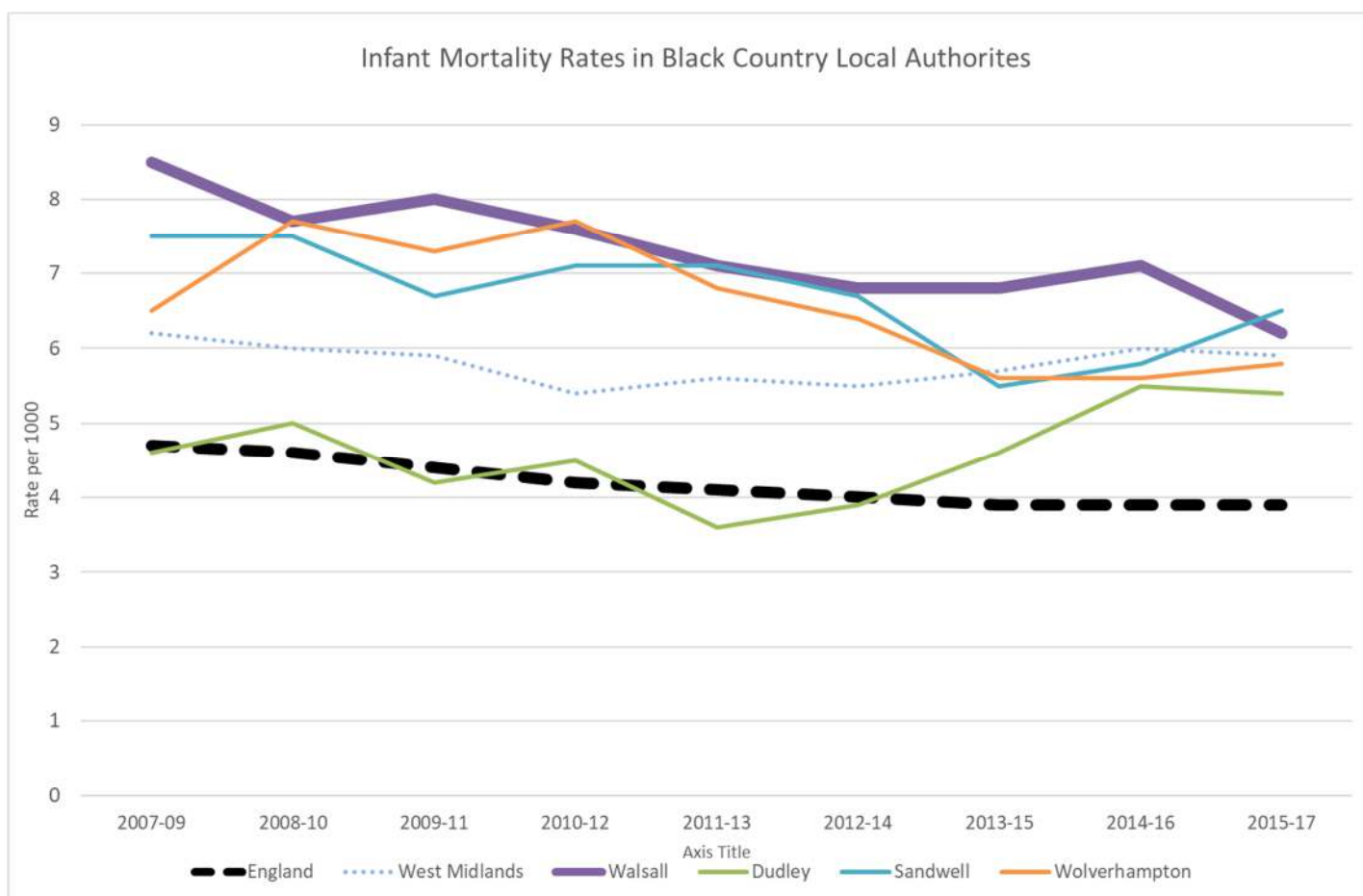
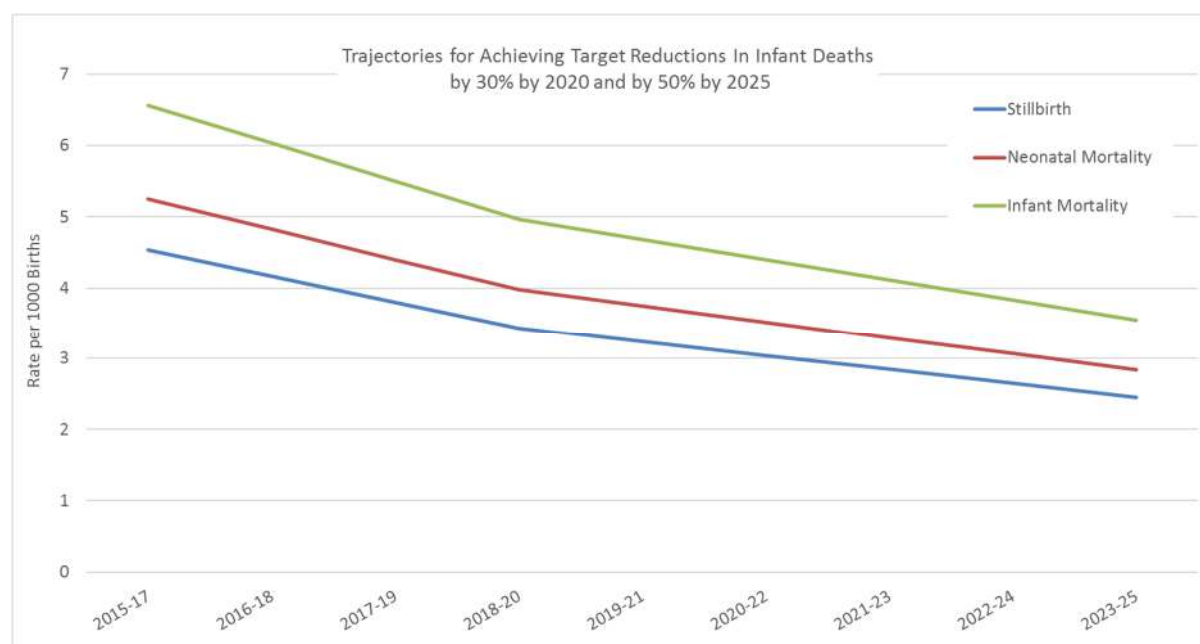


Figure 3 Trajectory for Reducing Infant Mortality in Walsall to national target



Date	Proposed Trajectory to Meet Targets		
	Rate per 1000		
	Stillbirth	Neonatal Mortality	Infant Mortality
2015-17	4.53	5.25	6.57
2016-18	4.17	4.83	6.04
2017-19	3.80	4.40	5.50
2018-20	3.43	3.98	4.97
2019-21	3.23	3.75	4.69
2020-22	3.04	3.52	4.40
2021-23	2.84	3.29	4.12
2022-24	2.65	3.06	3.84
2023-25	2.45	2.84	3.55

3.3 Significant drivers for infant mortality

There are a number of interrelated issues that impact on infant mortality (**Figure 1**) which require the multidisciplinary approach identified in the 2016-21 Infant Mortality Strategy.

The Walsall Infant Mortality Strategy has grouped activity under 5 themes; (see **Appendix A**)

- Supporting Mental Health and wellbeing in pregnancy
- Preconception and supporting a Healthy Pregnancy
- Identifying and reducing risk factors in pregnancy
- Ensuring a safe and caring environment in the first year of life

- Supporting vulnerable mothers

Achievement of partner actions (including wider Black Country activity) under the five priorities outlined in **Appendix A.** are listed below.

These are reviewed in the Infant Mortality Strategy Group which to date has met quarterly.

3.4 **Key partnership successes**

Key partnership successes over the last 3 years to meet the five infant mortality priorities have been as follows

3.4.1 Supporting Mental Health

- GPs, Health Visitors and midwives received training around maternal mental health
- Black Country Peri Natal Mental Health Team for women with high level mental health issues in place
- Specialist Health Visitor for Mental Health post funded non recurrently by Public Health developing a triaging system for the health visiting service and supporting pathway development
- Public Health funded Health in Pregnancy team offering birth trauma support for women

Future partnership priorities;

- Work through Walsall Together and partners to develop partnership pathways for lower level maternal mental health support
- Dudley and Walsall Mental Health Trust, the CCG, Public Health and Walsall Healthcare Trust to work to increase capacity to offer lower level mental health support during pregnancy

3.4.2 Preconception and Supporting a Healthy Pregnancy

- CCG supported preconception service in place within primary care
- Understanding of messages required within the preconception period gained through Black Country literature search and consultation
- Focus on reduction in Smoking in Pregnancy in midwifery services as part of national Saving Babies Lives care bundle including more robust CO monitoring at every contact
- Public Health funded post in place offering intensive smoking in pregnancy cessation support
- Healthy Start vitamin campaign being developed with Health Visitors and pharmacists
- Walsall Momma Films around safe sleep and importance of monitoring fetal movements available in Trust and on YouTube
- Safe Homes checklist produced in conjunction with Housing team
- Pregnant women prioritised in housing allocation

- The importance of smoke free homes is being led by the Black Country Tobacco Alliance but the housing providers need to continue to support this agenda
- Online ante natal parenting courses available free of charge
- Flu vaccination offered in the ante natal clinic for pregnant women from November 2019

Future partnership priorities

- Primary Care, WHT, Public Health and pharmacists to ensure that the importance of vitamin supplementation is emphasised in all interactions that health care providers have with pregnant women and young children.
- Walsall Together to support in developing pathways around neonatal care
- CCG to ensure that preconception support for women to enter pregnancy a healthy weight or not smoking is promoted at every contact.
- Housing providers to support smokefree home messages

3.4.3 Identifying and Reducing risk factors in pregnancy

- Midwives actively taking forward Saving Babies Lives Care Bundle activity as key to healthcare in pregnancy around ;
reducing smoking in pregnancy
monitoring fetal growth restriction
emphasising the importance of monitoring fetal movement
fetal monitoring during delivery
reducing pre term birth
- Standardised Clinical Outcome Review in place within the midwifery service standardising reviews of clinical incidents
- The Black Country Child Death Panel providing thematic learning from child deaths in the spring 2020

Future partnership priorities

- CCG and WHT to ensure that the midwifery team supporting vulnerable women has capacity to support the wide range of need alongside the national drive to increase continuity of care.
- Housing providers, WBC Money Home Jobs team, locality teams and DWP to contribute to mitigating the impact of deprivation as a key risk factor in pregnancy.
- Black Country Child Death Overview Panel to explore the causes of infant mortality including congenital anomalies through thematic reviews

3.4.4 Ensuring a safe and caring environment in the first year of life

- Free online early years parenting courses available for all Walsall parents

- Walsall Community Health Services achieved Level 2 Unicef Baby Friendly status
- Safe Sleep messages promoted by midwives and Health in Pregnancy Team to all women during the ante natal period and reiterated by Health Visitors at their 28 - 32 week visit and at visits in the post natal period.

Future partnership priorities

- WHT neonatologists and health visitors to work together to offer enhanced support to babies born early
- Housing providers and landlords to support and promote safety in their properties
- WHT midwifery service to achieve Unicef Baby Friendly status
- GPs, Pharmacists and Health Visitors to promote Healthy Start vitamins for children

3.4.5 Supporting Vulnerable Mothers

- Specialised midwifery team supporting vulnerable mothers in place working alongside the Health in Pregnancy team and Early Help services

Future partnership priorities

- WHT midwives, Health Visitors, Early Help team and Inclusion team to develop clear pathways for interagency working with High Risk families including SEND and Migrant families and families experiencing Domestic Abuse.

3.5. **Walsall Best Start in Life 10 year programme**

Walsall Public Health team is in the process of working with partners to develop a 10 year multiagency Best Start in Life for children aged 0-19 which is an integrated approach for children and families in Walsall.

In order to achieve this vision, it is envisaged that all partner strategies will be brought together to create a whole Borough plan for children, young people and their families with a workforce that is working to the same ultimate aim.

This will meet the requirements of the Healthy Child Programme for children, young people and their families to give them the best start in life, prepare them for school so they maximise their education opportunities and are in an environment and with relationships that foster support to enable them to achieve their potential.

3.6 **Taking Forward the Walsall Infant Mortality Strategy**

In recognition of the achievements listed in 3.4.1 to 3.4.5 and the increased requirement within WHT maternity service to focus on Black Country and

national agendas, it is intended to embed wider infant mortality priorities within the proposed Walsall Best Start 10 year overarching multiagency programme.

As seen, we have undertaken a huge amount of work to address risk and challenges in pregnancy to reduce infant mortality where we have seen some success in the reduction of infant mortality.

However in order to achieve further reduction in infant mortality, it is imperative that mothers enter pregnancy as healthy as possible and supported in the early stages of their child's life. Therefore good preconception support and work to tackle the impact of deprivation is key to making a true difference in reducing infant mortality in Walsall. By embedding infant mortality priorities within this wider Best Start in Life programme, we will have the opportunity to include infant mortality within the wider children and families workforce and other partners to tackle the fundamentals of health such as increasing aspiration and increasing the population wellbeing that impacts on a future mother's and father's health and that of their children.

4. Implications for Joint Working arrangements:

As detailed above joint working is required from many partners to ensure that support can be offered to ensure that women have as healthy a pregnancy as possible and their children can thrive in a long term plan impacting on generations. This will require working with new partners who in the past have not seen a role for themselves in infant mortality prevention such as the Department of Work and Pensions or libraries as well as our current partners.

This will require strategic leadership in different services and support for the multiagency actions that are required. With the Borough wide work to embed the Best Start in Life approach and intended development of it as a multiagency long term plan for Walsall children and young people, it is anticipated that wider work to reduce infant mortality will be embedded in this long term Walsall plan.

5. Health and Wellbeing Priorities:

Maximise people's health, wellbeing and safety

Work to promote the health of children and their parents' impacts on children thriving and so being able to meet milestones. Health Visiting records from April 2018 to date show that 19.7% of children have not reached expected levels in all 5 areas of development. Any work to support parental health, increase a baby's ability to thrive and reduce low birth weight will contribute to achievement and reaching potential which impacts ultimately on the prosperity and wellbeing of the Borough

Actions to reduce infant mortality directly follows Marmot's emphasis on universal proportionalism with those families most vulnerable receiving increased support. It also involves consideration and work to promote the fundamentals of health which the NHS does not always have influence over.

6. Background papers

None

7. Appendices

Appendix A Infant Mortality Strategy 2016-21 Key Priorities

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Access to high quality, evidence based services

Supporting
maternal
mental
health

Supporting a
healthy
pregnancy

Identifying
and
addressing
risk factors in
pregnancy

Ensuring a
safe and
caring
environment
in the first
year of life

Supporting
vulnerable
mothers in
pregnancy
and beyond

Engaging mothers and families and healthcare professionals through effective communication

Accessing, using and sharing data and intelligence

