

Infant Mortality in Walsall

Health and Wellbeing Board

18th June 2015

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Health

Terms of Reference of HWB Board review/task and finish group

For the Health and Wellbeing Board to bring together commissioners, providers and partners around an identified issue related to HWS priorities to support the development and implementation of action plans.

Content Covered

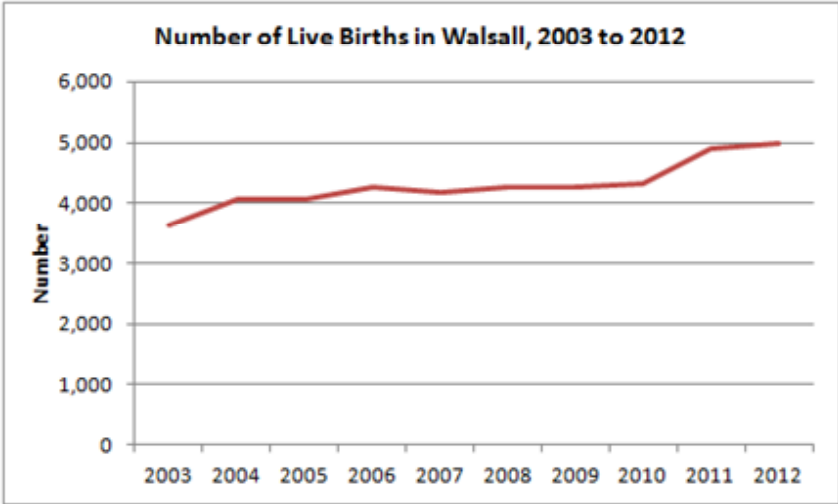
- What does the data tell us infant mortality?
- What should we be doing about infant mortality?
- What are we doing in Walsall about this issue?
- What more can we do?

Infant mortality and still birth profile for Walsall

	Indicator Name	Area	Number	Value	England	Performance (Low ... High)
Demographics and deprivation	IMD average score (2010)	Walsall	-	31.2	23	5.5 43.5
	Children in low income families aged 0-4 (2012)	Walsall	5,820	31.3	20.9	7.1 38.9
	Family homelessness (2013/14)	Walsall	203	1.9	1.7	
	Teenage mothers (2013/14)	NHS Walsall	87	2.4	1.1	0.2 2.5
	Percentage of deliveries to women aged 35 years+ (2012/13)	Walsall	419	11.5	19.2	10.2 40.7
Risk factors	Under 18 conceptions (2013)	Walsall	192	36.8	24.3	
	Smoking status at time of delivery (Q4 2013)	NHS Walsall	130	14.7	12.3	0.5 36
	Low birthweight of all babies (2013)	Walsall	374	10.1	7.4	4.6 10.4
Protection from disease	Completed Diphtheria, Tetanus, Polio, Pertussis, Hib (by age 1 year) (2012/13)	Walsall	3,337	97.6	94.7	79 99
	Completed MenC immunisation course (by age 1 year) (2012/13)	Walsall	3,329	97.4	93.9	75.9 98.8
	Completed Pneumococcal conjugate vaccine (by age 1 year) (2012/13)	Walsall	3,329	97.4	94.4	78.7 99
	Flu vaccine uptake by pregnant women (2013/14)	Walsall	1,083	36.8	39.8	24.8 68.8
Infant mortality and stillbirth rates	Stillbirth rate (2011-2013)	Walsall	53	4.7	4.9	2.5 8.4
	Perinatal mortality (2011-2013)	Walsall	99	8.7	7.1	4 11.4
	Neonatal mortality (2009-2013)	Walsall	92	4.9	2.9	1.1 5.4
	Post neonatal mortality (2009-2013)	Walsall	41	2.2	1.3	0.4 2.3
	Infant mortality (2011-2013)	Walsall	27	7.1	4.1	1.7 7.9

Source: CHIMAT

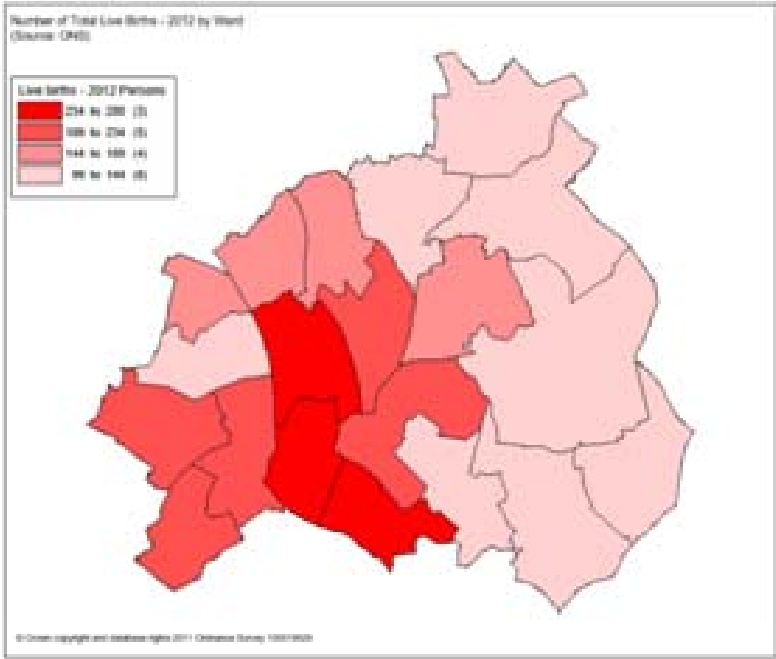
Number of Live Births



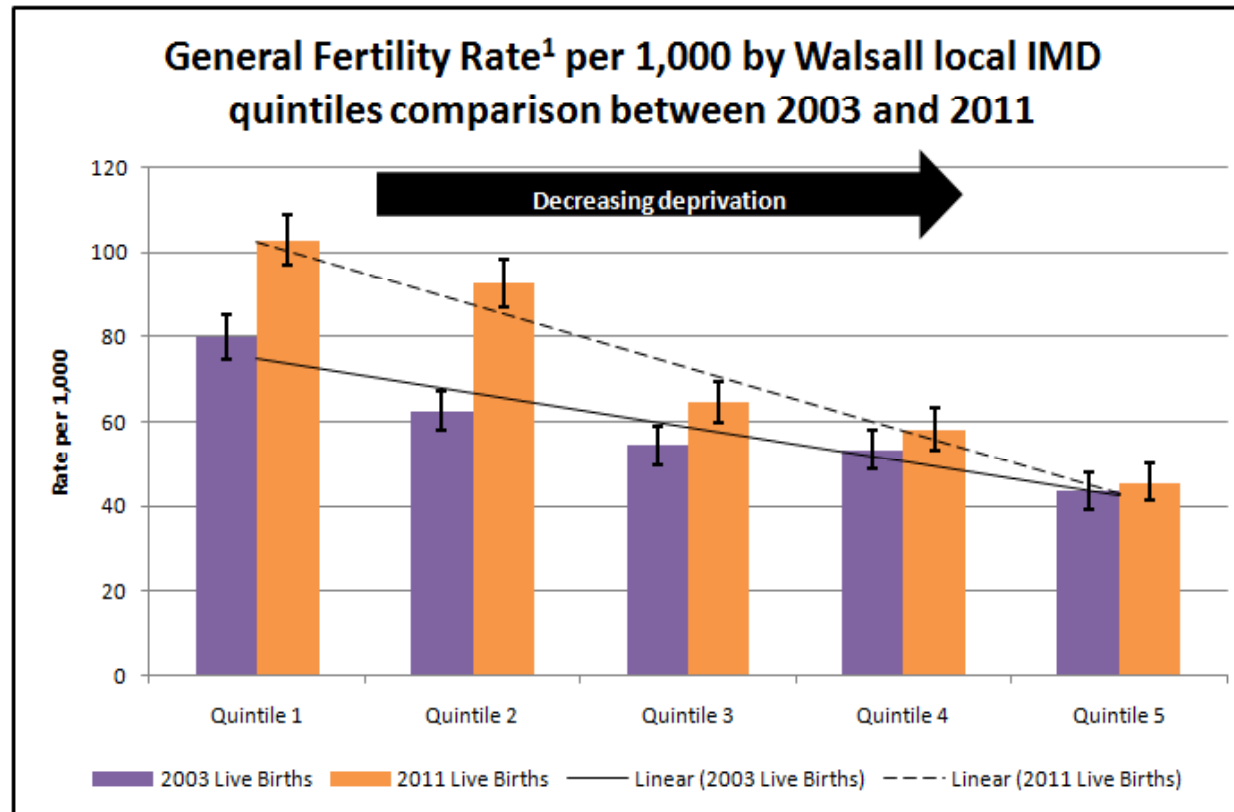
Registered live births in Walsall are on the up from 3,622 in 2003 to 4,968 (an increase of 37.7%).

Live births by Ward

The number of live births in Walsall are highest to the central and southern parts of the borough.



Fertility rates and deprivation



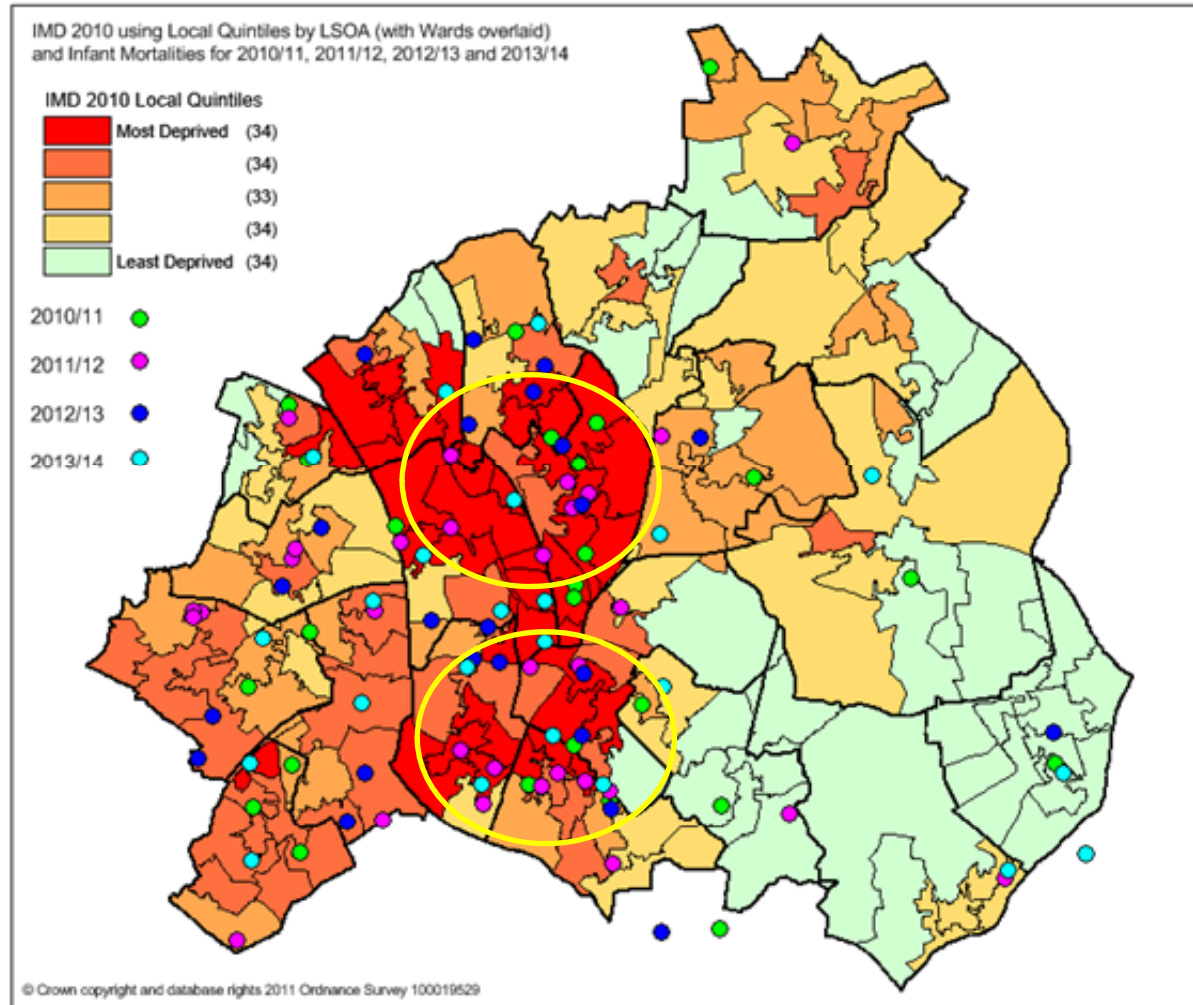
General fertility rates (GFR) were statistically significant higher in the most deprived population in 2011 compared with 2003 whereas least deprived population showed no difference.

Source: Public Health Birth Files and Office of National Statistics

¹ The General Fertility Rate (GFR) is the number of live births per 1,000 women aged 15–44. The GFRs have been calculated using 2001 census for 2003 births and 2011 census for 2011 births data.

² Local Walsall quintiles populations calculated using IMD 2010 for both 2003 and 2011 births data.

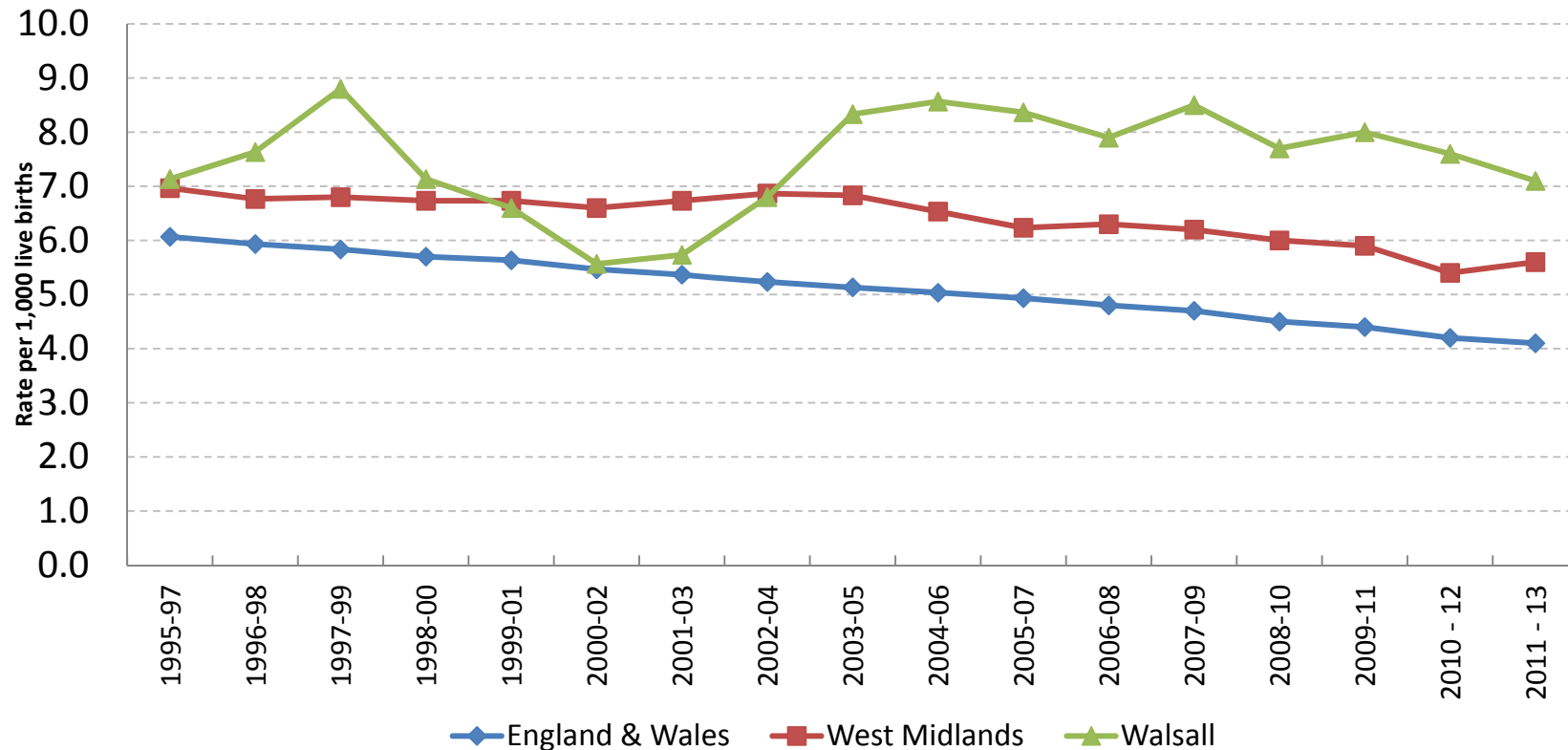
Infant Mortality by 2010 Deprivation



- Immediately evident is the East / West split – the majority of IM took place towards the West of the borough and amidst areas that are highly deprived.
- Also evident is a clustering of IM to central and southern areas – the south is a densely populated BME community

Trends in Infant Mortality

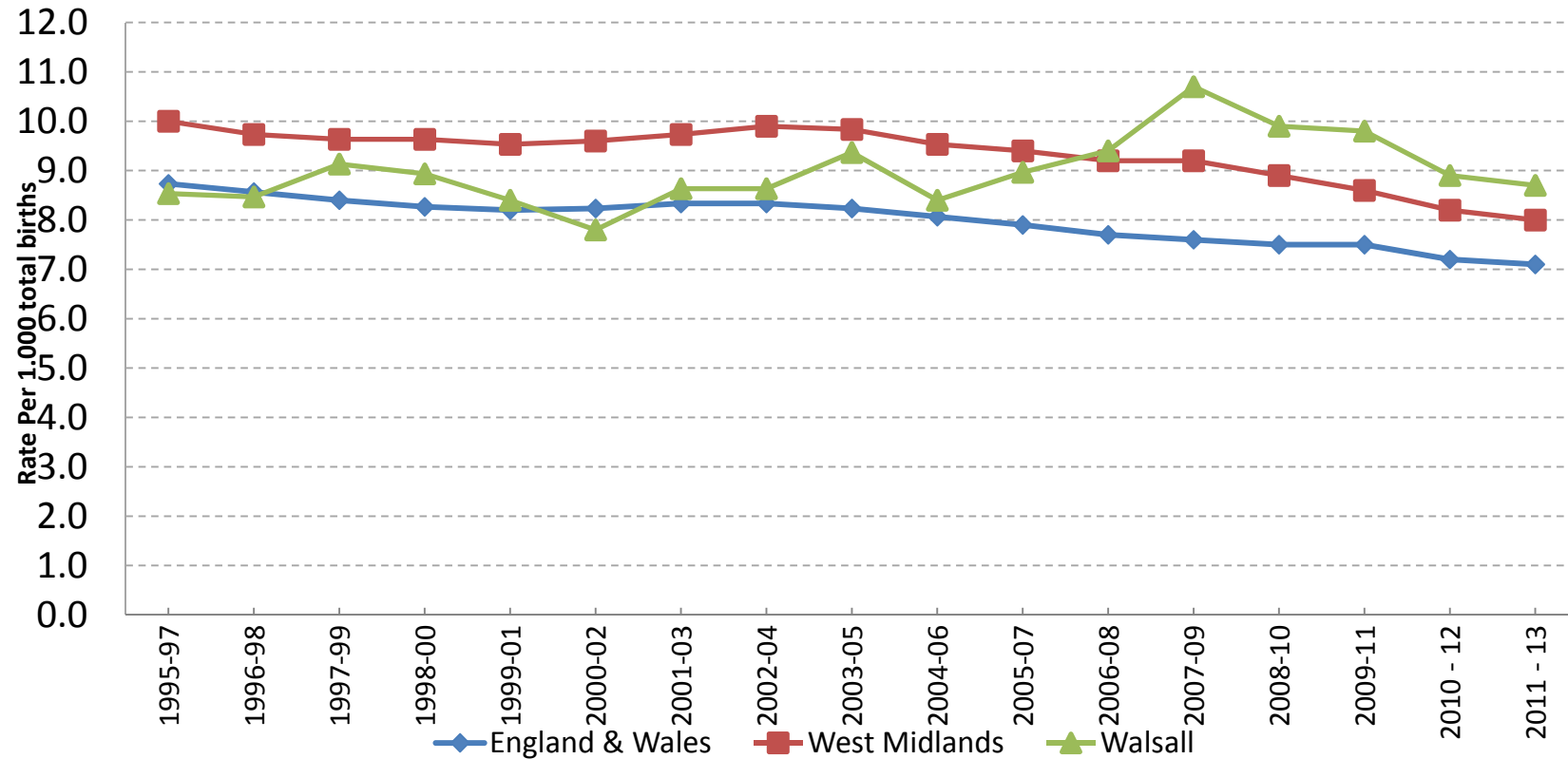
Infant mortality rate, 3-year rolling average, 1995/97 to 2011/13



Walsall rates rapidly reduced from 97-99 to their lowest rate of 5.6 in 00-02. However, following this, rates rose and since 2003/05 infant mortality rates in Walsall have remained above regional and national rates (albeit, they do appear to be gradually declining).

Trends in perinatal mortality

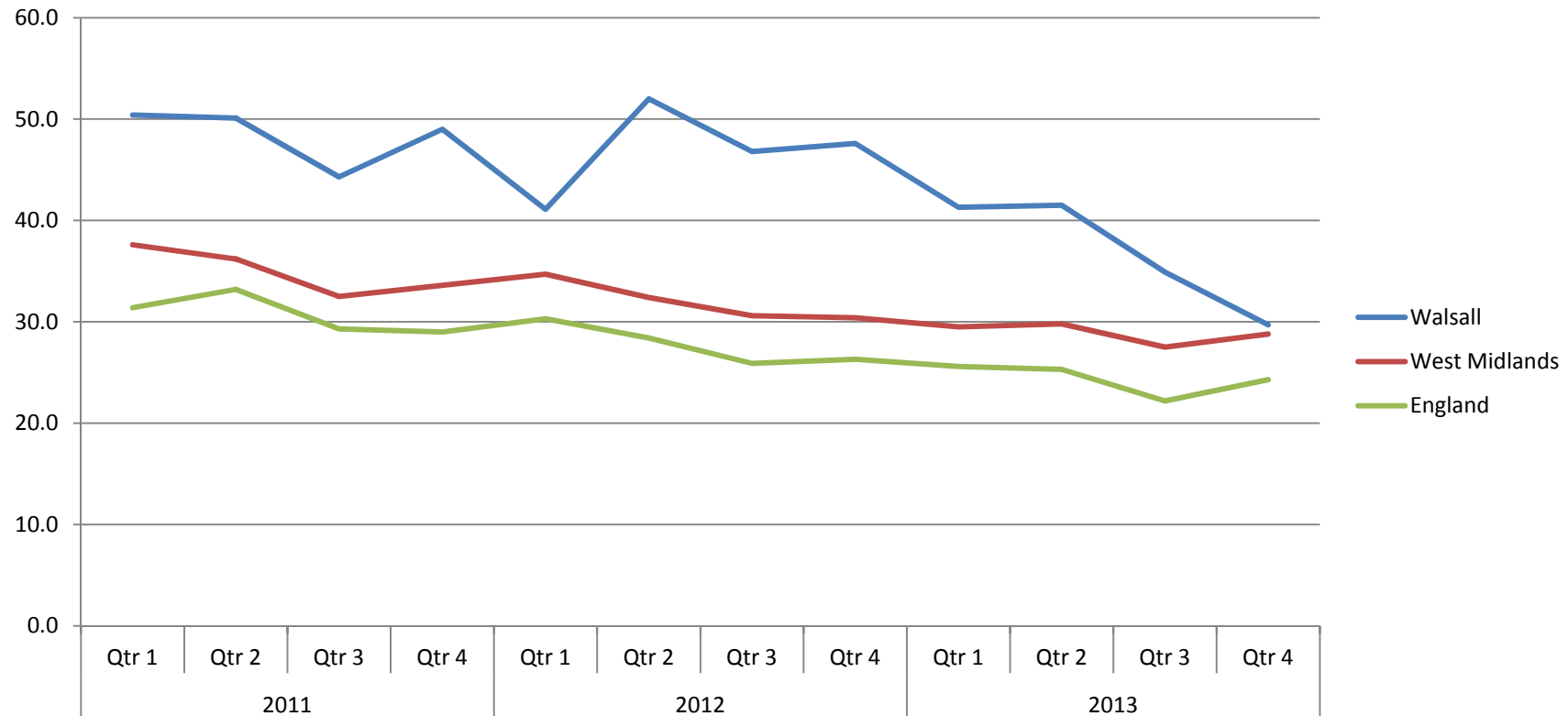
Perinatal mortality rate, 3-year rolling average, 1995/97 to 2011/13



Perinatal mortality remains consistently higher than regional and national rates. Rates for Walsall peaked in 2007/09 at 10.7, but have steadily declined to 8.7, narrowing the gap with regional and national rates.

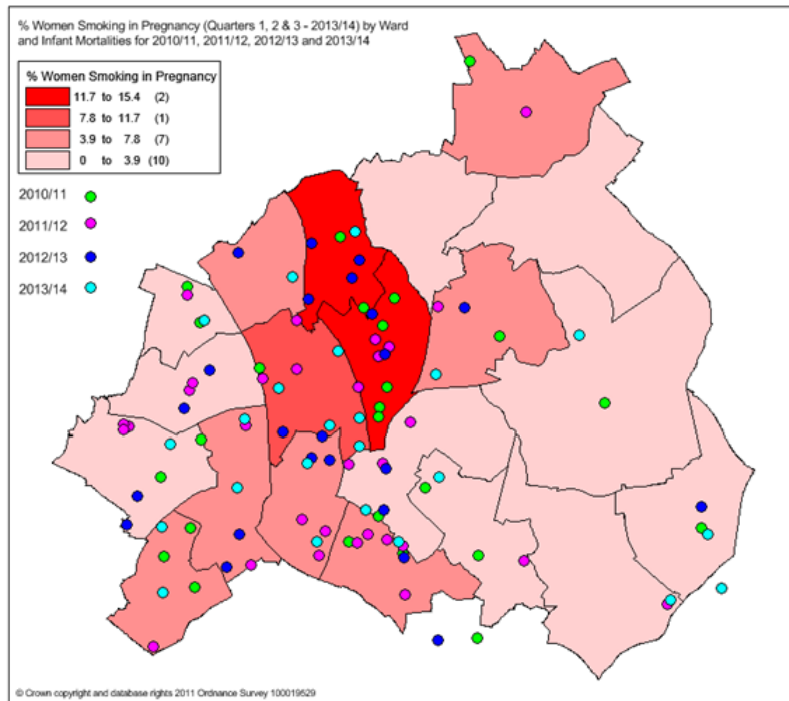
Teenage Pregnancy Trends

Quarterly conceptions to women aged under 18, 2011-2013, rates
(Conceptions per thousand women aged 15-17)



The most recent Teenage Pregnancy data for Walsall shows a large drop in the quarterly rate per 1000 women. The Walsall rate has dropped towards the West Midlands and England average.

Avoidable Harm- Smoking in Pregnancy

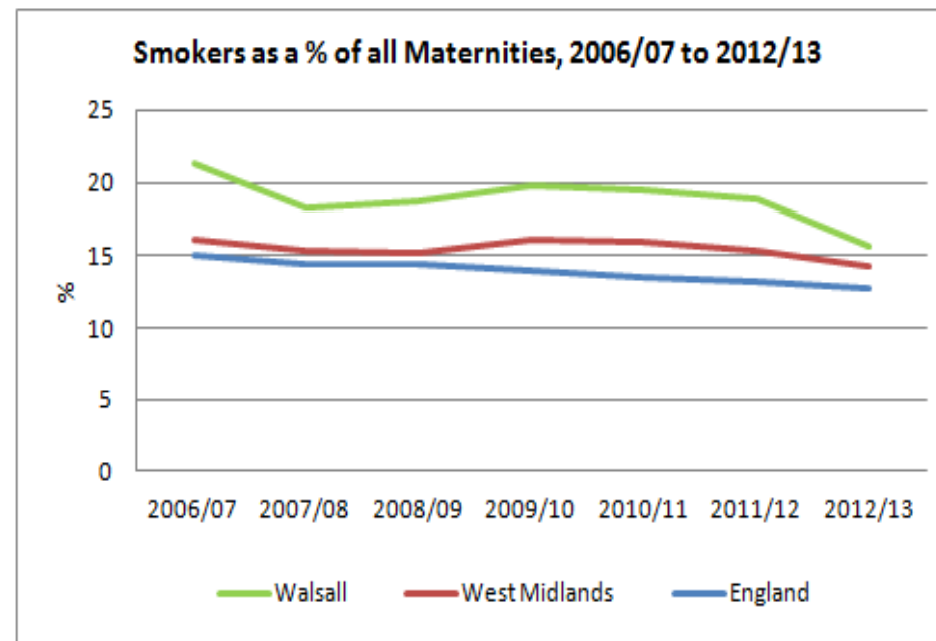


Those women reported to be smoking at time of delivery are highest in:

- Blakenall (15.4%)
- Bloxwich East (12.8%)

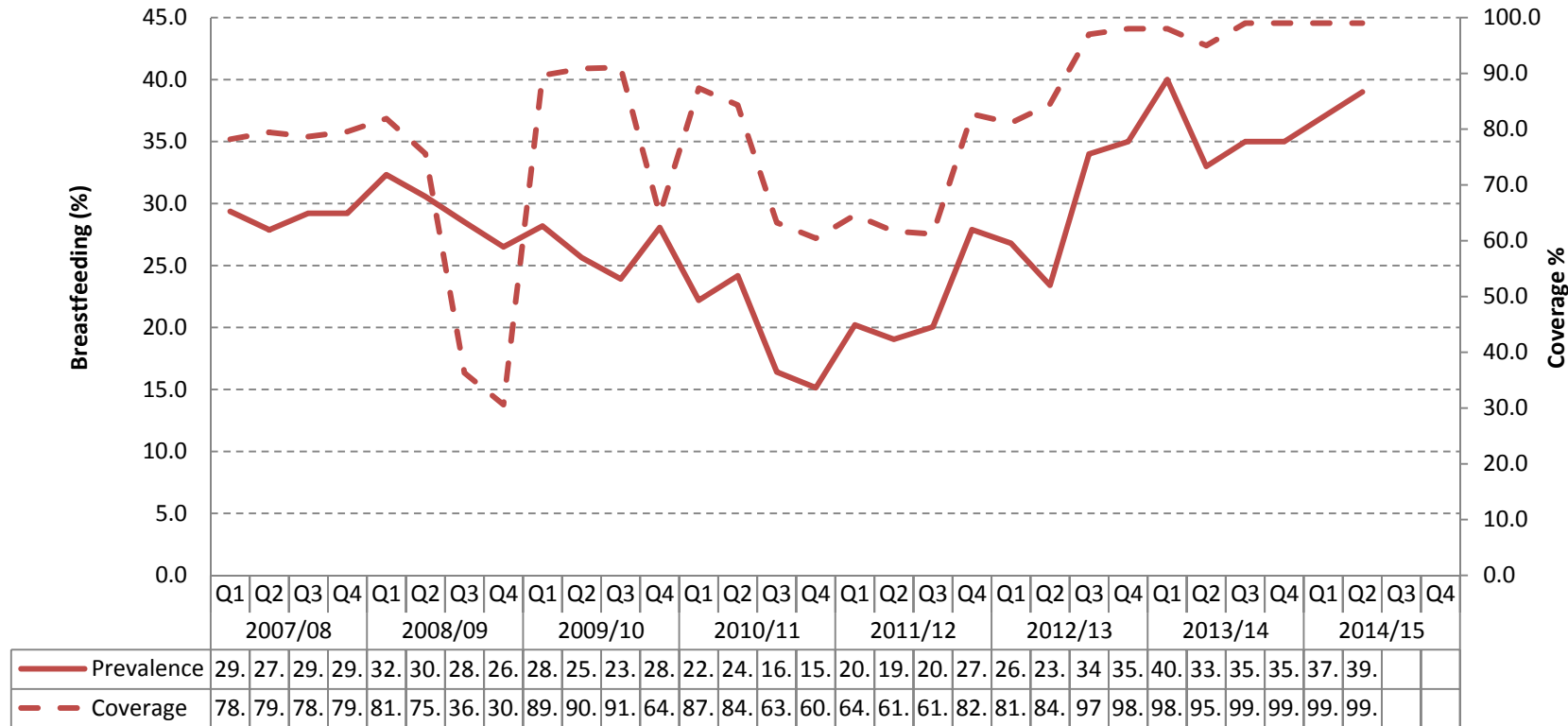
Lowest rates occur to the East and far West of the borough.

The rate of women reported smoking at time of delivery at end March 2013 has fallen to 15.7% although this is still higher than regional (14.2%) and national rates (12.8%). The data for 2013/14 shows that 15.5% of women smoke in Pregnancy in Walsall.



Breastfeeding Trends

Quarterly Breastfeeding Rates in Walsall at 6 to 8 weeks 2007/08 to date



The last few years have seen improvements in breastfeeding at the 6 to 8 week visit and coverage. Rates were at their lowest at the end of 2010/11 following a steady decline to 15.1%.

Since then, rates have picked up, peaking at 40% at the start of 2013/14 and reducing to 39% in quarter 2 2014/15.

To Summarise

- Live births in Walsall are increasing, a greater proportion of birth in more deprived communities
- Perinatal and Infant mortality rates are higher than regional and national rates, although are recently gradually reducing
- Stillbirth rates now below national rates.
- LBW are gradually reducing
- Teenage pregnancy rates are higher than comparator areas, but gradually reducing
- Smoking in pregnancy is gradually reducing
- Breastfeeding rates at 6 to 8 week show signs of improvement

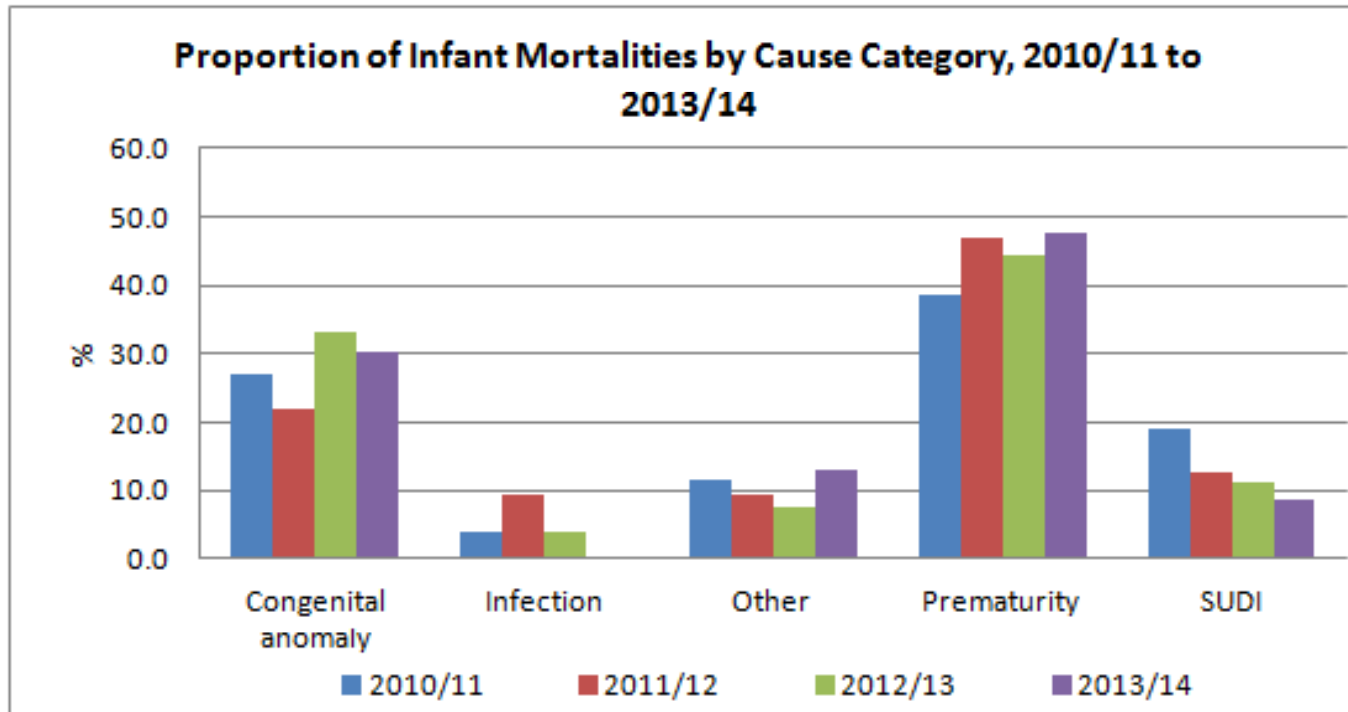
Child Death Overview Panel (CDOP) Data

CDOP Infant Mortality Trends

Year	Number of Infant Mortalities
2010/11	26
2011/12	32
2012/13	27
2013/14	23
2014/15	27

A total of **135** infant deaths occurred during the time period of 2010/11 to 2013/14 in Walsall. They peaked in 2011/12 at 32 but have reduced in following years to 23 in 2013/14. In 2014/15 there have been 27 infant deaths in the first 11 months of the year.

Causes of Death



- Majority of infant deaths were due to prematurity
- Approximately 1/3 of the deaths were linked with congenital anomalies
- Sudden Unexplained Deaths in Infancy have reduced over the years

CDOP Summary

- 135 deaths between 2010/11 and 2013/14
- More male than female deaths
- Of those from a BME background, most were of Pakistani origin
- Most deaths took place at the Manor Hospital, followed by Birmingham Children's Hospital and New Cross Hospital, Wolverhampton
- Prematurity (48) was the main cause of death, followed by congenital anomalies (30)
- Clustering of IM occurring in the more deprived and high BME population communities
- Clustering of IM where smoking in pregnancy is high and breastfeeding is low

Brain injury in infancy

Nationally about 150-250 cases of babies that are cooled, have severe Neonatal Encephalopathy or other brain injury and survive >7 days

Each Baby Counts

An RCOG quality improvement programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour

Content Covered

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Implementation Plan for Reducing Health Inequalities in Infant Mortality A Good Practice Guide 2007 (SEPHO)		
What would work	Impact on infant mortality gap (% points)	Actions /Interventions
Reducing conceptions in under 18s by 44%	1.0	Targeted prevention work with at-risk teenagers and targeted support for pregnant teenagers and teenage parents
Reducing overcrowding to contribute to reduction in SUDI	1.4	Increase the supply of new social housing; pilot innovative approaches to making temporary social stock permanent; encourage better use of housing stock
Target interventions to prevent SUDI	1.4	Maintain current information given to mothers and target the Back to Sleep campaign and key messages to the target group
Reduce rate of smoking in pregnancy	2.0	Smoking cessation as an integral part of service delivery for the whole family during and after pregnancy
Reduce the prevalence of obesity	2.8	Support the contribution LAAs can make to tackling obesity Reducing the prevalence of obesity Develop plans to implement NICE obesity guidance with in the R&M group to 23% 2.8 a focus on disadvantaged groups Develop plans to help women with a BMI of over 30 to lose weight by providing a structured programme of support
Work to reduce child poverty	3.0	Help lone parents into work Ensure that people stay in work and progress in their jobs Develop a family focus in DWP's work with all parents Tax credit measures
Immediate Actions Optimising preconception care Early booking Access to culturally sensitive healthcare Reducing infant and maternal infections Long-term actions Improve infant nutrition Improving maternal educational attainment		Provide comprehensive preconception services Provide advice/support for at-risk groups within the target group, eg BME groups Increase direct access to community midwives Provide 24/7 maternity direct line for advice and access Implement NICE antenatal and postnatal guidelines Health equity audit of women booked by 12 weeks and more than 22 weeks gestation Improving infant nutrition Commissioners and maternity service providers agree improvement plans in contract Improve uptake of immunisations in deprived populations Implement Baby Friendly standard

Public health key messages

- Identification and clinical management of high risk pregnancies
- Modifying behaviour pre-pregnancy and during pregnancy (for example action on obesity, smoking, alcohol consumption)
- Enabling early access to maternity services
- Ensuring a caring and safe environment in the first year of life (and beyond) through supporting parents, promoting attachment and development, advising on home safety and safe sleeping
- Health promotion, for example stopping smoking and healthy eating to benefit the whole family

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- **What are we doing in Walsall about this issue?**
- What more can we do?

Walsall Perinatal and Infant Mortality Work Programme- Summary of key themes

Within the Infant and Perinatal Mortality Work programme, a range of projects are currently underway addressing 7 major themes:

- Improving programme delivery
- Monitoring targets and using health intelligence
- Prevention and investigation of sudden unexplained deaths in children
- Developing maternity services
- Reducing risk through screening and immunisation
- Reducing risk through lifestyle changes
- Targeting vulnerable groups
- Addressing wider determinants –child poverty and housing.

Public Health actions undertaken to support a healthy pregnancy

- Expansion of the Health Visiting Service
- Commissioning of a deep dive by the Peri Natal Institute
- CQUIN – to ensure robust referral processes from midwifery service to support services eg. weight management in pregnancy
- Bumps and Bloomers
- Flu fairies
- Smoking in Pregnancy Services
- Breastfeeding/MAEYs
- Childrens Centre Services
- Reducing Risk through screening and immunisation

Peri Natal Review

This review was undertaken in 2014 to

- Examine the infant and perinatal deaths to identify systematic challenges to care in pregnancy and infancy
 - Identify areas of good practice
 - Identify aspects in the provision of maternity and neonatal care which require improvement
 - Make recommendations on how these issues can be addressed

Public health recommendations from Peri Natal Institute Review

Walsall Council and Public Health

- Promote public health messages relating to maternity care, including smoking and obesity
- Promote education on SIDS awareness including co-sleeping, alcohol, smoking, restricted fetal growth
- Maintain clear pathways for interagency working with high risk families
- Ensure feedback from Child Death Overview Panel reviews are shared with all agencies involved in the care
- Address service provision within areas of high deprivation

Bumps and Bloomers

Social Marketing project working to discover the most effective communication method when working with women in pregnancy thereby targeting support services more effectively and improving uptake.



Bumps and bloomers learning

- Women listen to other family members
- Women value person to person advice, given by people who they can relate to including women who have been pregnant, and who appear more knowledgeable
- Women don't always want to hear medical language, or be given impersonal messages in a leaflet
- Women are receiving mixed messages – e.g. midwife vs. 'Nan' or in internet searches.

Future Actions

Give clear, simple messages

Use positive role models to deliver the messages

Deliver messages in a format that is accessible, difficult to ignore and can be used by women to build their own confidence with their family members by telling them the correct information.

Flu Fairies

Aim:

To promote the importance and uptake of flu immunisation when pregnant and to understand the barriers and motivators to having the immunisation

As a result of this campaign, Walsall showed the greatest improvement in uptake in the West Midlands with an increase of almost 10% from 2013/14

With an uptake rate of 46.5% in 2014-15, Walsall was higher than the West Midlands average of 43.6%.

Flu Fairies

permanent art work now placed in The Manor

Pregnant? Have you had your flu jab?

'My midwife recommended I had the jab, so of course I did, it was a no brainer really.' *'I trust my midwife she knows what's best for my baby.'*

'It protects my baby and that's what I want to do, to protect my baby in pregnancy and whilst breastfeeding.'

'It's safe and it wasn't going to hurt my baby or me.' *'It's about the safety of your unborn child because flu can harm you and your baby'*

It's free because you need it, talk to your midwife to find out more.

Walsall Council #flufairies Walsall Healthcare **NHS** NHS Trust

Flu Fairies Learning

- Midwives are the key professionals in promoting the flu in pregnancy immunisation
- Messages are more successful if women are;
 - Given a chance to consider the issue more than once and be reminded
 - Supported and encouraged by family members
 - Given a reputable website to seek their own information
 - Understand why the jab is important
 - Able to access the flu jab easily i.e. flu clinic running at same time as antenatal clinics in General Practice
- Messages to give;
 - It protects the baby and will not cause harm
 - The jab does not give the woman flu
 - Pregnancy is a time of vulnerability to flu due to reduced immunity
 - It is important and can save lives
 - It is suitable for people who observe a Halal diet

Future Public Health Actions

short term (1-3 months)

In addition to services already described

- Finalisation of the Perinatal Institute deep dive report. Summary report prepared for wider distribution
- Work with CCG and WHT to take actions forward based on Perinatal Institute report.
- Ensure high level support on Infant Mortality from the Health and Wellbeing Board and Children's and Young People Partnership Board.
- Dissemination of Walsall Mommas learning film on safe sleeping
- PH Transformation fund funding to ensure Children's Centres target vulnerable women with Public Health messages relevant to being healthy in pregnancy. This funding will be mainly targeted at the most deprived communities.

Future Public Health Actions

medium term (3-6 months)

- A Health Visitor CQUIN developed to ensure better information sharing between health visitors and midwives.
- Smoking cessation activity focussed and increased to access and work with women who smoke in pregnancy.
- To ensure targeting breast feeding support to vulnerable women who are less likely to breast feed.
- Public Health Transformation Funding used to support aligning the Teenage Pregnancy strategy and action plan with reducing infant mortality

Future Public Health Actions continued

- Walsall Mommas film to highlight the importance of monitoring fetal movements in pregnancy
- Repeat campaign focus on flu jabs in pregnancy.
- Increased focus on demonstrating and monitoring improved health outcomes from the Health Visiting service.

Content Covered

- What does the data tell us infant mortality?
- What should we be doing about infant mortality?
- What are we doing in Walsall about this issue?
- What more can we do/ what should we be doing differently?

Recommendations for Board

- To take a shared responsibility for the issue of infant mortality
- To support the dissemination of messages on a healthy pregnancy and beyond
- To work with stakeholders to identify other actions which will contribute to reducing infant mortality
- To contribute to the infant mortality action plan leading to a cross Council action plan