

## Health and Wellbeing Board

30 October 2017

### Priority 2: Improve Maternal and Newborn Health

#### 1. Purpose

The purpose of this report is to update the Health and Well-being Board on the progress made in relation to Priority 2: Improve maternal and newborn health. This report relates to the work of the Infant Mortality Strategy Oversight Group since the previous report to the Health and Wellbeing Board in December 2016.

#### 2. Recommendations

- 2.1 That the HWB notes the feedback from the Infant Mortality Strategy Group
- 2.2 That the HWB notes the achievements and partnership actions set in place to reduce infant mortality reduction strategy (summary of themes and key actions (**Appendix A**) and Communication Plans (**Appendix B**))
- 2.3 That the HWB supports the work of the Black Country Local Maternity System towards improving maternal health and wellbeing and reducing infant mortality in Walsall as well as across the Black Country.

#### 3 Report detail

##### 3.1 Infant Mortality Reduction in Walsall

Infant mortality (figure 1) and perinatal mortality (figure 2) have reduced in Walsall showing a consistent reduction in infant and peri natal mortality over the last 4 years

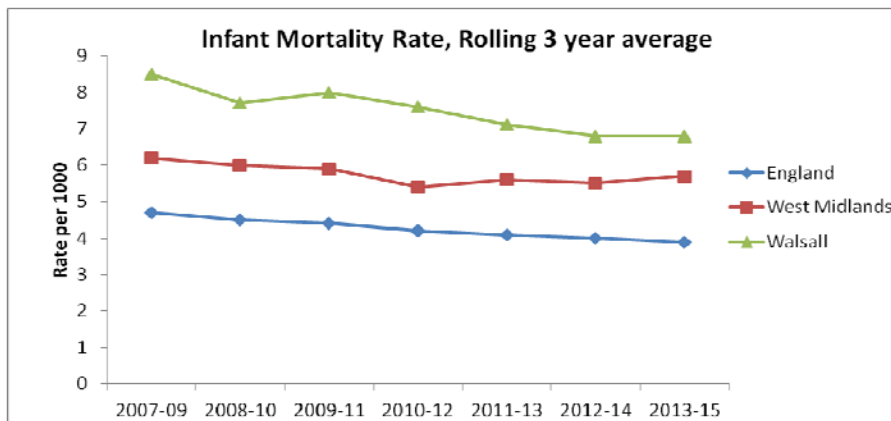


Figure 1 Infant Mortality in Walsall, three year rolling averages

Source: Office for National Statistics

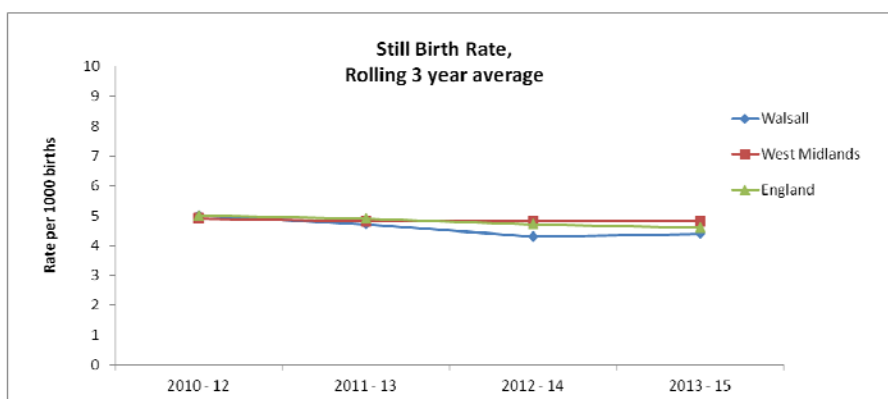


Figure 2 Stillbirth rates in Walsall, three year rolling averages

Source: Office for National Statistics

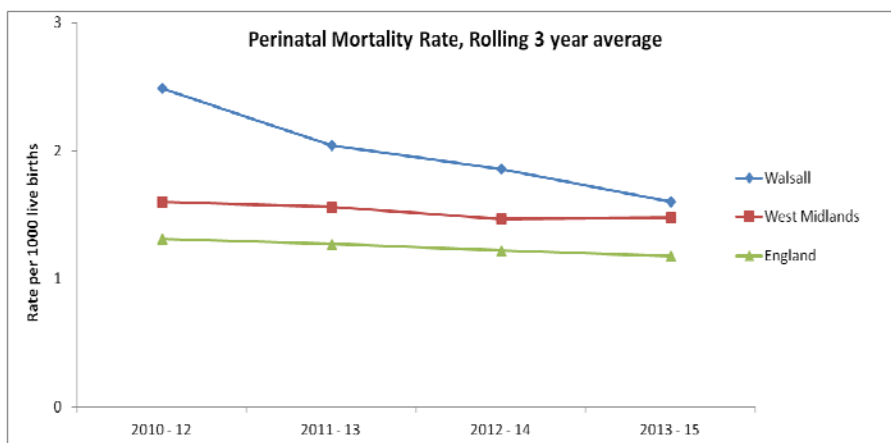


Figure 3 Perinatal Mortality in Walsall, three year rolling averages

Source: Office for National Statistics

Figure 3 illustrates that perinatal mortality is now close to the Regional average

### 3.2 Implementation of the Infant Mortality Strategy – Progress in 2017

#### 3.2.1 Embedding of the multiagency Infant Mortality Strategy oversight group

The multiagency Infant Mortality Strategy Group is chaired by a consultant in Public Health and attended by Councillors, leads within Walsall Healthcare Trust

and CCG representatives. This group meets quarterly and monitors progress the implementation of the infant mortality strategy. The Infant Mortality Strategy Oversight Group reports to both the Health and Wellbeing Board and the Children and Young People's Partnership Board.

### **3.2.2 Revised strategy for infant mortality (2016-2021)**

This strategy incorporates current evidence based work and recommendations of key national reports such as the Cumberledge Report, MBRRACE and the Government commitment to reduce infant mortality by 2020 as well as Engaging with Every Baby Counts (RCOG).

In particular the revised infant mortality strategy;

- i. Redoubles efforts to ensure that mothers have access to support services to minimise lifestyle risks in pregnancy
- ii. Ensures that all frontline services work together to promote the best start in life, including health visiting, children's centres, maternity services, paediatric services and the voluntary sector.
- iii. Ensures that mothers receive clear, consistent messages about healthy pregnancy which they are able to relate to.
- iv. Closely links with the CCG maternity strategy, particularly to ensure high quality maternity care for the women of Walsall
- v. Ensures synergy with the Black Country Local Maternity System plan

### **3.2.3 Key achievements relating to strategy priorities**

Below are some of the key achievements in 2017. A more detailed summary of actions are included in **Appendix A**

#### **Maternal mental health**

- Development and refresh of a Maternal mental health multiagency pathway to support seamless support for women experiencing all levels of mental health issues. This pathway now include wider partner pathways including support offered in primary care
- Support for a voluntary sector organisation to set up and coordinate support groups for women experiencing mental health issues
- Establishment of a mental health champion in each Health Visiting tea team to support low level mental health support in the ante natal and post natal periods.
- Support for the Black Country Strategic Transformation Plan (STP) bid for Peri Natal Mental Health Services
- A Listening Into Action staff engagement programme focussing on PNMH to be held at the Manor to gain staff views on how they can

work together to improve services for women experiencing PNMH issues

### **Ante natal visits**

- Establishment of a 28-32 week ante natal visit which offers women the opportunity to discuss preparations for the birth of their child, discuss any concerns they might have and begin to build a relationship with their Health Visitor.
- Production of a film and app to support transition into parenthood which will be shown in all bases and downloadable on women's mobile devices

### **Early Help**

- Health Visitors to take the lead professional role within Early Help and coordinate support for families with children under 5.
- Support for vulnerable families in place including support for those vulnerable parents most at risk from infant mortality eg. teen parents and care leavers.

### **Healthy pregnancy service**

- Development of a new service within the 0-5 Health Visiting service which complements the support offered by the midwifery service. This service commenced June 2017 and sees every woman giving birth in Walsall
- This service addresses lifestyle risks in pregnancy and reduces the risk of infant mortality with women being seen as a minimum at every Trimester. At least one visit is offered in the home.

### **Support for vulnerable parents**

- Intensive support offered to all vulnerable parents and children under the age of 5 through the Health Visiting service but also the newly appointed midwife for vulnerable women. This includes supporting groups such as teen parents, care leavers, migrants and parents with mental health issues or learning difficulties to meet outcomes around the six high impact areas

### **Communication campaigns to reduce Infant Mortality using Walsall Mommas approach (see appendix B)**

- Renewed SUDI campaign working with Walsall LSCB
- A Walsall Mommas film and app to support parents around transition to parenthood including offering advice on when to seek support and more targeted support aimed at parents experiencing domestic abuse or using drugs

- An app supporting families around reducing accidents and emergency admissions to hospital
- Support to promote the uptake of the flu jab in pregnancy in the ante natal clinic

### **Staff Engagement**

- In order to gain staff ownership for actions to supporting infant mortality actions a Learning into Action Big Conversation around Birthing and Parenting was held in Walsall Healthcare Trust. During this conversation, leads worked with staff to identify barriers, solutions and action champions

Actions identified included;

- Making sure care pathways were evidence based
- Ensuring effective communication with women
- Ensuring ante natal education is available to all women
- Support for vulnerable women

A similar event is being planned to support Peri Natal maternal health See 5.1

## **4. The Black Country Local Maternity System (LMS) Plan**

- 4.1** Improvement of infant and perinatal mortality in Walsall is contingent on high quality maternity and neonatal services across the Black Country.

In July 2017 clinicians from across the Black Country came together to agree a shared vision for the future provision of maternity services for the people of Dudley, Sandwell & West Birmingham, Walsall and Wolverhampton through a plan for an improved local maternity system.

The ambitious vision set by clinical leaders is that *“through collaboration, we will deliver a high quality maternity service across the Black Country that is shaped by the voice of our women. Our maternity services will be safe, personalised and responsive to ensure every woman and baby receives the best possible care.”*

The Black Country LMS plan has been developed to respond to the challenge set out nationally in Better Births for childbirth to become more personalised and more responsive but also reflects the knowledge of the challenges that maternity services in the Black Country face, namely;

- high levels of deprivation and poor health
- a growing demand for maternity services.
- capacity pressures in some services.

- 4.2** In order to achieve the vision over the next 3-5 years, three main areas for impact have been identified in the plan.

**1. Tackling Infant Mortality.** Infant mortality rates in the Black Country are some of the highest in the UK. Each of the four boroughs has already established local work to improve outcomes for mothers and their babies. There is however potential to learn from each other what works best and to seek to apply this learning quickly and effectively. The LMS will focus initially on work to reduce smoking in pregnancy, to identify early foetal growth restriction and reduced foetal movements, ensuring effective foetal monitoring during labour and support women to breast feed successfully.

**2. Delivering Better Births for the Black Country.** The national vision for maternity services set out in Better Births is fully supported by the plan. Working through the four boroughs, a model will be developed for community hubs that support women with effective ante-natal care, improved maternity pathways, greater choice and personalisation including a wider range of options for mothers including a Midwifery Led Unit “offer” in each patch and supporting women who chose a home birth.

**3. Sustainable Services.** About 20,000 babies are born in Black Country maternity services each year. The LMS plan will work with all providers in the region to forecast future levels of demand and work closely together to agree how these can best be met. The initial high-level modelling of changes in the local population and potential changes in pathways suggests that this will raise slightly over the next 3-5 years. Understanding the local workforce and support the training and development of professional staff will be an important part of this section of work.

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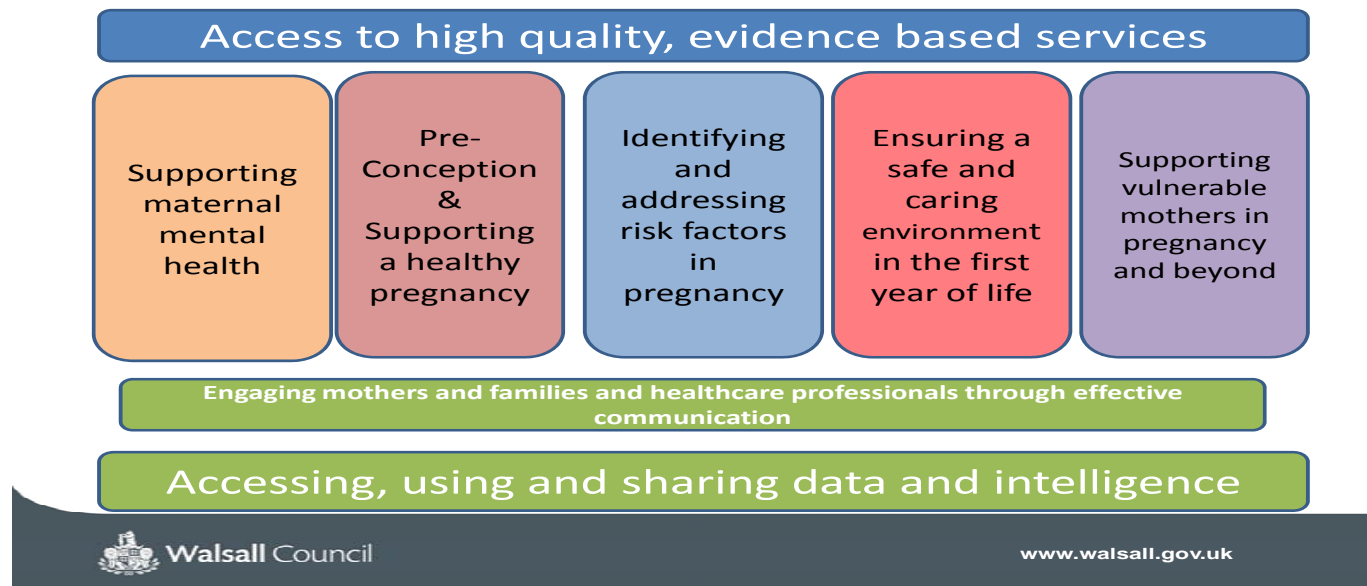
## **APPENDIX A**

### **Infant Mortality Strategy**

#### **The vision**

- Walsall will have an infant mortality rate on par with national rates by 2020, reducing inequalities between different communities in the borough. We will work in partnership to ensure that women have a healthy pregnancy, and the first year of a child's life is safe and cared for.

### **Priorities**



## Maternal Mental Health

What has already been achieved?

- The development of Walsall Multiagency Perinatal Maternal Mental Health Pathway
- Use of transformation funding to :
  - Fund training for health visitors and midwives around perinatal mental health.
  - Fund community support groups for families who have suffered low level perinatal mental health issues, bereavement or traumatic birth.
- Development of the health visiting service to excel in the 6 high impact areas, with a focus on maternal mental health

### Priority actions for 2017/18

	Owner	Recommendation
1	Public Health	Work jointly with the CCG to improve communication pathways between health visitors, midwives and GPs
2	Maternity Services	Encourage women to discuss mental health issues at booking and throughout pregnancy . Ensure an understanding of the relationship between mental health, pregnancy and child development.
3	Maternity Services	Ensure appropriate referrals to maternal mental health services and that mental health discussions are documented
4	D&W MHT	Provide support to community perinatal mental health services and Walsall Health Care Trust maternity services
5	CCG	Ensure appropriately located specialist support to community perinatal mental health services, with significant investment in both to provide services that are able to meet need
6	NHS England	Ensure access to specialist services is available to meet the need of women in Walsall



## Pre-Conception care & Supporting Healthy Pregnancy

### What has already been achieved?

- Improved documenting of fetal movement advice
- Improving early access to maternity services
- An identified obstetrician for each team of midwives who can advise on issues as appropriate
- A significant increase in women having the flu jab in pregnancy
- An increased focus on a healthy pregnancy in the new 0-5 service to be procured from 2017

### Priority actions for 2017/18

	Owner	Recommendation
1	Public Health	Reduce the number of women who smoke at booking Reduce the number of women who smoke during in pregnancy, exploring strategies to reduce attrition rates for 4 and 12 week quits.
2	CCG	Ensure funding is available for a package of preconception care across Walsall (specialised eg diabetes, Mental Health)
3	Public Health	Reduce harmful lifestyle behaviours during pregnancy, working with the healthy pregnancy service
4	CCG/Public Health	Commission a genetic counselling service, working with frontline healthcare workers and community leaders to empower the local community to understand the consequences of consanguinity on infant mortality and morbidity and how they can be avoided.
5	Maternity Services	Collaborate with Public Health to produce a single on line resource for women, such as a web page or mobile phone app
6	Maternity Services	Ensure that the level of pregnancy risk is re-assessed frequently throughout pregnancy.
7	Children's Centres	Work with Public Health to take an active role in the promotion of messages around fetal movement, healthy eating, physical activity and healthy start
8	Housing Services	Private and council housing providers should ensure pregnant women are prioritised and put into appropriate housing

## Identifying and Addressing Risk Factors in Pregnancy

### What has been achieved so far

- An improvement in record keeping at WHCT
- Established a dedicated diabetes in pregnancy service including a diabetes specialist midwife post.
- Increased training for midwives around monitoring fetal growth
- Adoption of the SCOR risk assessment in the midwifery service
- Increase in the ratio of midwives to women

### Priority actions for 2017/18

	Owner	Recommendation
1	Trust Maternity	Increase awareness of importance of antenatal assessment and produce clear, individualised care plans reflecting medical, obstetric and social risk factors
2	Trust Maternity	Ensure all staff are trained in antenatal surveillance of fetal growth and the appropriate referral pathways and establishing rolling audit of performance (SGA/FGR detection rates)
3	Trust Maternity	Ensure ongoing training in intrapartum surveillance, CTG interpretation and timely escalation of problems. Ensure a buddy system is in place for review of CTG interpretation.
4	Trust Maternity	Ensure appropriate pathway for assessment and management of intrauterine growth restriction
5	CCG	Ensure sufficient resources are available for fetal growth assessment by ultrasound, according to RCOG and NHS England commission guidance
6	CCG	Support implementation of standardised reviews of adverse incidents
7	CCG	WHCT and Walsall CCG should work collaboratively to ensure rapid referral protocols are in place between professionals and across organisations to ensure that the woman and her baby can access more specialist care when they need it
8	CCG/Public Health	Ensure equity of service provision according to need

9	WHT/ CCG/Public Health	Increased focus on supporting women in pregnancy to quit smoking
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### Identifying and reducing risk factors in pregnancy

#### What has been achieved so far

- Black Country neonatal pathways in place

#### Priority actions for 2017/18

	Owner	Recommendation
1	Neonatal Care	Consultant paediatrician needs to have overall responsibility for the management of each neonatal case ensuring teams understand individual plans of care
2	Neonatal Care	Ensure pre-term infant transfer protocol is adhered to
3	Maternal and New-born Network	Help standardise assessment and management of neonates
4	Maternal and New-born Network	In line with the STP develop a geographical network for sharing intelligence and best practice, including a standardised peer review process of adverse outcomes
5	Trust Maternity/ Public Health	Ongoing training for health care professionals about the risk factors, prevention, advice and management of SUDI. Work with local partners to raise awareness in the community and develop effective resources.
6	Trust Maternity/ Children's directorate	Ensure growth status of neonates at delivery and other risk factors are assessed and shared with Health Visiting service and GPs
7	Public Health	Promote education on SIDS awareness including co sleeping
8	Public Health	Develop a health visiting service that focuses on the 6 high impact areas, at an individual and population level

9	Public Health	Improve communication between agencies so that post partum women are supported with services which they may have taken up through pregnancy
10	Public Health	Establish closer working between health and housing to reduce health inequalities in infant mortality

### Supporting vulnerable mothers through pregnancy and beyond

#### What has already been achieved?

- The development of an effective evidence based vulnerable parents service, working with early help.
- Provision of supported and coordinated care throughout pregnancy to women who misuse substances
- Provision of an accessible antenatal care service that is sensitive to the needs of individual women and the local community
- An increased focus on supporting all vulnerable pregnant women within the 0-5 service to be delivered from 2017

#### Priority actions for 2017/18

	Owner	Recommendation
1	Public Health	Maintain clear pathways for interagency working with high risk families <sup>1</sup>
2	Public Health	Link with the parenting strategy to reduce the number of looked after children in Walsall
3	Maternity Services	Ensure migrant women, asylum seekers and refugees have access to an equitable antenatal service which meets their needs
4	Maternity Services	Ensure equitable antenatal care is provided to women with learning disabilities / care leavers
5	CCG	Evaluate how well mother and infant immunisation services are accessed by disadvantaged groups/vulnerable children
6	Housing Services	Explore how multiple housing agencies can be supported to sign post families that need support into local services

7

Children's Centres

Ensure children's centre staff are fully engaged with those services who work with vulnerable parents

In order to support the strategy, the following will also be ensured

- Raising Awareness
  - Co-ordinated campaigns
  - Genetic Literacy
  - Culturally Relevant resources
- Workforce Development
  - Multi professional training
  - Integrated working
- Development of networks
  - Shared learning
- Data sharing and Information Governance
  - High quality data to monitor performance and quality
  - IG not a barrier to care

## Appendix B

### Communication Mechanisms

The Infant Mortality Strategy emphasises the importance of communication across all themes. In particular, the Walsall Mommas brand will be used to promote messages to support health in pregnancy and the first year of life

### Development of the Walsall Momma's programme

The Walsall Mommas brand was developed in response to an analysis around the communication needs of pregnant women in Walsall. This identified that

- Women listen mainly to other family members
- Women value person to person advice, given by people who they can relate to. Pregnant women want to hear advice from other women who have been pregnant, and who appear more knowledgeable than they are, which usually means older
- Women do not 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 internet searches leading to disreputable sites
- Women are bombarded with conflicting advice and often listen to the wrong person

Based on this knowledge, a series of films and apps are being developed using the Walsall Mommas brand to deliver information that supports infant mortality reduction.

- **Film 1** focussed on safe sleep as part of SUDI reduction including the importance of no one in the household smoking around the baby. This was completed in June 2015 and has been positively evaluated by midwives, health visitors and Walsall women.
- **Film 2** highlights the importance of monitoring fetal movements in pregnancy in order to increase the number of women seeking support early to reduce peri natal mortality.
- **Film/App 3** support in reducing emergency admissions and reducing minor illnesses

### Walsall Mommas - Future Plans

Film/app 4 will support transition to parenthood and will be available December 2017

Film 5 will support maternal mental health and be available May 2018

I Pads have been bought for each health visitor base to support sharing the Walsall Momma information with parents. The films also play on a loop in GP surgeries and in the antenatal clinic and women are encouraged to download the films onto their mobile devices from [www.walsallhealthcare.nhs.uk/safe-sleep.aspx](http://www.walsallhealthcare.nhs.uk/safe-sleep.aspx)

### Flu Fairies

Based on the knowledge that flu Immunisation was low in women during pregnancy in Walsall in 2014, a communication campaign was established to encourage women to have their jab. As a result uptake has increased significantly and flu immunisation is now being offered by midwives in Walsall Healthcare Trust to further increase uptake. In addition Flu Fairies have been visiting the Walsall Manor Ante Natal clinic to raise awareness of the importance of flu immunisation and signpost pregnant women to the midwifery flu clinic