

Health and Wellbeing Board

10 April 2018

Priority 2: Improve maternal and newborn health/Infant Mortality¹ Strategy Oversight Group

1. Purpose

The purpose of this report is to update the Health and Wellbeing Board on Health and Wellbeing Board Priority 2: Improve maternal health and update on the partnership actions undertaken to reduce Infant Mortality across Walsall since the previous report in October 2017 and on rates of infant mortality in Walsall.

2. Recommendations

2.1. That the HWB notes the content of this report from the Infant Mortality Strategy Group.

2.2. That the HWB supports the below overarching 3 Local Maternity System aims which the Walsall Infant Mortality Strategy works to and which supports actions towards improving maternal health and wellbeing and reducing infant mortality in Walsall as well as across the Black Country:

- To tackle infant mortality
- To deliver Better Births
- To ensure sustainable healthcare services

2.3. That the HWB notes the updated partnership actions (Point 4) set in place to reduce infant mortality. (summary of strategy themes **Appendix A** page 7)

2.4. That the HWB notes that despite work to reduce infant mortality through all strategy group partners and increased investment, the infant mortality rate for 2016 has increased both nationally, across the West Midlands and in Walsall.

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.

3. Report detail

3.1 Infant Mortality Rates in Walsall

Although infant mortality (figure 1) and perinatal mortality (figure 2) had reduced in Walsall 2012/14, most recent figures show a slight increase from a rate of 6.7 per 1000 live births to 6.9. This represents a reduction from 9.6 in 2011. There has also been an increase in infant deaths in England and Wales and in the West Midlands, according to the latest figures released by the Office for National Statistics (ONS) with the national rate increasing from 3.7 deaths per 1000 live births to 3.8.

Figure 1. Infant Mortality Rate - Walsall, West Midlands and England

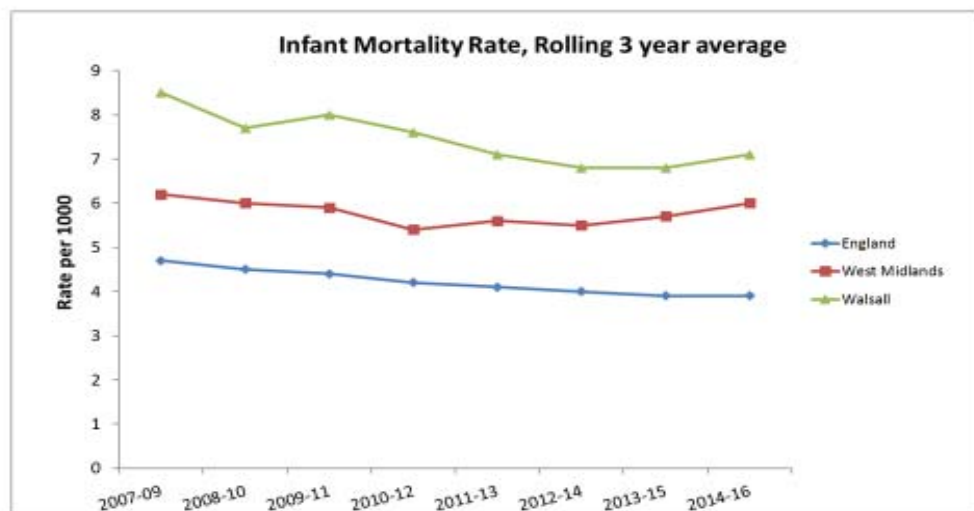


Figure 2. Stillbirth Rate - Walsall, West Midlands and England

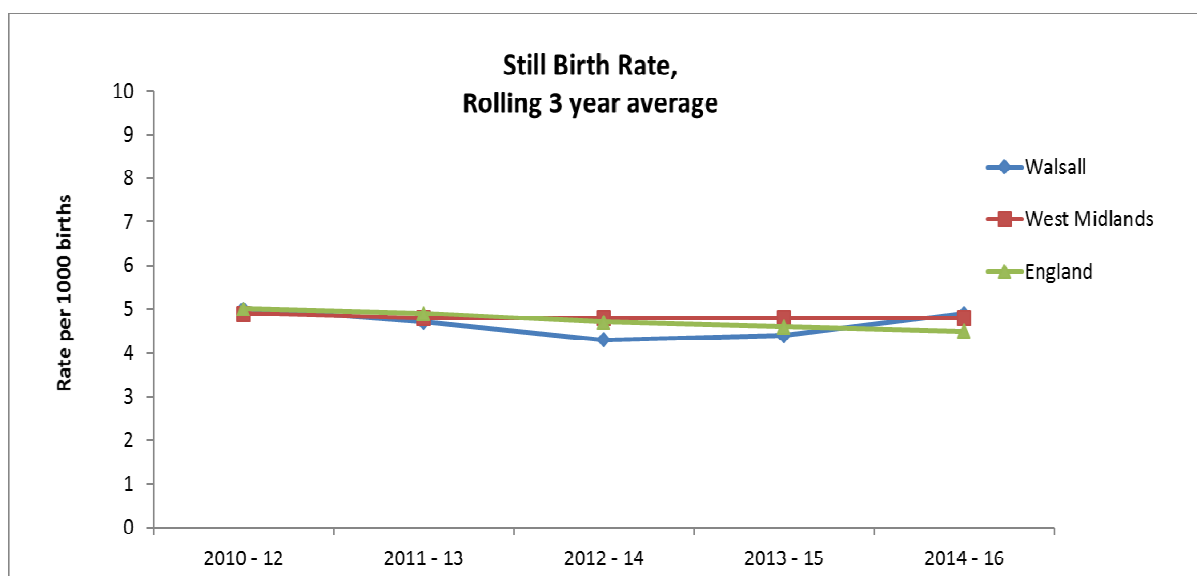
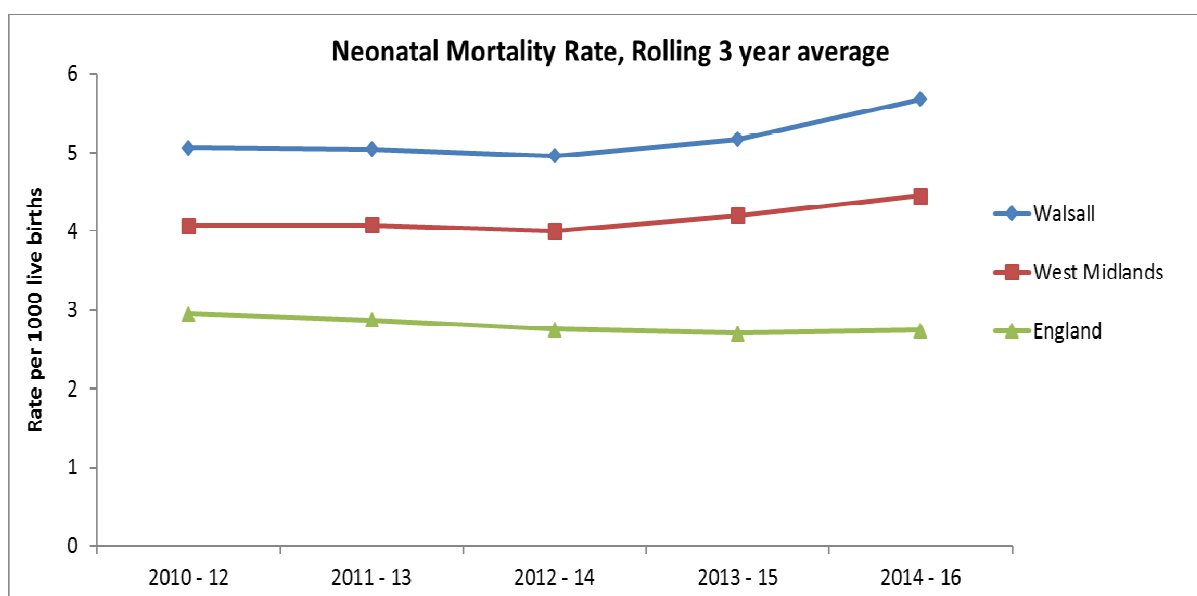


Figure 3 Neonatal Mortality Rate - Walsall, West Midlands and England (the first 28 days of life)



| Rate per 1000 births | Previous Period (2013/15) - Walsall | Recent Period (2014/16) - Walsall | Black Country Average 2014/16 |
|---------------------------|--|--------------------------------------|----------------------------------|
| Stillbirth | 4.4 | 4.9 | 4.8 |
| Neonatal mortality | 5.17 | 5.68 | 4.5 |

Source: Office for National Statistics

3.2. In recognition of the increase in infant mortality, the infant mortality strategy group have set the following actions into place

- renewed effort into meeting local trajectories against reducing the rate of pre-term births (24-36/40) from 8% to 6% by 2025 and reducing still births and neonatal deaths by 30% by 2020 and 50% by 2025 based on nationally set ambitions for the country.
- Increase in ratio of midwife to women from 1:37 in 2014/15 to 1:22
- Increased emphasis on learning from Child Death Overview Panels.
- Closer monitoring of the national Saving lives Care Bundle which emphasises;
 - Reducing smoking in pregnancy
 - Monitoring fetal movement
 - Effective fetal monitoring during labour
 - Surveillance of fetal growth restriction

It is also anticipated that the recent investment in increasing the ratio of midwives to women and the new midwifery support team for vulnerable women, as well as establishment of the new Health in Pregnancy service will impact on Walsall rates of infant deaths in the near future.

The group is also committed to making improvements to infant care through close working through the Black Country Local Maternity System Plan (see **Appendix B** for further details) which ensures consistency across the Black Country and provides the opportunity to bid for area wide programmes.

4. Key achievements in 2017/18 (since HWB report October 2017)

4.1 Further embedding of the multiagency Infant Mortality Strategy oversight group

The multiagency Infant Mortality Strategy Group which is chaired by a consultant in Public Health and attended by Councillors, Walsall Healthcare Trust leads and CCG representatives is now meeting quarterly and progress towards strategic actions being fed back and scrutinised. Governance for this work comes from the HWB and CYPFB.

In particular the revised infant mortality strategy;

- Redoubles efforts to ensure that mothers have access to support services to minimise lifestyle risks in pregnancy
- 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.

- Ensures that mothers receive clear, consistent messages about healthy pregnancy which they are able to relate to.
- Walsall Healthcare Trust are now the best in the country for fetal growth restriction surveillance at 59.5% with the national average 41.7%
- Closely links with the CCG maternity strategy, particularly to ensure high quality maternity care for the women of Walsall
- Ensures synergy with the Black Country Local Maternity System plan

4.2 Key developments achieved relating to strategy priorities

Below are the key achievements set in place since the previous report to HWB October 2017. (A more detailed summary of planned actions are included in **Appendix C**)

4.2.1 Maternal mental health

- Refresh of the Maternal mental health multiagency pathway to support seamless support for women who experience 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.
- A service for women experiencing moderate or severe mental health issues in pregnancy established January 2018 at the Manor.
- A Listening Into Action staff engagement programme focussing on Peri Natal Mental Health held at the Manor to gain staff views on how they can work together to improve services for women experiencing mental health issues during and after pregnancy.
- Walsall Manor Hospital now part of the first wave pilot sites for the National Bereavement Care Pathway with a designated midwife taking forward national learning and offering women bespoke support.

4.2.2 Ante natal visits

- Increasing the reach of a 28-32 week ante natal visit by the health visiting service 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.
- A jointly delivered parenting course for parents developed led by both midwifery and health visiting starting April 2018.
- 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.

4.2.3 Early Help

- Health Visitors taking the lead professional role within Early Help and coordinate support for all families with children under 5 years from April 2018.
- Support for vulnerable families in place including support for those vulnerable parents most at risk from infant mortality eg. teen parents and care leavers.

4.2.4 Healthy pregnancy service

- Embedding and further adaptation of the new health pregnancy service which complements the support offered by the midwifery service. This service commenced June 2017 and sees every woman giving birth in Walsall every Trimester addressing lifestyle risks in pregnancy thereby reducing the risk of infant mortality. At least one visit is offered in the home.
- The Health in Pregnancy service now offering smoking cessation support to enhance the pregnancy support offered by the stop smoking service and measure CO at each contact.
- The Health Visiting service supporting families to quit smoking and women not to go back to smoking after the birth.
- Your Shoes event held at the Manor Hospital December 2017 to find out women and their family's experience of maternity services.
- Local maternity information provided through national Bounty app and bespoke Facebook and Twitter feeds.

4.2.5 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 and her team. 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.
- 4 health visitors trained in Care of the Next Infant (CONI) to support parents after the death of a baby.
- Support for women to quit smoking in pregnancy maintained post birth by health visiting service.
- Sonographers trained to offer smoking cessation advice at scans.
- MELLOW Bumps parenting courses offered for vulnerable women including teen parents, supporting bonding, reduction in anxiety and preparation for the early days of parenthood.
- Teenage Pregnancy reduction strategy to be launched April 2018 engaging all partners in supporting teen parents.

4.2.6 Communication campaigns to reduce Infant Mortality using Walsall Mommas approach

- Renewed SUDI campaign working with Walsall LSCB and support for the Lullaby Trust's Safer Sleep Week 12th to 17th March 2018.
- 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 in place.
- Support to promote the uptake of the GP provided flu jab in pregnancy in the ante natal clinic.
- Work with the Housing team to produce a resource identifying risks in the home for young children.

4.2.7 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 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 correct
- Ensuring effective communication with women
- Ensuring ante natal education is available to all women
- Support for vulnerable women

A similar event is being run to support Peri Natal maternal health. (see 4.3.1)

Background papers

Appendix A Infant Mortality Strategy on a page

Appendix B Black Country Local Maternity System and Plans

Appendix C Summary of strategy actions

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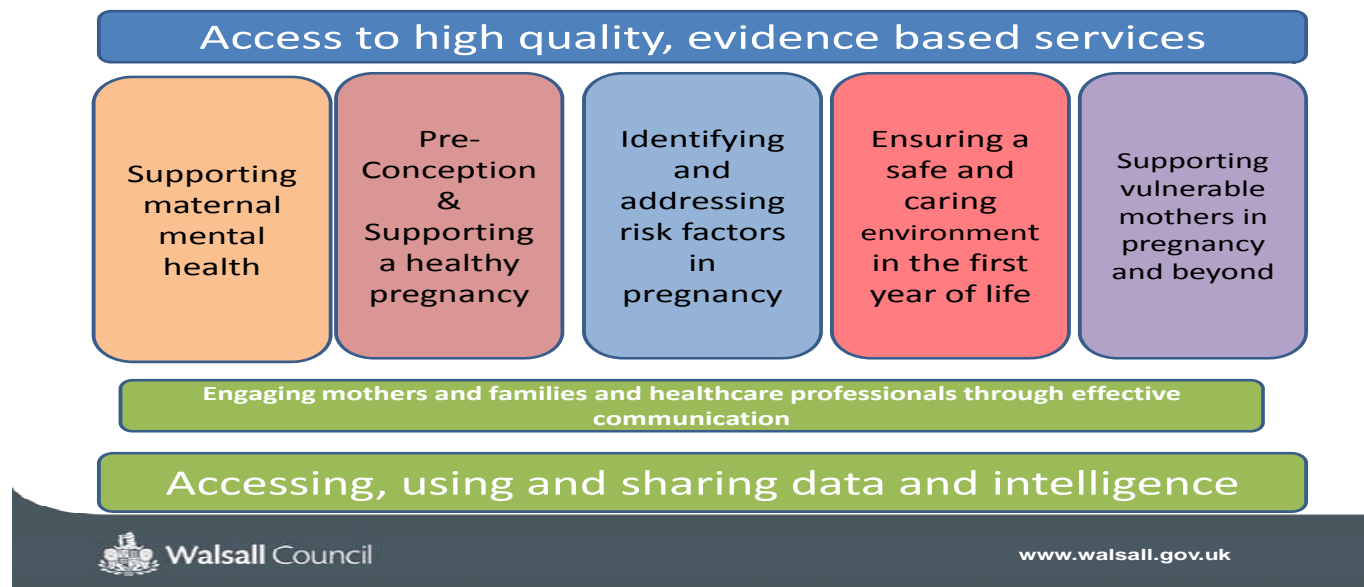
APPENDIX A

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



Appendix B Black Country Local Maternity System and Plans

Essential to improving infant mortality and maternal wellbeing in Walsall is what happens in the wider Region as women can now choose to give birth outside of Walsall and when a baby requires additional support pre or post birth, they may be transferred to Wolverhampton's Level 3 Neo Natal Unit.

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 is written 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.

3.2.2

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

Appendix C Summary of strategy actions

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

- 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

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 |

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

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 ¹ |
| 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 |

