

Infant Mortality¹ Strategy Oversight Group

1. Purpose

The purpose of this report is to update the Health and Well-being Board on the partnership actions undertaken to reduce Infant Mortality and improve maternal health and wellbeing across Walsall since the previous report in April 2018

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 support 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 Health and Wellbeing Board supports the local actions required to implement the 2016 Saving Babies Care Bundle designed to tackle stillbirth and early neonatal death.

- Reducing smoking in pregnancy
- Risk assessment and surveillance for fetal growth restriction
- Raising awareness of reduced fetal movement
- Effective fetal monitoring during labour

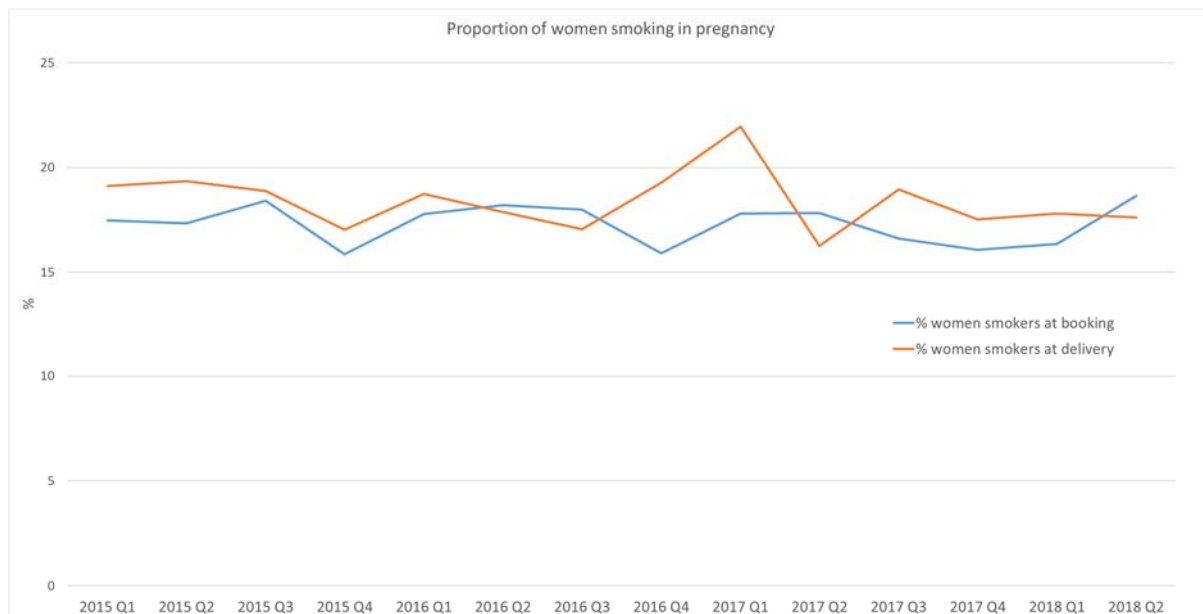
2.4. That the HWB notes the updated partnership actions (Point 3.3) set in place to reduce infant mortality. (summary of strategy themes **Appendix A** page 7)

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 continues to be an issue of significant concern in Walsall both because of the high levels of infant mortality but also because those risk factors that cause mortality also impact on a baby's ability to thrive in the early years of life which can affect their development eg. smoking in the household, responsive parenting, low birth weight.
- 3.2 Infant Mortality rates are monitored and reported annually. Reported rates since the previous report April 2018 have not been updated. However work is continuing to reduce the risk factors that relate to infant mortality both in the community and in the Healthcare Trust as part of the Infant Mortality Strategy. (Please see **Appendix A**)
- 3.3 A key recent development has been the establishment of a Black Country wide Healthy Pregnancy group linked to the Local Maternity System (LMS) which ensures a consistent maternity offer across the Black Country and an opportunity to share and widen good practice. This Healthy Pregnancy group has been successful in bidding for £185,000 to support 5 pilot programmes across the Black Country which contribute to reducing infant mortality and creating a safer environment in the first year of a child's life. While these are led by different Public Health teams across the Black Country, work and learning is shared in each of the four areas. (See below with more detail in **Appendix B**);
- 3.3.1 Preconception Pathway led by Sandwell Public Health team
 - 3.3.2 Smoking Cessation in Pregnancy Peer Supporters in the Community and Smoking Cessation in Pregnancy Champions for Workplaces led by Walsall Public Health team
 - 3.3.3 Smoking Cessation in Pregnancy and other key Public Health messages (such as the promotion of Healthy Start vitamins and the importance of taking folic acid) given at point of sale of pregnancy kits led by Walsall and Dudley Public Health teams
 - 3.3.4 Ante Natal Parenting support resource highlighting good care (working in conjunction with NSPCC) led by Walsall and Dudley Public Health teams
 - 3.3.5 A teaching resource to be used in schools providing young potential parents to be with the information on how the life choices they make may impact on their pregnancies and babies led by Wolverhampton Public Health team.
- 3.4 This Black Country wide Healthy Pregnancy Group is developing a healthy pregnancy strategy based on Black Country wide priorities and building in priorities that extend beyond the local area eg. Pathways for transfer of pregnant women and newborns between hospitals for more intensive care or public health support for women who travel across boundaries to give birth.

3.5 Helping women quit smoking in pregnancy and ensuring a smokefree home continues to be the most effective intervention that can be done to reduce infant mortality. Fewer women are smoking at booking, but the numbers of women quitting smoking during pregnancy remains low.



Women Quitting During Pregnancy – Maternity Services Data

	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1	2018 Q2
Women Delivered	1172	1210	1301	1186	1142	1125	1161	965	898	954	960	856	815	897
Gave up during pregnancy	68	76	96	53	44	58	64	45	42	27	34	32	22	19
Proportion of women delivering in that quarter that quit during pregnancy (%)	5.8	6.3	7.4	4.5	3.9	5.2	5.5	4.7	4.7	2.8	3.5	3.7	2.7	2.1



- 3.6 Exploration of the smaller than expected reduction in smoking at delivery suggests a number of factors including:
- Women feeling any harm to baby has been done before booking, so not valuing the benefits of quitting during pregnancy.
 - Women considering that quitting is too difficult whilst they are undergoing significant life changes.
 - Women reporting lack of support from partners, families and friends – some still smoking around the pregnant woman, or discouraging her from quitting.
 - Lack of appreciation by partners, families and friends of the benefits to babies and infants of being smokefree.
- 3.7 To address these challenges, the Public Health team has re-procured the stop smoking services for pregnancy and introduced key directives for service providers to offer more intensive community based support as well as in the hospital. This extends into the post birth period. Emphasis is on:
- recording and acting on CO monitoring at every contact throughout pregnancy,
 - to provide support to partners of pregnant women
 - to promote the benefits of smokefree environments for babies and infants amongst the wider community.
 - Increased Health Visiting Team focus to support women to remain quit post birth and to support smokefree homes

These are supported by increased Local Maternity System emphasis on smoking cessation and by the Black Country LMS pilots detailed in point 3.3 above with the ultimate aim to meet the national ambition of 6% of women smoking at delivery.

4. Implications for Joint Working arrangements

Support and promotion of the messages to reduce infant mortality are required from all partners working with families of child bearing age.

The Infant Mortality reduction strategy is a partnership strategy with core contribution from Walsall Healthcare trust, Walsall CCG and Walsall Borough Council. Strategic support in these and wider partner organisations to enable actions to be set in place and new actions developed is needed to ensure consistency of messages in the wider family

5. Health and Wellbeing Priorities:

- 5.1 Work to reduce infant mortality predominantly meets Priority 2 of the Walsall Plan Health and Wellbeing Strategy; **Maximising People's Health, Wellbeing and Safety** by reducing inequality in health. Infant Mortality and its risk factors are linked to deprivation and so any work to reduce infant mortality will reduce unwarranted variation in health.

Most notably, the strategy and actions set out to improve maternal and newborn health and thereby increase the number of children who thrive in their early years as well as reducing infant mortality.

- 5.2 Volunteering is a key part of actions to support reducing infant mortality as evidence shows that women value getting information from someone who understands their life. Peer volunteers are used to support breastfeeding, smoking cessation and also support lower level mental health support.

- 5.3 The Marmot Review and the public health white paper 'Healthy Lives, Healthy People' highlighted the importance of early life interventions in improving health and reducing avoidable health inequalities across the life course. The Marmot Principles² were adopted by the council in September 2012. The Walsall Infant Mortality Strategy and LMS Healthy Pregnancy pilots adhere to Marmot principles of early intervention from prebirth onwards and the focus on proportionate universalism.

6. Background papers

None

7. Appendices

Appendix A Summary of Infant Mortality Reduction Strategy Actions

Appendix B Summary of Local Maternity System Black Country Healthy Pregnancy Bids

Authors

Dr Uma Viswanathan, Consultant in Public Health

☎ 01922 653751

✉ Uma.Viswanathan@walsall.gov.uk

Esther Higdon, Senior Commissioning and Programme Development Manager

☎ 01922 653724

✉ Esther.Higdon@walsall.gov.uk

Dr Barbara Watt

Director of Public Health

☎ 01922 653747

✉ barbara.watt@walsall.gov.uk

² Fair Society, Healthy Lives (Marmot Review) 2010

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

Appendix A Summary of infant mortality strategy actions

1. Maternal Mental Health

Recent achievements

- The development of Walsall Multiagency Perinatal Maternal Mental Health Pathway with the establishment of a funded perinatal mental health service for more intensive needs
- Volunteer support groups across the Borough for parents experiencing low level mental health issues during and post pregnancy. A group for teens and also for fathers set up

Priority actions

	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.

2. Pre-Conception care & Supporting Healthy Pregnancy

Recent achievements

- Improved documenting of fetal movement advice
- 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 procured from 2017. This team working closely with the WREN midwife team that support vulnerable women

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

3. Identifying and Addressing Risk Factors in Pregnancy

Recent achievements;

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

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

Recent achievements

- Black Country neonatal pathways in place
- Walsall Health Visitors and midwives supporting safe sleeping messages including emphasising the importance of a smokefree home

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
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

5. Supporting vulnerable mothers through pregnancy and beyond

Recent Achievements

- The development of an effective evidence based vulnerable parents service, working with early help and Health in Pregnancy Service.
- Continued support for teen parents
- 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
- Walsall Healthcare Trust signed up to support the Neglect Strategy Assessment tool Graded Care Profile 2

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

Appendix B

Summary of Black Country Healthy Pregnancy Bids

1. Preconception Pathway (Sandwell led)
 - Undertake research to identify examples of evidence-based practice from other areas across the country and from both local women and men of child-bearing age, pregnant women and new mothers about how they prepared for their pregnancy, where/who they turned to for pregnancy advice and information, the effectiveness of advice received, opportunities and ideas for intervention. This is targeted at a broad population cohort and includes groups most at risk of poor pregnancy outcomes e.g. care leavers, new arrivals, women with diabetes.
 - Develop and test an intervention based on the findings of the insight work.
 - Roll out intervention across the Black Country.

2. Smoking Cessation (Walsall led)
 - Recruit local women to provide a peer support network to pregnant women who smoke.
 - Establish Smokefree pregnancy champions to co-ordinate promotional campaigns. These will be aimed at local workplaces and Job Centres to improve knowledge of the link between smoking and infant mortality and the specific actions that the wider family can take to support women to be smoke free.

3. Smoking Cessation and healthy lifestyle advice at point of sale (Walsall and Dudley led)
 - Target women preparing for pregnancy/at the very start of a potential pregnancy in Healthy Living Pharmacies at 'point of sale' for pregnancy tests to offer women advice, support and direct them to self help resources to begin a healthy pregnancy journey and as early as possible in the pregnancy.

4. Ante Natal Parenting Resource inc neglect (Walsall and Dudley led)
 - Develop a parenting resource which could be given to families antenatally and postnatally across the Black Country LMS footprint based on consultation with parents to be across the Black Country.
 - This 'resource handbook' would provide advice around caring for the child pre birth and in the early months post birth and thereby support infant mortality prevention and reducing risk factors as well as increasing responsive parenting and bonding. It would also embed recognition of neglect factors in the maternity period.

5. Early STORK (Wolverhampton led)
 - Target young people of a school age through primary prevention to tackle infant mortality, using Wolverhampton's local STORK programme (Supportive Training Offering Reassurance and Knowledge) as its base.
 - Tailor the STORK programme to a younger audience to tackle primary prevention providing young people who are potential parents to be, with the information on how the life choices they make impact on their pregnancies and babies.