

Health and Wellbeing Board

5 March 2019

**Infant Mortality¹ Strategy Oversight Group
Smoking in Pregnancy**

1. Purpose

The purpose of this report is to update the Health and Well-being Board (HWB) on the partnership actions undertaken to reduce Infant Mortality and improve maternal health and wellbeing across Walsall since the previous report in October 2018. In particular this report focusses on the initiatives set in place to reduce smoking in pregnancy

2. Recommendations

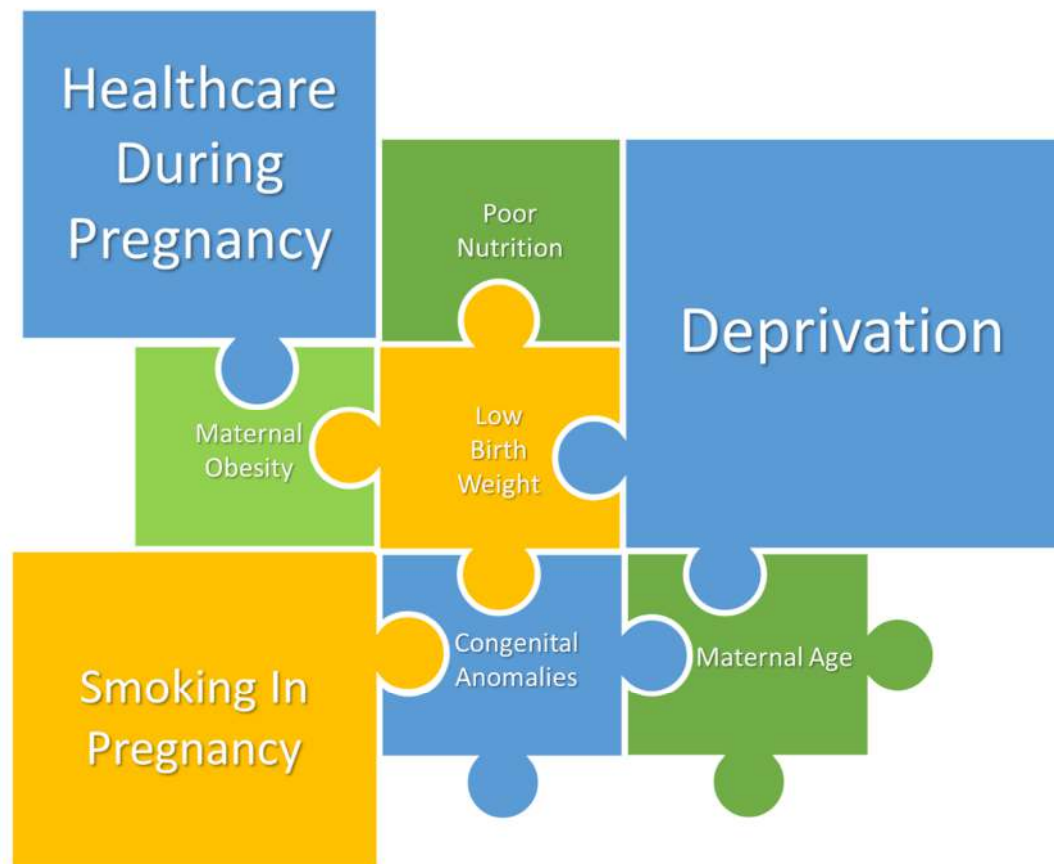
- 2.1. That the HWB notes the content of this report from the Infant Mortality Strategy Oversight Group.
- 2.2 That the HWB endorses the partnership activity identified in the report to support a reduction in smoking in pregnancy

3. Background

Infant Mortality (IM) 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. The figure below lists 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.

Risk factors for infant mortality



As can be seen there are a number of interrelated issues that impact on infant mortality. This paper focuses specifically on reducing smoking in pregnancy as this is one of the lifestyle changes that will most positively impact on the health of a woman during pregnancy as well as on the baby's ability to thrive in its first years. However we should be also ensuring that the non-lifestyle risk factors for example deprivation are also being tackled.

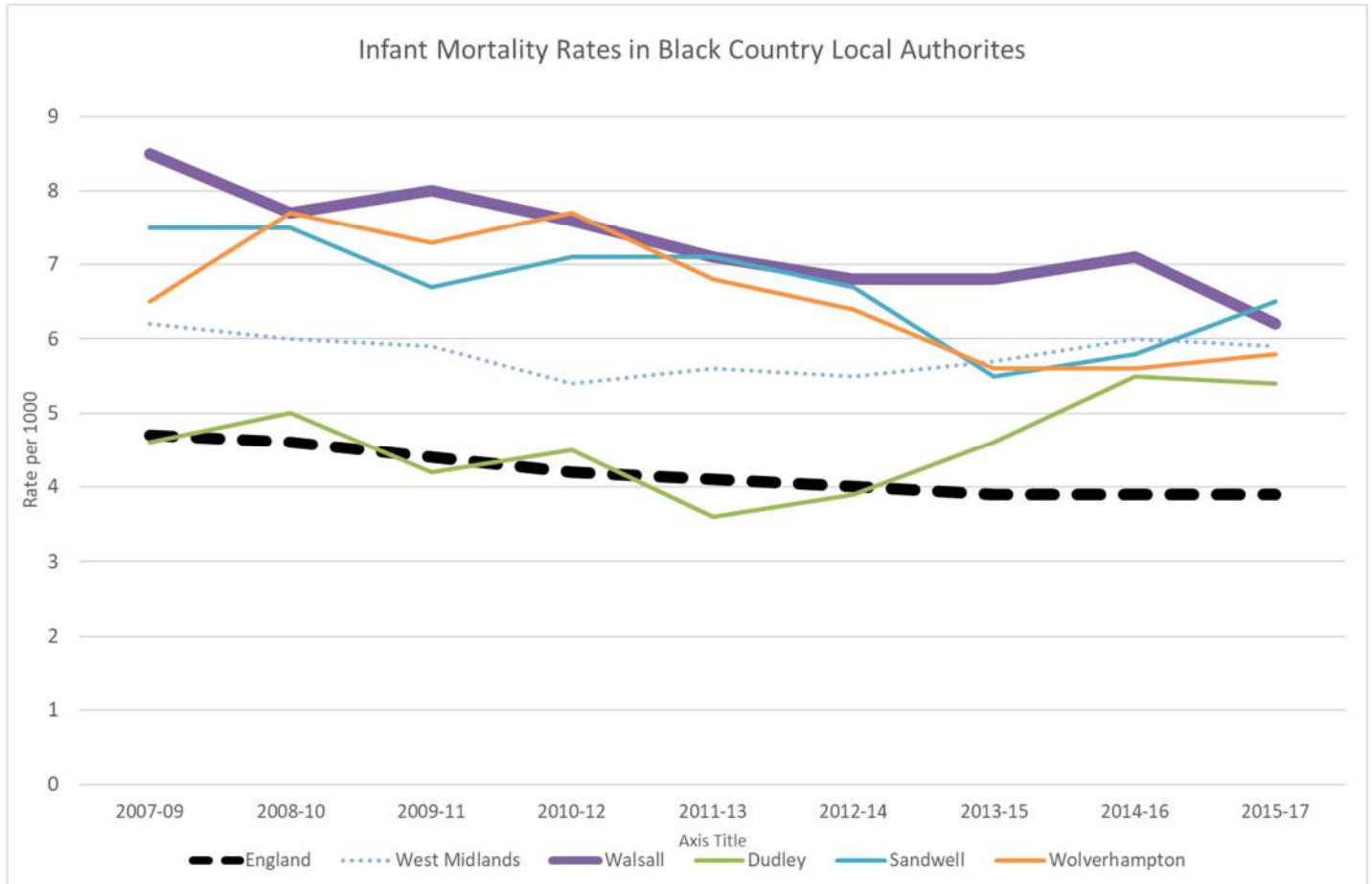
3.1 Current Infant Mortality Rates in Walsall

Infant Mortality² rates are monitored and reported annually. In 2011, the IM rate for Walsall was 9.6 per 1000 births. This fell to 7.1 in 2015 and the latest statistics show that in the 3-year period 2015-17, there has been a further reduction in the rate down to 6.2 per 1000.

² Infant mortality is defined as the death of a baby under the age of 1 year

This is a significant achievement and meets the target of a 30% fall by 2020. However, the Oversight groups is pushing for further reductions to narrow the gap between Walsall and England.

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



Source: Office for National Statistics

3.2 Local Partnership Actions to Reduce Smoking in Pregnancy in order to reduce Infant Mortality

Since 2016 a multiagency group has been meeting to work towards and monitor achievement of the aims set out in the Walsall Infant Mortality Strategy 2016-2021 (**Appendix A**). This group is made up of representatives from Walsall Public Health Team, Walsall Healthcare Trust and Walsall CCG.

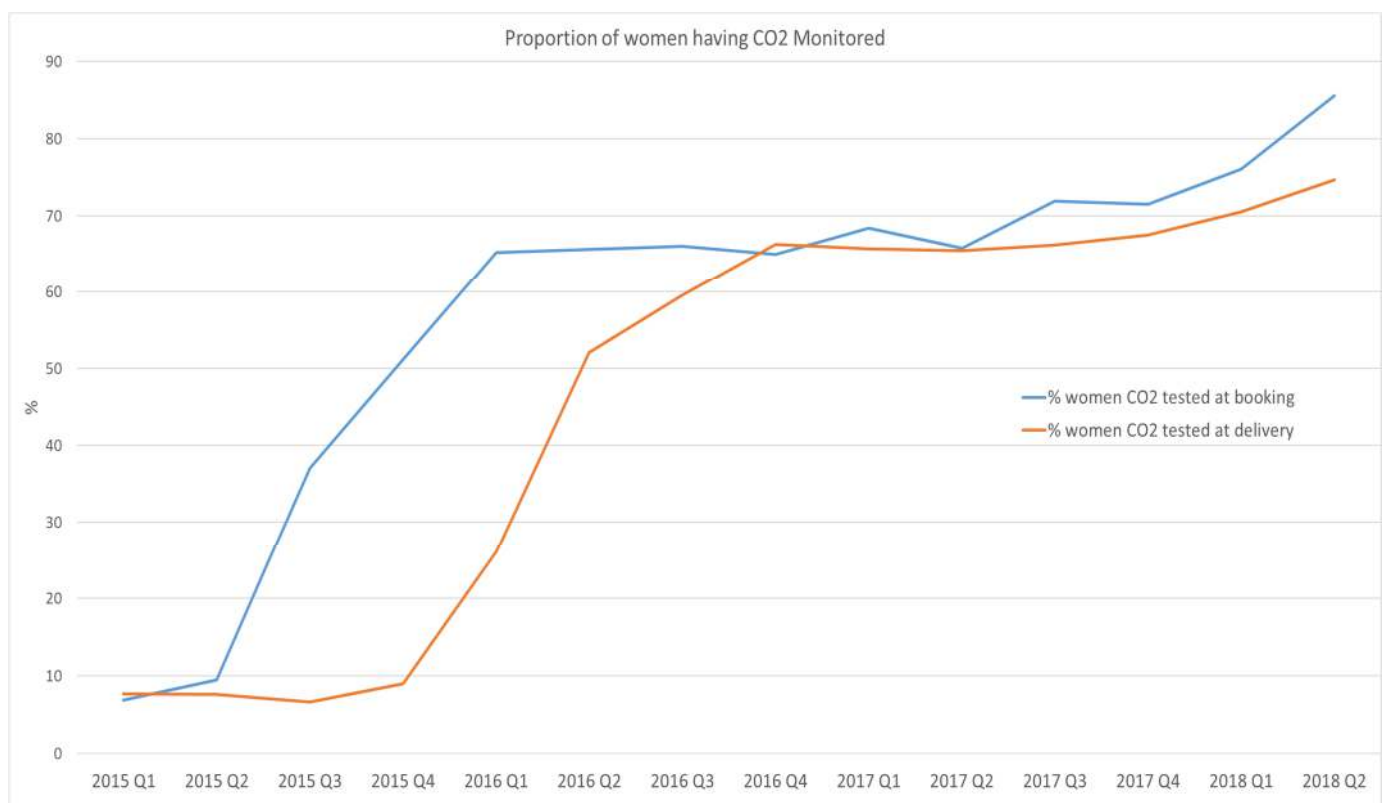
3.2.1 Helping women quit smoking in pregnancy and ensuring a smokefree home continues to be the most effective intervention that can be done to reduce infant mortality.

3.2.2 Since 2017 there has been an increased focus on identifying the number of women smoking at booking and delivery through CO monitoring. This has resulted in a more accurate identification of the numbers of women requiring support now that over 80% of women are monitored. (See Figure 2) The numbers of women quitting smoking during pregnancy remains low although rates of smoking at delivery are decreasing.

3.2.3 Exploration of the smaller than expected reduction in smoking at delivery suggest 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.

Figure 2: Women identified as smoking at booking and delivery using CO monitoring



3.3 Increasing focus on reducing smoking in pregnancy

Using this understanding and following discussion at the October Health and Wellbeing Board, a meeting was held with the CCG and midwifery service to identify what additional actions might be set in place to further reduce Walsall's smoking during pregnancy rate.

Partnership actions set in place as a result of this meeting are as follows;

- Smoking in pregnancy' pathway to ensure 'touch points' are clearly defined in order to improve consistent monitoring of CO and recording in Badgernet to include DNAs.
- To refresh the Smokefree pregnancy pathway for Walsall women, which includes the partners / grandparents, who can be referred to the 'Stop Smoking in Pregnancy Community Service. Communications
- To replace 30 CO monitors, associated mouth pieces and tubes, to ensure that midwives and support staff have the required equipment to undertake their roles.
- NCSCT refresher training scheduled for the Health in Pregnancy Team and other members of the midwifery team to attend alongside e-learning courses.
- To identify resources for use to promote smoking cessation including access to apps for the wider family.
- To investigate basing a smoking cessation support worker in the Fetal Assessment Unit
- Further investment to support the midwifery service suggested by the CCG but must go through a prioritisation process

3.3.1 In conjunction with the CCG and General Practitioners, Walsall Public Health are investigating two programmes:

- support in the preconception period which will contribute to women and their partners entering pregnancy as non smokers
- promotion of smokefree homes to protect infants and young children.

3.3.2 To address the challenges listed in 3.1, the Walsall Public Health team has also re-procured and commissioned services to support pregnant women and their families to stop smoking, to remain quit after delivery and to create smokefree homes. Key directives for service providers have also been set in place 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

3.3.3 These are supported by an increased Local Maternity System (LMS) emphasis on smoking cessation in order to implement the Saving Babies Lives Care Bundle Priority 1. The Black Country Healthy Pregnancy Group led by the Public Health teams across the area are piloting a number of projects with the ultimate aim to meet the national ambition of 6% of women smoking at delivery See **Appendix B**. The following smoking cessation projects are being piloted specifically in Walsall

- Smoking Cessation in Pregnancy Peer Supporters in the Community
- Smoking Cessation Champions for Workplaces and Job Centres supporting the families and close friends of pregnant women to quit and so support the woman to remain smokefree. This has included the provision of 200 smoking cessation apps free of charge to smokers taking part in the project which normally cost £56 each. Evaluation with the researches will be completed later in 2019
- 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.
- Early preconceptual support given to students in year 12
- Provision of information for an LMS newsletter offering support to professionals supporting women specifically around smoking, myths and quit aids

4. Implications for Joint Working arrangements:

As partners signed up to the multiagency infant mortality reduction strategy, 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.

This requires strategic leadership in different services and support for the multiagency actions that are required

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

Actions to reduce infant mortality directly following Marmot's emphasis on universal proportionalism with those families most vulnerable receiving increased support

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

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Appendix A Summary of infant mortality strategy actions

1. Maternal Mental Health

Recent achievements 2017/18

- 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 2018/19

	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 2017/18

- 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 2018/19 -

	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 2017/18

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 2018/19

	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 2017/18

- 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 2018/19

	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 2017/18

- 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 2018/19

	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.