

Health and Wellbeing Board

25 April 2016

Infant Mortality¹ Working Group

1. Purpose

The purpose of this report is to update the Health and Well-being Board on the progress made by the Infant Mortality Task and Finish Work Group which met between August 2015 and January 2016

2. Recommendations

- 2.1 That the HWB notes the content of the report from the Infant Mortality Working Group and the attached appendix (**Appendix A** Summary of meetings)
- 2.2 That the HWB approves the work of the Infant Mortality Working Group to date and agrees how it wishes to monitor progress in the future.
- 2.3 That the HWB notes the intention to develop a partnership infant mortality reduction strategy

3. Report detail

The Health and Well-being Board decided at the meeting on 22nd June 2015 to set up and lead a joint task and finish group with the Children and Young People's Partnership Board to review the current infant mortality work programme in Walsall.

The Group was led by Councillor Rose Martin, and supported by Dr Barbara Watt, Director of Public Health, Salma Ali, Chief Accountable Officer of Walsall Clinical Commissioning Group and Councillor Robertson. Invitees included Simon Fogell from Healthwatch, Alison Bruton from Queen Mary's High School, Dr Mohan from Walsall Healthcare Trust and Darrell Harman from Walsall Borough Council. Dr Uma Viswanathan and Esther Higdon from Public Health supported the meeting.

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.

The first of these meetings conducted an overarching review of factors contributing to infant mortality and the findings of local and national research into infant and perinatal mortality (**Appendix B**), and agreed the terms of reference.

It was decided that the following themes would be reviewed over successive meetings;

1. Lifestyles and wider determinants of health
2. Healthcare and demographics
3. Wider determinants of health including Emotional Health and Wellbeing, Housing and Welfare support

Recommendations of the Health and Wellbeing Board Task and Finish Group:

The Health and Wellbeing Board Task and Finish group into infant mortality felt that it is essential to ensure that avoidable infant deaths are prevented through the provision of high quality preconception, maternity, neonatal and paediatric care and targeted interventions to at-risk groups.

The details of the discussions of the task and finish groups are available in **Appendix A**.

The Task and Finish group endorsed the current actions identified within Walsall's infant mortality work programme (See **Appendix C**). In particular the Task and Finish groups emphasized the need to:

- Develop a refreshed infant mortality strategy
- Engage with frontline practitioners and parents in the development of the strategy
- Review the service model for the support offered to pregnant women in making lifestyle changes to ensure a healthy pregnancy
- Review the support offered to vulnerable women and their babies in pregnancy and beyond
- Ensure that messages offered to pregnant women about healthy pregnancy are consistent and clear, and developed through engagement with the women and their significant others.
- Continue to address the recommendations of the Perinatal Institute review through a partnership action plan

4. Next Steps

Following the Health and Wellbeing Board Task and Finish Group meetings, a workshop was held on April 14th 2016 bringing together key stake holders to

- outline importance of prioritising work around infant mortality in Walsall
- publicise recent review findings into infant mortality in Walsall and to describe

- what actions have been set in place to meet recommendations
- gain stakeholder support for further actions to set in place to support a healthy pregnancy and healthy infancy
- set initial aims and objectives for a future strategy
- identify how we engage and work more closely with parents
- identify how a healthy pregnancy service might be established in Walsall and what the model might look like to best meet the needs of parents and infants.

This workshop was attended by representatives from public health, Walsall CCG, Walsall Healthcare Trust and the voluntary sector, as well as frontline practitioners such as midwives, health visitors, children centre staff etc. The workshop has generated support for the development and implementation of an infant mortality strategy.

The agreed themes for a refreshed infant mortality strategy can be seen in **Appendix D**.

5. Implications for Joint Working arrangements

- It is anticipated that the infant mortality work programme will contribute to delivery of the Health and Wellbeing Board's priorities set out in the current Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy.
- It is anticipated that the implementation of the infant mortality work programme will contribute to the achievement of the Marmot objectives.
- The infant mortality work programme will promote the safeguarding of and improving the outcomes for children.

6. Health and Wellbeing Priorities:

Infant mortality is an important indicator of health for any community. Infant mortality rates are used worldwide to gauge the health and well-being of populations. Rates of infant mortality are sensitive indicators of a broad range of factors affecting children's health. As such, infant mortality is the "tip of the iceberg" of child health problems, and changes in infant mortality are a signal of factors affecting child health more broadly. In addition to its role as a general gauge of child health, infant mortality itself represents an important health problem. Growing evidence suggests that higher infant mortality within a population is linked to that population's overall health and development across the life course.

6. Background papers

None

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Appendix A Summary of Meetings

The Health and Wellbeing Board Task and Finish Group – Infant Mortality met initially August 2015. This task and finish group provided a high level overview of issues over a series of 4 meetings. While infant mortality has been identified as a major priority in Walsall, actions to reduce infant mortality will also impact favourably on children being born with disabilities and those who do not thrive as well as they might.

The Walsall 2015 CHIMAT profile showed;

- Walsall's still birth rate is as per national rates.
- Perinatal mortality is higher than national rates;
- neonatal deaths, post-neonatal deaths and infant mortality are outliers with rates significantly above those of other areas including statistical neighbours

A key issue for Walsall which must be considered is that births in deprived quintiles are increasing. As deprivation is a key contributor to infant mortality, need is increasing in Walsall.

Learning and actions from Task and Finish Group Meetings

1. Lifestyle Issues

The group reviewed

Smoking

Healthy Weight

Healthy Start

Vitamins

Breastfeeding

Safe Sleep

The Health and Wellbeing Board Task and Finish Group recognised the importance of involving other services e.g. fire service, and use expertise of all including communities across Walsall in communicating lifestyle and wider issues. It was recommended that the contribution of partners is recognised and built upon
Key to all lifestyle issues were the questions;

- How do we ensure that everyone delivers the message?
- How do we train midwives in understanding how they, as champions, can support?
- Be proactive in ensuring that 100% referrals are made - tweet and use social media to target areas of high smoking/weight and lower levels of breastfeeding and vitamin uptake
- Peers to work around smoking and other lifestyle issues
- Focus more on schools in order to deliver messages pre conceptually and ensure message is real to young people
- Work with women in preparation for a second pregnancy

Specific to healthy start vitamins;

- To understand vitamin uptake across Walsall as while uptake of Healthy Start vitamins is low, women may be using other pregnancy vitamins
- To prepare a business plan to increase uptake of Healthy Start vitamins

2. Wider determinants of health

A pregnant mother suffering from stress can sometimes pass on the message to the unborn baby that the world will be dangerous, so that as a child he or she will struggle with many social and emotional problems. The child's response to experiences of fear or tension have been set to danger and high alert. This will also occur at anytime during the first 1001 days whenever a baby is exposed to overwhelming stress from any cause within the family, such as parental mental illness, maltreatment or exposure to domestic violence.
http://www.1001criticaldays.co.uk/1001days_Nov15.pdf

Housing and Welfare

Importance of retaining links with private landlords and housing associations so women and families can be supported with stable housing is key.

Important to understand the impact of Universal Credit changes on the people of Walsall and infant mortality. To undertake analysis and share with health visitors and midwives

Health Visitors to work with housing to produce a resource "How to be healthy living here"

Reduction in social isolation

Childrens Centres offer group and 1:1 support to vulnerable families eg. migrant families through parenting support, play and stay sessions and support around relationship issues, debt or housing.

The need for support around these issues is not going to decrease and means to continue to offer such support should be sought.

Emotional Health and Wellbeing

Attachment is the name given to the bond a baby makes with its caregiver/s. There is longstanding evidence that a baby's social and emotional development is affected by their attachment to their parents.

http://www.1001criticaldays.co.uk/1001days_Nov15.pdf

Maternal mental health and early bonding is key to the emotional health of the child (Future in Mind)

Transformation funding will be used in Walsall to support maternal mental health. To monitor impact and success of this investment

Health Visitors are working to set actions into place to support transition to parenthood which supports the early development of children. To identify success measures and monitor effectiveness

Vulnerable parents including teenagers, care leavers and parents with disabilities

Walsall currently has the FNP and teenage pregnancy services which support teen parents. Health Visitors offer intensive support to all vulnerable parents.

Set a service in place to support these groups

Consanguinity

It was identified that work should take place within community structures to explain risk and offer support

3. Healthcare and demographics

It was noted that the Peri Natal report and ensuing action plan link to recommendations from the national maternity and local CQC review.

Ratio of midwives to women was seen as an issue. National guidelines for midwifery numbers are 1:28. Birmingham works to 1:26. Walsall was running at midwife rates of 1:32, previously these were 1:34. WHT are working with the CCG to review the numbers of women who come from other areas to give birth at The Manor – approximately 680 come from Stafford, 800-900 from Sandwell. CCG and Walsall Council are working with the Trust around birth numbers, tariff and scenarios which can support planning.

Need to work with other neighbouring areas and join up with neighbouring boroughs so that we all work to reduce infant mortality and change culture.

It was noted that the Perinatal Institute deep dive looked at cases over 4 years. In many situations good practice had already been set in place. The findings were reflective of a general hospital in an area of deprivation.

Key learning from Peri Natal Institute review:

- Need to monitor for FGR and intervene early
- Need to raise awareness for decreased foetal movements
- Neo natal care where high risk babies should be transferred to more specialist units
- Public Health to focus on reducing risk during pregnancy e.g. smoking, obesity, sudden infant death risks
- CCG to look at working with the Trust around recruiting sonographers and foetal growth restriction awareness. WHT training sonographers – 4 year Degree Course; 2 year training for midwives
- WHT was always compliant with screening but issue was around screening later in pregnancy. 50-60% pick up rates in best Trusts. Improved on previous rates
- WHT has set up an internal maternal review group and maternal healthcare strategy group. Potential money for capital but not staffing
- Review being undertaken by Royal College looking at paediatrician skill set
- Question was raised whether Walsall caps the number of women who give birth in Walsall. If this was to happen, there is the need to consider how women currently booked are supported. Sandwell Hospital to be rebuilt which takes some women back to that hospital.

APPENDIX B

Background information about infant and perinatal² mortality

Walsall's infant mortality rate (6.8 per 1000 live births) is consistently higher than regional (5.4 per 1000 live births) and national rates (4.1 per 1000 live births), reflecting its high level of deprivation. Both infant and perinatal mortality are strongly associated with deprivation, with infant mortality significantly higher in the most deprived areas of Walsall. Reducing health inequalities in infant mortality requires a combination of health interventions and actions on the wider social determinants of health.

Walsall has the highest levels of low birth weight babies both nationally and regionally at rates of 10.2 per 1000. Low birth weight babies are more likely to die in the first year of life and have a higher incidence of disability and other diseases than babies of normal birth weight.

Teenage pregnancy, smoking in pregnancy and maternal obesity are known to be risk factors for infant mortality; rates of teenage pregnancy and smoking in pregnancy in Walsall are dropping but continue to present a challenge, particularly in the more deprived areas within Walsall.

Local Reviews into infant and perinatal mortality

An audit into infant and perinatal deaths in Walsall completed in 2008 by Walsall Public Health identified four key contributing factors, namely, smoking in pregnancy, maternal obesity, deprivation and consanguinity, which are in turn linked to prematurity and congenital abnormalities.

A more recent review of infant and perinatal deaths in Walsall was completed in June 2015. The review was commissioned by Walsall Council Public Health and Walsall Clinical Commissioning Group to investigate the provision of care to mothers and babies, identifying areas of good practice and aspects of care which could be improved. The review found examples of good practice as well as instances where care was below an acceptable standard, which was thought to have potentially contributed to the death in a proportion of cases. It was considered that optimal care may have resulted in better outcomes in 18 of the 42 stillbirths (43%), and in 5 of the 16 neonatal deaths (31%) examined. The Perinatal Institute review has made recommendations to Walsall Healthcare Trust, Walsall CCG, the strategic clinical network for neonatal care and Walsall Public Health.

National reviews into perinatal mortality and maternity care

MBRRACE Perinatal Confidential Enquiry 2015 and Confidential Enquiry into Maternal Deaths 2015

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²The perinatal mortality rate is an estimate of the number of stillbirths and deaths in the first week of life for every 1000 live births.

These enquiries identified maternal mental health as a major concern. Almost a quarter of women who died between six weeks and one year after pregnancy died from mental-health related causes. Sepsis and flu were also identified as key contributors to maternal mortality.

The review into perinatal mortality identified the improvement of the management of diabetes in pregnancy and better identification and management of poor growth in the womb and reduced foetal movements in pregnancy as key to improving perinatal outcomes.

Cumberlege National Maternity Review 2016

The Cumberlege report states that prevention and public health have an important role to play in improving outcomes, as smoking is still the single biggest identifiable risk factor for poor birth outcomes. Obesity among women of reproductive age is increasingly linked to risk of complications during pregnancy and health problems of the child.

The framework highlights seven key priorities to drive improvement and ensure women and babies receive excellent care wherever they live. These include personalised care, continuity of carer, multiprofessional working and cross boundary working.

APPENDIX C

Current work programme on infant and perinatal mortality:

Walsall has had an infant mortality strategy and work programme since 2009. This was refreshed in 2012.

In addition, Walsall has had a partnership action plan to address the recommendations of the Perinatal Institute (2015). Some of the key priorities within the current infant mortality work programme include the following:

- *Improving antenatal care through encouraging early booking for antenatal care, improved detection of intrauterine growth restriction (IUGR) and prompt detection and management of reduced foetal movements*
- *Reducing levels risk factors in pregnancy such as maternal obesity and smoking in pregnancy through projects such as Maternal and Early Years Service, Smoke Free Homes, improving smoking cessation in pregnancy and working with ethnic communities to reduce the use of ethnic tobacco products*
- *Exploring the development of a healthy pregnancy initiative to support women to optimise their health in pregnancy and reduce risk factors in pregnancy.*
- *Continuing to maintain effective antenatal and newborn screening and immunisation programmes*
- *Reducing sudden unexpected death in infancy (SUDI) and improving breastfeeding initiation and continuation rates*
- *Identifying and supporting vulnerable pregnant women through effective antenatal risk assessment and support through health visiting and specialised programmes*
- *Addressing social determinants such as reducing child poverty, improving housing and reducing overcrowding and reducing teenage conceptions, including repeat conceptions.*

APPENDIX D

Walsall Draft Infant Mortality Strategy 2016

Priorities

Access to high quality, evidence based services

Supporting
maternal
mental
health

Supporting
a healthy
pregnancy

Identifying
and
addressing
risk factors
in
pregnancy

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

Supporting
vulnerable
mothers in
pregnancy
and beyond

Engaging mothers and families

Accessing, using and sharing data and intelligence