

BRIEFING NOTE

TO: HEALTH SCRUTINY PANEL

DATE: 9 February 2010

RE: An Update on the Perinatal and Infant Mortality Strategy and Information on Neonatal Care and its Future in Walsall

Purpose

This update on the perinatal and infant mortality strategy and neonatal care in Walsall has been prepared in response to a query.

Progress to date

PROGRAMME OVERVIEW

REDUCING INFANT AND PERINATAL MORTALITY STRATEGY

Infant Mortality Rates have fluctuated in Walsall since 1997 and at times have been as low as the national rate. Since 2000 rates have increased but recent data shows signs that rates in Walsall have fallen slightly from 2004/6 to 2005/7. The infant mortality rate (2007) of 8.5 per 1000 live births in Walsall is higher than the Regional (5.9 per 1000 live births) and National Rate (4.8 per 1000 live births). The perinatal mortality rate (2007) of 10.4 per 1000 live births in Walsall is higher than the Regional (9.1 per 1000 live births) and National Rate (7.7 per 1000 live births).

The strategic objective of this work programme is to reduce the rate of infant and perinatal deaths in Walsall. It aims to address the Infant Mortality PSA target which aims to:

“Starting with children under one year, by 2010 reduce by at least 10% the gap in infant mortality between the routine and manual groups and the population as a whole”.

Perinatal and Infant Mortality Action Plan - Summary of key themes:

Within the Infant and Perinatal Mortality Action Plan, a range of projects are currently underway addressing 7 major themes:

- ❖ Improving programme delivery
- ❖ Monitoring targets and using health intelligence
- ❖ Prevention and investigation of sudden unexplained deaths in children
- ❖ Developing maternity services
- ❖ Reducing risk through screening and immunisation
- ❖ Reducing risk through lifestyle changes
- ❖ Targeting vulnerable groups
- ❖ Addressing wider determinants –child poverty and housing.

1. **Improving Programme Delivery** – There are two reporting groups led by the NHS which support programme delivery.
 - The Infant Mortality executive steering group, which is chaired by the CEO of NHS Walsall, and meets quarterly
 - Infant and perinatal mortality LIG, which meets bi-monthly.
2. **Monitoring targets and using health intelligence** - There is a comprehensive action plan which was highlighted as good practice by the NST reviewers. This is underpinned by an agreed set of KPIs which are monitored and reported through WCC, CYPP and LAA mechanisms.

3. **Prevention and investigation of sudden unexplained death in children** - Robust child death over view and safeguarding structures are in place with a comprehensive work programme.
4. **Reducing Risk through screening and immunisation** - There is a comprehensive childhood immunisation programme, with high levels of immunisation uptake.
5. **Developing maternity services** – Maternity services are currently under review in the context of a regional reconfiguration of maternity, paediatric and neonatal services. We are currently reviewing action aimed at the implementation of maternity matters.

Key areas of work include:

- Redesigning care pathways to increase efficiency and target the most vulnerable and high risk women
 - Developing a comprehensive maternal nutrition strategy starting from pre-conceptual advice to post natal care. This involves development of targeted weight management services
 - Developing a communications/information strategy for users.
 - A series of health equity audits to inform the provision of care including antenatal care services
 - Provision of a midwife led birthing unit
 - Ensuring safety and quality of services in context of workforce challenges.
6. **Reducing risk through lifestyle changes:-**
 - **Obesity** Walsall is a pilot site for Investing for Health project 2c for maternal and early weight management programme. A key action in the infant mortality action plan is the development of comprehensive weight management services for pregnant women.
 - **Smoking** Walsall has maintained a green rag status for smoking in pregnancy for the last two years, and the number of women quitting in pregnancy has increased. Walsall is piloting the new smoking tariff in pregnancy.
 - **Breastfeeding** Walsall faces challenges in meeting the breastfeeding targets. Equity audits and activity modelling are being conducted to inform targeting of services and proportionate investment.
 7. **Targeting vulnerable groups:-**
 - **BME shared leadership project.** A pilot project which provides support and information to women and fathers to- be, before, during and after pregnancy and is aimed at Mirpuri, Indian, Gujarati Muslim and Bangladeshi communities in the Palfrey area. The projects undergoing evaluation.
 - **Community Genetics** Innovative new service targeting families with recessive disorders through process of Health promotion, community engagement.
 - **Family Nurse Partnership.** Intensive support programme for young vulnerable families to guide/support them through pregnancy and first two years of life. Early evidence suggests that this has increased breastfeeding rates and smoking cessation rates amongst participants.
 8. **Addressing wider determinants –child poverty and housing.** Walsall MBC and partners have developed a child poverty strategy focusing on worklessness.

Infant and Perinatal Mortality Action Plan: Future Directions

1. The Infant Mortality action plan details the main areas for attention in the next three years. The re-design of maternity services and the development of robust care pathways aligned to risk groups are crucial to the delivery of the infant mortality action plan. Maternity services are currently under review in the context of a regional reconfiguration of maternity, paediatric and neonatal services.
2. The systematic use of equity audits, service modelling and social marketing techniques is being developed in order to enable us to effectively target services and improve efficiency.
3. Engaging with service users and in particular vulnerable groups is crucial and we are strengthening this aspect of the programme.
4. Reviewing investment and aligning future investments within a “programme budget” for infant mortality will enable us to assess efficiencies and inform future commissioning/decommissioning decisions.

NEONATAL CARE IN WALSALL:

Neonatal Service Provision

The current provision for neonatal services within NHS Walsall consists of a Level II Neonatal Unit (NNU) at the Manor Hospital. This unit includes 2 x intensive care, 2 x high dependency and 11 x special care cots.

Current Levels of Activity

1. Maternity

In 2008, 7,500 patients were seen for triage, 2,870 patients were seen in the Foetal Assessment Unit, and 780 inpatient antenatal admissions have taken place. Non specific complications of birth/pregnancy accounted for 40% of all inpatient admission of mothers between 2006 and 2009, while normal pregnancy and delivery account for just over 5%.

In-patient activity occurring in the pregnancy period, Walsall registered patients April 2006 to March 2009

Diagnosis Group	Spells	% of all
ALL	29419	100.0%
Other complications of pregnancy	8056	27.4%
Other complications of birth, puerperium affecting management of mother	5171	17.6%
Trauma to perineum and vulva	3576	12.2%
Foetal distress and abnormal forces of labour	2696	9.2%
Induced abortion	2050	7.0%
Normal pregnancy and/or delivery	1580	5.4%
Hypertension complicating pregnancy, childbirth and the puerperium	1351	4.6%
Haemorrhage during pregnancy, abruptio placenta, placenta previa	1319	4.5%
Polyhydramnios and other problems of amniotic cavity	910	3.1%
Early or threatened labour	810	2.8%
Spontaneous abortion	643	2.2%
Malposition, malpresentation	600	2.0%
Prolonged pregnancy	271	0.9%

Ectopic pregnancy	109	0.4%
Diabetes or abnormal glucose tolerance complicating pregnancy, childbirth, or the puerperium	69	0.2%
Foetopelvic disproportion, obstruction	64	0.2%
Umbilical cord complication	58	0.2%
Previous C-section	46	0.2%
Post abortion complications	38	0.1%
Forceps delivery	2	0.0%

Source: Dr. Foster

2. Neonatal services

The following table describes inpatient activity in the perinatal period. Prematurity, low birth weight and foetal growth retardation account for 13.6% of perinatal admissions in Walsall.

In-patient activity occurring in the perinatal period, Walsall registered infants April 2006 to March 2009

Diagnosis group	Spells	% of all
ALL	9676	100.0%
Live born	6190	64.0%
Other perinatal conditions	1375	14.2%
Short gestation, low birth weight, and foetal growth retardation	1313	13.6%
Haemolytic jaundice and perinatal jaundice	410	4.2%
Birth trauma	322	3.3%
Intrauterine hypoxia and birth asphyxia	36	0.4%
Respiratory distress syndrome	30	0.3%

Source: Dr. Foster

Projected births in Walsall:

Projected births for 2016 are 3,699 based on current ONS projections; however these figures only account for births for Walsall residents. Changes in provision of obstetric led services at Sandwell Hospital have led to the possibility that services may have to be provided for 500 to 1000 additional births at Walsall Manor Hospital.

Almost 1/3 of all births in Walsall borough are to mothers from minority ethnic groups, with a recent peak of 35.5% in 2007. A recent study into patterns of change in ethnicity in the Black Country suggests that the overall proportion of the BME population in Walsall was likely to increase over the next 10 years.

Projected births in Walsall for 2016

Obstetric	MLU	Home Birth	TOTALs
4,000	699	30	4,729
<i>Sandwell Population/other residents – Births to Walsall</i>			1030
<i>Walsall Residents – Projected ONS Data</i>			3,699
			4,729

Provision of neonatal services in Walsall: future direction

The levels of deprivation and health inequalities within Walsall have a significant impact on the type of care required within the LHE, with a demand that obstetric and neonatal services are accessed locally.

Current proposals under discussion support the sustenance of the obstetric led unit with a supporting midwife led unit and a level 2 neonatal unit. The provision of a co-located Midwifery Led Unit that could cater for approximately 25% of midwife led births is the preferred option, based on the assumption that a co-located unit on the new Manor Hospital site would be feasible and not require substantial new investment.

NHS Walsall is involved in discussions with other network representatives as well as other Black Country commissioners to formalise and implement adequate contingency and risk assessment plans which will address potential staffing and estate provision issues.

RECOMMENDATION:

The Srutiny Panel note the contents of this report.

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