

MATERNAL & INFANT HEALTH BRIEFING

KEY MESSAGES

Population in Harrow in 2016

- There were 3,606 births and the projected increase in births over the next 10 years in Harrow is estimated to be around 4%
- The Total Fertility Rate and General Fertility Rates remain higher than both the London and England average
- 70.9% of live births were to non-UK-born mothers compared to 29% of live births in England
- The highest proportion of deliveries was to women aged 30 – 34 years
- Mothers over the age of 35 accounted for 25.2% of births
- The rates of teenage conceptions (under 18 years of age) remain lower than national rates (11.9 per 1,000 and 18.8 per 1,000 respectively)

BACKGROUND

Maternal health encompasses the health of women during pregnancy, childbirth and the post-partum period. Good maternal health ensures a child is given the best possible start in life and there is strong evidence that the outcomes of children are strongly influenced by the factors that operate during pregnancy.

Maternal mental health

Perinatal mental health refers to a woman's mental health during pregnancy and in the first year after birth. Maternal mental health disorders can negatively affect both mother and infant and can increase the risk of ill health to the mother, hamper the mother-infant attachment, breastfeeding and infant care. Further, research shows that a baby who doesn't received a healthy parent-child bonding experience is at much higher risk of developing mental health problems in the future. It is estimated that perinatal mental health illness affects between 10 – 20% of women. Risk factors for mental health problems during pregnancy and after childbirth reflect those associated with mental illness in the general population such as a history of mental health problems, alcohol and drug abuse, poverty, exposure to violence, low social support and trauma.

Antenatal Care

Antenatal care puts pregnant women at the centre of care and ensures that babies are provided with the best possible start to life. The Health Promoting visit at 28 weeks pregnancy, as part of the Healthy Child

Programme, is the first visit between the health visitor and the parents. During this visit a health needs assessment is completed that covers the importance of abstaining from smoking during pregnancy, the benefits of breastfeeding and covers mental and emotional wellbeing, the transition into parenthood and how to enhance parent-child bonding.

At present it is difficult to represent the percentage of mothers who receive first face to face antenatal contact with a health visitor due to difficulties in defining a denominator.

Smoking during pregnancy

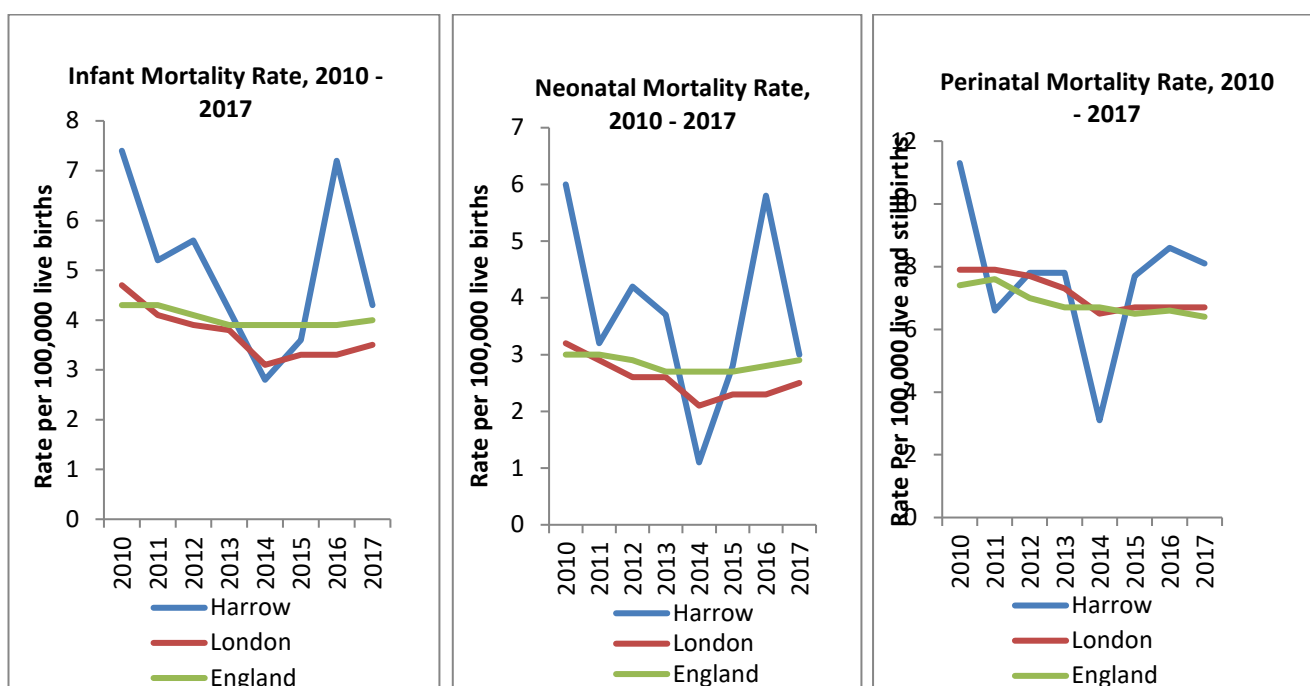
Smoking during pregnancy has been evidenced to have negative health implications on both mother and baby. It increases the risk of miscarriage, premature and still birth and foetal defects. Further, infants born to mothers who smoke during pregnancy are at a greater risk of sudden unexplained death, infections, asthma, behavioural problems and poor school performance.

- In Harrow, consistently for over 5 years, less than 5% of mothers are known to be smokers at the time of delivery, lower than both the London and England rates. In 2017 3.4% of women smoked whilst pregnant.

Infant mortality

Infant mortality rates refer to the number of deaths within the first year of life per 1,000 live births and reflect the general health and inequalities of an entire population. This data can further be divided into perinatal mortality which includes still births and deaths occurring within the first 7 days of life and neonatal mortality which includes deaths occurring in the first 28 days. Risks for infant mortality include both socioeconomic and health care factors and can be reduced by tackling maternal obesity, encouraging breastfeeding and decreasing smoking in pregnancy.

- Infant mortality rates in Harrow have decreased in recent years and in 2017 were similar to England with an average of 18 infants dying before the age of 1.

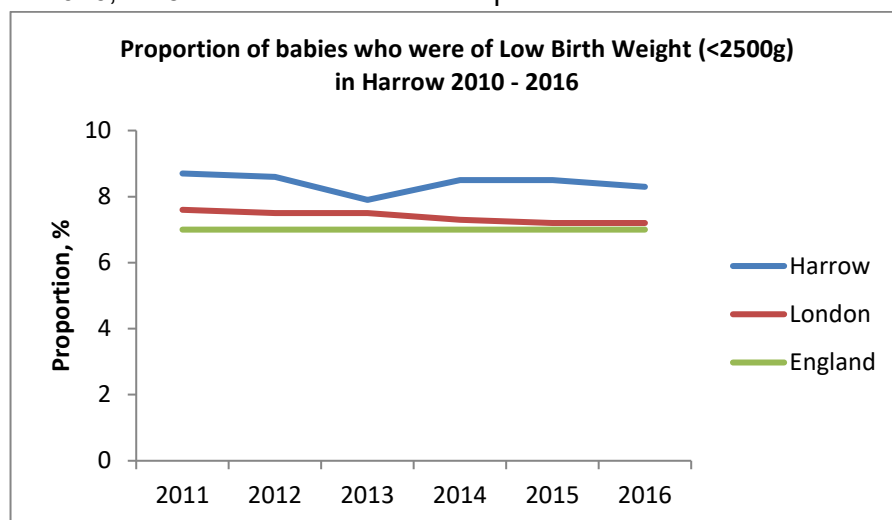


Source Office of National Statistics 2017

Low birth weight

Birth weight is often used as a predictor of future health. Low birth weight is defined by WHO as a recorded birth weight under 2500g. Low birth weight can be as a result of being born prematurely, before term (37 weeks) or due to restricted intrauterine growth despite being at least 37 weeks in gestational age. Low birth weight has been shown to be associated with increased childhood mortality, developmental delay and poorer health later in life. A significant risk factor for low birth weight babies is smoking during pregnancy.

- The percentage of Low Birth Weight babies has been consistently higher than the regional and national rates.
- In the UK, babies born to parents of Asian descent and of mixed heritage are more commonly of a low birth weight when compared to parents of White European descent, without increased risk. In 2016, 44.5% of babies are born to parents of Middle Eastern and Asian descent in Harrow.

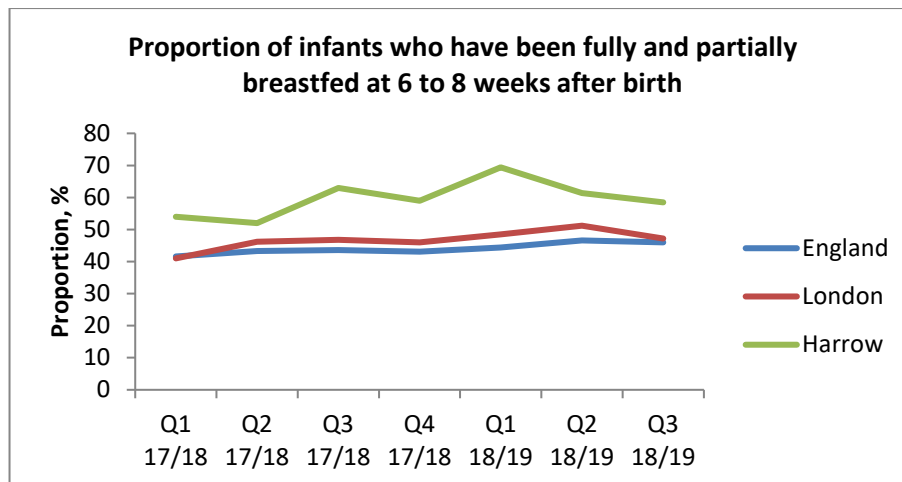


Source Office of National Statistics

Breastfeeding initiation & prevalence

Breastfeeding is associated with positive health outcomes for both mother and infant and contributes to significant NHS cost savings. Breastfeeding has been evidenced to reduce childhood illnesses including infections, asthma, diabetes, obesity and sudden infant death syndrome. It has also been shown to protect mothers from heart disease, breast and ovarian cancer. Current guidance recommends infants are exclusively breast fed for the first six months (26 weeks) of life. Thereafter, breastfeeding should continue alongside a varied diet, as the mother wishes.

- In Harrow, breastfeeding initiation rates within the first 48 hours following delivery have been consistently high. Data from 2016/17 evidences initiation rates of 88.6% in Harrow, higher than the rates in England, 74%.
- The percentage of infants in Harrow who at the 6 – 8 week check were either totally or partially breastfed remains consistently higher than rates in London and England.



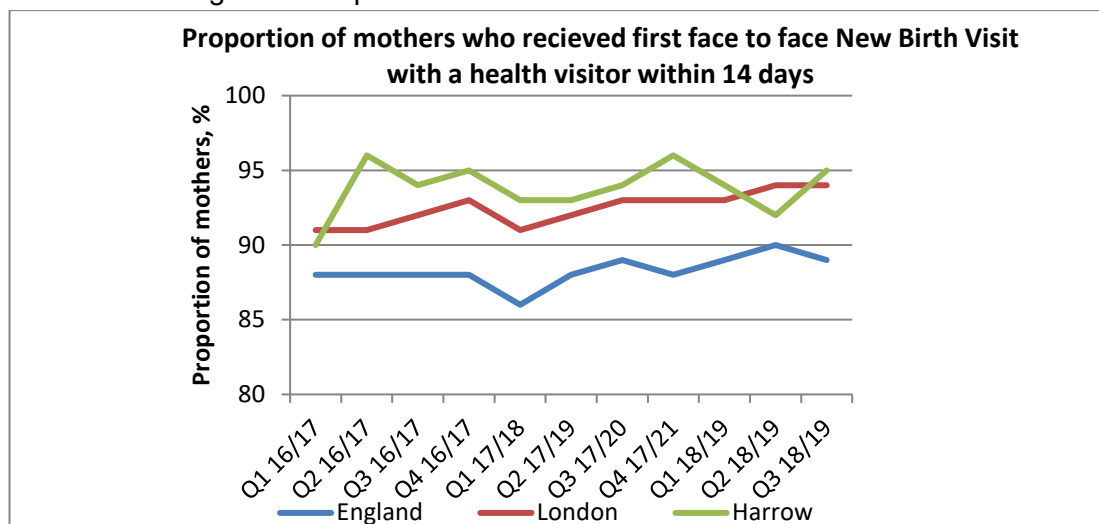
Source Public Health England

It is important to note that the rates represent the proportion of infant's breastfeeding at the 6 – 8 week check as a proportion of the total number of eligible infants due a 6 – 8 week check, irrespective of whether they attended for the 6 – 8 week check.

Postnatal New Birth Visits within the first 14 days

Face to Face new birth visits with a health visitor should ideally occur within the first 14 days. During the new birth visit the health visitor assesses both mother and babies wellbeing, address concerns and offers support and advice as needed including guidance on feeding, abstaining from smoking, and safe sleeping.

- Harrow has higher proportions of mothers receiving the NBV within the first 14 days than both London and England as represented below.



Source Health Visitor Service Delivery Metrics

Hospital admission in the first 14 days

The number of emergency hospital admissions from babies aged 0 – 13 days can suggest problems with the timing or quality of health assessments prior to discharge home or with the postnatal care received

once mother and baby are home. Admissions in the first 14 days of life are often linked to problems with feeding and babies often present with dehydration and jaundice as a result.

- The rate of admissions of babies in the first 14 days in Harrow in 2016/17 was lower than the rates for both London and England (46.1 per 1,000 deliveries compared to 64 for London and 71 for England). This may be accounted for by the higher rates of NBV within the first 14 days.

INITIATIVES IN HARROW

Harrows Health and Wellbeing Strategy 2016 – 2020 encompasses a vision for the population of Harrow to *Start Well*, whereby “children from the womb to adulthood are safe, happy and have every opportunity to reach their full potential”. The Health and Wellbeing Board have committed to the action of “transforming early help for children” which includes a review of the health visiting service against the needs of the local population.

Health visitors lead the delivery of the Healthy Child Programme, which aims to improve the health and wellbeing of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes. Local authorities are required to commission the Healthy Child Programme and its delivery. In addition to the mandated five universal health checks outlined by the Healthy Child Programme from 28 weeks pregnancy to 2 and a half years of age, Harrow are developing two additional checks at 4 to 5 months and 3 and a half to 4 and a half years of age in response to local need. The check at 4 to 5 months will focus on support parents on infant nutrition and weaning and review maternal mental health.

Harrow is an accredited UNICEF Baby Friendly Community, which is an evidence based global initiative in partnership with UNICEF and the World Health Organisation that is designed to support breastfeeding and ensure that all babies get the best start in life. A weekly free drop in feeding support group is run by trained volunteer peer supporters designed to promote and support breastfeeding.

The National Institute for Clinical Evidence (NICE) advises that all women planning a pregnancy, pregnant women or who have an infant less than 12 months of age, should be referred to a quit smoking service. Within Harrow, Health Visitors provide smoking cessation advice and refer mothers and fathers to specialist smoking cessation services. Of note, since 2017 there has been no stop smoking service provided locally due to budget constraints.

Harrow promotes Healthy Start which is a UK-wide government scheme to improve the health of low-income pregnant women and families with young children on benefits. At present Healthy start vitamins can be collected from two sites within Harrow.

RECOMMENDATIONS

Key risk factors that need to be addressed in Harrow in order to reduce infant mortality include reducing homelessness in families with children and in pregnant women, reducing the rate of low birth weight babies, reducing late antenatal booking and increasing vaccination rates by 1 year of age.

It is important to continue key health promotion messages on breast feeding, smoking cessation, healthy start vitamins and physical and emotional well being.