JSNA Refresh 2013/14 Maternity & Infant Health

Barnet

Giving a child the best start in life is important to the individual child but also to society in general. Parents and carers impact cannot be underestimated. A child's early life affects their wellbeing and quality of life not only during their childhood but throughout their life – and indeed into the next

Key messages

generation

Demographics

On average there are around 5,000 births in Barnet each year. Just over a third of all births are to women between the ages of 30-34 years, and 55% of them are from the White ethnic group. Only 2% of all pregnancies in Barnet are under the age of 19 years. Whilst the projected trend of women of childbearing age is expected to increase, the number of live births and the fertility rate is decreasing. The highest fertility rate is seen in the Burnt Oak and Golder's Green wards.

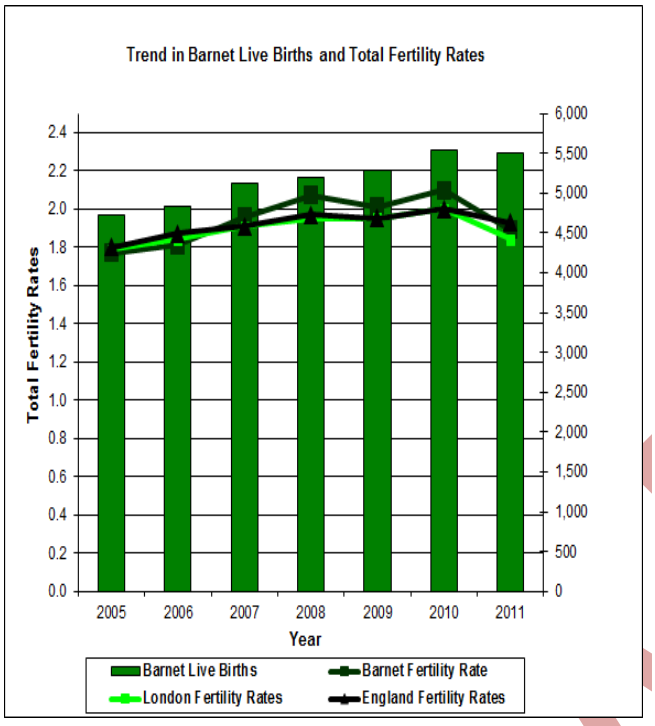
Infant & Maternal Health

Whilst in Barnet, Low Birth Weight, and Infant Mortality is significantly lower than both the regional and national averages, analysis of local data shows that Infant Mortality Rates are highest in the Burnt Oak and Woodhouse wards. The proportion of babies born with a low birth weight is highest amongst women resident in the Burnt Oak, Woodhouse and Edgware wards. Smoking in pregnancy is significantly higher than the regional average with 7% of pregnant women smoking at the time of delivery.

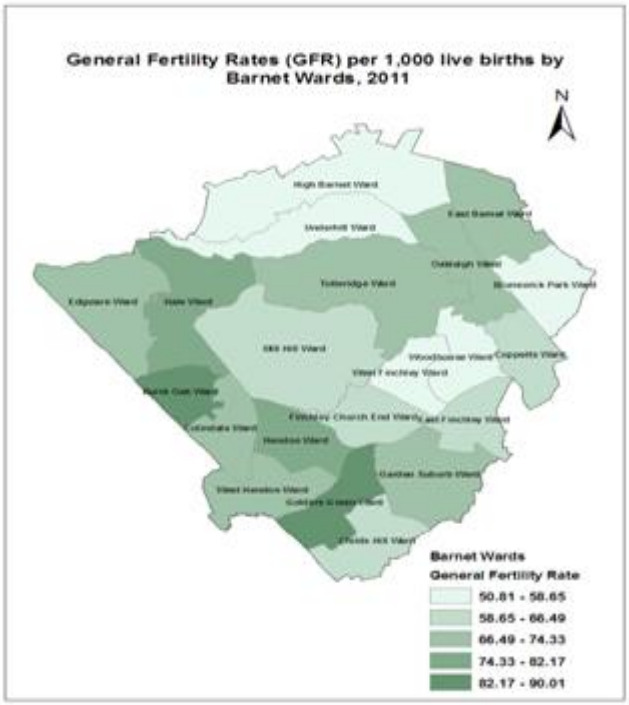
Service Use

Breastfeeding initiation in Barnet is amongst the highest seen in the country at 91.2%, and continuation rates are similar to the national and regional averages. However, only 42.6% of pregnant women in Barnet have an antenatal assessment by the 12th week of pregnancy which is amongst the lowest rates in London and significantly lower than England average. Both elective and emergency caesarean deliveries are significantly higher than the national averages.

Local Data



Source: Office of National Statistics, 2011



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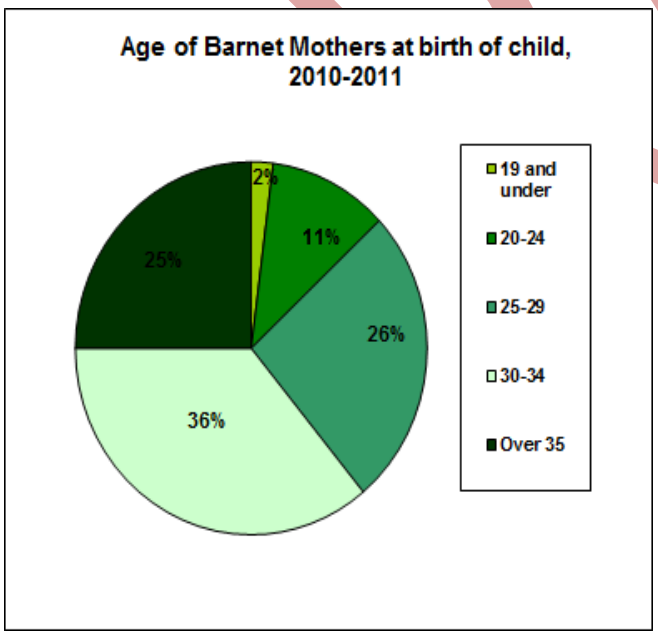

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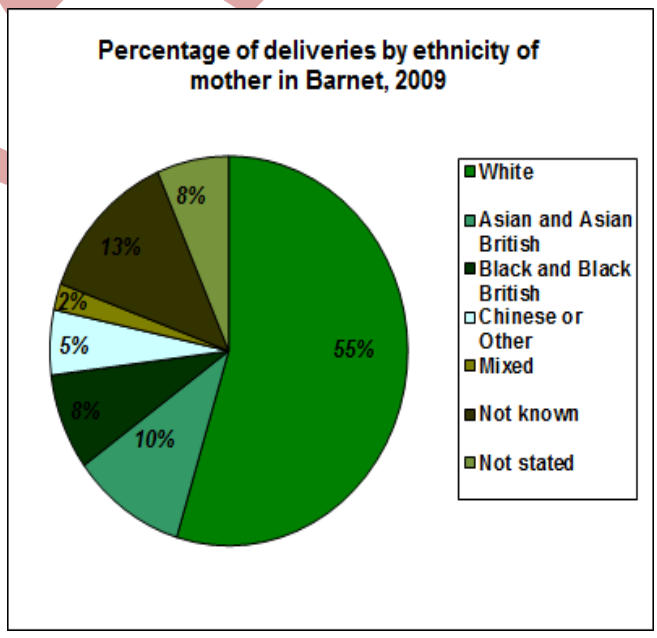
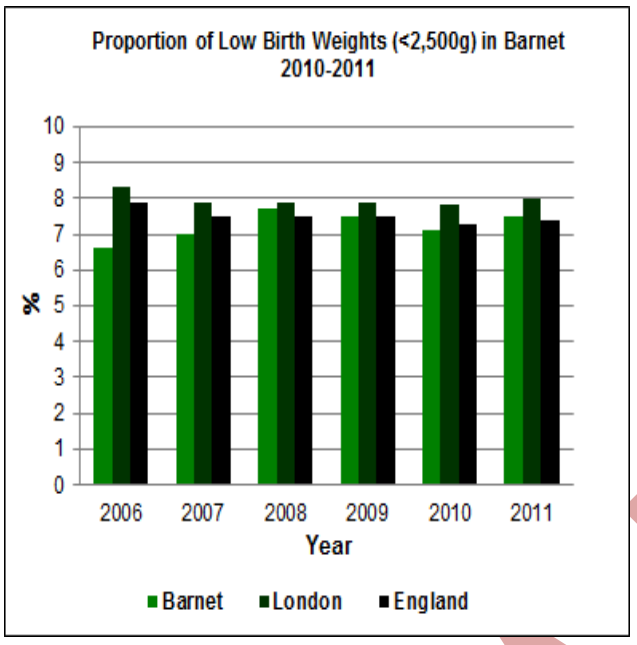


Source: Hospital Episode Statistics, HSCIC, 2011



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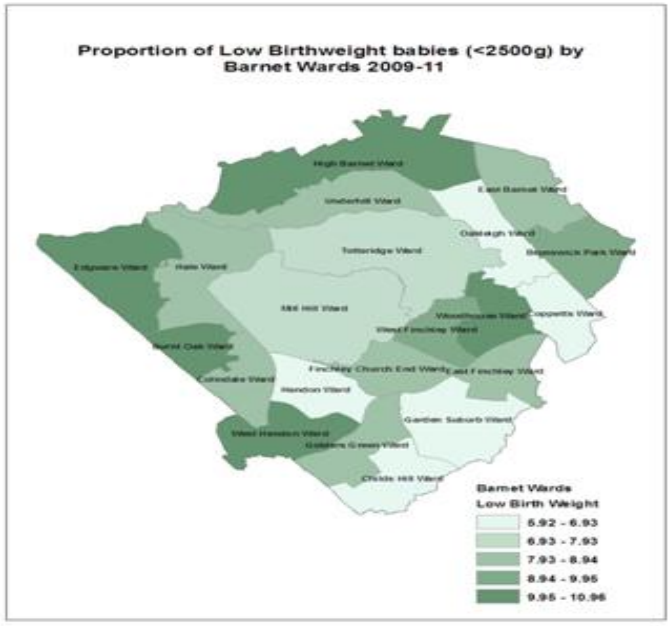

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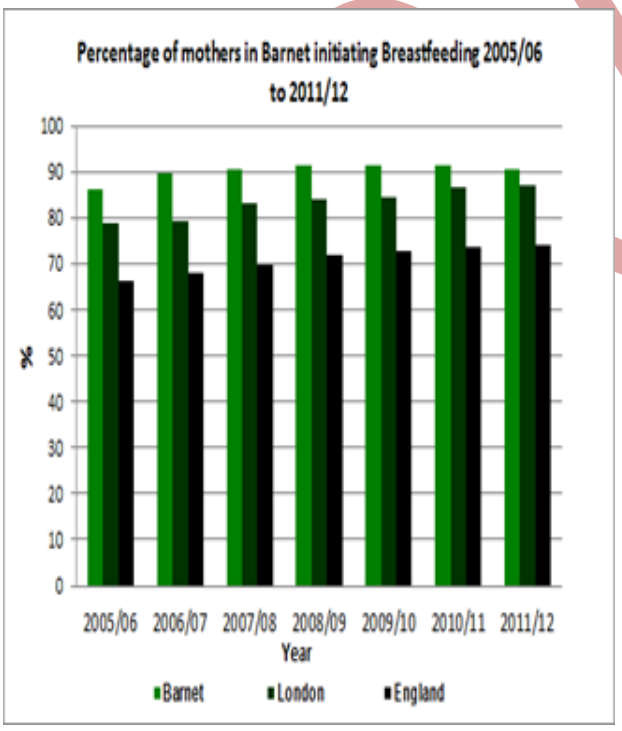
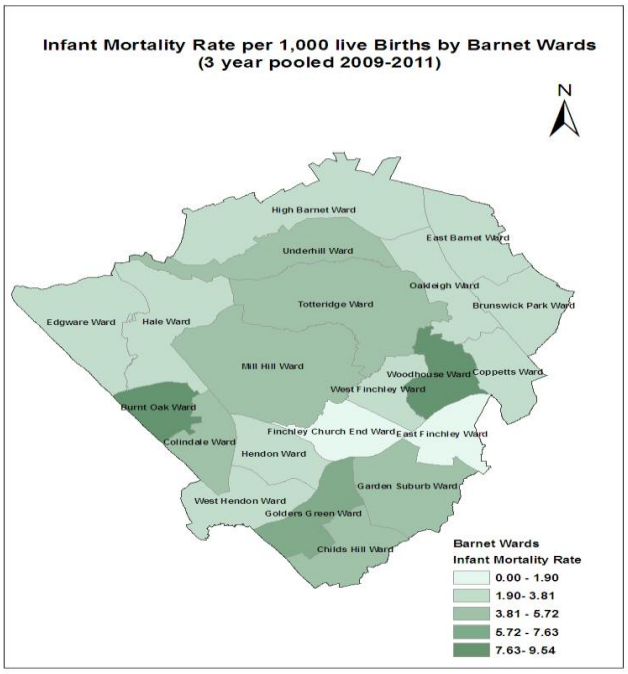


Source: Department of Health, 2011



Source: Office for National Statistics, 2011

Spine Chart

Key: ● Barnet data ◆ London average | England Average ← → England Range

	Indicator	Local Number	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
1	Women of childbearing age	74,800	21.5	20.1	29.7		9.5
2	Births	5,541	74.1	65.5	113.9		24.4
3	Total period fertility	n/a	2.1	2.0	3.2		0.7
4	Births to women aged >35	1,467	26.5	21.1	41.6		7.7
5	Births to women aged >40	307	5.5	3.9	9.7		0.0
6	Teenage pregnancy	466	26.1	40.2	69.4		14.6
7	Early antenatal assessment	1,744	42.6	63.0	4.3		88.0
8	Early antenatal assessment recording	4,093	79.9	67.7	0.3		99.3
9	Smoking during pregnancy	388	7.5	13.5	32.5		3.1
10	Abortions (<10 week gestation)	1,351	83.7	76.9	60.6		85.1
11	Inpatient admissions before deliver	3,993	0.8	1.0	2.5		0.3
12	Births in NHS hospitals	5,328	96.2	97.0	99.4		65.7
13	Births at home or midwifery unit	635	13.9	10.6	0.0		98.6
14	Unplanned transfer to hospital	245	48.8	38.0	100.0		0.0
15	Inductions	846	14.6	17.2	37.5		0.2
16	Normal deliveries	2,998	58.0	61.4	45.9		76.3
17	Caesarean deliveries	1,385	26.8	24.0	38.9		11.8
18	Elective caesareans	543	10.5	9.6	19.4		4.9
19	Emergency/Other caesareans	842	16.3	14.4	22.2		54.7
20	Vaginal birth after caesareans	120	24.1	31.1	18.7		80.9
21	Midwives	156	30.3	31.5	15.2		7.9
22	Obs and Gynae consultations	15	2.9	2.6	0.2		7.0
23	Consultant:Midwife ratio	n/a	10.6	12.1	187.2		0.0
24	1:1 care in Labour						
25	Multiple births	197	3.7	3.3	6.0		1.3
26	Premature births	482	10.1	12.3	63.6		0.0
27	Length of hosiptal stay after delivery	4,852	1.8	1.7	4.9		0.9
28	Breastfeeding intiation	4,725	91.2	73.6	39.0		92.3
29	Breastfeeding continuation	3,712	68.4	45.7	19.2		83.1
30	Perinatal mortality (<7days+stillbirth)	113	7.0	7.5	19.2		3.2
31	Neonatal mortality (<28 datys)	48	3.0	3.1	19.2		0.0
32	Infant mortality (<1 year)	72	4.5	4.6	19.2		1.2
33	Low birth weight(<2500g)	391	7.1	7.3	11.5		3.9
34	Very low birth weight (<1500)	82	1.5	1.4	3.3		0.0
35	Total maternity spend	52,622,607	9,955	5,483	9,955		2,389
36	Maternity Spend Primary Care	488,261	92	392	0		2,010
37	Maternity Spend Secondary Care	52,134,346	9,863	5,091	9,863		2,265

Spine chart preparation based on West Midlands Public Health Observatory Spine Chart Tool version 4, Analysis by the Clinical Health Intelligence Team, Public Health England

Spine chart data sources

	Data description	Other sources of information or data
1	% female pop aged 15-44	2010 mid-year estimates (ONS)
2	Birth rate per 1,000 female pop aged 15-44	2010 NCHOD
3	Average no.of children	2010 NCHOD
4-5	% total births	2010 ONS
6	Conceptions per 1000 pop aged 15-17 2007-09	DfE
7	% assessed within 12 weeks where antenatal assessment recorded at delivery, 2010/11	Department of Health
8	% maternities where antenatal assessment recorded at delivery, 2009/10	HES/NHS Comparators
9	% mothers smoking at time of delivery, 2009/10	DH
10	NHS and private abortions < 10 weeks gestation as a % of all abortions, 2010	NCHOD
11	Ratio of antenatal admissions not related to delivery, 2009/10	NHS Comparators
12	% total births, 2010	NCHOD
13	% total births, 2009/10	NHS Comparators
14	% deliveries with an unplanned transfer to hospital, 2009/10	NHS Comparators
15-19	% total deliveries, 2009/10	HES/London Health Programmes
20	% vaginal deliveries after a prior caesarean section, 2009/10	NHS Comparators
21	No.FTE midwives per 1,000 births, 2009/10	Annual Workforce Census/HES
22	No. FTE Obs &Gynae consultant per 1,000 births, 2009/10	Annual Workforce Census/HES
23	No. of midwives per consultant, 2009/10	Annual Workforce Census/HES
24	Data not currently collected	
25	Multiple births as a % of total births, 2009	ONS/London Health Programmes
26	% births with gestation of less than 37 weeks, 2009/10	HES/London Health Programmes
27	Total no.of bed days and average no.of days spent in hospital after delivery per delivery, 2009/10	HES/London Health Programmes
28	% breastfed within 48 hours, 2010/11	DH
29	% totally partially breastfed at 6-8 weeks, 2010/11	DH
30-32	Rate per 1,000 births, 2008-10	NCHOD
33-34	% total births, 2010	(NCHOD)
35-37	£ per birth 2009/10	DH & HES

Data Summary

Fertility Rates

Total fertility rates are a single measure of fertility representing the average number of children each woman would be expected to have in a group of women if current age-specific patterns of fertility persisted throughout their childbearing life. The total fertility rate in 2011 was equivalent to each woman in Barnet having 1.89 children, compared to 2.1 in 2010. In England as a whole, total fertility rates have increased from 1.82 in 2006 to 1.99 in 2010. In Harrow, since 2006 we are seeing rates between 1.9 and 2.1 children. The General Fertility rate GFR, that is the rate of births per 1,000 women of childbearing age can be presented at ward level, and is highest amongst the wards of Golder's Green, 90.02 births per 1,000 women, followed by Burnt Oak ward 86.3 and Hale ward at 79.4. The lowest fertility rate is seen in Hale ward in Barnet, at 50 births per 1,000 women. Barnet as a whole has a GFR of 69 births per 1,000 women compared to London which is 66.5, and England 64.2 in 2011.

Low Birth Weight

Low birth weight is closely associated with foetal and neonatal mortality and morbidity, inhibited growth and cognitive development, and chronic diseases later in life (UNICEF and WHO, 1992). A baby's low weight at birth is either the result of preterm birth (before 37 weeks of gestation) or due to restricted foetal (intrauterine) growth. Low birth weight has been defined by the World Health Organisation as weight at birth less than 2,500 grams. In 2011, the proportion of babies of low birth weight in Harrow was 7.5 percent, higher than the 7.1 percent seen in 2010. Barnet compares favourably to both regional and national proportion of low birth weight, which in London it is 8 percent and England 7.4 percent. Low birth weight at ward level for Barnet however shows variations. The highest rates are seen in the Edgware ward at 11.0 percent, and Burnt Oak ward at 10.9 percent.

Mothers Age and Ethnicity

Analysis of women giving birth in Harrow during 2010-1011 shows that the highest proportion of deliveries were to women aged 30-34 years old, accounting for 35.9% of all deliveries. Mothers and their babies at the lower and upper age bands are at greater risk. Older mothers present a series of different challenges; they have a greater chance of developing medical disorders such as diabetes, high blood pressure or other chronic diseases.

There are a number of reasons why the ethnicity of mothers in a local area may have an influence on the needs which the services provided must meet. Certain conditions are known to be more common in particular ethnic groups. Mothers and their families who have recently moved to the UK may have difficulties reading or speaking English, and different cultural norms may exist. In 2009, 31% of all women aged 16-59 years in Harrow were from the black and minority (BME) ethnic groups.

Breastfeeding

There is substantial evidence and published research to show that breastfeeding has clear health benefits for both mothers and infants. These benefits have been summarised by NICE 2002 and include:

Breastfed babies are less likely to suffer from gastroenteritis or admitted to hospital for diarrhoea and respiratory infections.

Mothers who do not breastfeed may have an increased risk of certain cancers.

Breastfeeding initiation rates in Barnet remain high, at around 90%, compared to London at 87% and England at 74%. Continuation of exclusive and partial breastfeeding at 6-8 weeks in Barnet is around 75%, and 44% for exclusive breastfeeding.

Infant Mortality

Infant mortality rates refer to the number of deaths within the first year of life per 1,000 live births. Wide variations in rates are often seen annually due to the small numbers of events. For this reason 3 year rolling averages are used to even out the variation. The three-year rolling average for Barnet has been calculated at ward level. It shows that the wards of Woodhouse and Burnt Oak have the highest infant mortality rates for the 2008-11 period, at 9.5, and 7.8 infant deaths per 1,000 live births. This is considerably higher than the Barnet average at 4.5 per 1,000 live births which compares well to the England average of 4.6 per 1,000 births.

What are we doing now: Examples

The National Service Framework for Children and Young people and maternity services sets out standards for maternity services. It states "Women need to have easy access to supportive high quality maternity services, designed around their individual needs and those of their babies".

During the first stages of life the risk of mortality or serious disability is at its greatest at or immediately after birth. In order to improve health and wellbeing and reduce inequalities in this area of health, emphasis needs to be placed on delivering effective pre-natal advice and maternity care along with early year's development.

Barnet Clinical Commissioning Group (CCG)

Within the Barnet Health and Wellbeing Strategy, delivered as part of the CCG strategy preparation for a healthy life – that is, *enabling the delivery of effective pre-natal advice and maternity care and early-years development* is identified as a key component for health and wellbeing. It also highlights that access to effective and culturally sensitive Maternity Services and post-natal support to families facing the greatest risks is essential. Supporting pregnant mothers to stop smoking is especially important, as smoking during pregnancy is estimated to contribute to 40% of all infant deaths.

Child Death Overview Panel

As part of the on-going process to safeguard child health, Barnet Public Health forms part of the Child Death Overview Panel (CDOP). CDOP is an inter-agency forum that meets regularly to review the deaths of all children normally resident in Harrow. It acts as a sub-group of the Serious Case Review (SCR) group. The CDOP is accountable to the SCR Chair if, during the review process, the CDOP identifies the following: The Barnet Child Death Overview Panel (CDOP) has the responsibility to review all deaths in children up to the age of 18 years. Child death review processes became mandatory in April 2008 and it is the responsibility of the multi- agency CDOP to review the cases of all child deaths to identify potentially preventable deaths.

Breastfeeding Services

Breastfeeding services are a cost-effective intervention, contributing to savings from reduced hospital admissions for gastrointestinal and respiratory infections. It is also linked with delivering better long-term outcomes for local children (e.g. reducing childhood obesity and improving infant mental health).

A quality peer support programme for breastfeeding is an effective and cost effective way to provide breastfeeding support to breastfeeding families, ante-natal and post-natal. It also contributes not only to increasing breastfeeding initiation and duration rates but also increases social capital. Peer support can succeed in reaching women who do not easily identify with health professionals thus reducing access problems. In Barnet, the Public Health Team has presented a business case for a peer led breastfeeding support group to be implemented.

Antenatal Care – 12 week access to Maternity Services

It is very important to have the initial assessment as early in the pregnancy as possible. The assessment involves a number of tests and the mother's health is assessed. This will allow women to make important decisions about their pregnancy and get the right type of antenatal care.

There are three types of antenatal care available, depending on women's health:

- Midwife led care is recommended for women who have no health problems during pregnancy. Community midwives provide routine antenatal care for normal pregnancies and look after new born babies during the first four weeks. If necessary, women will be referred to their GP for treatment of illnesses.
- The second option is GP-led care although the women will need to book her for antenatal care to have scans or blood tests at a hospital of her choice. Your doctor will be happy to help you to make a choice that suits you and will not be too difficult to get to later in your pregnancy.
- The final option is for women for whom pregnancy risks or health needs have been identified. These women are advised to have antenatal care in a hospital under a consultant obstetrician and hospital midwife.

Stakeholder Views