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 generation

Key messages

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.

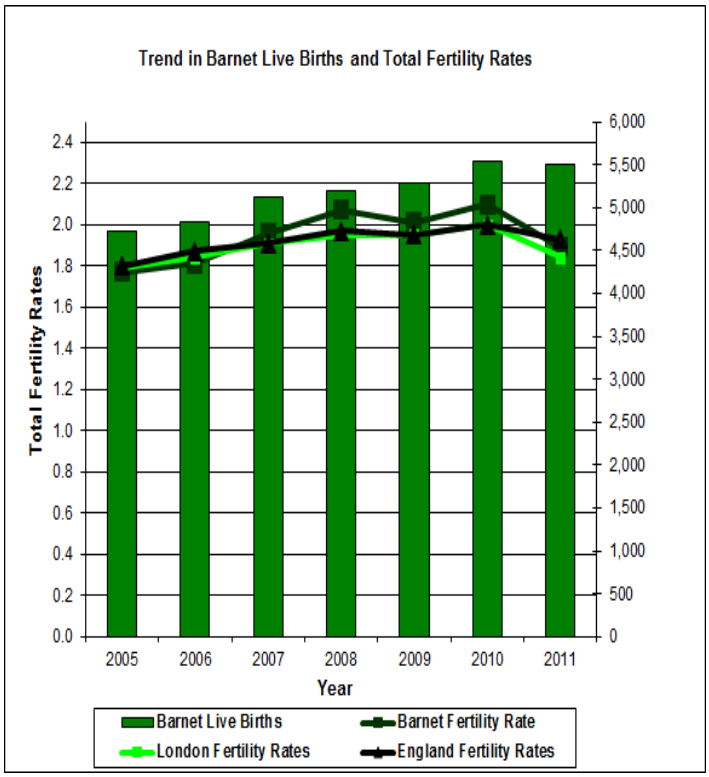
Infant & Maternal Health

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



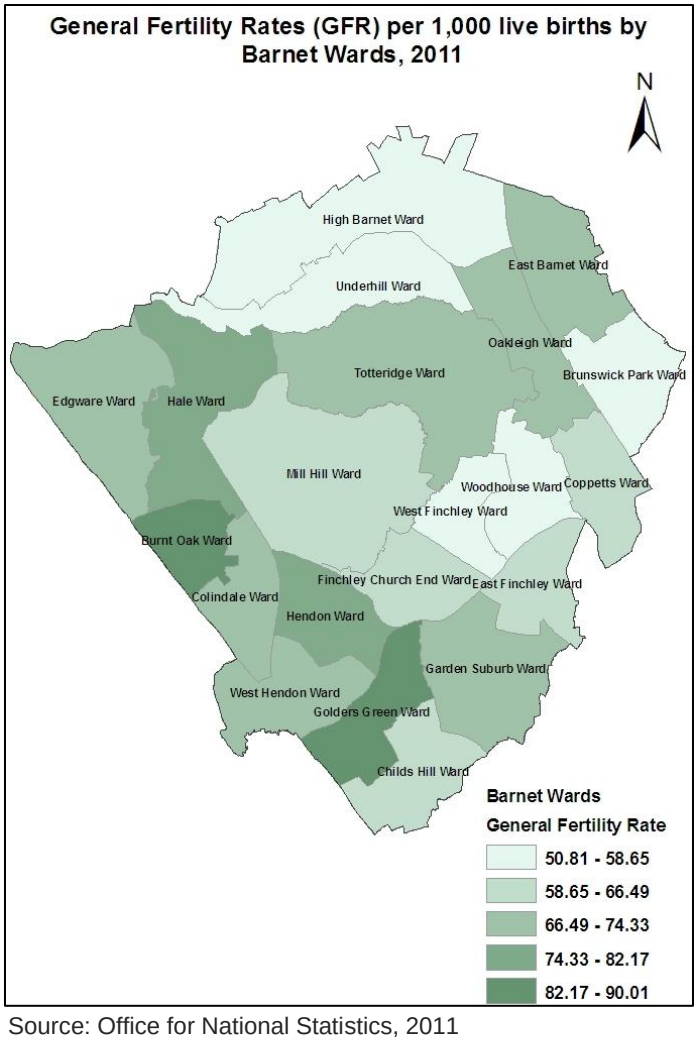
Source: Office of National Statistics, 2011

Births and Fertility Rates

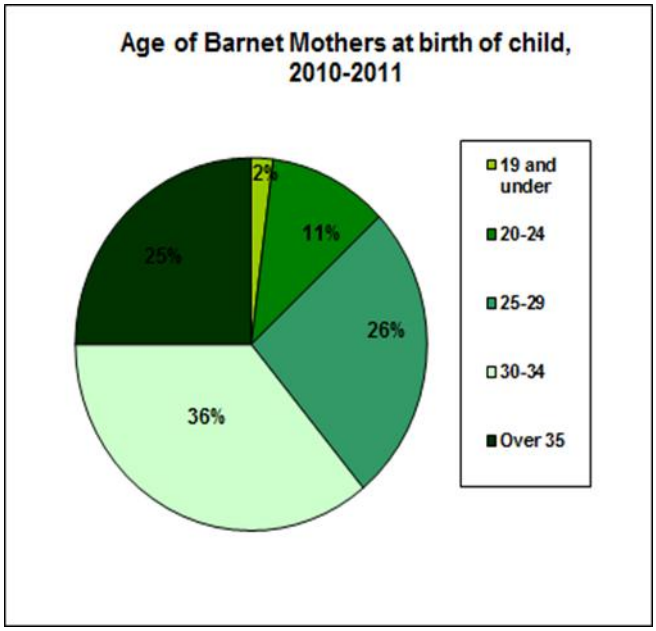
Total fertility rates are a single measure of fertility representing the average number of children each woman would be expected to have in a group of women if current age-specific patterns of fertility persisted throughout their childbearing life. The total fertility rate in 2011 was equivalent to each 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.

Fertility Rates by Ward

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.



Source: Office for National Statistics, 2011



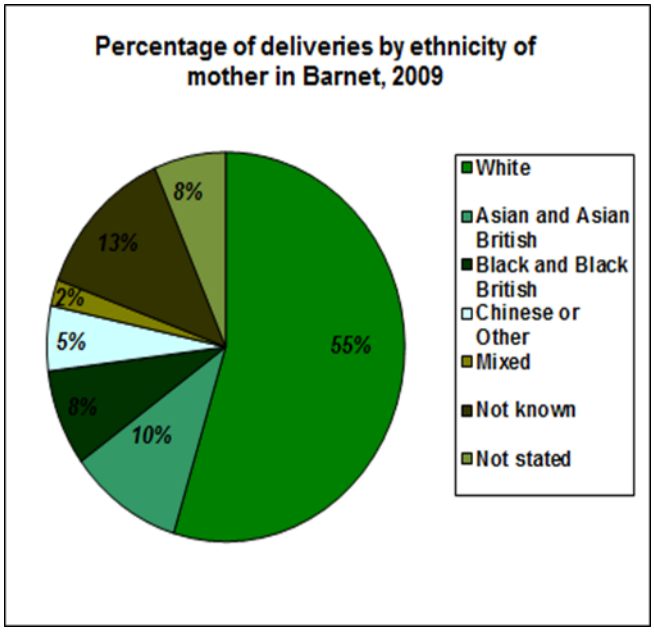
Source: Office for National Statistics 2011

Age of Mother

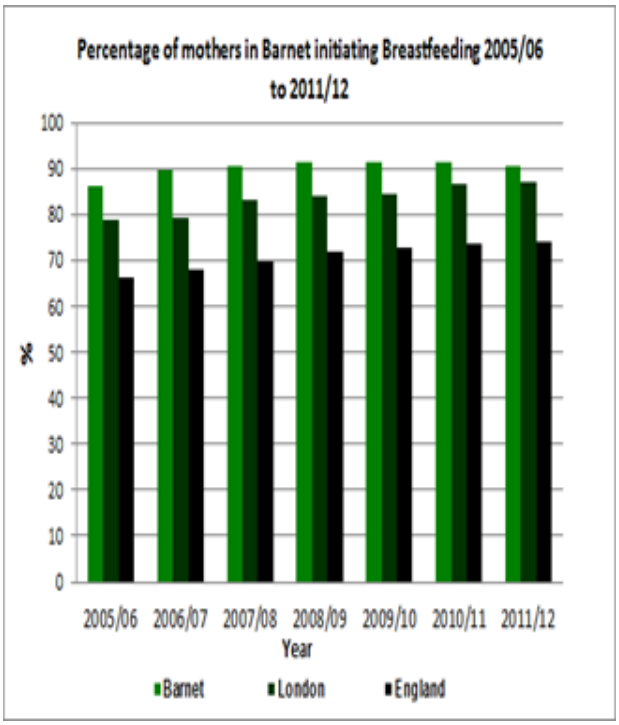
Analysis of women giving birth in Barnet during 2010-1011 shows that the highest proportion of deliveries were to women aged 30-34 years old, accounting for 35.9% of all deliveries. Mothers and their babies at the lower and upper age bands are at greater risk. Older mothers present a series of different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

Ethnicity of Mother

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.



Source: Hospital Episode Statistics, HSCIC 2013



Source: Department of Health, 2013

Infant Mortality Rates by Ward

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.

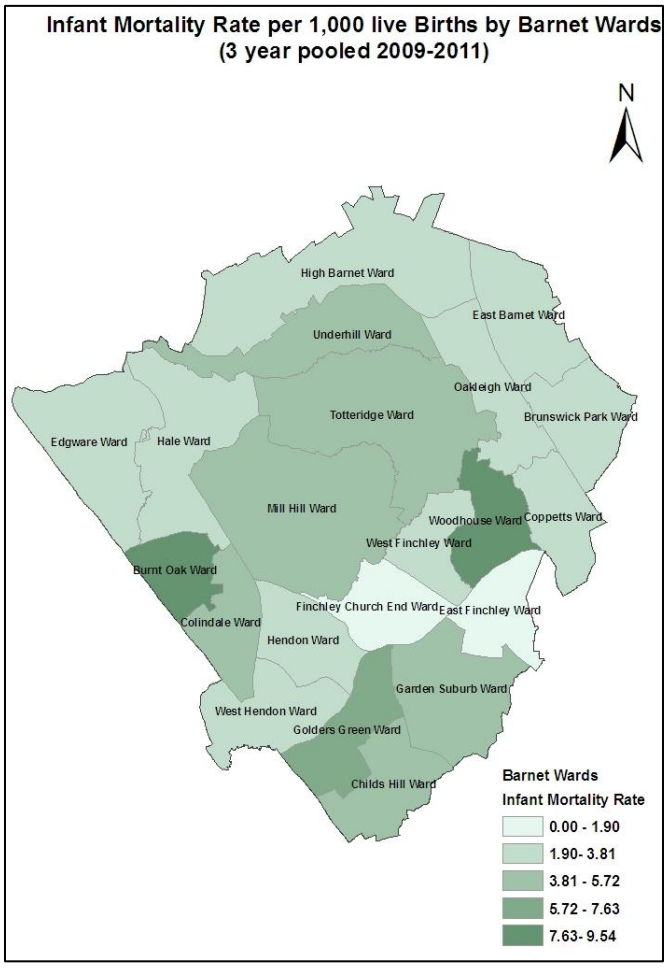
Breastfeeding Rates

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:

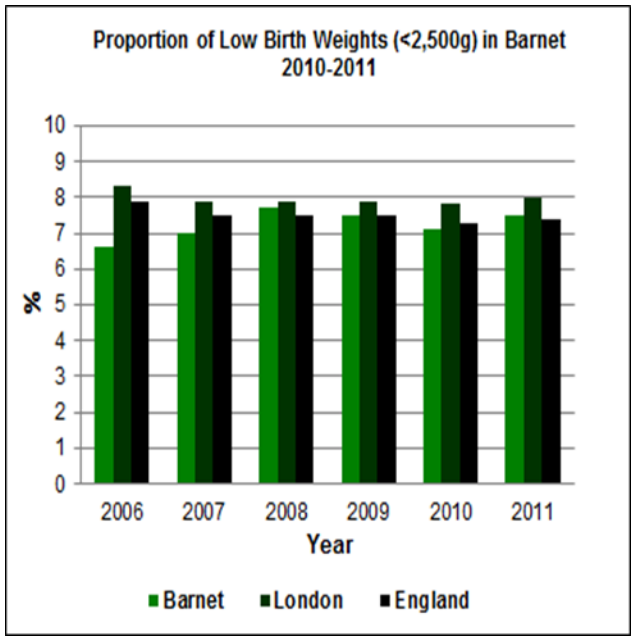
Breastfed babies are less likely to suffer from gastroenteritis or admitted to hospital for diarrhoea and respiratory infections.

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.



Source: Office for National Statistics, 2011



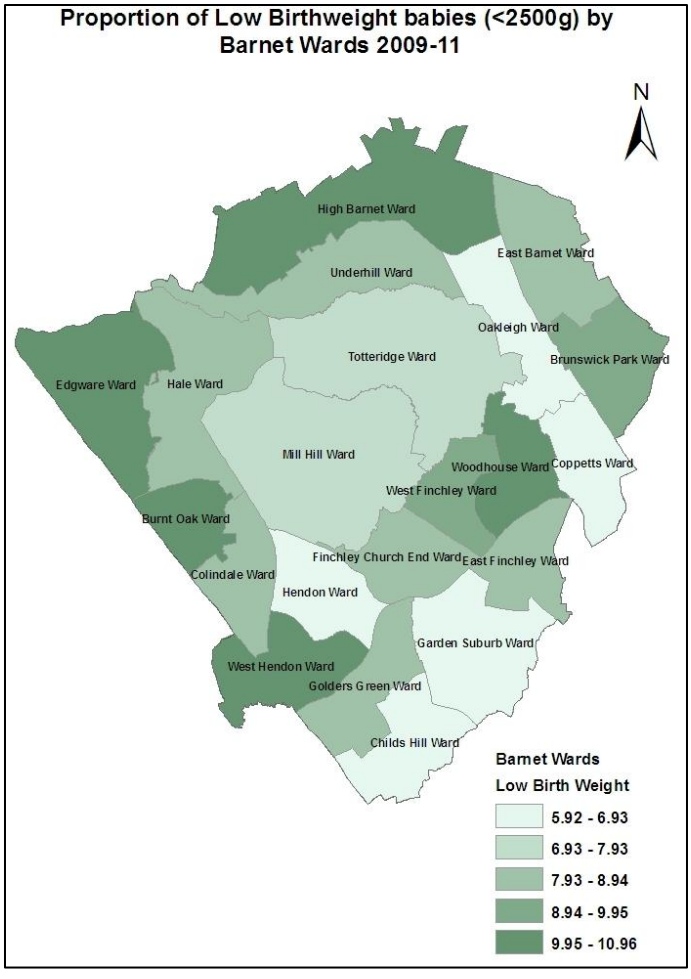
Source: Office for National Statistics, 2011

Low Birth Weight by Ward

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.

Proportion of Low Birth Weight Babies

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 Barnet 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.



Source: Office for National Statistics, 2011

Understanding the Spine Chart

The Spine chart

The spine chart is a way of demonstrating a lot of information on a single diagram.

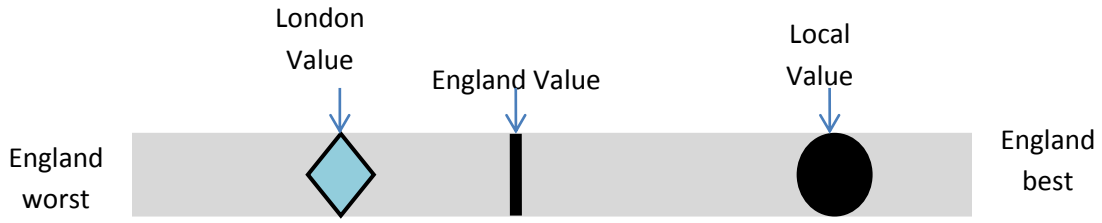
The indicators in the spine chart are generally one of three sorts:

- an indicator of higher or lower need
- an indicator of better or worse performance
- an indicator of better or worse outcomes

The "spine" is the line running down the centre. This is the England average for each indicator. The grey bar shows the range of values in local authorities across England.

Values to the **right** of the England average are better performance or outcomes or of lower need.

Values to the **left** of the England average are worse performance or outcomes or of more need.



Direction of travel indicator

⇧ Indicator has improved since last year i.e. Improvement in performance or decrease in need

⇩ Indicator has worsened since last i.e. decrease in performance or increase in need

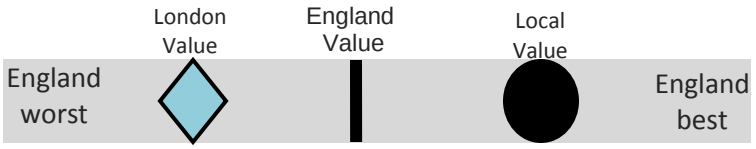
⇔ No change since previous year

Green indicates that, according to the latest data, the area is either performing better or has lower need than England average

Red indicates that, according to the latest data, the area is performing at least 2% worse or has at least 2% greater need than the England average.

Amber indicates that, according to the latest data, the area is performing worse or has greater need but is within 2% of the England average.

Spine Chart



	Indicator	Direction of Travel	Local Value	Eng Avg	Eng Worst	England Range OUTCOMES NEED (Worse Lower – Better Higher)	Eng Best
1	Women of childbearing age	↓	22.8	18.7	29.7		9.5
2	Births	↑	68.6	65.5	113.9		24.4
3	Total period fertility	↑	1.9	1.9	3.2		0.7
4	Births to women aged >35	↑	25.0	19.2	41.6		7.7
5	Births to women aged >40	↔	5.5	3.9	9.7		0.0
6	Teenage pregnancy	↑	24.0	30.7	69.4		14.6
7	Teenage pregnancy for under 16 year olds	↑	3.7	6.7	13.3		1.5
8	Early antenatal assessment	↑	68.5	72.7	4.3		88.0
9	Early antenatal assessment recording	↓	80.7	73.9	0.3		99.3
10	Smoking during pregnancy	↑	4.8	12.7	32.5		3.1
11	Abortions (<10 week gestation)	↔	83.8	77.9	85.1		60.6
12	Inpatient admissions before delivery	↓	1.6	1.0	2.5		0.3
13	Admissions of babies under 14 days	↔	43.2	51.5	182.3		19.2
14	Births in NHS hospitals	↑	93.9	97.0	99.4		65.7
15	Births at home or midwifery unit	↓	17.8	13.0	0.0		98.6
16	Unplanned transfer to hospital	↑	43.2	36.9	100.0		0.0
17	Inductions	↔	14.6	17.2	37.5		0.2
18	Normal deliveries	↔	58.0	61.4	45.9		76.3
19	Caesarean deliveries	↓	29.3	24.0	38.9		11.8
20	Elective caesareans	↔	10.5	9.6	19.4		4.9
21	Emergency/Other caesareans	↔	16.3	14.4	22.2		54.7
22	Vaginal birth after caesareans	↔	23.0	30.5	18.7		80.9
23	Midwives	↓	28.4	31.5	15.2		7.9
24	Obs and Gynae consultants	↓	2.7	2.6	0.2		7.0
25	Consultant:Midwife ratio	↓	10.0	12.1	187.2		0.0
26	Multiple births	↓	3.7	1.3	6.0		1.3
27	Premature births	↔	10.1	12.3	63.9		0.0
28	Length of hosiptal stay after delivery	↔	1.8	1.7	4.9		0.9
29	Breastfeeding intiation	↓	85.4	74.0	39.0		92.3
30	Breastfeeding continuation	↑	76.6	47.2	19.2		83.1
31	Perinatal mortality (<7days+stillbirth)	↑	6.0	7.5	19.2		3.2
32	Neonatal mortality (<28 datys)	↑	2.4	3.0	19.2		0.0
33	Infant mortality (<1 year)	↑	3.5	4.3	19.2		1.2
34	Low birth weight(<2500g)	↑	7.5	7.4	11.5		3.9
35	Very low birth weight (<1500)	↔	1.5	1.4	3.3		0.0
36	Total maternity spend	↑	2,729	2,389	9,955		2,389
37	Maternity Spend Primary Care	↔	92	392	0		2,010
38	Maternity Spend Secondary Care	↔	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	Year	Other sources of information or data
1	% female pop aged 15-44 years	2012	Mid year estimates (ONS)
2	Birth rate per 1,000 female population aged 15-44 years	2012	ONS
3	Average number of children	2012	ONS
4-5	% total births	2010-11	ONS
6	Conceptions per 1000 pop aged 15-17	2009-11	Department for Education
7	Conceptions per 1000 population aged under 16	2009-11	Department for Education
8	% assessed within 12 weeks where antenatal assessment recorded at delivery	2012	Department of Health
9	% maternities where antenatal assessment recorded at delivery	2012	HES/NHS Comparators
10	% mothers smoking at time of delivery	2012-13	Department of Health
11	NHS and private abortions < 10 weeks gestation as a % of all abortions	2011	NHS Comparators
12	Ratio of antenatal admissions not related to delivery	2011-12	NHS Comparators
13	Rate of emergency admissions per 1,000 population 0-13 days	2011-12	HSCIC
14	% total births	2011-12	HSCIC
15	% total births	2011-12	NHS Comparators
16	% deliveries with an unplanned transfer to hospital	2012-13	NHS Comparators
17-21	% total deliveries	2010-2011	HES/London Health Programmes
22	% vaginal deliveries after a prior caesarean section	2012-13	NHS Comparators
23	No.FTE midwives per 1,000 births	2010-11	Annual Workforce Census/HES
24	No. FTE Obs &Gynae consultant per 1,000 births	2010-11	Annual Workforce Census/HES
25	No. of midwives per consultant	2010-11	Annual Workforce Census/HES
26	Multiple births as a % of total births	2010	ONS/London Health Programmes
27	% births with gestation of less than 37 weeks, 2009/10	2009-10	HES/London Health Programmes
28	Total no.of bed days and average no.of days spent in hospital after delivery per delivery	2009-10	HES/London Health Programmes

Stakeholder Views

A discussion of the topic was held at the Autumn Partnership Catch up in November 2013. The following is a summary of comments from the day.

On disability

"One of the things we need to see is information on the numbers of babies born with disabilities and the numbers of mothers who have disabilities too. We need to look at what information is given to mothers with a disability when they are pregnant and the quality of their care. We also need to look at what information is given to new parents of babies with disabilities by the hospital and the GPs."

On prevention and early intervention

"Early interventions and prevention are vitally important and we need to see what's available and how easily people can access it."

"Smoking in pregnancy might have improved but too many women still smoke. We need to look at where there are different delivery models for this service."

On improving care in pregnancy

"The CCG should contract with the hospital so there's better continuity of care. Women should be able to see the same midwife throughout their pregnancy."

"Mental health data needs to be linked to maternity data so that women can be supported better. If we knew about this then we could develop appropriate services."

"A data set joining together parental ill-health and substance misuse and domestic violence and linked to outcomes for children is needed."

On Services

"Would like more information on emergency and elective caesarean section and the reasons why women chose to have a caesarean"