What do we know?

Summary

12 week Access to Antenatal Care

Across England approximately 16% of women delay booking into maternity care until after 5 months, this delay often results in worse outcomes for both mother and baby. In Lincolnshire around 85 to 89% of pregnant women book before the 12th week of pregnancy however, information is continually being produced by our maternity units to encourage mothers to attend in early pregnancy and consultations undertaken to understanding why some mothers choose not to attend until later. Data from 2010/11 suggest Lincolnshire will meet their target of 89% access and the future target of 90% of pregnant women booking antenatal care before 12 weeks.

Infant Mortality

Infant mortality is the number of babies who die before their first birthday. This is an important indicator of inequalities in health outcomes for children and society as a whole. In Lincolnshire we have an average rate of 5 deaths per /1000 which is comparable to the English average. However, some areas of the Lincolnshire exhibit higher rates:

- East Lindsey = 6/1000
- West Lindsey = 7/1000
- South Holland = 7/1000

We must remember that these figures represent very small numbers of deaths per year and in depth investigation is carried out with each death to ascertain the cause. Therefore, although these numbers might seem larger than expected they could include babies born very premature or babies with congenital conditions which would affect the overall rate. It is important that these rates are not used completely in isolation from supporting evidence.

Low Birth Weight

The Lincolnshire average (7%) is just below the National and Regional averages (7.5% & 7.3%) however, there are areas within the county where the percentages of babies born under 2500g are higher. This mirrors the higher prevalence of smoking in adults the higher prevalence of adult smokers in these areas.

Facts and figures

12 week booking and access to antenatal care:

- Between 85 and 89% of pregnant women in Lincolnshire accessed care before 12 weeks gestation in 2009 and 2010/11.
Infant Mortality:

- In Lincolnshire we have an average rate of 5 deaths per 1000 which is comparable to the English average. However, some areas of the Lincolnshire exhibit higher rates: East Lindsey = 6/1000, West Lindsey = 7/1000 and South Holland = 7/1000. We must remember that these figures represent very small numbers of deaths per year and an in depth investigation is carried out with each death to ascertain the cause. Therefore, although these numbers might seem larger than expected they could include sick babies born very premature or babies with congenital conditions which would affect the overall rate. It is important that these rates are not used completely in isolation from other supporting evidence.

- Nevertheless, although the overall infant mortality rate in England has fallen to just under 5 deaths per 1000 births, there continues to be a gap in outcomes between the poorer and more affluent groups in society. Babies born in the most deprived areas of England can be up to 6 times more likely to die than those from more affluent areas. This trend is reflected in Lincolnshire where infant mortality rates are greater within our more deprived populations.

Low Birth Weight (% of the live births born below 2500g):

- In Lincolnshire 7% of our total live births are below 2500g, this is slightly lower than both the England and East Midland averages. Nevertheless, as with infant mortality there are areas across the county where higher levels are experienced: Lincoln City, East Lindsey, Boston and South Holland. These 4 areas also exhibit the highest estimated prevalence of adult smoking.

Trends

12 week access to antenatal care:

- Future trajectories to 2014 have just been submitted to the Strategic Health Authority for 12 week access to services and the Primary Care Trust (PCT) have forecast that 90% of women will access antenatal services before 12 weeks gestation.

Infant Mortality:

- There has been a very slight drop nationally in Infant Mortality, however in Lincolnshire and the East Midlands there has been a slight rise. As discussed earlier the very small numbers involved means that there has been no statically significant rise. The fluctuations observed within the districts are within normal variable data limits.

In 2009 the high rates in West Lindsey (7/1000) were investigated in depth.

Low Birth Weight:

- This is new a dataset however there is good evidence to show; as smoking prevalence in pregnancy reduces the numbers of low birth weight babies will also reduce. Therefore, as the smoking prevalence has reduced in the County the numbers of low birth weight babies is also likely to have dropped.

Targets
The Strategic Health Authority (SHA) has a current target of 90% of women access maternity services before 12 weeks gestation.

Infant mortality remains a national priority to reduce the differences experienced between different social groups. The target is a 10% reduction in the relative gap (i.e. percentage difference) in infant mortality rates between “routine and manual” socio-economic groups and England as a whole from the baseline year of 1998 (the average of 1997-99) to the target year 2010 (the average of 2009-2011).

**Performance**

Maternal access to services is monitored through the SHA, it is therefore also reported through the PCT Performance and Delivery Group and details published within NHS Lincolnshire’s Board Report. Currently in Lincolnshire 85 to 90% of women access antenatal services before 12 weeks gestation.

Infant mortality is reported nationally, regionally and locally; any concerns over rates are investigated by the SHA and the NHS Lincolnshire Public Health Department. The Lincolnshire average is comparable to the English average at 5 deaths per 1000, however analysis of the data exposes areas within the county where the rates are higher (as described in the facts and figures section)

Low birth weight is not reported specifically within NHS Lincolnshire; nevertheless this measure is a key component of the local Multidisciplinary Maternity Steering Group agenda. Although Lincolnshire's average numbers of low birth weight babies are below those of England and the East Midlands, NHS Lincolnshire Public Health Directorate are aware of the direct correlation between low birth weight and deprivation. This data is monitored and services commissioned and directed appropriately.
What is this telling us?

Summary

Children’s health outcomes are initially determined during their time in the womb and their early developmental years. Therefore, early access to maternity care is an important opportunity for healthcare professionals to interact and build relationships with women and families who, although in most need would not otherwise access health services. Early access allows midwives to monitor the pregnancy, the baby’s growth and development and focus on the mother’s health & wellbeing, including lifestyle factors such as diet, physical activity, smoking, drugs and alcohol. Information on benefits, housing, free vitamins available through the Healthy Start programme along with support to breastfeed are also vitally important at this stage to address the health inequalities experienced by children within our most vulnerable groups.

Access to early antenatal care has a direct positive effect on infant mortality and low birth weight babies.

Local views

Across the United Lincolnshire Hospital Trusts (ULHT) maternity sites 12 weeks access is generally good however, midwifery colleagues and the PCT are aware that there are some problems in achieving optimal time of access at the Boston site. Previous audits carried out by ULHT showed that the women who did not access early in Boston were predominately from White British ethnic backgrounds and expecting their 3rd or 4th child. Colleagues within ULHT and in particular the Boston area are continually auditing the service and engaging with service users to identify emerging issues and use this information to improve access.

In Lincolnshire we continually strive to improve children’s health outcomes by offering support and information to mothers and their families during pregnancy and the child’s early years.

There has been recent media coverage in Boston and midwives and other health care professionals working with pregnant women in Lincolnshire are aware of the need to encourage early access to antenatal care.

National and local strategies

Early access to antenatal care: In the long-term an agreed media strategy is being formulated along with working with pharmacies to ensure the correct information is given to women particularly if they are using pregnancy testing kits.

Building health inequalities into all policy areas across organisations will improve outcomes.

Stop smoking policy and strategy will impact significantly on low birth weight.

Current activity and services

Maternity services and health visiting teams are commissioned to provide generic services alongside infant feeding coordinators and peer support workers, teenage pregnancy teams, stop smoking services, maternal obesity services, etc. These work in a targeted way to offer support and advise to the most vulnerable populations.
NHSL Public Health Department is currently working with ULHT and Nottingham University to examine neonatal deaths in Lincolnshire. This will give valuable insight into the causes behind these such as deprivation levels, smoking and others.

**Key inequalities**

A century ago the rates of children dying in early infancy were approximately 150 babies for every 1000 births. This figure has dramatically reduced because of improved housing, welfare and access to universal health and social care.

Nevertheless, although the overall infant mortality rate in England has fallen to just under 5 deaths per 1000 births, there continues to be a gap in outcomes between the poorer and more affluent groups in society.

Infant mortality is closely associated with all aspects of health inequalities and deprivation; housing quality and living environment, maternal lifestyle factors, infant feeding choice, access to services and so on. These in turn are directly affected by the education level of the mother, her age, her income, etc. Crucially, there is no single method of tackling these wide-ranging causes.

Babies born in the most deprived areas of England can be up to 6 times more likely to die than those from more affluent areas. This trend is reflected in Lincolnshire where infant mortality rates are greater within our more deprived populations.

Children are amongst the most vulnerable sections of society. As such, they are greatly affected by the outcomes of any social and economic deterioration surrounding them. These inequalities mean poorer health, reduced quality of life and an overall shorter life expectancy for many.

Access to early maternity care is the key to improving health inequality outcomes, low birth weight and infant mortality rates.

Low birth weight is closely associated with maternal smoking and smoking status correlates strongly with higher levels of deprivation, therefore the most vulnerable groups in our society are most likely to have poorer health outcomes. A study by Barker around 10 years ago associated low birth weight with poorer health outcomes in adulthood such as heart disease, diabetes, lung disease and others. We must target services towards the most vulnerable to ensure we close the gap in health inequalities across Lincolnshire.

**Key gaps in knowledge and services**

An increasingly coordinated approach in delivering services to address health inequalities is being developed in Lincolnshire. NHSL is working closely with partners to improve the way services are delivered. This will ensure they are more user friendly and efficient: ultimately improving health outcomes and reducing low birth weight and infant mortality.

**Risks of not doing something**

By failing to improve access to antenatal care and other health interventions such as stop smoking services the numbers of low birth weight babies and infant mortality could increase.
What is coming on the horizon?

The Government has suggested that there should be increased commissioning of Health Visitors and this will have a positive affect on the care of infants post 28 days.

The future commissioning of maternity services by GP Consortia will potentially have an impact on the service and therefore on these outcomes: early access to services, low birth weight and infant mortality.

Commissioning organisations must ensure services associated with maternity and children's health and wellbeing are at an optimal level over the next 2 years when the handover will be complete.

What should we be doing next?

Maternity services and health visiting teams are commissioned to provide generic services alongside infant feeding coordinators and peer support workers, teenage pregnancy teams, stop smoking services, maternal obesity services, etc.

These must be commissioned to work in a targeted, collaborative way to offer more support and advice to the most vulnerable populations.