

700,000

Numbers of live births in England & Wales (2010)



30.4 years

Average age of mothers



>40 year olds

have higher birth rate than under 20s



Stillbirths

- Major cause of stillbirth is fetal growth restriction
- A condition where baby's growth slows or ceases in the womb
- Is associated with stillbirths, premature deaths and perinatal morbidities

Risk factors

Smoking in pregnancy
2x likelihood of stillbirth

Locality
2.5 in 1000 - Kingston upon Thames
8.5 in 1000 - Blackpool

Multiple births
Higher risk of stillbirth than single birth

Ethnicity
2x likelihood of stillbirth - mothers of Black ethnic origin
1.5x likelihood of stillbirth - mothers of Asian ethnic origin

Extremes of maternal age
1.4x likelihood of stillbirth - <20 years
1.7x likelihood of stillbirth - >40 years

Being overweight or obese
May double the likelihood of stillbirth
8.6 in 1000 stillbirth - women with BMI ≥ 35

Diabetes
4.8x likelihood of stillbirth with pre-existing diabetes

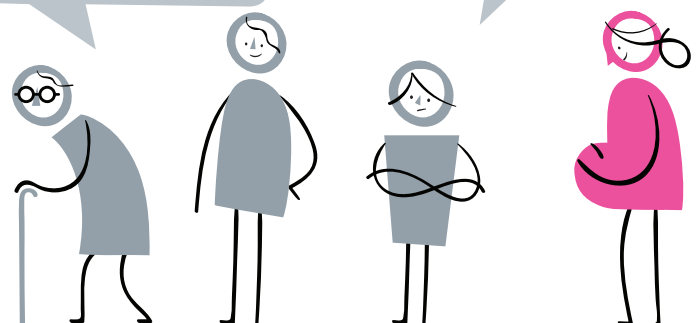
Jan 1
3,300
stillbirths
per year

1 in 200
infants is stillborn
(4.9 per 1000)



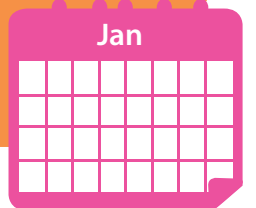
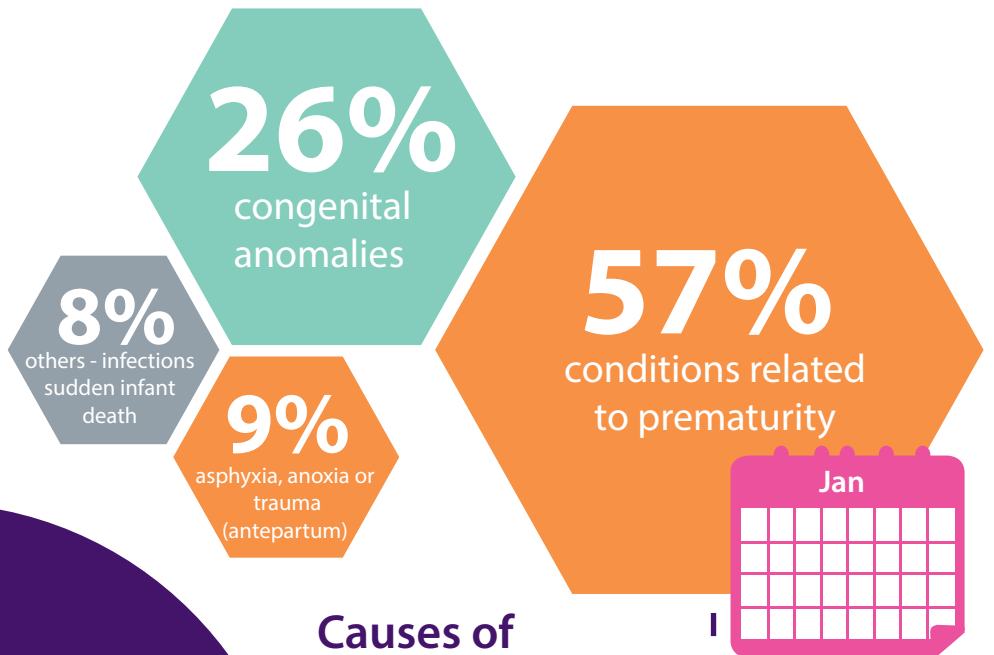
Stillbirth rates are worse than European neighbours

Stillbirth rates have changed little in the English NHS over the past two decades

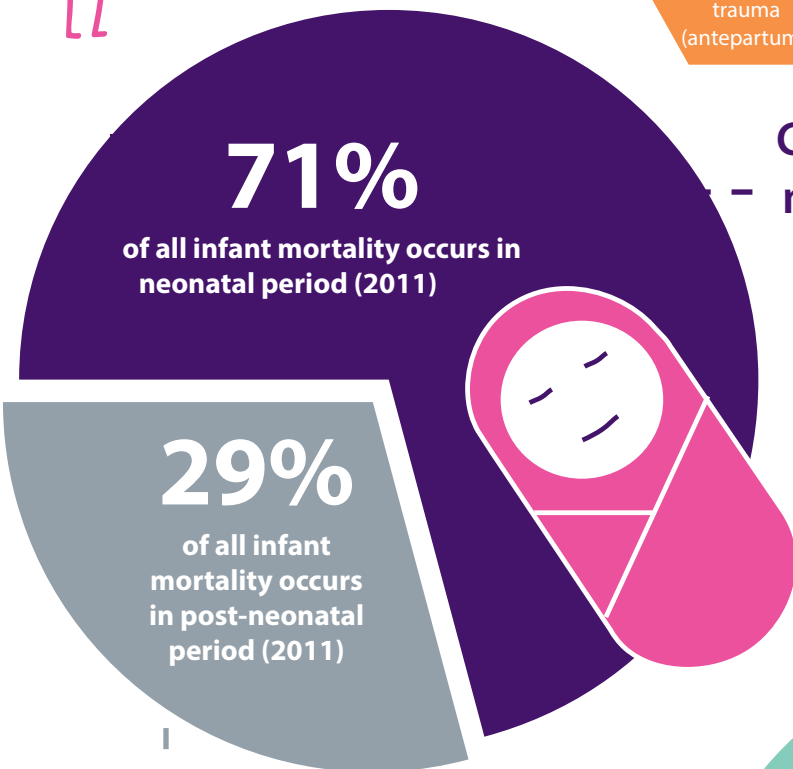


Key facts

Infant mortality



Causes of neonatal deaths

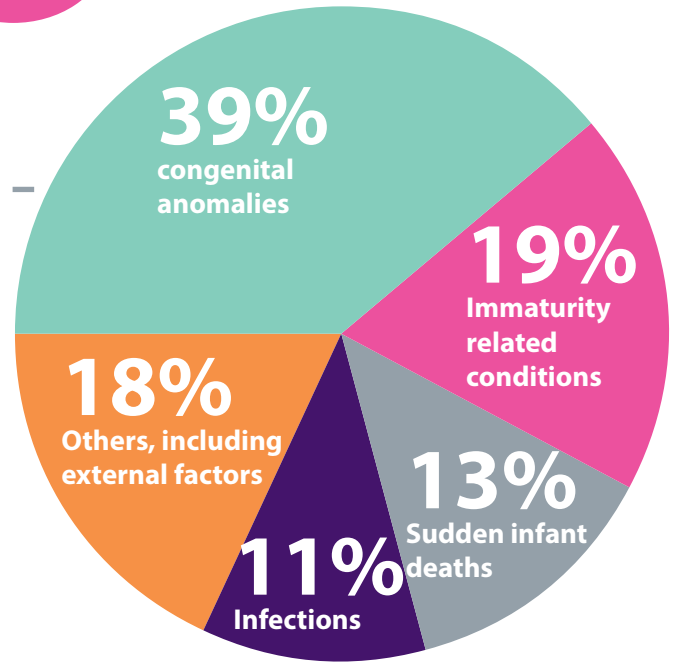


Twins at a much higher risk than singletons of neonatal death - **6.4x higher**

Low birth weight may account for **2/3** of neonatal deaths



Causes of post-neonatal deaths



One quarter of all deaths under the age of one would potentially be avoided if all births had the same level of risk as those to women with the lowest level of deprivation

The National Service Framework *Healthy Child Programme: Pregnancy and the first five years of life*

Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide (2007)

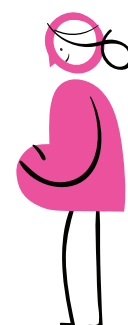
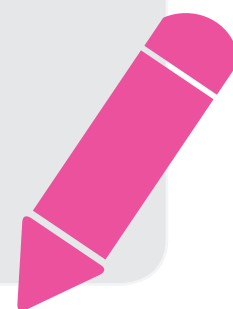
- Raising awareness of health inequalities in infant mortality and child health
- Gathering and reporting routine data, including maternity activity
- Giving priority to evidence-based interventions that will help ensure delivery of the target, e.g. targeted action on obesity, smoking, prone sleeping and bed sharing, teenage pregnancy, child poverty and early access to maternity services

NICE guidance on fertility, pregnancy and childbirth including:

- Antenatal care
- Weight management before, during and after pregnancy
- Hypertension in pregnancy
- Diabetes in pregnancy: management of diabetes and its complications from pre-conception to the postnatal period
- Multiple pregnancy: management of twin and triplet pregnancies in the antenatal period
- Smoking cessation in secondary care: acute, maternity and mental health services

Saving babies lives – a care bundle for reducing stillbirth - NHS England 2016

- Main elements of care to tackle stillbirth
- Reducing smoking in pregnancy intervention – CO testing of all pregnant women at booking and referral to stop smoking specialist service
- Risk assessment and surveillance for fetal growth restriction - use of algorithm to aid decision making on classification of risk and corresponding surveillance of all pregnancies
- Raising awareness of reduced fetal movements and ensuring that providers have protocols in place based on best evidence
- Effective fetal monitoring during labour: annual training for staff and competency assessment in fetal heart trace monitoring and interpretation



Messages

Infant mortality and stillbirths

- Identification and clinical management of high risk pregnancies
- Modifying behaviour pre-pregnancy and during pregnancy (e.g. action on obesity, smoking, alcohol consumption)
- Enabling early access to maternity services
- Ensuring a caring and safe environment in the first year of life (and beyond) through supporting parents, promoting attachment and development, advising on home safety and safe sleeping
- Health promotion, e.g. healthy eating and stopping smoking to benefit the whole family

Tackling social disadvantage early in pregnancy can lead to major improvements in child health outcomes

Chief Medical Officer annual report 2012, Our children deserve better: prevention pays

- Policy makers need to prioritise interventions that reduce adverse outcomes of pregnancy... This needs to address the quality of both universal care and support and of services which provide a more targeted approach
- Women are often more motivated to make healthy choices during pregnancy. Most pregnant women are in contact with services and hence there is the potential to intervene and make a difference
- Social factors including poverty may constrain a woman's ability to make healthy choices and result in inequalities in pregnancy outcomes. Tackling social disadvantage early in pregnancy can lead to major improvements in child health outcomes

Maternity guidance (from multiple organisations) to Government 2016

- Building strong leadership in maternity services
- Building capability and skills for all maternity staff
- Sharing progress and lessons learnt across the system
- Improving data capture and knowledge in maternity services
- Focusing on early detection of the risks associated with perinatal mental illness



#myhealthyfuture



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