

Buckinghamshire County Council

Director of Public Health Annual Report

Report to Health and Wellbeing Board

September 2017

Dr Jane O'Grady



FROM THE VERY BEGINNING



*Pregnancy
and
Beyond*

Importance of pregnancy and earliest years

- Impact on every aspect of a child's life - physical and mental health and development, their chances of happiness, success at school and work and health in adulthood
- Investing in early years promotes economic growth and reduces demand on health and social care
- Problems at this crucial time bring adverse consequences at individual, family and societal level - increasing demand on health and social care and other public sector services

Most important influences during pregnancy and after birth

- Mothers health *before* during and after pregnancy
- Mothers health behaviours in before, during and after pregnancy - healthy eating, smoking, alcohol and drug misuse (and fathers/co-parents too)
- Parental mental health
- Parenting
- Social context in which people are living
- Universal access to high quality services including contraception, maternity services, lifestyle support e.g. smoking cessation, weight management, universal health visiting services and mental health services



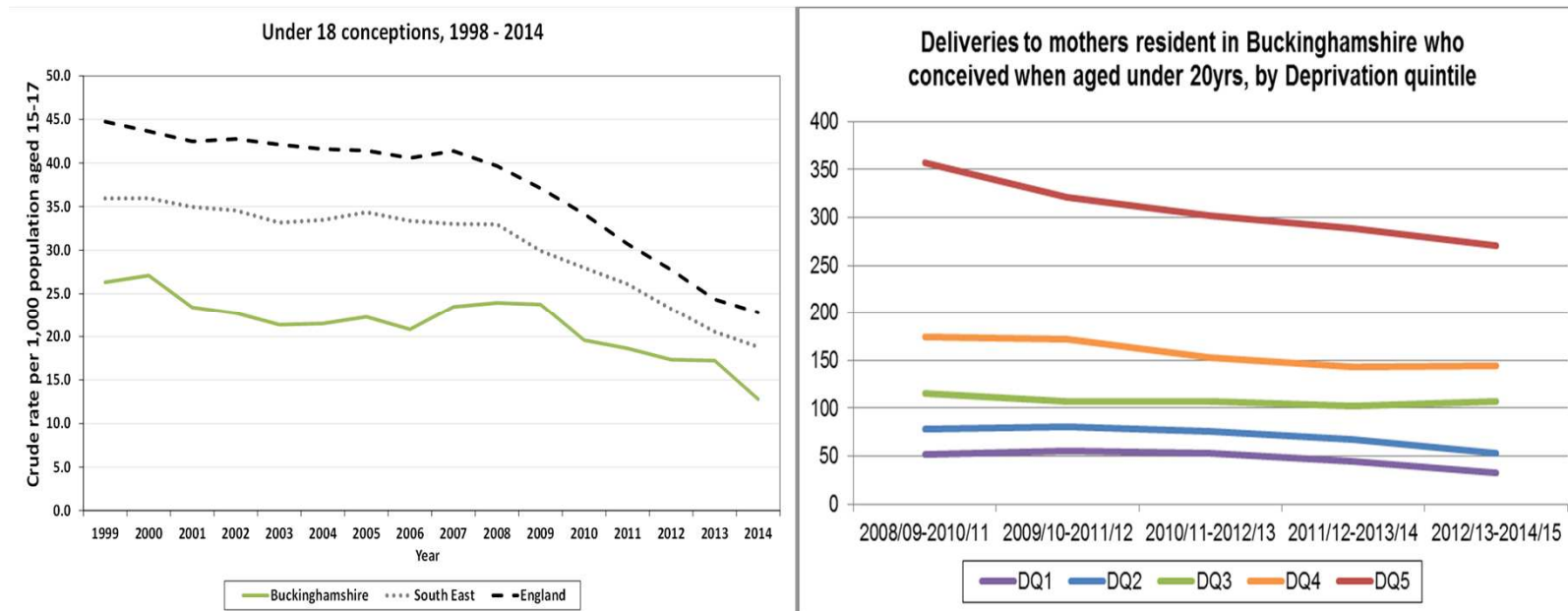
The picture in Buckinghamshire

- Approximately 6,000 babies born every year
- 25% of mothers born outside UK – Pakistan, Poland, India, S Africa
- 23% of mothers identify their babies as of non-white ethnicity
- Birth rate higher in more deprived areas reflecting population profile
- 14% of women booked late into antenatal care in 2013

Buckinghamshire County Council

Important trends

- Teenage conceptions and teenage pregnancy falling
- Maternal age rising
- Need to monitor trends in obesity and complications in pregnancy
- Little change in low birthweight births and infant mortality
- Gaps remain in outcomes between key groups such as those living in socioeconomically deprived circumstances and certain ethnic groups



Low birthweight and premature birth

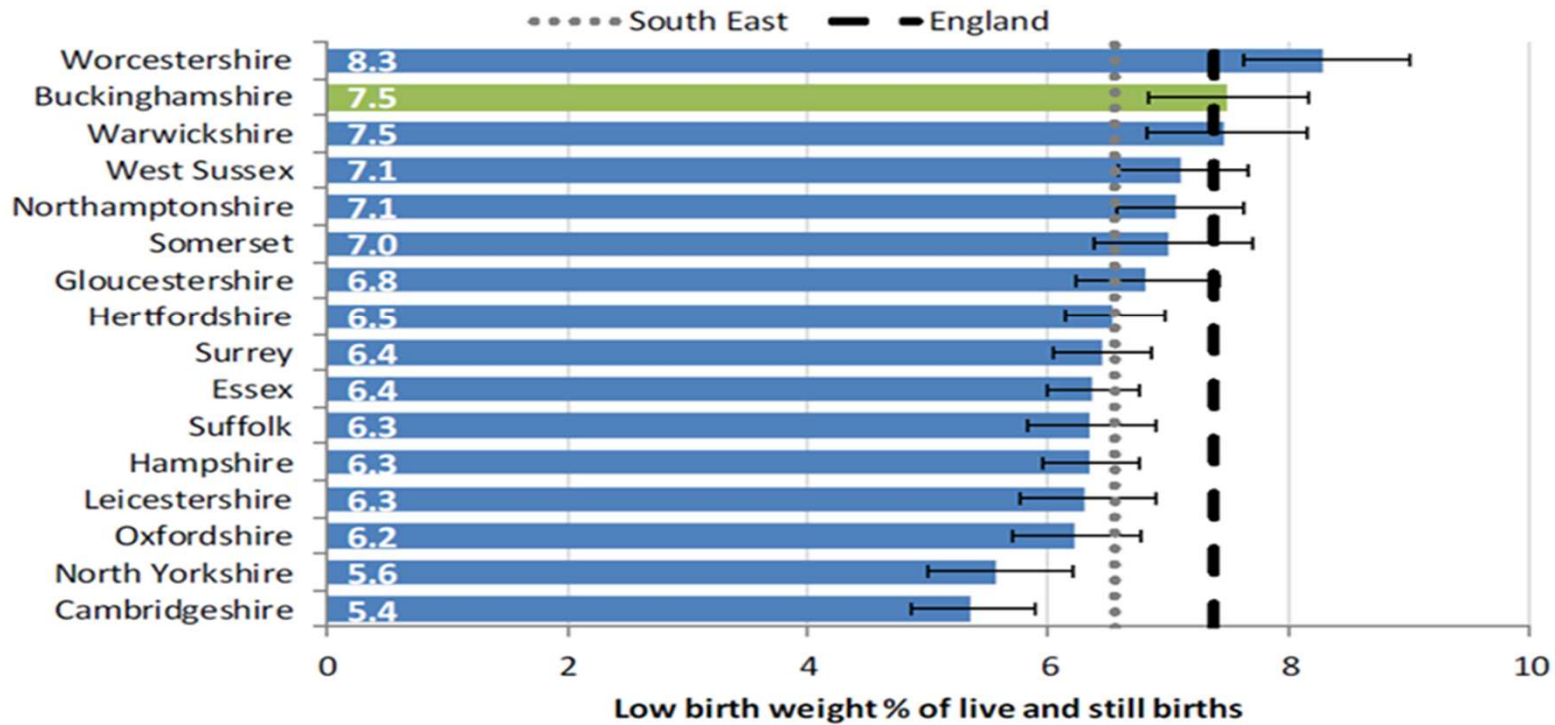
- Low birthweight and preterm birth are important indicators of health of mothers, pregnancy and baby
- Preterm birth is a major cause of disability and infant death
- Preterm birth, especially before 34 weeks accounts for $\frac{3}{4}$ neonatal deaths and **half** of all long term neurological disability in children
- Known risk factors - smoking, substance misuse, obesity, domestic violence, clinical conditions
- In Bucks low birthweight births more common in mothers < 20 years, smokers, from socioeconomically deprived areas and non-white ethnic groups



Buckinghamshire County Council

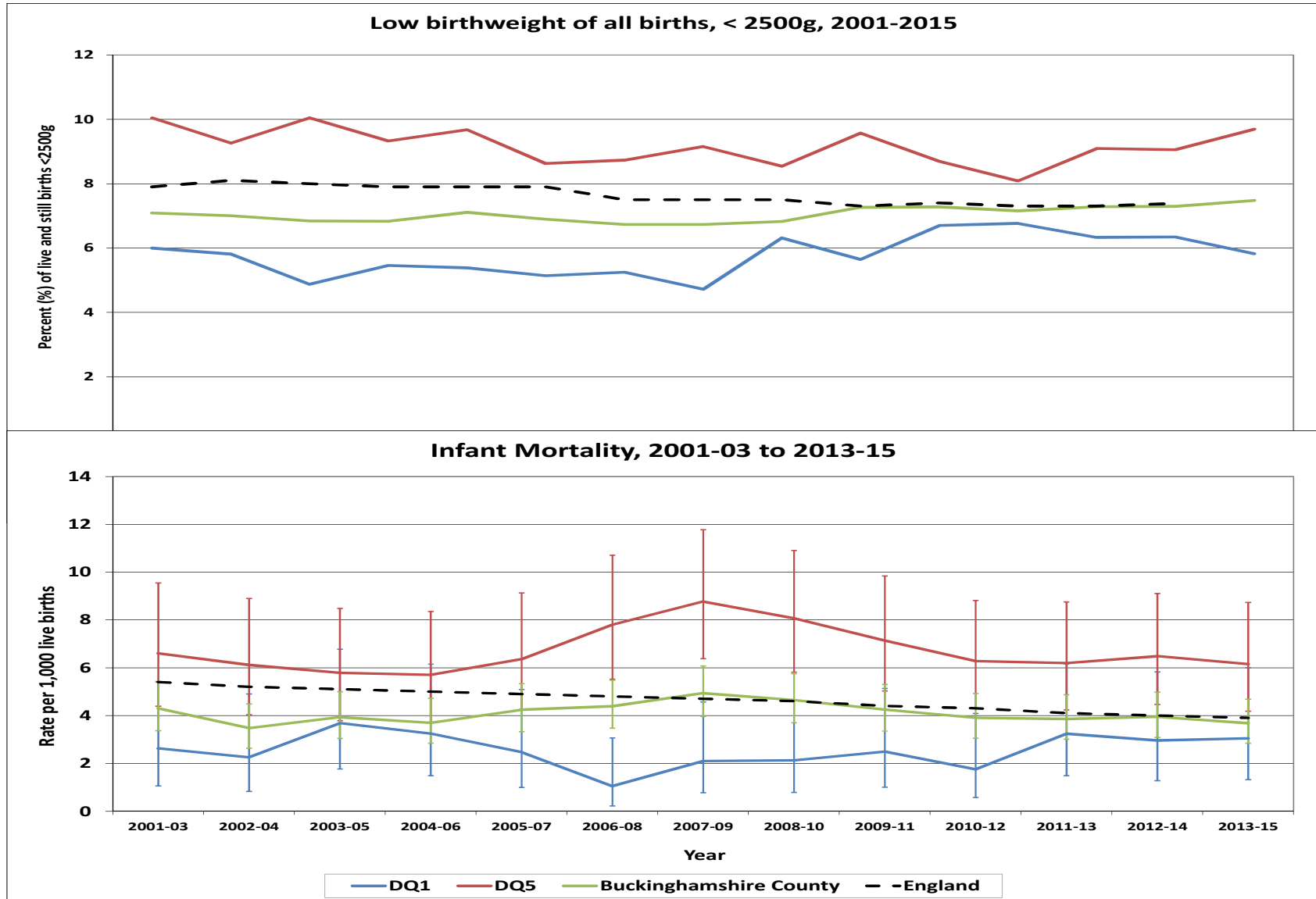
Low birthweight in Buckinghamshire

Low birth weight for all births among Buckinghamshire's CIPFA peers,



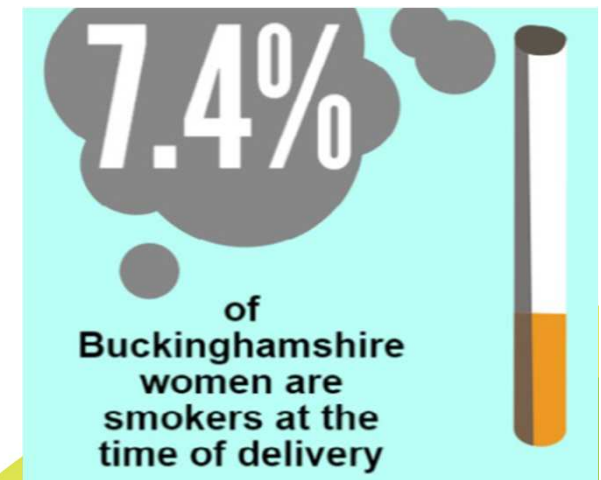
- 9.7% of all babies born in most deprived quintile are low birthweight vs 5.8% in the least deprived quintile

Trends in low birthweight births and infant deaths

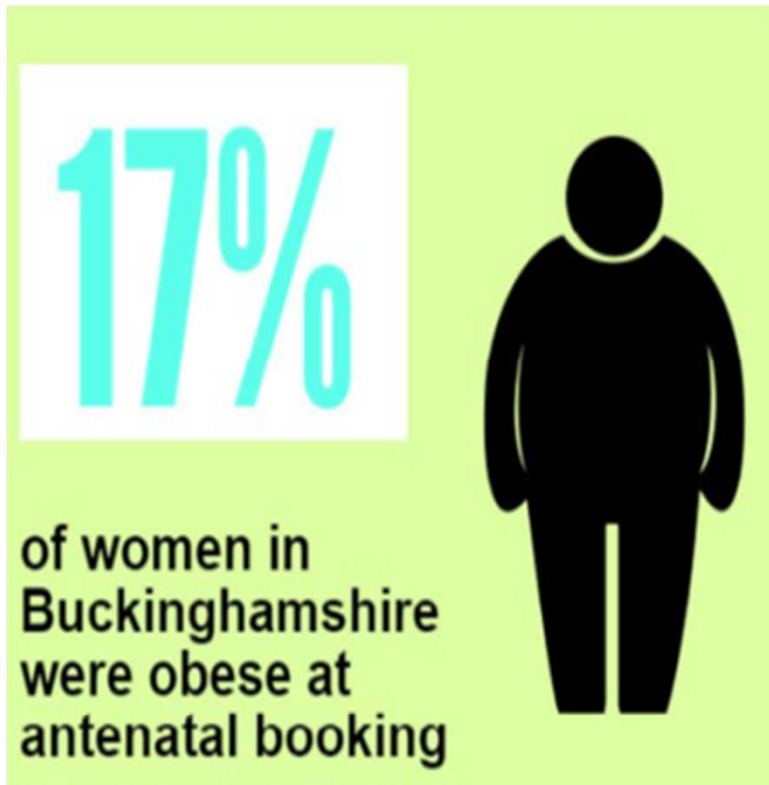


Smoking in pregnancy

- Increased risk of miscarriage and stillbirth & complications in pregnancy and labour, premature birth and twice as likely to be low birthweight
- 40% more likely to die before 1st birthday including sudden infant death in infancy (“cot death”)
- Can affect growing brain leading to a range of problems
- Pregnant women who don’t smoke are vulnerable to passive smoking which increases risk to unborn baby. Household smoking increases risk of meningitis, lung infections, asthma and children growing up to be smokers
- Smoking in pregnancy more common in mothers under 20 years, women whose partners smoke, routine & manual groups, live in rented accommodation, finished education sooner
- **432** women smoking at time of delivery
- **252** pregnant women referred to smoking cessation
- **95** set a quit date and **42% quit**



Overweight and obesity in pregnancy in Buckinghamshire



27% pregnant women overweight and 17% obese at booking visit
Excess weight can lead to serious complications – gestational diabetes, pre-eclampsia, more complicated deliveries, increased risk of stillbirth and long term health conditions in baby



1000 women obese and over 1,600 overweight yet

*** No routine data**

Family environments linked to poorer outcomes

- **Living in poverty** – poorer pregnancy outcomes, poorer development and educational attainment, poorer health, higher risk of death, likelihood of entering local authority care
- **Poor housing** – children more likely to have poorer growth, slower mental development, mental health, respiratory problems, long term ill health
- **Lone parents** – children more likely to live in poverty, increased mental health problems, substance misuse, suicide
- **Teenage parents**
- **Domestic violence and abuse**
- **Parental mental health problems**
- **Substance misuse**
- **Adverse childhood experiences (ACEs)** – increase risk of poor schools achievement, mental health, substance misuse, teen pregnancy, unemployment, violence and imprisonment, obesity heart disease cancer

Social factors in Buckinghamshire

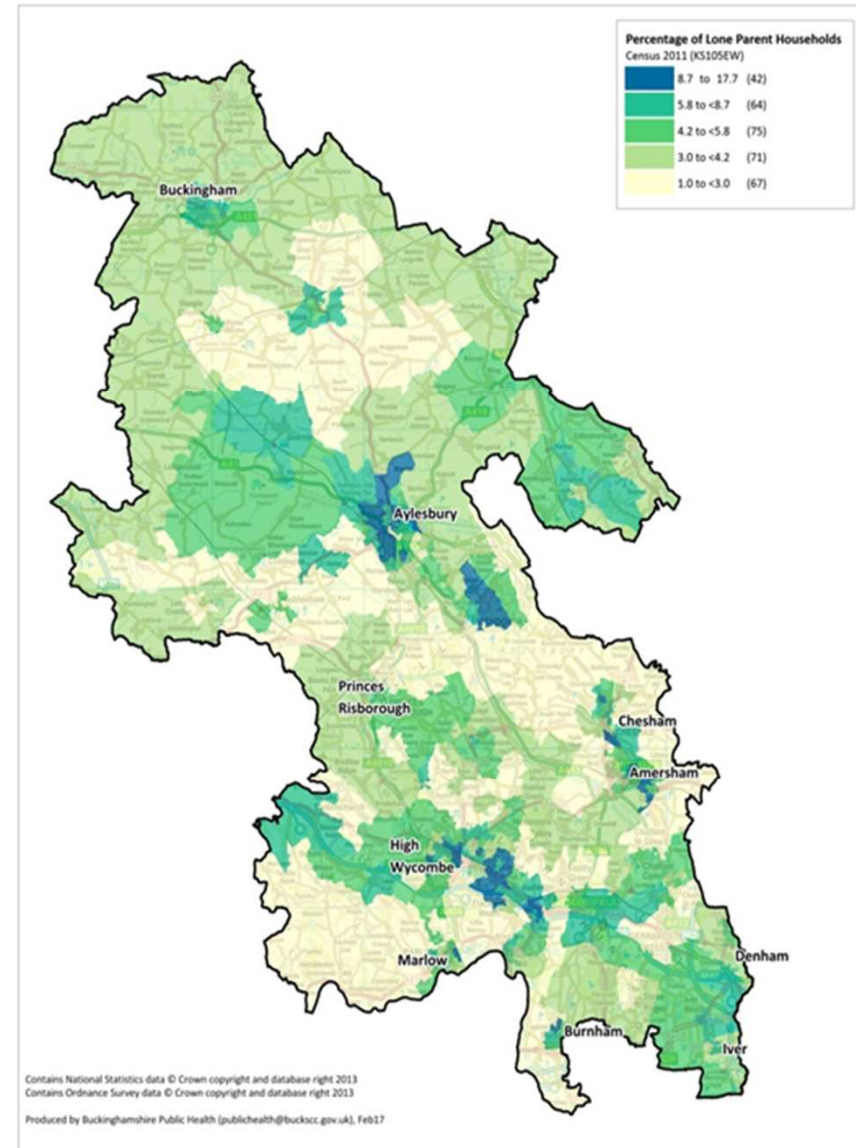
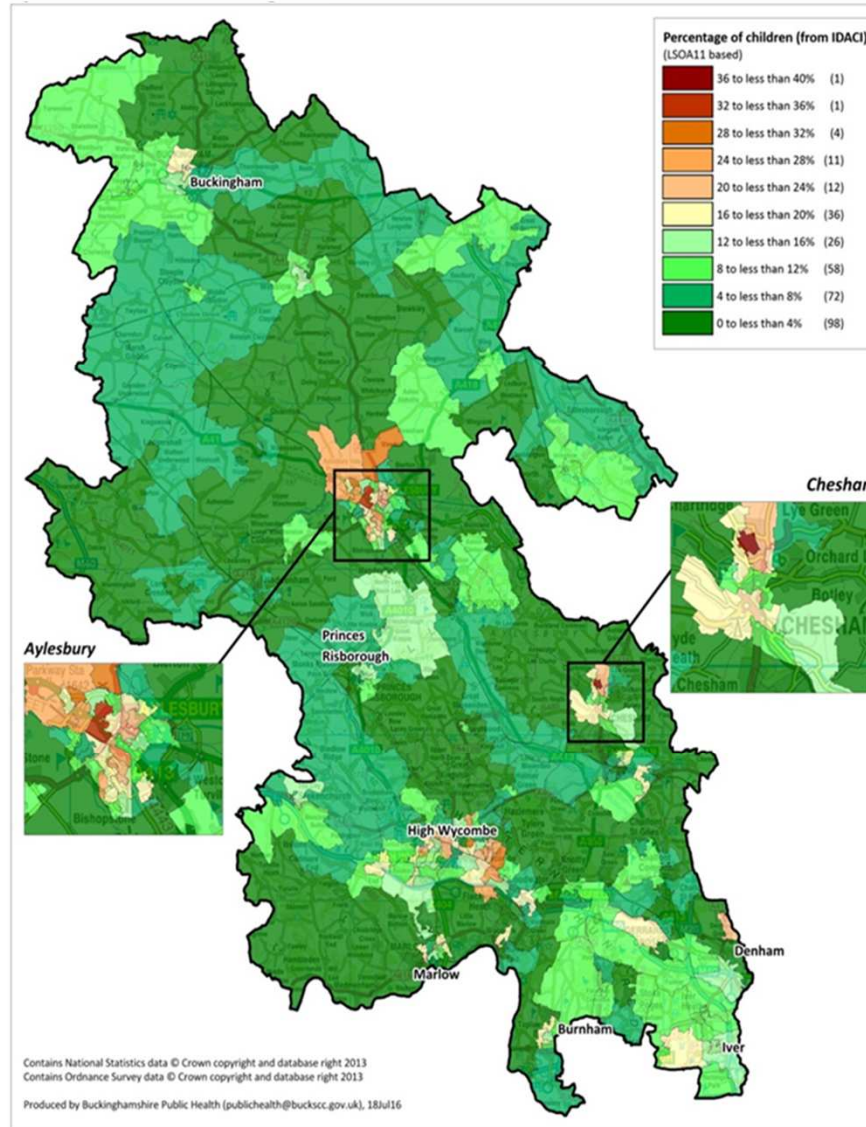
- 10,500 children under 16 live in low income families (10.8% vs 20% E)
- 9% of babies were born to lone parents in 2015
- 23% of mothers identified their babies as coming from non-white ethnic group
- Key Asian groups are at increased risk of low birthweight babies
- Risk factors cluster together in individuals and geographical areas – combining to produce poorer outcomes and need for tailored approaches to individuals and thoughtful service design and co-design.

- A baby girl born in **Riverside** has a life expectancy of **79.2 years** while a baby girl born in **Wingrave** has a life expectancy of **94.2 years**

- A baby boy born in **Gatehouse** has a life expectancy of **75 years** while a boy born in **Beaconsfield North** has a life expectancy of **89.2 years**

Buckinghamshire County Council

Children living in income deprived families and lone parent households



Parenting

- The quality of parenting is one of the most important factors affecting a child's development, happiness, health and achievement throughout life
- Parents have the biggest influence on the child's learning in early years
- Securely attached children have better physical, mental and emotional health and school achievement
- "Toxic stress" when baby exposed to stress but without parental reassurance can lead to altered stress response and lower educational attainment, adoption of risky health related behaviours, social, emotional and mental health problems in child
- Children living in chaotic households are at increased risk of language delay and poor cognitive and social development
- Harsh inconsistent discipline, little positive parental involvement and supervision is linked to antisocial behaviour



Parenting skills and confidence

- Parenting may be influenced by parents own experience of being parented, economic/social issues e.g. poverty, parents education & knowledge, social support or isolation or poor relationship with partner, mental health problems, alcohol or substance misuse, exposure to domestic abuse
- There are evidence based interventions that can help and have been shown to improve attachment, behaviour and cognitive development
- NICE recommends that all parents should be able to access parenting programmes and that the nature of the mother-baby relationship should be assessed by trained staff after birth and during the early years
- Parenting programmes are most effective when they start during pregnancy and the first 2 years of a baby's life

Domestic violence and abuse

- Often starts or escalates in pregnancy & can result in miscarriage, preterm labour, low birthweight, physical disability, depression, anxiety, PTSD.
- Women who have experienced DVA 15x more likely to misuse alcohol, 9x more likely to misuse drugs and 5x more likely to attempt suicide.
- Women may find it more difficult to attend antenatal appointments making it harder to identify and offer help.
- Stress may have harmful impact on unborn child including DNA changes.
- Children experiencing DVA have a range of behavioural problems and later eating disorders and self harm.
- Currently no data for Bucks on prevalence in pregnancy.

Summary

- Need to ensure every woman is as healthy as possible **before** pregnancy
- Need **planned** pregnancy - good contraceptive services and good PSHE at school
- Need high quality antenatal services and early booking
- Need to support warm and sensitive parenting
- Social circumstances are key to the chances of successful pregnancy and early development
- Services take a holistic approach to all the factors impacting on the health of mother and baby and wider family
- Many factors affecting the health of mother and baby cluster together and this must be taken into account when planning and delivering services
- Data collection must improve so we can monitor trends in risk factors and outcomes, target services appropriately and monitor services effectiveness

The report has six recommendations:

1. **Healthcare professionals** should assess **all the factors** – health and wider social factors - that could impact on the mother's, baby's and family's health and offer advice, support and referral to appropriate services. There is significant scope to increase referrals to support services to improve outcomes for babies, mothers and families.
2. **Buckinghamshire County Council** and **partners** should consider whether there is a need to develop and implement a new comprehensive strategy to **support parents** in Buckinghamshire.
3. **All professionals** in contact with pregnant women and families with young children should **encourage parents to access universal parenting advice** via the red book, national start4life website, baby buddy app and the Buckinghamshire Family Information Service.

Buckinghamshire County Council

4. **Commissioners and providers** of maternity, early years, mental health and substance misuse services should **enhance the data collected** on the physical and mental health of mothers and babies, the prevalence of risk factors and referral to and outcomes of services. This should enable us to monitor progress and evaluate the impact of our services. Key data should be reported annually to the Health and Wellbeing Board.

5. **Buckinghamshire County Council** should work closely with **schools** to explore how the new compulsory **PSHE** can prepare young people for a healthy and happy life and addresses emotional resilience, healthy relationships, sexual health and healthy lifestyles. One of the future benefits of this should be healthier parents and babies and healthy, planned pregnancies.

6. **Partners** should consider how they can contribute to improving outcomes for babies, mothers and families in Buckinghamshire e.g. through their contact with public and services they provide.

What can the Health and Wellbeing Board do ?

- Endorse and support the recommendations in this report
- Social determinants – poverty, housing, education
- Place shaping and social norms
- Commissioners and providers of services — ensuring high quality services, tailored according to need and clustering of risk factors and taking a holistic approach to all the influences on mother, baby and family health
- Influence schools - high quality education and PSHE
- Influence other partners
- All partners “making every contact count”
- Ensure appropriate input from your organisation to the action plan being developed

Thank you. Any questions ?

