Introduction to Infant Mortality Prevention
Overview

Presentation will focus on:

- What is Infant Mortality and why bother?
- How does it relate to population health and wellbeing?
- Why and how is it measured?
- What can we do?
Starting Well – Normal Child Development

Giving Every Child the Best Start in Life
Infant Mortality Facts (1)

- It’s a sensitive measure of the overall health of a population
- It provides an important measure of the wellbeing of infants, children and pregnant women
- The Infant Mortality Rate (IMR) has long been regarded as an important measure of the health of a community
- It calculates the numbers of deaths in infants under 1 year as a proportion of the number of live births in the same population during the same period of time – usually a year
- Directly Standardised Rate (per 1,000 live births) so can compare at ward level
- Reducing infant mortality contributes significantly to tackling health inequalities
Infant Mortality Facts (2)

- It’s customary to consider deaths in infancy in a number of different time periods e.g. Neonatal mortality rate (deaths during first 28 days of life per 1,000 live births)
- The death of an infant before its first birthday (doesn’t include termination, miscarriage or stillbirth)
- Massive inequalities – in the 21st Century in a developed Country like England, why are babies who live in the least deprived parts of our population more likely to make it to their first birthday than those who live in the most deprived?
- Internationally and nationally we know what’s preventable and modifiable – but know less at the sub-locality level (causes of the causes)
- The various elements that lead to these differences in neighbourhoods and communities need to be made explicit and acted upon – make it everybody’s business
Three programmes of interventions

The objectives of our programmes are:

**Starting Well**
- To promote healthy pregnancy
- To reduce infant mortality
- To reduce childhood obesity
- To support children with long term conditions
- To support vulnerable families and children

**Living Well**
- To promote healthy settings, healthy workforce and economic development
- To promote mental wellbeing and healthy lifestyles
- To reduce avoidable deaths
- To improve outcomes for people with learning disabilities

**Ageing Well**
- To promote independence
- To reduce social isolation
- To manage long term conditions and dementia
- To reduce emergency admissions and direct admissions to residential care settings
- To support carers and families

Progress measured through indicators in the four national outcomes frameworks
What will we do?

In each of our three programmes of interventions we will:

• Improve health and care services
• Improve health behaviours
• Address the wider determinants of health and wellbeing
### Trend in Ch. SR WL partnership board IMR

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Source: PHOF

www.lancashire.gov.uk
Number of infant deaths (3 year rolling)

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<td>Total (Ch SR WL)</td>
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<td>% of Lancashire</td>
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Source: PHOF
Chorley, South Ribble & West Lancashire CPB – number of infant deaths by ward (05-14) and deprivation (2015)
Infant deaths in Ch., SR & WL

- IMR similar to England IMR (2011-2013)
- Highest number of infant deaths in 2004-06 (n=54)
- 80% infant deaths White English/Welsh/Scottish/Northern Irish/British ethnicity
- 6% infant deaths Asian/Asian British ethnicity (CDOP 08/09-13/14)
- Prematurity, Parental mental health, alcohol/substance misuse & smoking amongst common risk factors recorded for infant deaths (Source: CDOP 08/09-13/14)
- 28% of deaths (05-14) within 20% most deprived areas, nationally
What works?

- Partnership working to tackle:
  - Substance Misuse – drugs and alcohol
  - Adult Smoking Prevalence
  - Domestic Abuse
  - Teenage Pregnancy
  - Genetics/congenital abnormalities
  - Low breast feeding rates
  - Healthy weight and nutrition
  - Mental health and wellbeing
Improvements

Districts which have experienced considerable improvement:

- West Lancashire (11% decrease between 02-04 & 11-13)
Additional efforts

Districts which are worthy of additional effort:

- **South Ribble** (49%↑ between 02-04 & 11-13 & 22%↑ between 10-12 and 11-13)
Smoking during pregnancy increases the risk of infant mortality by around 40% and causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths in the UK every year. It has been estimated that a 10% reduction in infant and foetal deaths could be achieved if all pregnant women stopped smoking.

Lancashire County Council has funded the ‘Supporting a Smokefree Pregnancy Scheme’ during 2015/16, whereby pregnant smokers and their significant other (e.g. partner, family member or friend) attending the Stop Smoking Service receive additional support to quit and Love2Shop vouchers for every month they remain smokefree up to 8 weeks post-partum.

The Quit for Two campaign was launched in March to increase awareness of the risks of smoking during pregnancy and encourage pregnant smokers and their partners to access the Stop Smoking Service to quit.
• The Quit for Us App was launched on 21 September and can be downloaded free of charge from the App Store and Google Play. This aims to support pregnant smokers during their quit journey and includes a distraction name game, savings calculator, interactive myth busting video and quiz and helpful hints and tips to stay smokefree.

• The Smoking at Time of Delivery (SATOD) rate in West Lancashire decreased from 14.4% in 2013/14 to 11.5% in 2014/15. It remains slightly higher than the national average (11.4%).
Elsewhere in Lancashire . . .

In Preston and Chorley there have been community development projects set up to spread positive messages about baby safety. “Baby Clothes Swap Shops” are being run by volunteers working in partnership with:

- Local children's centres
- Health Visitors
- Housing Associations
- District Councils
- Churches
In East Lancashire there has been significant work to engage with local services to promote the message: “Infant mortality is everybody’s business”
Pledge events have taken place in Hyndburn and Rossendale – participating organisations agree to:

- Promote the ‘Safer Sleep for Baby’ campaign
- Encourage mothers to breastfeed their babies
- Discuss the Lancashire Smoke Free Homes schemes and signpost to the Stop Smoking Service
- Encourage early access
- Raise awareness of the importance of maintaining maternal healthy weight promoting Change4Life and Healthy Start
- Signpost pregnant women, parents and families to Children’s Centre.
Follow our six steps to safer sleep

1. Keep baby away from smoke, before and after birth.
2. Put baby in a cot, crib or moses basket to sleep - never fall asleep with them on a sofa or chair.
3. Never fall asleep with baby after drinking or taking drugs or medication.
4. Put baby to sleep on their back with their feet to the foot of the cot.
5. Keep baby’s head and face uncovered and make sure they don’t get too hot.
6. Breastfeed your baby - support is available if you need it.

Find out more at www.lancashire.gov.uk and search ‘safer sleep for baby’

Together we can reduce the number of babies dying unexpectedly in Lancashire each year.

www.lancashire.gov.uk
Next Steps

• Identify a PH person in each of the 4 Central Locality districts to meet to consider the Infant Mortality Profiles in more detail

• In partnership agree a way forward based on ‘the causes of the causes’ to achieve the England average as a minimum