

# 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 it's first birthday (doesn't include termination, miscarriage or stillbirth)
- Massive inequalities – in the 21<sup>st</sup> 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?

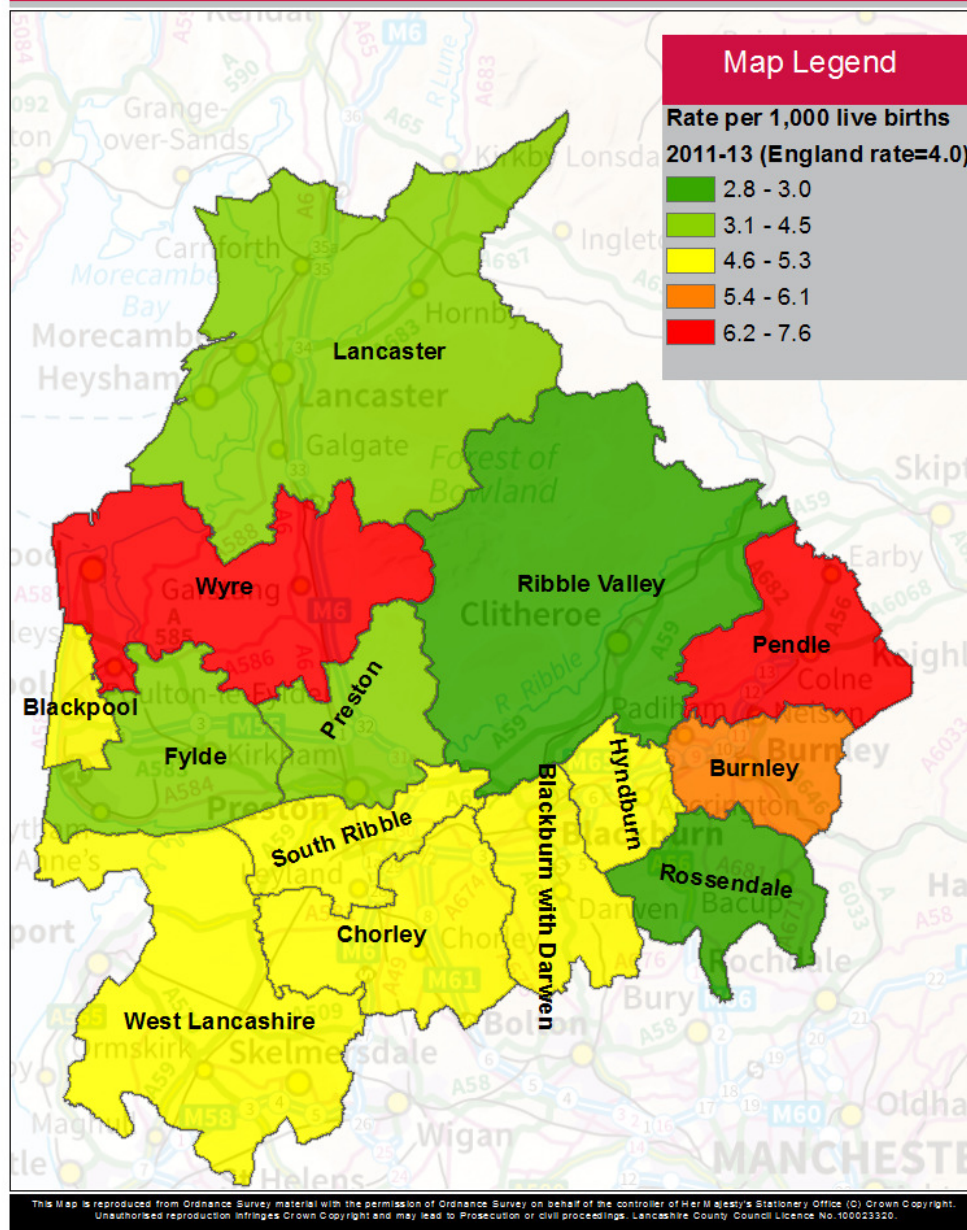
In each of our three programmes of interventions we will:

- Improve health and care services
- Improve health behaviours
- Address the wider determinants of health and wellbeing

# Infant mortality rate, 2011-2013

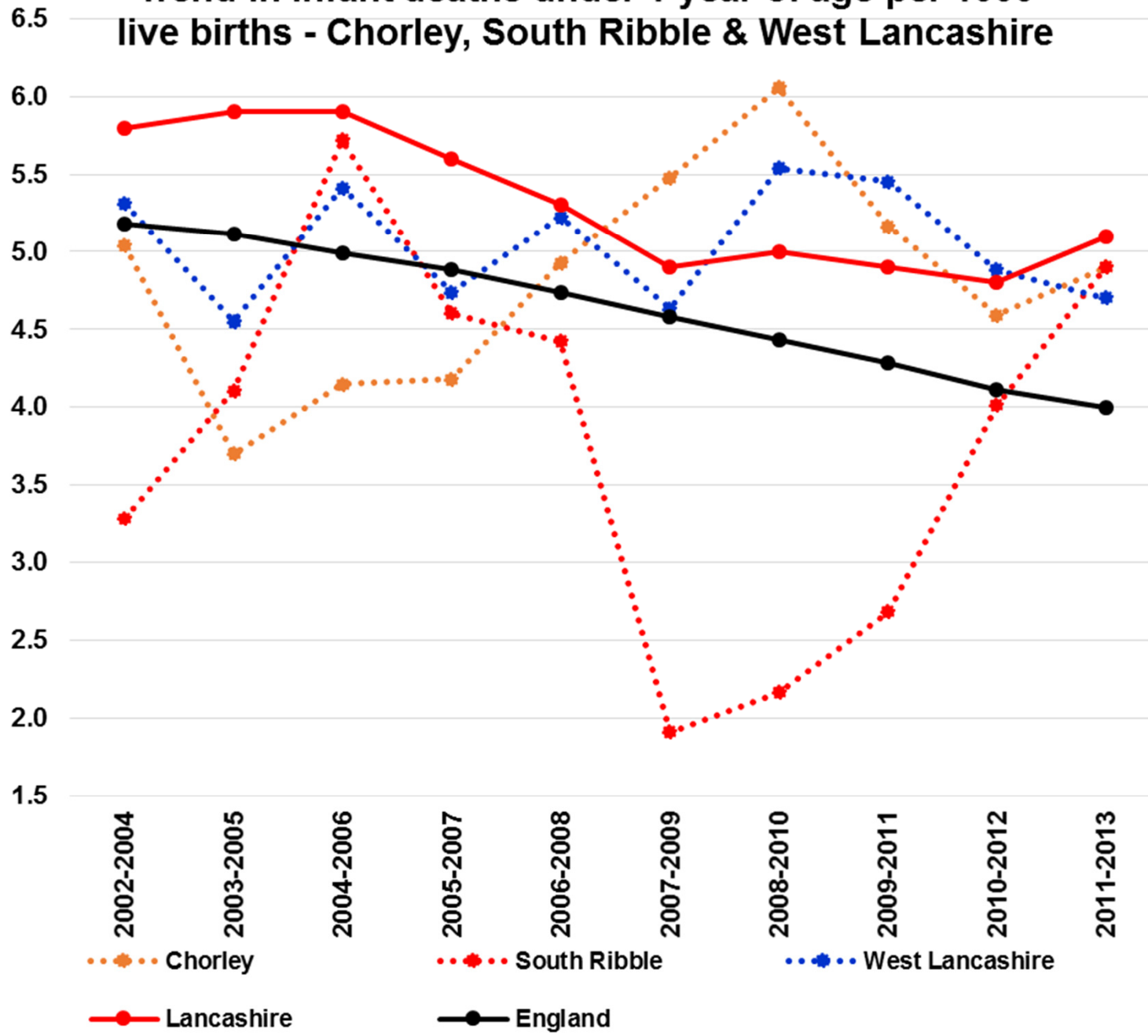
Map created : 04/09/2015

Map scale : 1:383,217





## Trend in infant deaths under 1 year of age per 1000 live births - Chorley, South Ribble & West Lancashire



# Trend in Ch. SR WL partnership board IMR

|                 | 2002-2004 | 2003-2005 | 2004-2006 | 2005-2007 | 2006-2008 | 2007-2009 | 2008-2010 | 2009-2011 | 2010-2012 | 2011-2013 | % change between 2002-04 and 2011-13 | % change between 2010-12 and 2011-13 |
|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------------------------------------|--------------------------------------|
| Chorley         | 5.0       | 3.7       | 4.1       | 4.2       | 4.9       | 5.5       | 6.1       | 5.2       | 4.6       | 4.9       | -3%                                  | 7%                                   |
| South Ribble    | 3.3       | 4.1       | 5.7       | 4.6       | 4.4       | 1.9       | 2.2       | 2.7       | 4.0       | 4.9       | 49%                                  | 22%                                  |
| West Lancashire | 5.3       | 4.5       | 5.4       | 4.7       | 5.2       | 4.6       | 5.5       | 5.5       | 4.9       | 4.7       | -11%                                 | -4%                                  |
| Lancashire      | 5.8       | 5.9       | 5.9       | 5.6       | 5.3       | 4.9       | 5.0       | 4.9       | 4.8       | 5.1       | -12%                                 | 6%                                   |
| England         | 5.2       | 5.1       | 5.0       | 4.9       | 4.7       | 4.6       | 4.4       | 4.3       | 4.1       | 4.0       | -23%                                 | -2%                                  |

Source: PHOF

|  |                             |
|--|-----------------------------|
|  | Significantly above England |
|  | Similar to England          |
|  | Significantly below England |

[www.lancashire.gov.uk](http://www.lancashire.gov.uk)

# Number of infant deaths (3 year rolling)

|                         | 2002-04 | 2003-05 | 2004-06 | 2005-07 | 2006-08 | 2007-09 | 2008-10 | 2009-11 | 2010-12 | 2011-13 |   |
|-------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---|
| <b>Chorley</b>          | 17      | 13      | 15      | 15      | 18      | 20      | 22      | 19      | 17      | 18      | ↑ |
| <b>South Ribble</b>     | 11      | 14      | 20      | 16      | 16      | 7       | 8       | 10      | 15      | 18      | ↑ |
| <b>West Lancashire</b>  | 18      | 16      | 19      | 17      | 19      | 17      | 20      | 19      | 17      | 16      | ↓ |
| <b>Total (Ch SR WL)</b> | 46      | 43      | 54      | 48      | 53      | 44      | 50      | 48      | 49      | 52      | ↑ |
| <b>% of Lancashire</b>  | 21%     | 19%     | 23%     | 22%     | 24%     | 22%     | 24%     | 24%     | 25%     | 25%     |   |
| <b>Lancashire</b>       | 215     | 229     | 234     | 222     | 217     | 204     | 207     | 203     | 200     | 206     | ↑ |

Source: PHOF

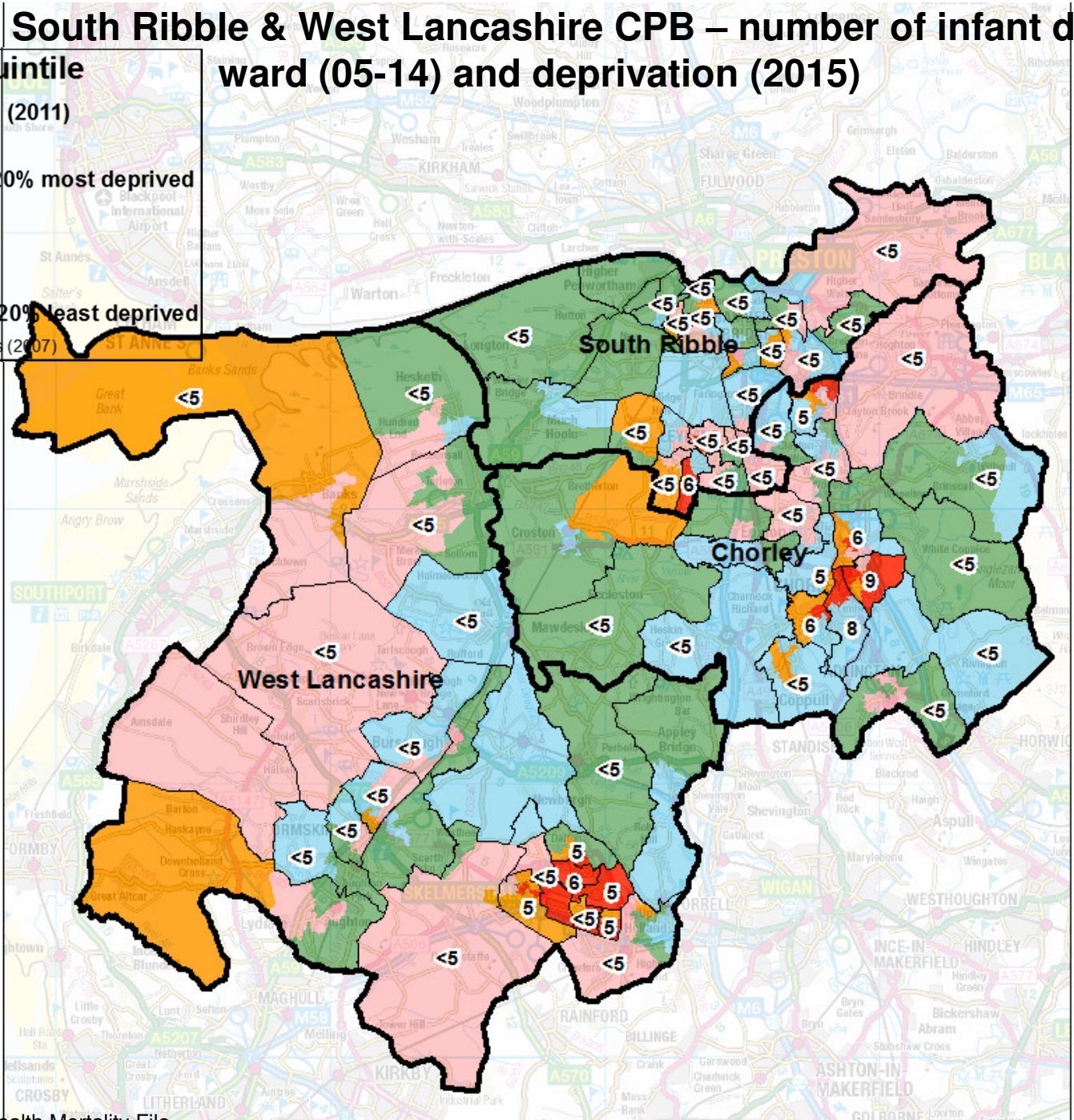
[www.lancashire.gov.uk](http://www.lancashire.gov.uk)

# Chorley, South Ribble & West Lancashire CPB – number of infant deaths by ward (05-14) and deprivation (2015)

**IMD 2015 Quintile**  
 SOA - lower level (2011)  
 IMD2015

- Quintile 1 - 20% most deprived
- Quintile 2
- Quintile 3
- Quintile 4
- Quintile 5 - 20% least deprived

Ward boundaries (2007)



# 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%↓ 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)

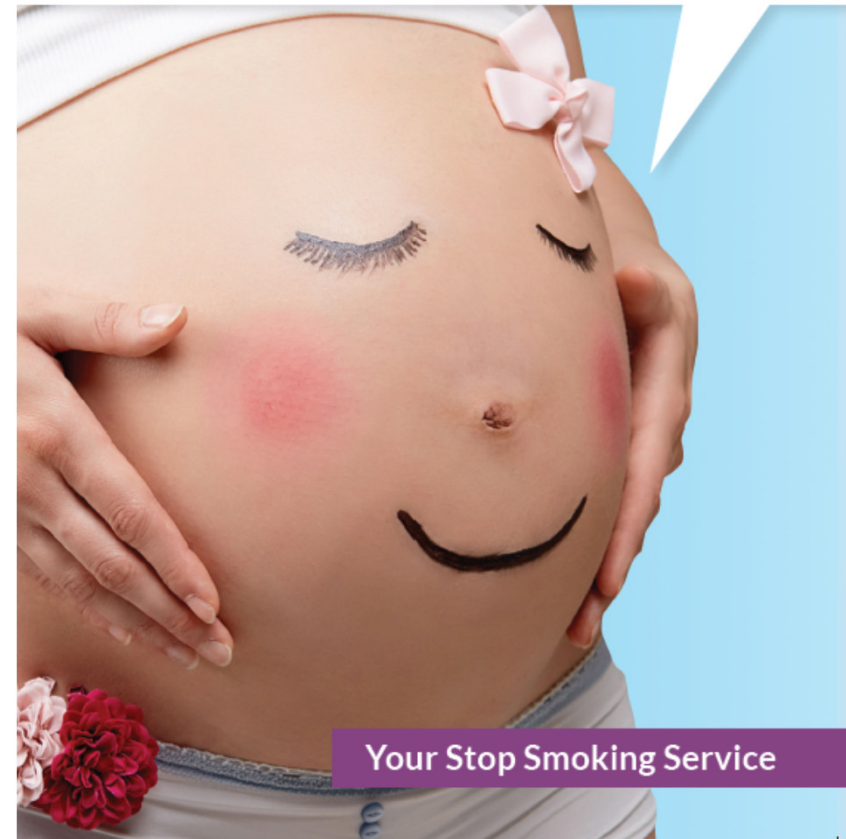


Smoking during pregnancy increases the risk of infant mortality by around 40% and causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths in the UK every year. It has been estimated that a 10% reduction in infant and foetal deaths could be achieved if all pregnant women stopped 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.

# Quit for you Quit for two



# quitfortwo.co.uk

**Central, East & West Lancs 0800 328 6297**

- 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



# C.A.K.E

Children Advice and Knowledge

Exchange Day!

*Free refreshments!*

*Safe guarding advice!*

*Finished with your baby bath?*

*Need a high chair ?*

*Swap your baby items with each other!*

**At Clayton Brook  
village hall.**

**Monday, 24th August!**

**1:00 - 4:00**



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.



‘Reduction in Infant Mortality is the responsibility of the whole of the community’

Reducing Infant Mortality is a major challenge for us in Rossendale. The death rate before the age of 1 year is higher than the regional and national average.

Infant Mortality is not just a health problem, it’s not just a parent’s problem - it is a community problem.

We,

pledge that we will

- Promote the ‘Safer Sleep for Baby’ Campaign messages
- Encourage mothers to breastfeed their babies
- Discuss the Lancashire Smoke Free Homes scheme and signpost to the Stop Smoking Service
- Encourage early access to antenatal care and education including ‘Blooming Bumps’ and ‘From Bump to Birth and Beyond’
- Raise awareness of the importance of maintaining maternal healthy weight promoting Change 4 Life and Healthy Start
- Signpost pregnant women, parents, and families to Children’s Centres

Signed on behalf of the organisation \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Signed on behalf of Rossendale IMAG \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

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





# 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/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](http://www.lancashire.gov.uk) and search 'safer sleep for baby'



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



# 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