Giving every child the best start in life
PHE’s approach to improving maternal and child health outcomes

• We take a life course approach: each stage of life builds to the next
• We take an assets based approach: individual, families and communities all have positives as well as needs
• We recognise the importance of meeting needs holistically: no single profession or service can meet the whole of a family’s needs
• We are led by the data, the evidence and learn from emerging positive practice
• We support place based actions – local authorities etc
• We have direct to public campaigns
Priority areas under the Best Start in Life
Maternity - 24

Healthy pregnancy → Ready to learn at 2 → Ready for school at 5 → Building resilience and wellbeing 5-24

- Reducing childhood obesity
- Every child growing up free from tooth decay
- Safety and Safeguarding
‘Fit for and during pregnancy’

Maternity Transformation Programme

- Established to implement vision and recommendations of Better Births: A Five Year Forward View for Maternity Care
- Improving choice, personalisation and safer outcomes in maternity
- 9 work streams
- PHE leading on work stream 9: ‘Improving Prevention and Population Health’ – supporting every woman to be ‘fit for and during pregnancy’

MTP supports national maternity ambition to halve rates of stillbirths, neonatal deaths, maternal deaths and brain injuries by 2030
‘Fit for and during pregnancy’

Embedding a holistic approach to prevention to improve women’s health before and during pregnancy will:

- Give every child the best start in life
- Reduce health inequalities
- Improve choice and personalisation
- Achieve safer outcomes for all mothers and babies
Why does prevention matter?

Approx. 80% of brain development takes place by the age of 3

Up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth. This can lead to disordered early attachment with long term consequences for mother and baby.

£23bn per year: the costs of failing to deal adequately with perinatal mental health problems and child maltreatment.

25% of children have tooth decay at age 5 years.

7% of children around five years of age have speech, language and communication needs (SLCN).

5-year-olds living in Leicester are five times more likely to have tooth decay compared to 5 year olds living in West Sussex.

In areas of social disadvantage approximately 50% of children have significant language delays.

Key adverse health outcomes would be reduced between 18–59% if all children were as healthy as the most socially advantaged.
Reducing inequality

**Young parents**

- 1/3 less likely to breastfeed
- 3 times more likely to smoke
- 3 times as likely to have poor mental health

- Both young parents may:
  - have poor health and emotional wellbeing
  - be vulnerable to risk
  - fear being judged
  - have poor diet

- More likely to:
  - book for care late
  - miss antenatal appointments

**Geographical variation:**

- 2% - 26.6% SATOD
- FNP RCT: 56% smoking in late pregnancy

**Smoking during pregnancy causes**

- up to 2,200 premature births,
- 5,000 miscarriages
- and 300 perinatal deaths every year in the UK

**Up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth** – this can have significant and long-term consequences

**Pregnancies in areas of highest social deprivation**

- 50% more likely to end in stillbirth or neonatal death

Mothers who are young, white, from routine and manual professions and who left education early are least likely to breastfeed.
‘Fit for and during pregnancy’

- Promoting adoption of positive health behaviours and reducing risk factors
- Supporting drive for increased choice, personalisation and safer outcomes

2017 priority actions

- Prevention pathway
- Improving preconception health
- Improving perinatal mental health
- Improving breastfeeding rates
- Increasing number of smokefree pregnancies
Prevention pathway: preconception to 6-8 weeks

The best outcomes for both mother and baby happen when mothers are:

- not socio-economically disadvantaged
- in a supportive relationship and not experiencing domestic violence
- enjoying a well-balanced diet
- not smoking, consuming alcohol or misusing illegal substances
- not in poor physical, mental or emotional health
- managing stress or anxiety

Promote contraceptive choices

Improve preconception health and care

Promote healthy behaviours and reduce risk factors

Screening and immunisations

Improve postnatal care and transition to health visiting/early years
Pregnancy planning and preconception health

Promote contraceptive choices to women/partners (pre- and post-pregnancy) → Increased uptake of effective contraception and reduction in unplanned pregnancy

Promote healthy behaviours / reduction of risk factors before pregnancy → Increased behaviour change in preparation for pregnancy and improved preconception health

Embed opportunistic enquiry about need for preconception care or contraception → Early identification and intervention to improve maternal and child health
Perinatal mental health

• One of the strongest predictors of wellbeing in the early years is the mental health and wellbeing of the mother or caregiver

• Up to 20% of women experience a mental health problem during pregnancy or within a year of giving birth; this can have significant and long term consequences for mother and baby

• Children of mothers experiencing perinatal mental illness are at increased risk of prematurity and low birth weight, irritability and sleep problems in infancy

• Maternal depression can increase a child’s risk of behavioural problems, emotional problems, conduct disorders, language development delays and impaired parent child interaction all of which can have a negative impact on school readiness

• In the most extreme cases perinatal mental illness increases the risk that children will be abused or neglected

• Perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK
Perinatal mental health

PHE leading on prevention and professional leadership to improve perinatal mental health

• Developing perinatal mental health tools and guidance to support local planning (enabling early identification and support)

• Improving pre-pregnancy support for women with pre-existing mental health conditions

• Toolkit to support fathers’ wellbeing in the early years (with iHV)
Perinatal mental health needs assessment

• ChiMat needs assessment reports for perinatal and infant mental health

• Reports present information, evidence and data (where available) on key risk factors for maternal mental health

  • History of mental health problems
  • Traumatic childbirth, stillbirth, infant death
  • Domestic violence and abuse
  • Poor social support

www.chimat.org.uk/PIMH_Needs_Assessment
Perinatal mental health profiling tool

Publication June 2017
https://fingertips.phe.org.uk/

- Brings together information and data in one place (prevalence and demographics, risk factors, related factors)
- Trends data
- Area profiles
- Benchmarking
- Downloadable

Women of childbearing age 2014

<table>
<thead>
<tr>
<th>Proportion - %</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
</tr>
<tr>
<td>Greater Manchester</td>
</tr>
<tr>
<td>Oldham</td>
</tr>
<tr>
<td>Rochdale</td>
</tr>
<tr>
<td>Bolton</td>
</tr>
<tr>
<td>Bury</td>
</tr>
<tr>
<td>Salford</td>
</tr>
<tr>
<td>Tameside</td>
</tr>
<tr>
<td>Stockport</td>
</tr>
<tr>
<td>Trafford</td>
</tr>
<tr>
<td>Wigan</td>
</tr>
<tr>
<td>Manchester</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics
Breastfeeding

Breastfeeding boosts a baby's ability to fight illness and infection.

Babies who are not breastfed are more likely to get diarrhoea and respiratory infections.

Lowers a mother's risk of breast cancer and may reduce risk of ovarian cancer.

Breastfeeding in England

The UK government recommends exclusive breastfeeding for around 6 months and thereafter with other foods.

- 74% of mothers start to breastfeed
- 44% are breastfeeding at 6 weeks
- 36% are breastfeeding at 6 months
- Only 1% of babies are exclusively breastfed until they are 6 months old

Mothers who are young, white, from routine and manual professions and who left education early are least likely to breastfeed.
Commissioning infant feeding services

Ensuring every child has the Best Start in Life is one of PHE’s national priorities.

Breastfeeding is an important public health priority.
Supporting families to breastfeed and increasing the number of babies who are breastfed gives babies the best possible start.

This resource has been developed in partnership between PHE and Unicef UK and is to be read in conjunction with parts 2 and 3.

Commissioning infant feeding services: a toolkit for local authorities (Part 2)
Evidence-based good practice prompts for planning comprehensive breastfeeding support interventions

Foreword
 Dame Sally Davies, CVO
 Professor Viv Bennett
 Professor Kevin Fenton

Monitoring infant feeding data support pack (Part 3)
Key data sources for planning effective breastfeeding support

www.gov.uk/government/publications/infant-feeding-commissioning-services
New Start4Life ‘breastfeeding friend’ (BFF)

- Interactive Facebook Messenger ‘chatbot’ that provides trusted NHS advice on breastfeeding at time of the day or night

Evidence shows that the right support helps mums to breastfeed for longer – BFF will complement ongoing support from midwifery and health visiting teams
Smoking in pregnancy

Smoking is the main modifiable risk factor in pregnancy

• **70,000** babies born to mothers who smoke

• Geographical variation: 2% NHS Richmond to 26.6% in NHS Blackpool

• Complications during labour; increased risk of miscarriage; premature birth; still birth; low birth-weight; sudden unexpected death in infancy

Each year it causes up to:

• 5,000 miscarriages

• 2,200 premature births

• 300 perinatal deaths (in the UK)

It also increases the risk of developing:

• respiratory conditions

• attention and hyperactivity difficulties

• learning difficulties

• problems of the ear, nose and throat

• obesity and diabetes
Smoking in pregnancy

PHE leading on system-wide action across MTP to increase number of smokefree pregnancies

• Embedding NICE guidelines on CO monitoring and opt-out referral
• Improving data quality
• Workforce development
• Communications
• Managing interdependencies across the MTP
New: On-line training

Very Brief Advice on Smoking for Pregnant Women

NCSCT (open access)
http://elearning.ncsct.co.uk/vba_pregnancy-stage_1

A mix of text and short video clips to support practitioners ability to:

• Describe the main effects of smoking upon the health of mother and baby
• Understand the patterns and prevalence of smoking among pregnant women
• Provide VBA (ASK, ADVISE, ACT) and know where it fits in the care pathway
• Follow up and subsequent appointments
• Respond to frequently asked questions and dispelling myths

• Low CO reading, but still smoking
• Cutting down
• People who don’t want to quit
• ‘Benefits’ of having a small baby

• Safety of NRT
• E-cigarettes
• ‘Stress’ of stopping smoking
• Other people smoke and their babies are ‘fine’

RCM (members only)
http://www.ilearn.rcm.org.uk/

Giving every child the best start in life. LGA Early Years Conference 29 March 2017
Health Matters: Giving every child the best start in life

Advice on e-cigarettes & vaping

Start4Life & Smokefree
Oral Health

Ambition: every child grows up free from tooth decay as part of having the best start in life

• Although oral health is improving almost a quarter (24.7%) of 5 year olds have tooth decay (PHE 2016)

• Stark inequalities exist with some of the most vulnerable, disadvantaged and socially excluded facing significant oral health problems

• For those at risk it happens early in life - 2014 first survey of 3 year olds- 12% visible decay average of 3 teeth affected

• However most dental disease is preventable

• Has a significant impact - children who have toothache or who need treatment may have difficulties with eating, sleeping and socialising

Poor oral health may impact on:

• School absence, time off work
• School readiness
• Top cause of child admissions to hospitals (5-9yrs)
• Cost of NHS dental care across all ages – £3.4 billion
• Dental neglect and wider safeguarding issues
Child oral health action plan

Ambition: every child grows up free from tooth decay as part of having the best start in life
Levels of childhood obesity since the inception of the National Child Measurement Programme have remained unacceptably high at roughly one tenth of reception year pupils, one fifth of year six pupils and no overall discernible trend throughout the last ten years.

Obesity rates for Year 6 in 2015/16 were at the highest since the NCMP records began in 2006/07.

Overweight children are more likely to maintain their overweight status as they progress through childhood into their adult years which in turn has implications for their overall health and life expectancy.

There is a strong correlation between the levels of obesity and overweight and socioeconomic deprivation with the poorest children having the greatest rates of obesity.

The Childhood Obesity Plan for Action, published in August 2016, tasks PHE with leading on many actions including:

- Working with the food industry to take 20% of sugar out of food products
- Working with DfE and DH to give support to schools and public health professionals to encourage children to meet the CMO’s guidelines for physical activity
- Creating new C4L and other resources that support parents to make positive decisions to adopt healthy lifestyle, guiding local authorities to utilise these for their communities and signpost their residents to these materials.
Obesity prevalence was more than twice as high in year 6 (19.8%) compared to reception (9.3%).

Over a fifth of reception children were overweight or obese. In year 6 it was over a third.

Source: NCMP 2015/16, table 1a, NHS Digital
The proportion of children in the healthy weight category is not shown as it would lengthen the scale making the differences for the other categories harder to see. Please see table 1a for the proportion of children in the healthy weight category.
Deprivation - Reception

As in previous years there was a strong relationship between deprivation and obesity in both age groups.

Obesity prevalence ranged from 12.5% of children living in the most deprived areas to 5.5% in the least deprived areas\(^1\).

Source: NCMP 2015/16, table 6a (deprivation based on postcode of the child), NHS Digital
1. As defined by deprivation decile.
Teenage Pregnancy

- **48% reduction in under 18 conception rate** – from 46.6/1000 15-17s in 1998 to 24.3/1000 in 2013
- **Lowest rate since 1969** when conception data collection began
- **Reductions needs sustaining** – some LAs have seen increases between 2013-14
- **England’s rate remains higher** than levels experienced by young people in comparable European countries
Teenage Pregnancy

21% higher risk of **preterm birth**

15% higher risk of **low birth weight**

A third higher risk of **stillbirth** and 41% higher rates of **infant mortality**

**Affected by …**

**Late booking** for antenatal care (on average 16 weeks)

Three times higher rate of **smoking** during pregnancy

A third lower rate of **breastfeeding**

Poor maternal **nutrition**

Three times the rate of **post-natal depression** of older mothers

Higher rates of **poor mental health** for up to 3 years after the birth

Higher risk of **partnership breakdown and isolation**

More likely to live in **poor quality housing**

**Contributing to:**

**Higher accident rates** - such as from falls and swallowing substances

**More behavioural problems** - conduct, emotional and hyperactivity problems
Supporting teenage mothers and young fathers

A framework for supporting teenage mothers and young fathers

Good progress but more to do
Teenage pregnancy and young parents
Unintentional Injuries

- One of the main causes of premature death and illness for children in England
- Every year in England, 60 children under the age of five die from injuries in and around the home
- There are 450,000 visits to A&E departments and 40,000 emergency hospital admissions in England each year because of accidents at home among under-fives
- There is a strong link between child injuries and social deprivation – children from the most disadvantaged families are far more likely to be killed or seriously injured due to accidents
- PHE has produced a new guide with the Child Accident Prevention Trust (CAPT) that equips all staff who work with children under five to help reduce the number of deaths and injuries
Speech, Language and Communication

• Reducing inequalities in speech, language and communication development is a Best Start in Life priority

• PHE has been working with a range of organisations to emphasise the health, as well as the educational, benefits of an improvement in speech, language and communication

• Commissioned EEF review of evidence on early language development that will assess current needs and provision, and identify the most promising approaches and programmes that can support children’s language development from 0–5 years

• Also commissioned an EIF overview of the evidence for speech, language and communication, including an overview of the problem, interventions that work and return on investment information
Safety and Safeguarding

PHE has published resources and data to support local areas to take action to reduce:

• Child injuries in and around the home
• Child injuries on the road

[link]

• Safety alerts on certain issues: nappy sacks, button batteries etc

• PHE has also published resources specifically for HVs and SNs on safeguarding
• PHE will be publishing information and resources for local public health teams to prevent and intervene early on Child Sexual Exploitation
• PHE working on Adverse Childhood Experiences and the role of public health
• PHE is working with NHS E and local government on learning from Child Death Overview Panels
Giving every child the best start in life

Why invest in the early years?

It is estimated that failing to deal adequately with perinatal mental health problems comes at a cost of £8.1 billion each year.

Social Return on Investment studies showed returns of between £1.37 and 19.20 for every £1 invested.

PHE’s Health Matters on the Best Start in Life

Resource for health professionals and local authorities on investing in early years services from pregnancy to age 2

Downloadable presentations and infographics
ChiMat resources

Best Start in Life Framework

- Builds on Health Matters: Best Start in Life
- Potential to develop framework with emphasis on school readiness

PHE fingertips tool

- Data on factors related to the health and wellbeing of pregnant women, children and young people including child health profiles
- 2017 child health profiles now published
- Updated mental health risk profiling tool available Spring 2017
Reducing child mortality in London

• Key child mortality statistics for London
• Avoidable child deaths in England and Wales in 2014
• Actions to reduce child deaths

Dr Marilena Korkodilos
Deputy Director Specialist Public Health Services, PHE (London)
start 4 life

Information Service for Parents
advice you can trust

building blocks for a better start in life

a healthy baby starts with a healthy pregnancy

start 4 life
A good start for a healthier life

change 4 life

RISE ABOVE
For further information

alison.burton@phe.gov.uk