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Supplementary information for Scrutiny Board (Health and Well-being and Adult Social Care) on 20 January 2015

Pages 1-10: Agenda item 10 – Additional information in relation to Leeds Maternity Health Needs Assessment

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Report prepared for Scrutiny Health Committee 20th January

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Leeds Maternity Health Needs Assessment

1. Background

The Maternity Health Needs Assessment (HNA) was carried out between January and June 2014 by Public Health, at the request of South and East CCG who commission maternity services on behalf of the city.

It is one of a number of pieces of work that are being used to underpin and guide the development of the Leeds Maternity Strategy.

The HNA was completed as 'desk based research' drawing together qualitative and quantitative data gathered from a variety of local/national sources, and local services, in order to give an overview of the wide range of issues affecting maternity services in Leeds.

Key findings were presented to the Maternity Strategy and Development Group in September 2014 and the Maternity Services Liaison Committee in November 2014. The report has been distributed to strategic partners in the city.

2. Key Findings

- The population in Leeds continues to increase and The Office for National Statistics expect it to reach 830,000 by 2021.
- There were over 10,000 births in 2013. 30% of these occurred in 'Deprived Leeds'(3,000)
- Between 2001 and 2011 the city's BME population increased from 11% of the total population to nearly 20%
- There is a continued gap in rates of Low Birth Weight and Perinatal Mortality (stillbirth and infant death before 7 days) between 'Deprived' and 'Non-Deprived' Leeds:

Low Birth Weight 2010/2012	%	Perinatal Mortality 2010/2012	(rate per 1,000)
Deprived	9.3%	Deprived	10.39
Not Deprived	6.6%	Not Deprived	6.56
Leeds	7.4%	Leeds	7.78

- Health behaviours (eg. smoking in pregnancy and breastfeeding) are demonstrably less positive in deprived communities, for younger women and for certain ethnic groups. For example, breastfeeding initiation rates in Moortown are 90% compared with 47% in Killingbeck and Seacroft (2013/14). Smoking in pregnancy figures (2012/13) show that 29% of women 18 years and under were smoking at delivery compared with 12% of women over 18.

- Infant Mortality rates are higher for babies of African and Asian women, women with Mixed White and Black African or Black Caribbean ethnicity,
- The number of women with Learning Disability who are identified by maternity services during pregnancy is low. However, women with Learning Disabilities are over represented in the cohort of women who have their babies removed under age 1.

3. Key Issues Include

- Work is needed to further develop programmes that lead to behaviour change and improved outcomes for certain ethnic and social groups (outlined above).
- There are gaps in provision for women with mild/moderate mental health issues during the antenatal and postnatal period.
- There is a need to develop population-level alcohol interventions that target pregnant women and women of child-bearing age.
- Further work is needed to improve identification and support for women with Learning Disabilities in pregnancy.
- There are gaps in provision of group based antenatal education that is designed with/for young people.

Leeds Maternity Health Needs Assessment 2014

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Executive Summary

1.1 Introduction

This Maternity Health Needs Assessment (HNA) provides in-depth analysis of the local health needs that place demand on maternity services in Leeds. It also suggests, through presentation of trends, ways in which these demands may alter over time.

Health Needs Assessments form the basis for determining priorities for service development, and as such, the report is intended to act as a resource to support Clinical Commissioning Groups (CCGs), Leeds Teaching Hospitals Trust (LTHT), Public Health and wider partners.

1.2 Background and Scope

The completion of a Maternity HNA by Public Health forms part of the current Memorandum of Understanding between Public Health and the three Leeds CCGs. The HNA informs the development of a new five year Maternity Strategy for Leeds.

The report draws together information gathered from a variety of local and national sources, and local stakeholders in order to give an overview of the wide range of issues affecting maternity services in Leeds. It is structured in the following way:

Chapter 1 Local Demographics Analysis of the population of Leeds.

Chapter 2 Maternal Factors and Birth Outcomes: Presentation and analysis of data that relates specifically to women and babies, including: birth rates; fertility rates; birth outcomes and infant mortality.

Chapter 3 Health Issues: Maternal factors or behaviours that impact upon the health of both mother and baby – including being Overweight, Smoking in Pregnancy and Breastfeeding

Chapter 4 Key Groups: Available data and evidence regarding the experiences and outcomes for mothers and babies from a range of different key groups.

Summaries and Key Issues for consideration are included at the end of each chapter. Where there have been significant changes since the publication of the previous Leeds' Maternity Health Needs Assessment (2008/09) these are also highlighted.

Findings and Key Issues

1.2.1 Local Demographics

Findings

- In April 2014, there were with 821,000 people living in Leeds who were registered with a GP.
- Latest ONS mid-year population projections predict the population of Leeds will increase to over 830,000 residents by 2021.
- 30% of births occur in 'Deprived Leeds'. This equates to around 3,000 births a year.
- In 2001, the city's BME population totalled 77,530 (10.8% of the resident population). By 2011 the number had increased to 141,771 which equates to 18.9%. The greatest increase over this time period was in 'Other White', 'Indian' and 'Pakistani' categories
- In 2013, there were approximately 1,100 new national insurance numbers assigned to people who had immigrated to Leeds from Poland. This compares with around 800 to people from India and 600 to people from Pakistan.

Key Issues

- There is a need for effective, reliable and sensitive interpreting services and, within wider provision, of awareness of cultural issues as they pertain to pregnancy, birth and to family life.

1.2.2 Maternal Demographics and Birth Outcomes

Findings

- Latest ONS annual birth figures indicate that there were 10,152 births during 2013, only slightly higher than the 2011 projected number of 10,000. Numbers of births have fluctuated since 2010.
- The most recent ONS projections suggest a 'levelling off' of the birth rate at 10,500 by 2021.
- Since 2010 there has been a decline in the number of women giving birth at St. James' University Hospital and an increase in births taking place at the Leeds General Infirmary site
- Leeds' homebirth rate has followed a downward trend since Quarter 1 2008-09. It fell to 1.0% of all births during Quarter 3 2013-14 (the lowest rate seen in the time period analysed)

- During 2012/13 there were approximately 4,000 births each, in Leeds South and East and in Leeds West CCG and 2,500 in Leeds North CCG
- The Leeds low birth weight (LBW) 3 year pooled rate per 100 live births for 2010–2012 was 7.4% compared with 7.3% for England Wales. In Deprived Leeds this rate was 9.3% and in Non- Deprived 6.5%.
- Between 2006-08 and 2010-12 South and East CCG had a significantly higher rate of low birth weight babies than the rest of the city.
- The Leeds 3 year pooled perinatal mortality rate for 2010-12 was 7.8/1,000 compared with 7.3/1,000 nationally. In Deprived Leeds this rate was 10.2/1,000 and in Non-Deprived Leeds it was 6.2/1,000.
- The stillbirth rate in Leeds during 2010-12 was 5.6/1,000. This compares to a regional rate of 5.4/1,000 and 5.0/1,000 for England.
- There were 748 births to women 19 years and under and 166 to women aged 18 years and under during 2012.
- Women over the age of 35 accounted for 1,975 births.
- Whilst the maternity rate for Under 18s within Leeds has fallen over the last five years, it has remained consistently above the national average. The current rate for England and Wales is 14.3% compared with 20.0/1,000 in Leeds
- National evidence suggests that women who were born in Africa, Pakistan, India and Bangladesh are at higher risk of having a stillbirth or neo-natal death. There were 1,164 births to women from these countries in Leeds during 2011.

Key Issues

- The rate of Low Birth Weight (LBW) in Deprived and Non-Deprived Leeds is widening. This indicates a need for co-ordinated efforts across a range of sectors to address the issues that result in LBW – including smoking in pregnancy and poor nutrition.
- There is a year on year increase in the numbers of births at the LGI site. This has resource implications that require consideration.
- There is a significant gap in perinatal mortality rates between Deprived and Non-Deprived Leeds.
- Despite a downward trend, the Leeds teenage maternity rate remains above the England and Wales average.
- There is a slight ageing of the LTHT birthing population. This is associated with increased complexity of the maternity services caseload.

1.3.3 Health Issues

Findings

- In Leeds, the highest rates of smoking at the time of delivery are found in the poorest communities and amongst women Under 18 years old.
- There are twice as many women with a BMI > 45 in 'Deprived Leeds' compared to those living in 'Non-Deprived'
- Year to date figures (Q1 – 3 2013-14) show significant variation in numbers of women initiating breastfeeding: ranging from 90% in Moortown to 47% in Killingbeck and Seacroft. This is likely to be due to a combination of the effects of ethnicity, age and income-level on breastfeeding behaviour

Key Issues

- Maternal obesity and smoking in pregnancy rates are higher in more deprived communities, and breastfeeding rates are lower. This necessitates targeted work with women that understand motivation and barriers to change within different social and ethnic groups.

1.2.3 Key Groups

Findings

- Despite the excellent work delivered by local services, women from some BME communities in the city continue to experience poorer birth outcomes and report less satisfaction with maternity services than White groups. Of particular concern are women with African, Asian, and Mixed White & Black African or Caribbean ethnicity. Local practitioners report enduring issues with engaging the Bangladeshi community.
- Numbers of women who have a learning disability and who give birth in the city are not systematically recorded. However, it can be estimated that around 42 women in the city may have given birth during 2012 that had some form of learning disability.
- There are significant concerns regarding the health and wellbeing of pregnant women and infants from the Gypsy and Traveller community both resident and visiting Leeds.
- The national teenage maternity rate in Leeds is 20/1,000 compared with a rate of 14.3/1000 nationally.
- Using national incidence figures and applying these to 2012 birth figures in Leeds provides some indication of the number of expected local cases of perinatal mental illness. Using this methodology, it could be expected that over the course of 12 months:
 - 1,533 women will experience some form of perinatal mental illness
 - 315 will experience perinatal Obsessive Compulsive Disorder
 - 20 will experience post-partum psychosis
- There are currently limited support services for pregnant women and new mothers with perinatal mental illness that are mild/moderate.

- Leeds Addiction Unit supported 124 pregnant women during 2012-13; whilst analysis based on national prevalence rates suggests that there may be up to 400 – 500 women a year in Leeds requiring support to manage drug/alcohol use in pregnancy.
- As a result of routine enquiry, Midwives in Leeds identify approximately 4% of pregnant women as experiencing domestic violence. This equates to approximately 460 women a year. However, the true figure is likely to be significantly higher.

Key Issues

- Some population groups in the city still experience poorer outcomes than the wider population. These groups include: African and Asian women, women with Mixed White and Black African or Black Caribbean ethnicity, and Gypsies and Travellers.
- A high proportion of women who have their babies removed under age one have a learning disability or difficulty. Many women are identified late in pregnancy. There is therefore significant need to improve identification of women early, in order to be able to provide intensive support to families.
- Specialist support for women with mild/moderate perinatal mental illnesses in both the antenatal and postnatal period is limited.
- The threshold for providing support to women who use substances in pregnancy is very high.
- The evidence base suggests that drinking in pregnancy may be under-reported and therefore population level interventions that target women of child-bearing age may be useful.
- There is clear evidence to suggest that young parents prefer group based antenatal provision that is designed with/for young people. This provision is not currently available in the city.
- There is the potential to improve support for women to enable them to safely disclose domestic violence and abuse and for improved referral pathways to specialist services.

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