

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.