2.1 Infant and perinatal mortality

Infant mortality is a sensitive indicator of the overall health of a population, providing a measure of the wellbeing of infants, children and pregnant women. Locally, infant mortality is consistently higher than regional and national rates, with high levels of deprivation a key contributing factor. England & Wales is at an all-time low and continues to fall, however significant inequalities persist across the country.

Indicators:

In Walsall, both infant mortality and perinatal mortality remain consistently higher than the regional and national levels (Figure 1 and Figure 2). Numbers are small and are subject to greater volatility, Figure shows that Walsall infant mortality rates are highest when compared with statistical neighbours (those LA’s with a similar population structure to Walsall) – 6.8 compared to 2.8 in Tameside. Walsall and Telford & Wrekin are above the regional rate with Tameside and Dudley having lower rates than both the West Midlands
(5.5) and England & Wales (4.0). Figure 4 also shows the variation across the Black Country, Walsall is highest with a rate of 6.8 – similar to Sandwell and Wolverhampton (6.7 and 6.4 respectively). Dudley differs with a current rate of 3.9 – lower than the regional and national rates.

Figure 3 Infant mortality rates per 1,000 live births per year 2012-14, by Local Authority (Source: HSCIC)

Figure 4 Infant mortality rates per 1,000 live births per year 2012-14, by Black Country Local Authority (Source: HSCIC)

Towards the end of 2014, Walsall Council Public Health, Walsall Clinical Commissioning Group (CCG) and Walsall Hospital NHS Trust commissioned the Perinatal Institute to undertake an independent review to further understand perinatal and infant mortality in Walsall.

There were clear recommendations suggested for each agency such as:
Walsall Hospital NHS Trust – ensure all staff are trained in antenatal surveillance of fetal growth and appropriate referral pathways
Walsall CCG – provide oversight and quality assurance for antenatal risk assessment
Walsall Public Health – promote clear public health messages relating to maternity care such as smoking, obesity and Sudden Infant Death Syndrome (SIDS)

The full report and its full list of recommendations can be found here - Review of Perinatal & Infant Deaths and Maternity Care in Walsall, November 2015

In January 2015, a new national government ambition and funding was announced to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% by 2030. The funding has been identified to:

- ensure best practice is applied consistently
- offer Maternity services support for initiatives
- buy monitoring or training equipment to improve safety
- roll out training packages to staff
- improve perinatal mental health services

In February 2016, the release of the Cumberledge national maternity Review which emphasised Maternity services in England must become safer, more personalised, kinder, professional and more family friendly.

In addition, in March 2016 a care bundle – ‘Saving Babies’ Lives’ – was introduced and is designed to tackle stillbirth and early neonatal deaths, bringing together four elements of care that are recognised as evidence based and/or best practice:

1. reducing smoking in pregnancy
2. risk assessment and surveillance for fetal growth restriction
3. raising awareness of reduced fetal movement
4. effective fetal monitoring during labour

Following on from the local work undertaken and the release of national ambitions/reviews, Walsall Public Health is currently:

- supporting the development of a Maternity Services Strategy for Walsall in accordance with Walsall CCG and Walsall NHS Healthcare Trust
- developing an Infant Mortality Strategy for Walsall with the vision to:

‘work in partnership with all across the borough to ensure that women have a healthy pregnancy, the first year of a child’s life are safe and caring and infant mortality is reduced’

Priorities for action:

To achieve the vision, Walsall’s priorities for action are:

- Improving antenatal care through encouraging early booking for antenatal care, continuity of carer through pregnancy and improved detection of intrauterine growth restriction (IUGR)
- Reducing levels of maternal obesity and smoking in pregnancy through projects such as Maternal and Early Years, Smoke-Free Homes, improving smoking cessation in
pregnancy and working with ethnic communities to reduce the use of ethnic tobacco products

- Maintaining an effective antenatal and newborn screening programme
- Reducing sudden unexpected death in infancy (SUDI) and improving breastfeeding initiation and continuation rates
- Target vulnerable groups through specialised programmes such as the Enhanced Community Genetics service and the Family Nurse Partnership
- Addressing social determinants such as reducing child poverty, improving housing and reducing overcrowding and reducing teenage conceptions, including repeat conceptions are also critical to reducing infant mortality