

# Infant Mortality

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# Definitions

- Infant mortality is defined as the number of deaths under the age of one year per 1000 live births.
- The PSA inequalities target 2001 is to '*reduce inequalities in health outcomes by 10% by 2010 as measured by infant mortality and life expectancy at birth*'.
- "Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between the routine and manual group and the population as a whole"
- Inequalities in infant mortality have been measured by the Department of Health by comparing the rate of deaths in the **routine and manual group** compared to the average rate for an area.
- The Review of the Health Inequalities Infant Mortality PSA Target (DOH 2007) highlighted Derby as one of the 43 local authority areas with the highest burden of deaths in the routine and manual group.

# Recording of infant mortality

- Locally infant mortality is recorded in the Public Health Mortality File which records deaths of Derby residents.
- The data
  - Age
  - cause of death
  - postcode of residence.
- The routine and manual group is defined by the occupation of the father recorded on the death certificate. There are problems:
  - The field is often incomplete
  - The most vulnerable groups (single mothers or unemployed fathers) are excluded from this comparison.

# Infant Mortality - data

|         | R&M | All |
|---------|-----|-----|
| 2005-07 |     |     |
| Derby   | -   | 5.0 |
| England | -   | 4.9 |
| 2003-05 |     |     |
| Derby   | 5.9 | 5.2 |
| England | 5.8 | 5.0 |
| 2002-04 |     |     |
| Derby   | 7.2 | 5.7 |
| England | 6.0 | 5.1 |

# What works in reducing infant mortality

- Reducing the prevalence of obesity
- Reducing smoking in pregnancy
- Reducing Sudden Infant Death syndrome



# Activities

- Family Nurse Partnership
- Breastfeeding advisor
- Smoking in Pregnancy / Fresh Start / Midwifery & HV
- Childhood Obesity
- Children's Centres – welfare advice
- HV / midwife activity – routine screening

# Family Nurse Partnership programme

- A preventive programme through pregnancy until child is aged 2 years
- Benefits children and families who have the poorest outcomes i.e. mothers with low psychological resources (low educational achievement, limited family support and poor mental health)
- A structured, intensive home visiting programme delivered by Family Nurses (mainly drawn from health visiting and midwifery)
- Licensed programme with fidelity measures to ensure replication of original research – developed over 30 years in the US
- High degree of intensity and depth and skill
- National experts and the 30 sites are building a UK model
- Testing it as part of our universal services

# Can FNP make a difference?

- Many clients reported changes in their understanding of pregnancy, labour, delivery and their infant
- Clients had strong recall of the nutritional advice they had received
- 17% relative reduction in smoking (41% to 34%) during pregnancy
- Breast feeding initiation rate higher than national rate for same age group (UK under 20s=53%, FNP = 69%)





# Child Health Promotion Programme

- The CHPP is the early intervention and prevention public health programme that lies at the heart of our universal service for children and families.
- Integrated with Sure Start
- Checks, advice, signposting

# Smoking

**NHS**

If you smoke, your children  
are more likely to smoke.

Call the NHS Smoking Helpline on 0800 169 0 169



Smoking. Don't keep it in the family. **SMOKEFREE**

**NHS**



If you smoke, your children  
are likely to copy.

If smoking is part of your everyday life, then your children  
are three times more likely to become smokers too.  
Call the NHS Smoking Helpline on 0800 597 59 76 or visit  
[www.nhs.uk/go/smokefree](http://www.nhs.uk/go/smokefree)

Smoking. Don't keep it in the family. **SMOKEFREE**

# Childhood Obesity

# Childhood Obesity

- The Government PSA target is to “halt the year on year rise in obesity among children aged under 11 by 2020”
- PCTs are now required to measure the height and weight of all children attending maintained schools within their area in Reception year (ages 4-5) and Year 6 (ages 10-11)



## Some data

05/06

- o/w reception 12.7%
- o/w year 6 13.4%
- Obese reception 10.0%
- Obese year 6 17.0%

06/07

- o/w reception 16.3%
- o/w year 6 14.5%
- Obese reception 13.2%
- Obese year 6 19.3%

07/08

- o/w reception 12.2%
- o/w year 6 14.2%
- Obese reception 9.4%
- Obese year 6 16.0%

08/09

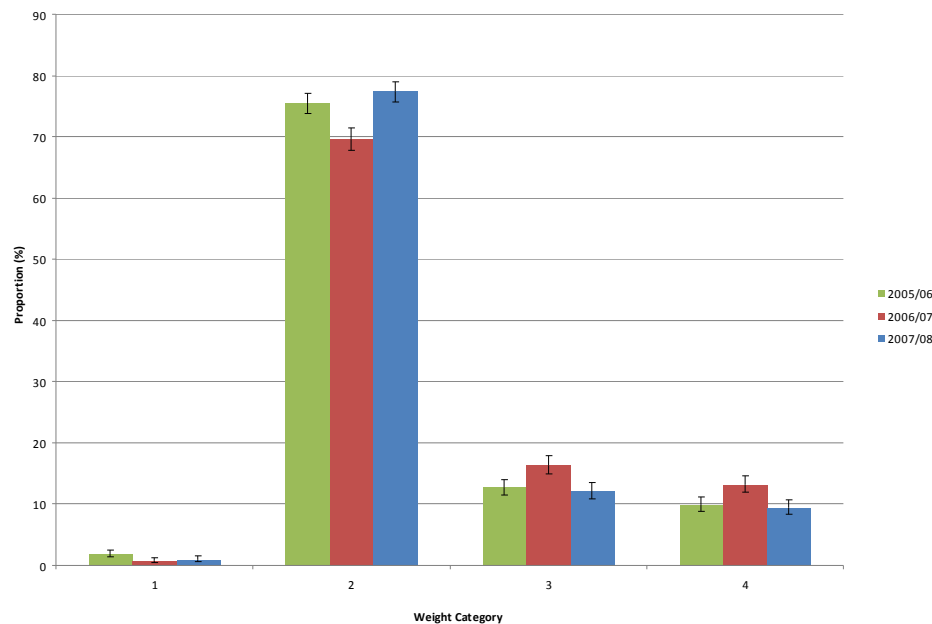
- o/w reception n/a
- o/w year 6 n/a
- Obese reception 9.6%
- Obese year 6 18.2%



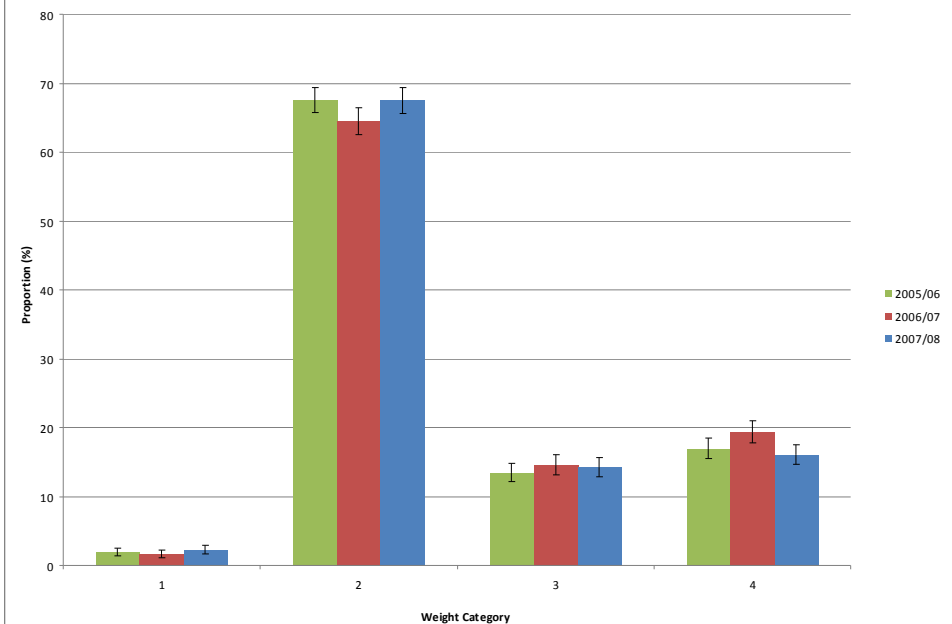
# Reception

# Year 6

3 Year Comparison of NCMP Data in Derby City, for Reception Year Children



3 Year Comparison of NCMP Data in Derby City, for Year 6 Children



# What do we know?

## 3 years data

- 817 reception children and 1294 year 6 children were obese.
  - c.11% of children in reception and c.18% in year 6 that are obese.
  - A crude estimate would be that – 8000 school age children, resident in Derby, are likely to be obese.
  - A quarter of reception children (range 22% -29%) and a third of year 6 children (range 30.2% -33.8%) are either overweight or obese.
  - Variable picture but the key wards for closer scrutiny are Alvaston, Aboretum, Derwent, Sinfen, Abbey and Normanton
- 
- National data suggests that Child Obesity increases are levelling out
  - Local picture (NCMP) currently suggests a slight decrease in Yr R and a slight increasing trend in Yr 6

# Causes

A Complex system

- Biological
- Social / environmental

=

Obesogenic Environment

4 determinants identified in the Foresight Report

- Appetite control in the brain
- Dietary Habit
- Level of Physical Activity
- Psychological ambivalence to making change

“Passive obesity makes healthy behaviours an inherent challenge”

# What works?

- Evidence is developing
- Some evidence for behaviour change interventions aimed at people willing to change
- Main themes (HWHL):
  - Children, healthy growth and healthy weight
  - Promoting healthier food choices
  - Building physical activity into our lives
  - Creating incentives for better health
  - Personalised advice and support

## Local Activity

- We are strong on preventative & school based interventions



- Healthy Schools - Beacon status
- B-active
- FNP
- CHPP

BUT

- We are weak on family based / individual interventions

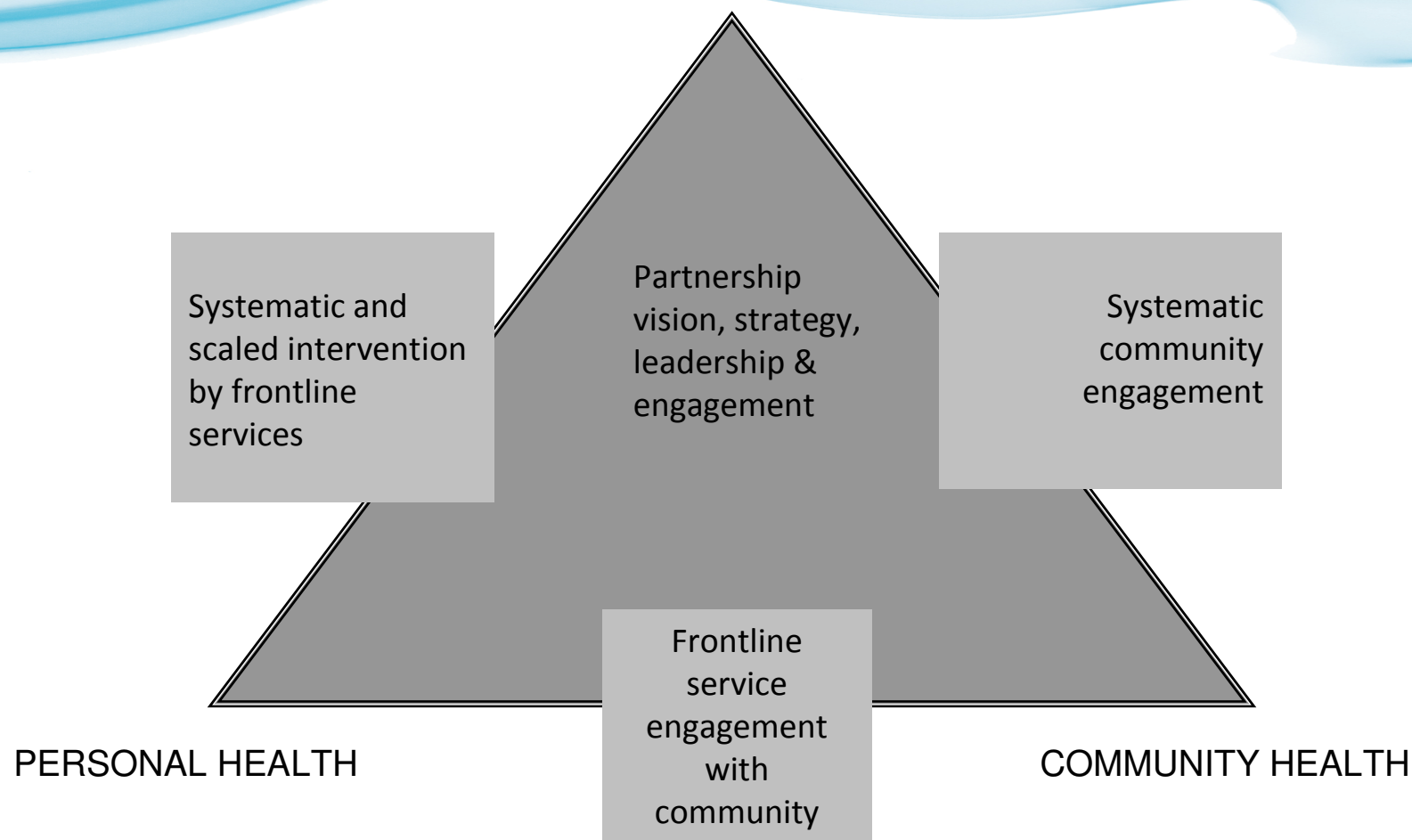
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- We have not joined up community and partner agendas yet



# A model for local delivery

POPULATION HEALTH



# Child Obesity Workshop

- We need to embed obesity as a key partnership agenda with Healthy City taking the lead.
- To include discussion at all 5 DCP Cities.
- Healthy Weight Healthy Lives Steering Group needs development
- Need for cross party political support and a champion for obesity in the city.
- Coordinated publicity plan for HWHL (staff and public).
- We need to link more effectively with planning and transport
- We should consider role of neighbourhood boards in tackling childhood obesity
- We should develop services and preventative services to act as a bedrock/ focus for HWHL agenda, this will include:
  - Behaviour change and lifestyle support
  - Tackle underdeveloped areas of work e.g. food and health

# Key issues for development

- Health Hub – inc. service for obese children
- Build on existing strong partnership working (B Active)
- Develop the wider Partnership (planning, transport..)
- EPODE

**We have a long way to go...**



"You're right. I should go outside and play. Buy me a laptop, and I will."