



JSNA Data Refresh 2013/14 Maternity & Infant Health Harrow

Giving a child the best start in life is important to the individual child but also to society in general. Parents and carers impact cannot be underestimated. A child's early life affects their wellbeing and quality of life not only during their childhood but throughout their life – and indeed into the next generation

Key messages

Demographics

On average there are around 3,500 births in Harrow each year. A third of all births are to women between the ages of 30-34 years, and around 43% of them are from the Asian and Asian British ethnic group. Only 2% of all pregnancies in Harrow are under the age of 19 years. The projected trend of women of childbearing age has been increasing, however the number of live births and fertility rate is decreasing. The highest fertility rate is seen in the Edgware, Stanmore Park and Marlborough wards.

Infant & Maternal Health

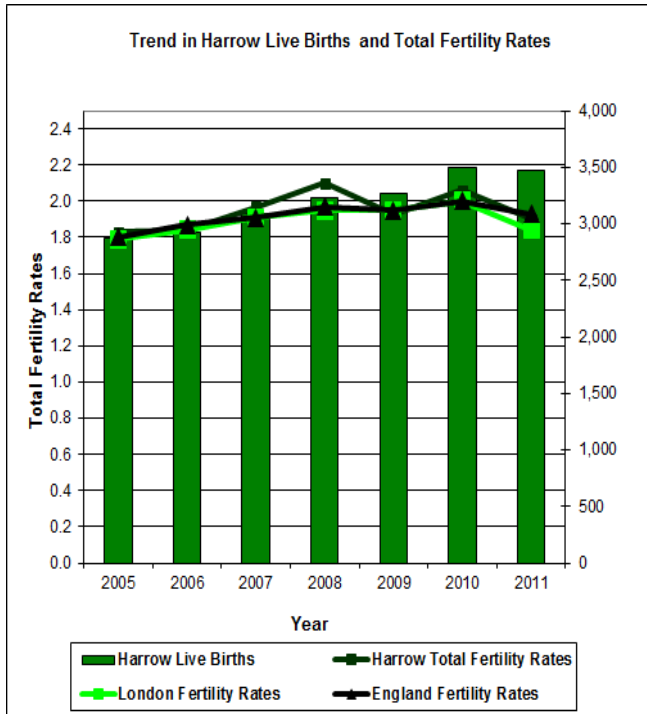
The proportion of babies born at a low birth weight (<2500g) in Harrow is significantly higher than both the regional and national averages. Furthermore, Harrow also has a higher than average Infant Mortality Rate and in particular Neonatal Mortality Rate. Local data analysed for low birth weight showed that the highest proportions were seen amongst women living in the Kenton East and Queensbury wards. Whilst the wards of Edgware, Kenton West and Rayners

Lane note a higher rate of Infant Mortality in comparison to the rest of Harrow.

Service Use

Over 40% of pregnant women in Harrow do not have an antenatal assessment by the 12th week of pregnancy which is significantly lower than the England average. Both elective and emergency caesarean deliveries are significantly higher than the national averages. Breastfeeding initiation and continuation in Harrow is similar to the London and England averages.

Local Data



Source: Office of National Statistics, 2011

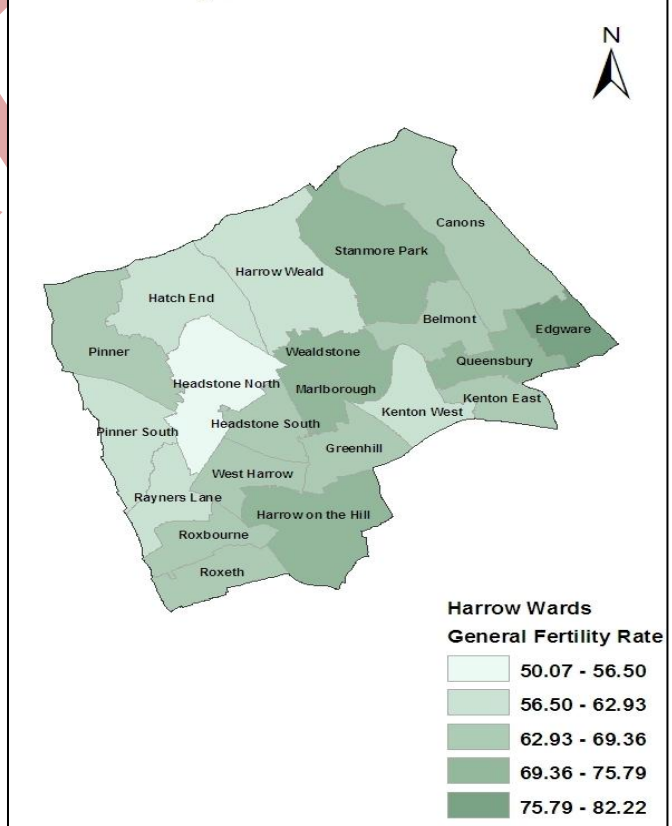
Births and Fertility Rates

Total fertility rates are a single measure of fertility representing the average number of children each woman would be expected to have in a group of women if current age-specific patterns of fertility persisted throughout their childbearing life. The total fertility rate in 2011 was equivalent to each woman in Harrow having 1.9 children, compared to 2.1 in 2010. In England as a whole, total fertility rates have increased from 1.82 in 2006 to 1.99 in 2010. In Harrow, since 2006 we are seeing rates between 1.9 and 2.1 children.

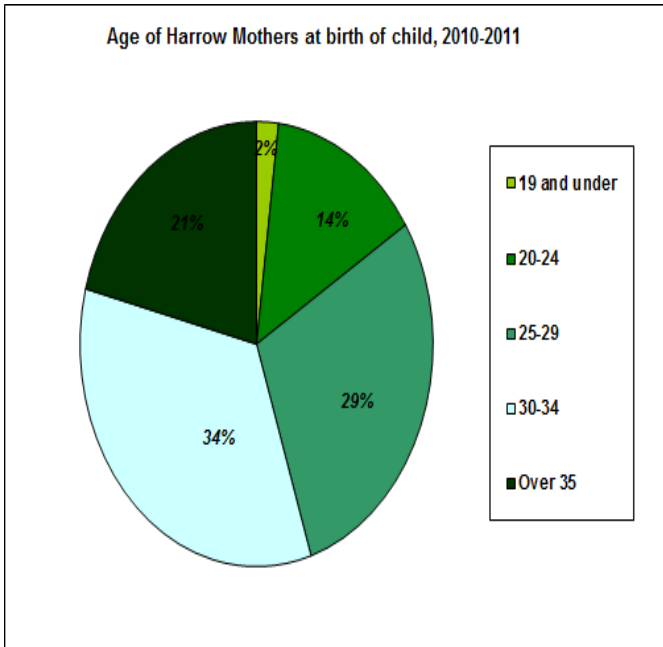
Fertility Rates by Ward

The General Fertility rate GFR, that is the rate of births per 1,000 women of childbearing age can be presented at ward level, and is highest amongst the wards of Edgware, 82.2 births per 1,000 women, followed by Wealdstone, Queensbury and Marlborough wards at around 75 births per 1,000 women. The lowest fertility rate is seen in Headstone North ward in Harrow, at 50 births per 1,000 women. Harrow as a whole has a GFR of 67 births per 1,000 women compared to London which is 66.5, and England 64.2 in 2011.

General Fertility Rates (GFR) per 1,000 live births by Harrow Wards 2011



Source: Office for National Statistics, 2011



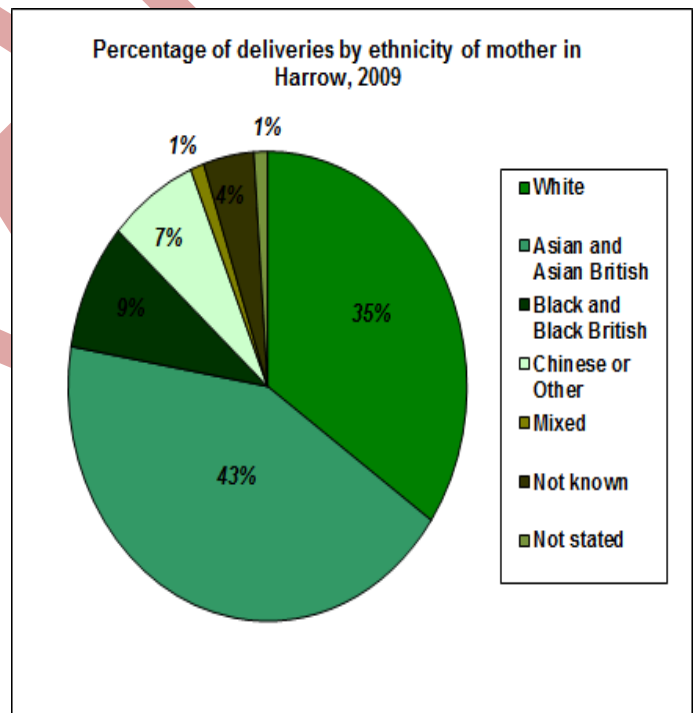
Age of Mother

Analysis of women giving birth in Harrow during 2010-1011 shows that the highest proportion of deliveries were to women aged 30-34 years old, accounting for 34% of all deliveries. Mothers and their babies at the lower and upper age bands are at greater risk. Older mothers present a series of different challenges, they have a greater chance of developing medical disorders such as diabetes, high blood pressure or other chronic diseases.

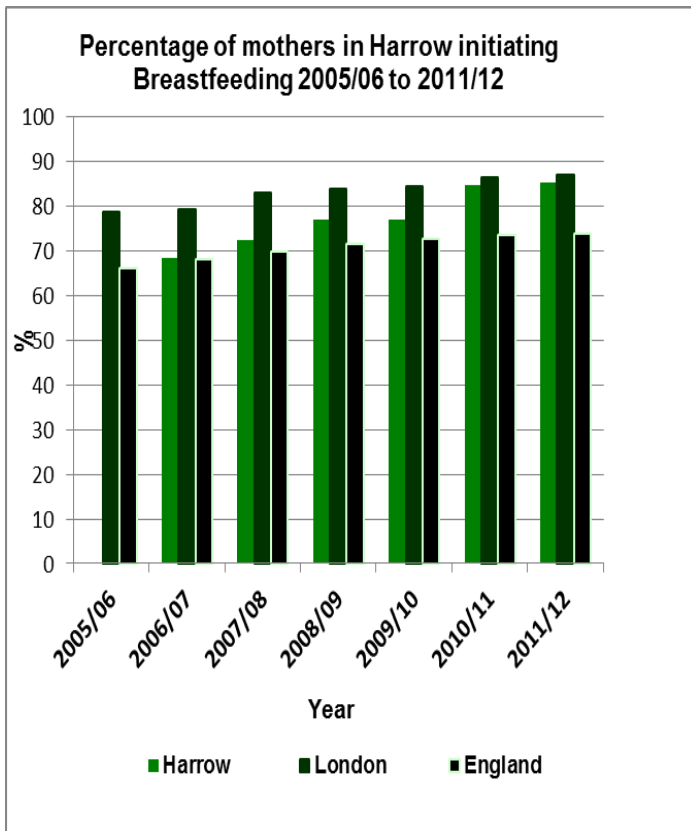
Source: Office for National Statistics 2011

Ethnicity of Mother

There are a number of reasons why the ethnicity of mothers in a local area may have an influence on the needs which the services provided must meet. Certain conditions are known to be more common in particular ethnic groups. Mothers and their families who have recently moved to the UK may have difficulties reading or speaking English, and different cultural norms may exist. In 2009, 43.1% of all women aged 16-59 years in Harrow were from the black and minority (BME) ethnic groups.



Source: Hospital Episode Statistics, HSCIC 2013



Breastfeeding Rates

There is substantial evidence and published research to show that breastfeeding has clear health benefits for both mothers and infants. These benefits have been summarised by NICE 2002 and include:

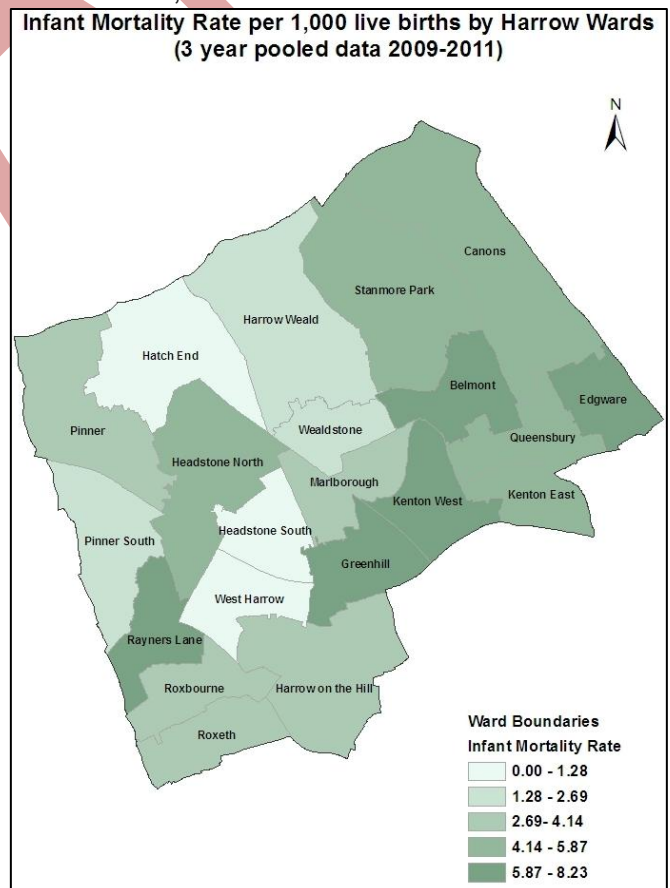
- Breastfed babies are less likely to suffer from gastroenteritis or admitted to hospital for diarrhoea and respiratory infections.
- Mothers who do not breastfeed may have an increased risk of certain cancers.

Breastfeeding initiation rates in Harrow remain high, at around 85%, compared to London at 87% and England at 74%. Continuation of exclusive and partial breastfeeding at 6-8 weeks in Harrow is around 73%, and 45%

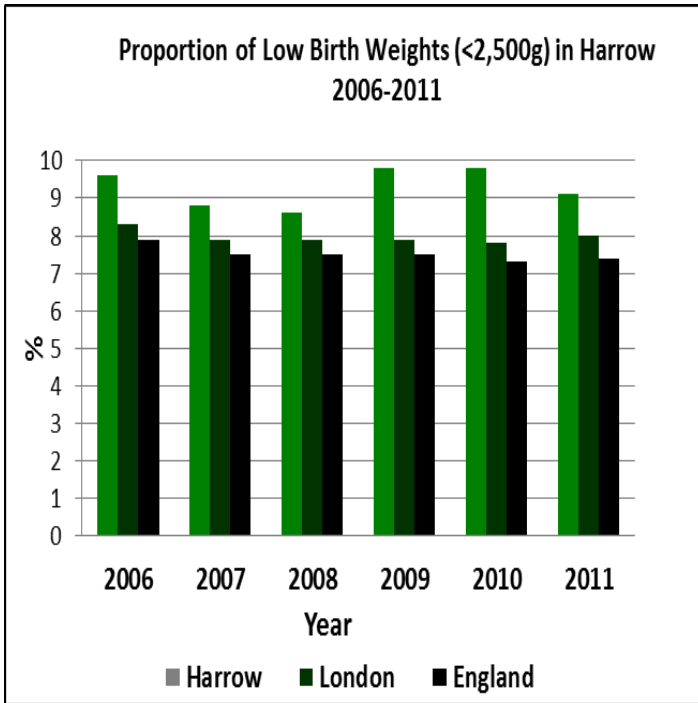
Source: Department of Health, 2013

Infant Mortality Rates by Ward

Infant mortality rates refer to the number of deaths within the first year of life per 1,000 live births. Wide variations in rates are often seen annually due to the small numbers of events. For this reason 3 year rolling averages are used to even out the variation. The three-year rolling average for Harrow has been calculated at ward level. It shows that the wards of Belmont and Edgware have the highest infant mortality rates for the 2008-11 period, at 8.2, and 7.0 infant deaths per 1,000 live births respectively. Overall, Harrow reports an infant mortality rate of 5.8 per 1,000 live births, compared to 4.6 for the England.



Source: Office for National Statistics, 2011



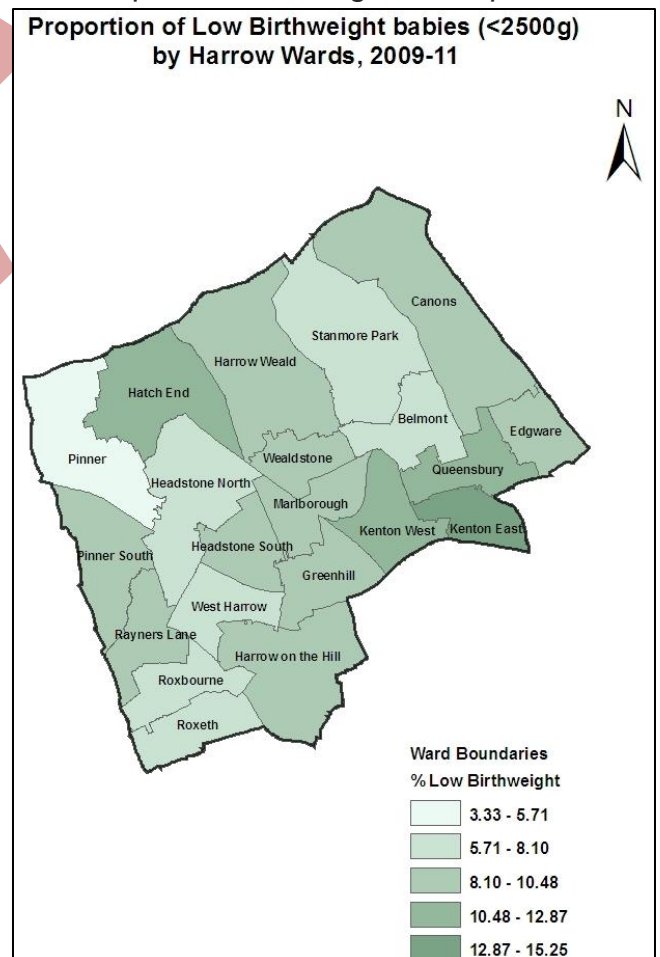
Source: Office for National Statistics, 2011

Proportion of Low Birth Weight Babies

Low birth weight is closely associated with foetal and neonatal mortality and morbidity, inhibited growth and cognitive development, and chronic diseases later in life (UNICEF and WHO, 1992). A baby's low weight at birth is either the result of preterm birth (before 37 weeks of gestation) or due to restricted foetal (intrauterine) growth. Low birthweight has been defined by the World Health Organisation as weight at birth less than 2,500 grams. In 2011, the proportion of babies of low birth weight in Harrow were 9.1 percent, lower than the 9.8 percent seen in 2010. However, when comparing both regionally and nationally, in London it is 8 percent and England 7.4 percent.

Low Birth Weight by Ward

Low birth weight at ward level for Harrow shows that the highest rates are seen in the Kenton East 15.3 percent, and Kenton West wards 12.4 percent, followed by the Queensbury ward at 11.8 percent. These wards also have higher proportions of those from the Black Ethnic Minority (BME) groups, and in particular those of the Indian ethnic origin.



Source: Office of National Statistics, 2011

Understanding the Spine Chart

The Spine chart

The spine chart is a way of demonstrating a lot of information on a single diagram.

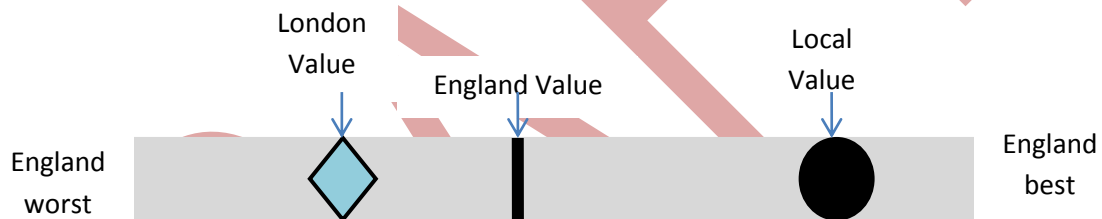
The indicators in the spine chart are generally one of three sorts:

- an indicator of higher or lower need
- an indicator of better or worse performance
- an indicator of better or worse outcomes

The “spine” is the line running down the centre. This is the England average for each indicator. The grey bar shows the range of values in local authorities across England.

Values to the **right** of the England average are better performance or outcomes or of lower need.

Values to the **left** of the England average are worse performance or outcomes or of more need.



Direction of travel indicator

- ↑ Indicator has improved since last year i.e. Improvement in performance or decrease in need
- ↓ Indicator has worsened since last i.e. decrease in performance or increase in need
- ↔ No change since previous year

Green indicates that, according to the latest data, the area is either performing better or has lower need than England average

Red indicates that, according to the latest data, the area is performing at least 2% worse or has at least 2% greater need than the England average.

Amber indicates that, according to the latest data, the area is performing worse or has greater need but is within 2% of the England average.

Spine Chart



| Indicator | Direction of Travel | Local Value | Eng Avg | Eng Worst | Worse Lower | England Range OUTCOMES NEED | Better Higher | Eng Best |
|--------------------------------------------|---------------------|-------------|---------|-----------|-------------|-----------------------------|---------------|----------|
| 1 Women of childbearing age | ↓ | 21.5 | 18.7 | 29.7 | | | | 9.5 |
| 2 Births | ↑ | 69.4 | 65.5 | 113.9 | | | | 24.4 |
| 3 Total period fertility | ↑ | 2.0 | 1.9 | 3.2 | | | | 0.7 |
| 4 Births to women aged >35 | ↑ | 19.9 | 19.2 | 41.6 | | | | 7.7 |
| 5 Births to women aged >40 | ↔ | 4.8 | 3.9 | 9.7 | | | | 0.0 |
| 6 Teenage pregnancy | ↑ | 16.5 | 30.7 | 69.4 | | | | 14.6 |
| 7 Teenage pregnancy for under 16 year olds | ↑ | 3.3 | 6.7 | 13.3 | | | | 1.5 |
| 8 Early antenatal assessment | ↑ | 60.3 | 72.7 | 4.3 | | | | 88.0 |
| 9 Early antenatal assessment recording | ↓ | 25.6 | 73.9 | 0.3 | | | | 99.3 |
| 10 Smoking during pregnancy | ↓ | 4.4 | 12.7 | 32.5 | | | | 3.1 |
| 11 Abortions (<10 week gestation) | ↓ | 84.9 | 77.9 | 85.1 | | | | 60.6 |
| 12 Inpatient admissions before delivery | ↓ | 1.3 | 1.0 | 2.5 | | | | 0.3 |
| 13 Admissions of babies under 14 days | ↔ | 54.9 | 51.5 | 182.3 | | | | 19.2 |
| 14 Births in NHS hospitals | ↑ | 91.9 | 97.0 | 99.4 | | | | 65.7 |
| 15 Births at home or midwifery unit | ↓ | 9.8 | 13.0 | 0.0 | | | | 98.6 |
| 16 Unplanned transfer to hospital | ↑ | 29.3 | 36.9 | 100.0 | | | | 0.0 |
| 17 Inductions | ↔ | 16.3 | 17.2 | 37.5 | | | | 0.2 |
| 18 Normal deliveries | ↔ | 56.9 | 61.4 | 45.9 | | | | 76.3 |
| 19 Caesarean deliveries | ↓ | 29.3 | 24.0 | 38.9 | | | | 11.8 |
| 20 Elective caesareans | ↔ | 11.2 | 9.6 | 19.4 | | | | 4.9 |
| 21 Emergency/Other caesareans | ↔ | 16.0 | 14.4 | 22.2 | | | | 54.7 |
| 22 Vaginal birth after caesareans | ↓ | 25.4 | 30.5 | 18.7 | | | | 80.9 |
| 23 Midwives | ↓ | 25.5 | 31.5 | 15.2 | | | | 7.9 |
| 24 Obs and Gynae consultants | ↓ | 2.7 | 2.6 | 0.2 | | | | 7.0 |
| 25 Consultant:Midwife ratio | ↑ | 10.0 | 0.0 | 187.2 | | | | 0.0 |
| 26 Multiple births | ↓ | 4.5 | 1.3 | 6.0 | | | | 1.3 |
| 27 Premature births | ↔ | 13.6 | 12.3 | 63.9 | | | | 0.0 |
| 28 Length of hospital stay after delivery | ↔ | 1.8 | 1.7 | 4.9 | | | | 0.9 |
| 29 Breastfeeding initiation | ↑ | 85.4 | 74.0 | 39.0 | | | | 92.3 |
| 30 Breastfeeding continuation | ↑ | 74.8 | 47.2 | 19.2 | | | | 83.1 |
| 31 Perinatal mortality (<7days+stillbirth) | ↑ | 6.6 | 7.5 | 19.2 | | | | 3.2 |
| 32 Neonatal mortality (<28 days) | ↑ | 3.2 | 3.0 | 19.2 | | | | 0.0 |
| 33 Infant mortality (<1 year) | ↑ | 5.2 | 4.3 | 19.2 | | | | 1.2 |
| 34 Low birth weight(<2500g) | ↔ | 9.1 | 7.4 | 11.5 | | | | 3.9 |
| 35 Very low birth weight (<1500) | ↔ | 1.7 | 1.4 | 3.3 | | | | 0.0 |
| 36 Total maternity spend | ↑ | 5064.96 | 2,389 | 9,955 | | | | 2,389 |
| 37 Maternity Spend Primary Care | ↔ | 380 | 392 | 0 | | | | 2,010 |
| 38 Maternity Spend Secondary Care | ↔ | 4,741 | 5,091 | 9,863 | | | | 2,265 |

Spine chart preparation based on West Midlands Public Health Observatory Spine Chart Tool version 4, Analysis by Barnet and Harrow Public Health Knowledge and Intelligence Team

Spine chart data sources

| | Data description | Year | Other sources of information or data |
|-------|-------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| 1 | % female pop aged 15-44 years | 2012 | Mid year estimates (ONS) |
| 2 | Birth rate per 1,000 female population aged 15-44 years | 2012 | ONS |
| 3 | Average number of children | 2012 | ONS |
| 4-5 | % total births | 2010-11 | ONS |
| 6 | Conceptions per 1000 pop aged 15-17 | 2009-11 | Department for Education |
| 7 | Conceptions per 1000 population aged under 16 | 2009-11 | Department for Education |
| 8 | % assessed within 12 weeks where antenatal assessment recorded at delivery | 2012 | Department of Health |
| 9 | % maternities where antenatal assessment recorded at delivery | 2012 | HES/NHS Comparators |
| 10 | % mothers smoking at time of delivery | 2012-13 | Department of Health |
| 11 | NHS and private abortions < 10 weeks gestation as a % of all abortions | 2011 | NHS Comparators |
| 12 | Ratio of antenatal admissions not related to delivery | 2011-12 | NHS Comparators |
| 13 | Rate of emergency admissions per 1,000 population 0-13 days | 2011-12 | HSCIC |
| 14 | % total births | 2011-12 | HSCIC |
| 15 | % total births | 2011-12 | NHS Comparators |
| 16 | % deliveries with an unplanned transfer to hospital | 2012-13 | NHS Comparators |
| 17-21 | % total deliveries | 2010-2011 | HES/London Health Programmes |
| 22 | % vaginal deliveries after a prior caesarean section | 2012-13 | NHS Comparators |
| 23 | No.FTE midwives per 1,000 births | 2010-11 | Annual Workforce Census/HES |
| 24 | No. FTE Obs &Gynae consultant per 1,000 births | 2010-11 | Annual Workforce Census/HES |
| 25 | No. of midwives per consultant | 2010-11 | Annual Workforce Census/HES |
| 26 | Multiple births as a % of total births | 2010 | ONS/London Health Programmes |
| 27 | % births with gestation of less than 37 weeks, 2009/10 | 2009-10 | HES/London Health Programmes |
| 28 | Total no.of bed days and average no.of days spent in hospital after delivery per delivery | 2009-10 | HES/London Health Programmes |
| 29 | % breastfed within 48 hours | 2011/12 | Department of Health |
| 30 | % totally partially breastfed at 6-8 weeks | 2011/12 | Department of Health |
| 31-33 | Rate per 1,000 births | 2011 | ONS |
| 34-35 | % total births | 2011-12 | ONS |
| 36-38 | £ per birth | 2010-11 | Department of Health & HES |