What are we doing about infant mortality in Harrow?

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No Infant Death .....**IS BEST**

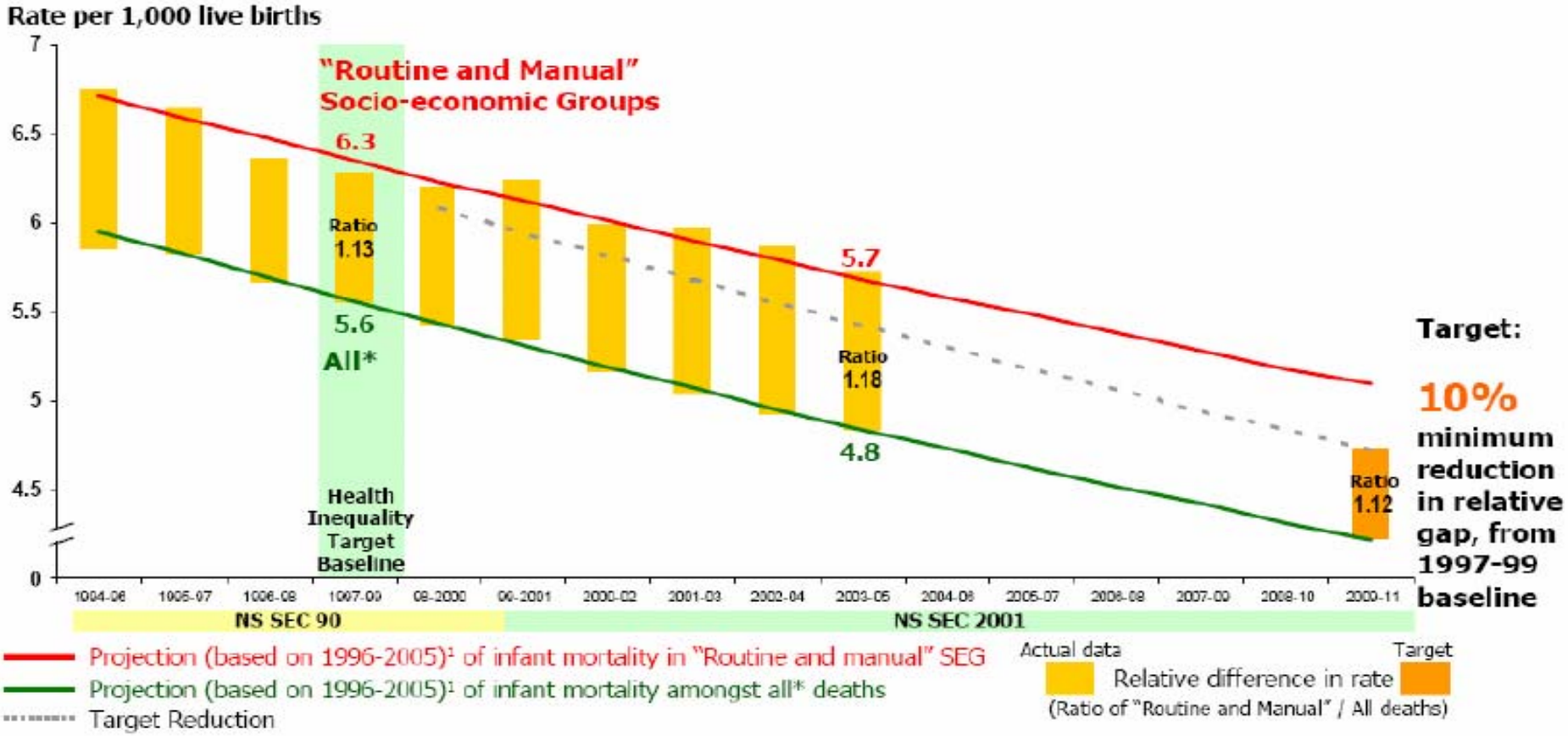
Outline

- Why does it matter?
- What are the key causes/determinants?
- Where are we compared to others?
- What are we doing and what more do we need to do?

Why does it matter?

- Infant mortality
  - Sensitive marker of the wellbeing of a nation's health
  - Public Service Agreement target:
  - **"Starting with children less than 1 year of age by 2010 to reduce by 10% the gap in the infant mortality rate between routine and manual (R and M) groups and the population as a whole"**

Figure 4: Infant mortality rates in England and Wales from 1994-2005 by socio-economic group with projection to 2010 target



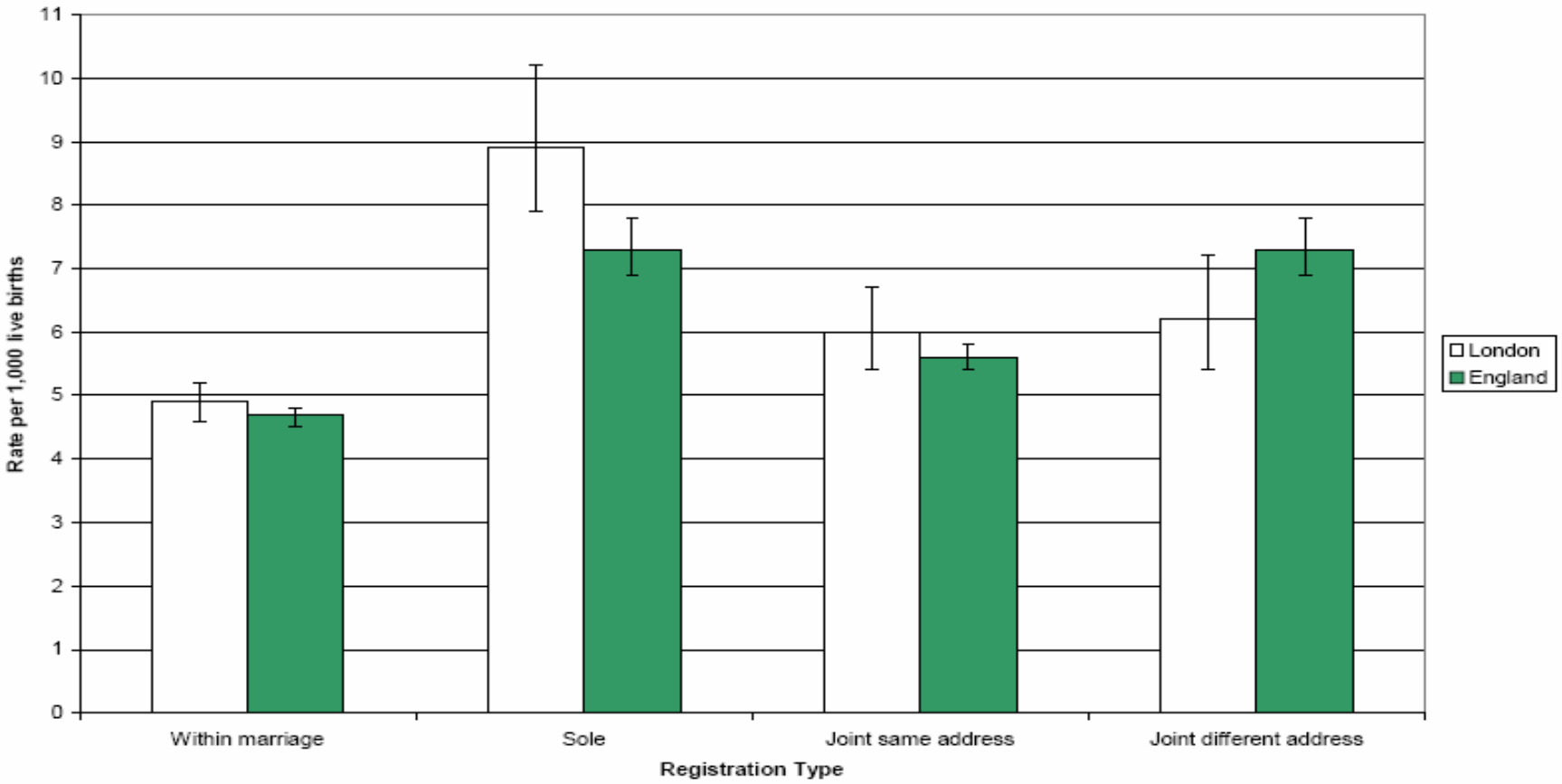
[1]Projection of data for the five years 2001-2005, since NS SEC 2001 was introduced, result in a more encouraging assessment of progress.

* "All" relate to inside marriage and joint registrations outside marriage, not including "social class not specified" for 1995 and 1999. Sole registration and unlinked births are excluded. Information on the father's occupation is not collected for births outside marriage if the father does not attend the registration of the baby's birth
Figures for live births are a 10 per cent sample coded for father's occupation.

Source: Office for National Statistics

Problem with the classification according to occupation of father

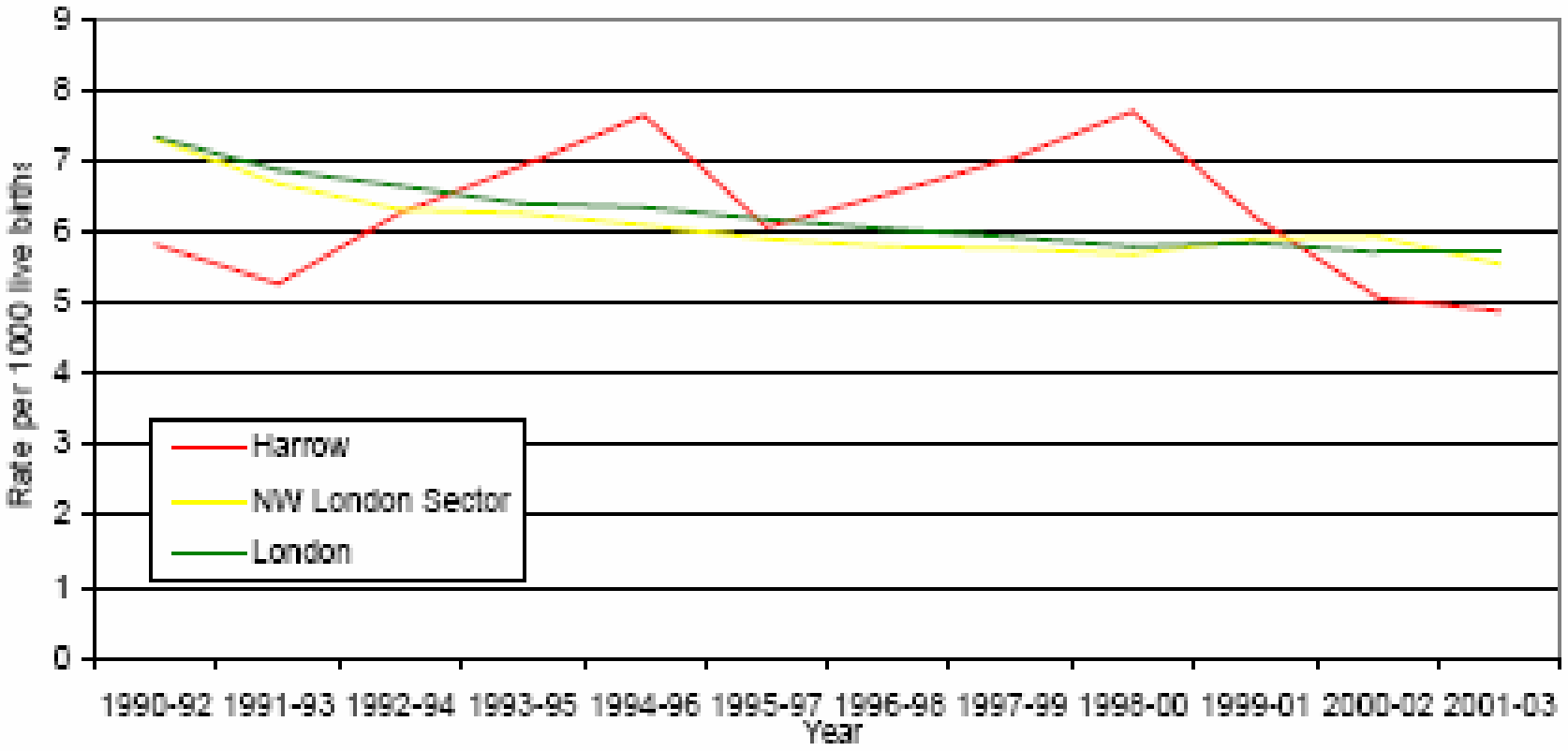
Figure 7: Infant mortality rates by registration type, London and England, 2001-2003



Source: ONS, analysis by LHO

Where is Harrow ?

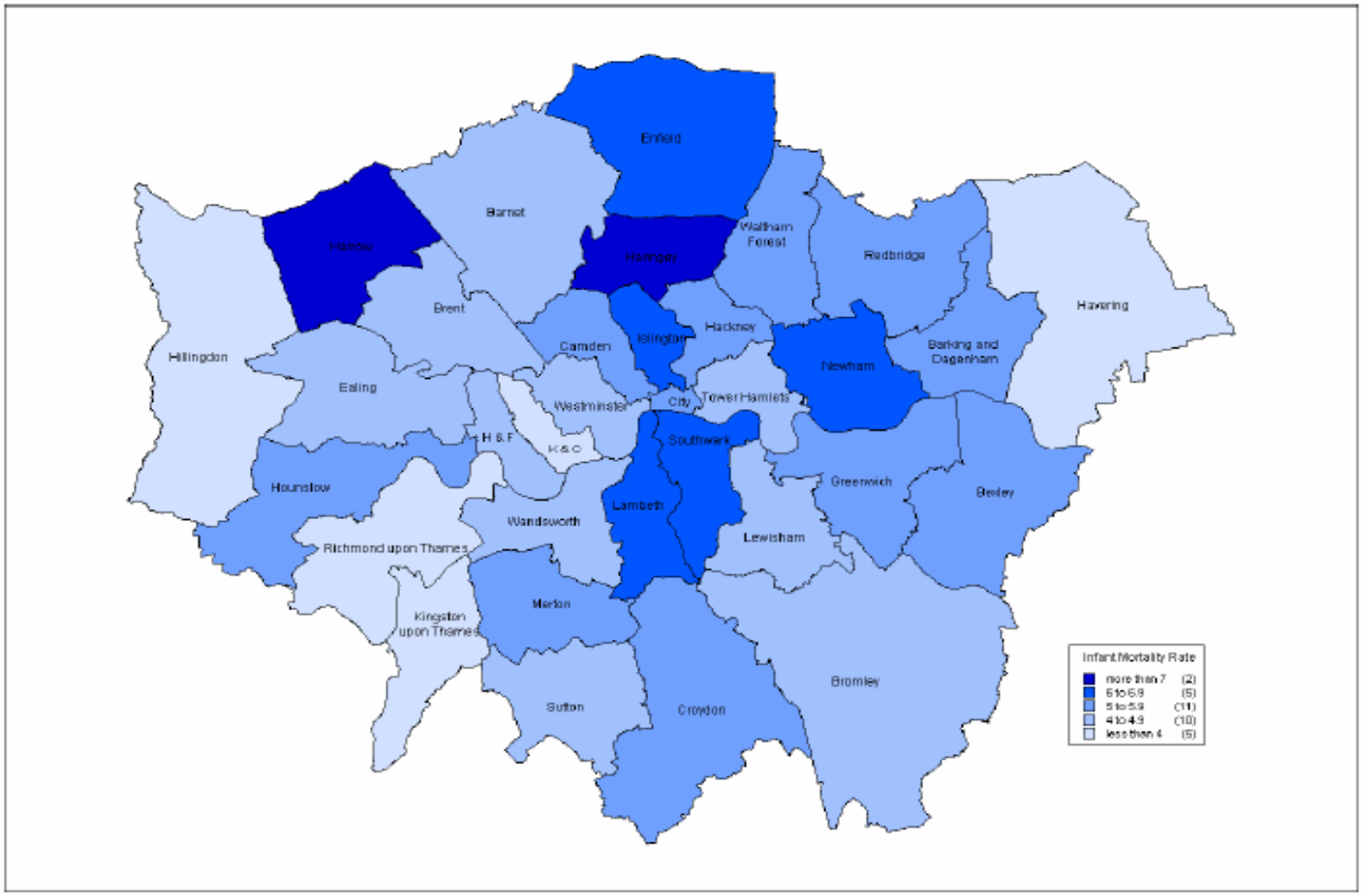
Figure 26 Three-year average infant mortality rate per 1000 live births, 1990-2003



Source: ONS mortality & birth data 1990-2003, Analysis LHO

Where is Harrow compared to other Boroughs?

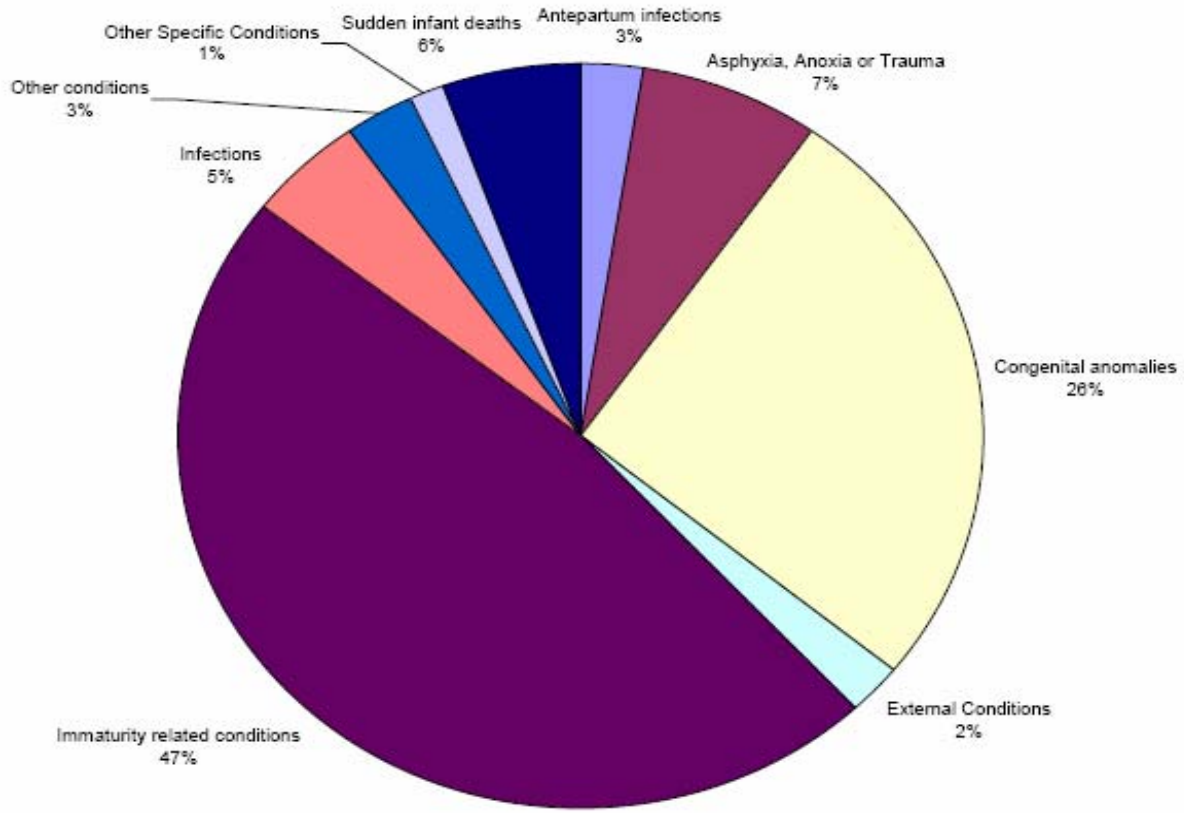
Map 1: Infant mortality rate by London borough, 2003-2005



ource: ONS, analysis by LHO

What are the key causes/determinants?

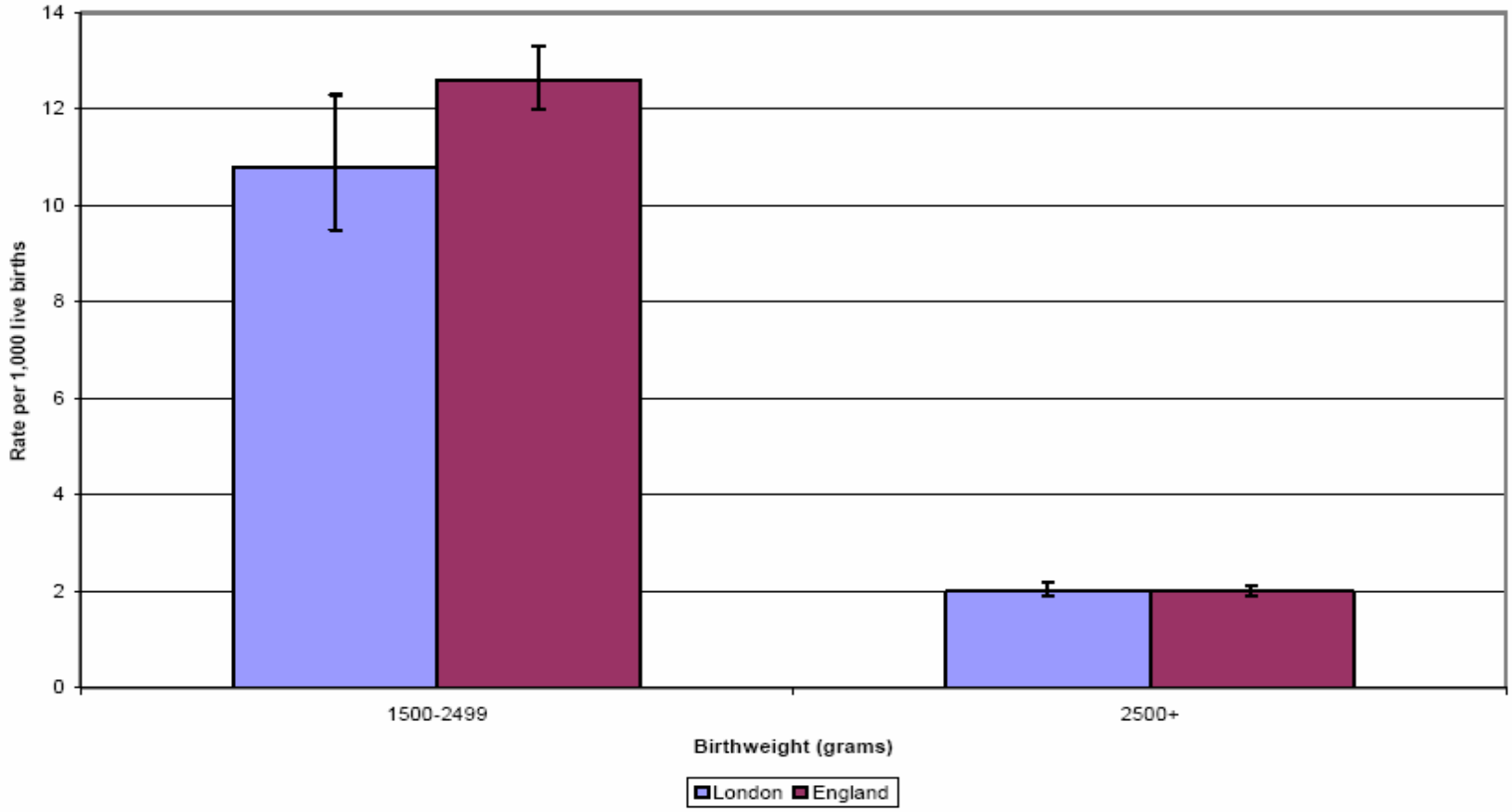
Figure 10: Infant deaths by cause, London, 2001-2003



Source: ONS, analysis by LHO

Low birthweight

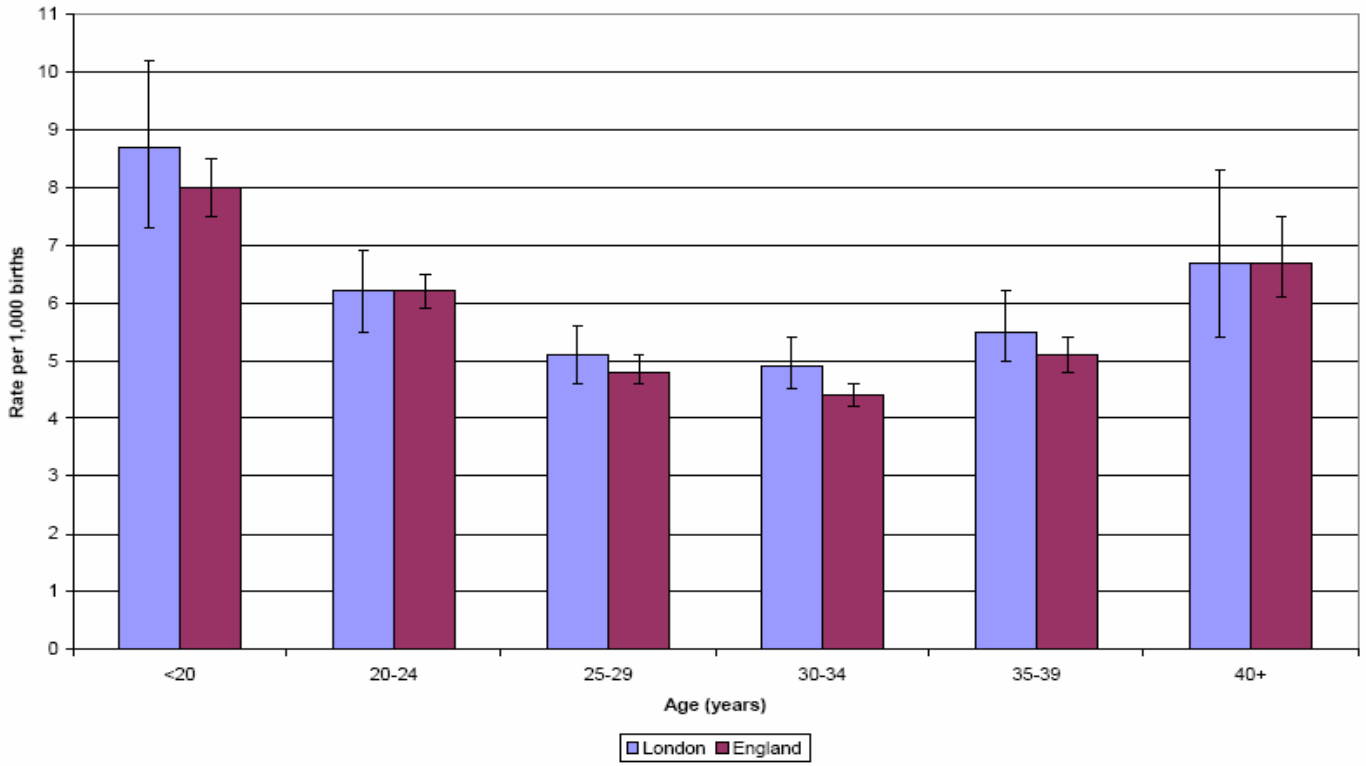
Figure 9: Infant mortality rate by birth weight, London and England, 2001-2003



Source: ONS, analysis by LHO

Young mothers

Figure 8: Infant mortality rate by age of mother, London and England, 2001-2003



Source: ONS, analysis by LHO

High risk groups

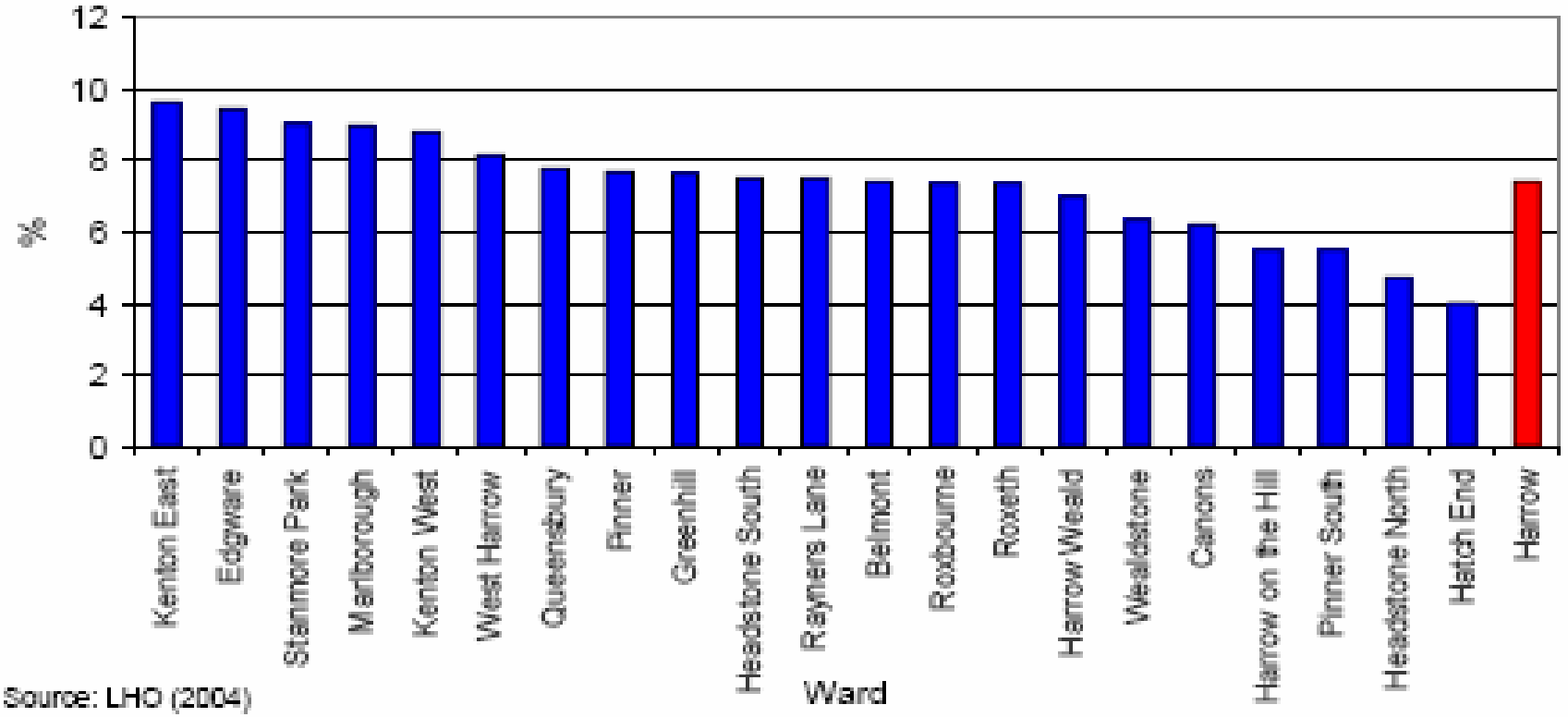
Table 2: Infant mortality rate by country of birth. England & Wales and London 2001-03

	England & Wales			London		
Country of birth	Live births	Infant deaths	Infant deaths per 1,000 live births	Live births	Infant deaths	Infant deaths per 1,000 live births
England and Wales	1,462,185	7,355	5.0	170,024	893	5.3
Ireland	22,899	100	4.4	5,750	29	5.0
Scotland	18,432	86	4.7	3,384	13	3.8
India	21,811	133	6.1	7,979	41	5.1
Pakistan	45,046	496	11.0	7,377	43	5.8
Bangladesh	25,550	152	5.9	12,527	73	5.8
Sri Lanka	7,015	33	4.7	5,791	27	4.7
West Africa	22,386	229	10.2	15,916	174	10.9
East Africa	11,447	70	6.1	5,818	41	7.0
Caribbean Commonwealth	10,007	88	8.8	6,712	57	8.5
Eastern Europe	23,330	107	4.6	14,367	72	5.0
Other Western Europe	36,574	145	4.0	12,758	45	3.5
Rest of World and not stated	104,978	526	5.0	51930	264	5.1

Source: ONS, analysis by LHO

Small babies

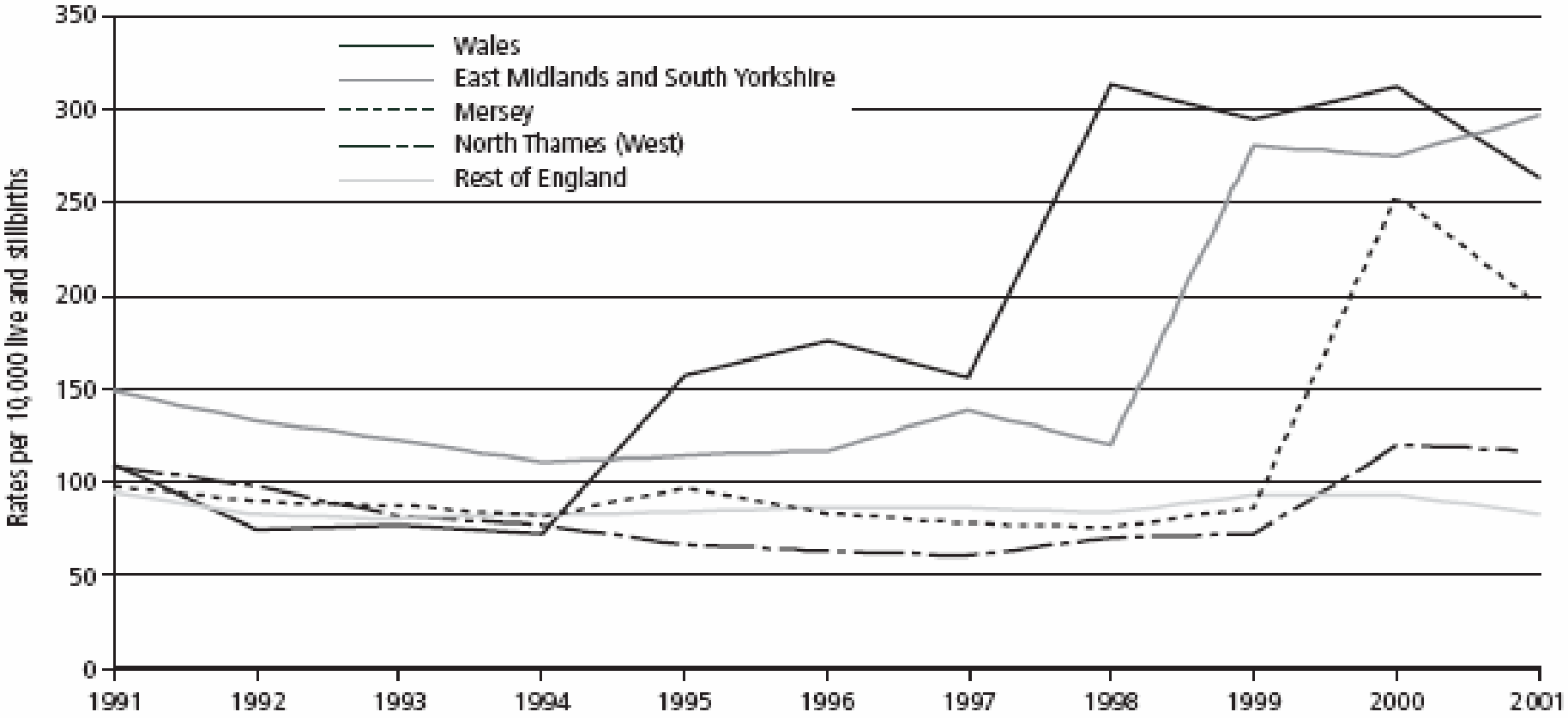
Figure 25 Singleton births resulting in low birth weight (less than 2500g) babies, Harrow wards, 2001-2003



Source: LHD (2004)

Congenital anomalies

Congenital anomalies notifications to NCAS from local registers and the rest of England, 1991–2001



Source: National Congenital Anomaly System. Data at 27 November 2002

What can be done?

5.1 Direct interventions

Tackling health inequalities: What works? identifies action that will reduce inequalities in infant mortality within the target timescale of 2010. Priorities include:

- Reducing smoking in pregnancy in disadvantaged groups, focussing also on paternal smoking.
- Improving nutrition in women in disadvantaged groups of childbearing age.
- Reducing teenage pregnancy which is strongly correlated with socio-economic status.
- Increasing breast-feeding initiation and duration rates in disadvantaged groups.
- Maintaining immunisation coverage and improving service planning for increased uptake in disadvantaged groups.
- Effective education about ways to promote health, e.g. immunisation, focussing on disadvantaged groups.

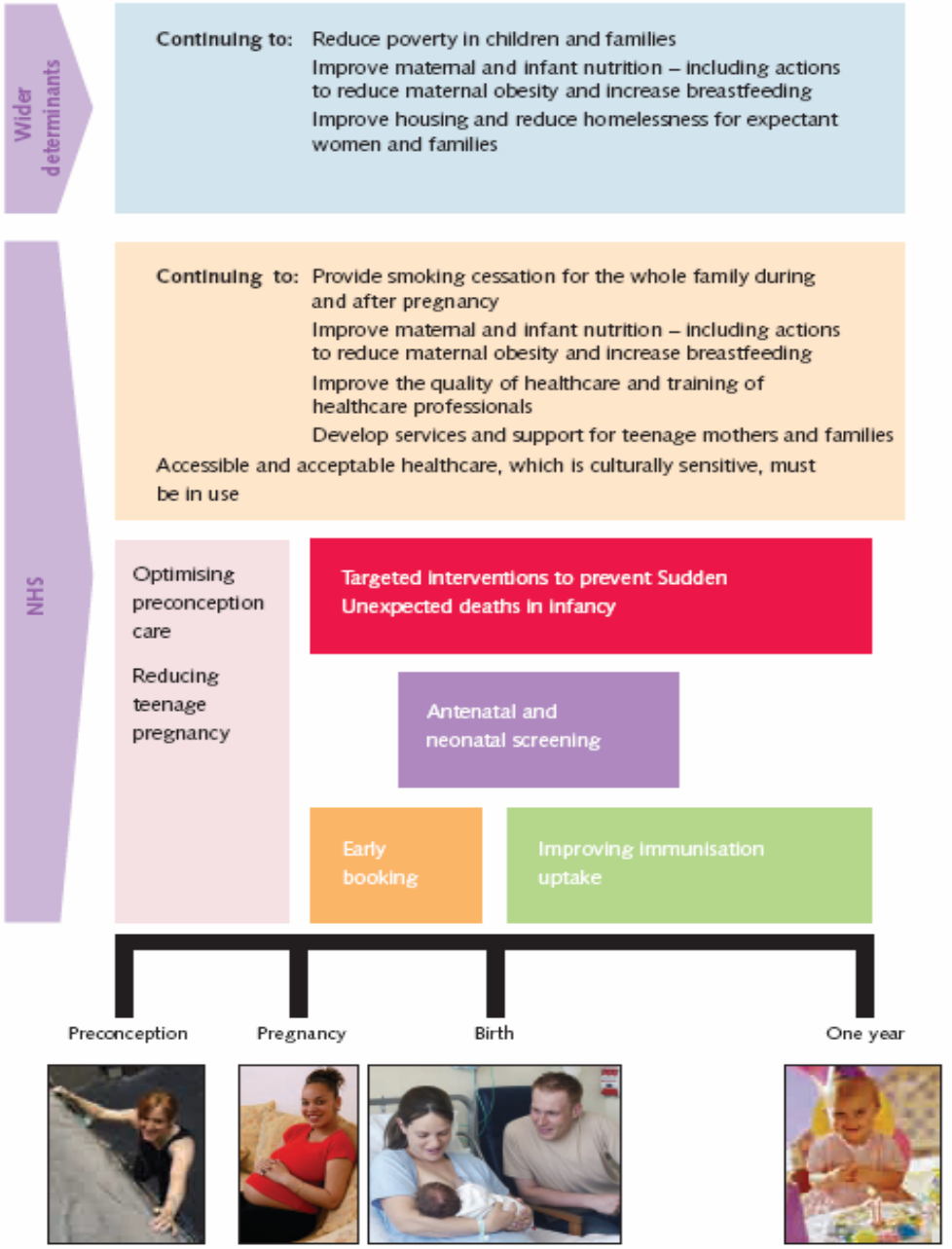
Estimates in the *Review of Health Inequalities Infant Mortality PSA Target* were developed for a review of progress towards the target and they suggest that for England:

- If the prevalence of obesity in the routine and manual group were to fall by 23% to the current levels of obesity in the population as a whole, this would reduce the gap by 2.8%.
- Meeting the national target to reduce smoking in pregnancy from 23% to 15% in the routine and manual group would reduce the gap by 2.0%.
- Reducing sudden unexpected infant deaths in the routine and manual group by persuading 1 in 10 women in this group to avoid sharing a bed with their baby or putting it to sleep prone (on its front) would reduce the gap by 1.4%.
- Achieving the teenage pregnancy target would reduce the gap by 1%.

Data is not currently available for London to replicate this modelling. This highlights the need for more local level data to clearly identify interventions and impacts at this level.

EVERYBODY'S BUSINESS

Timing of actions to prevent infant mortality



No Infant Death .....**IS BEST**

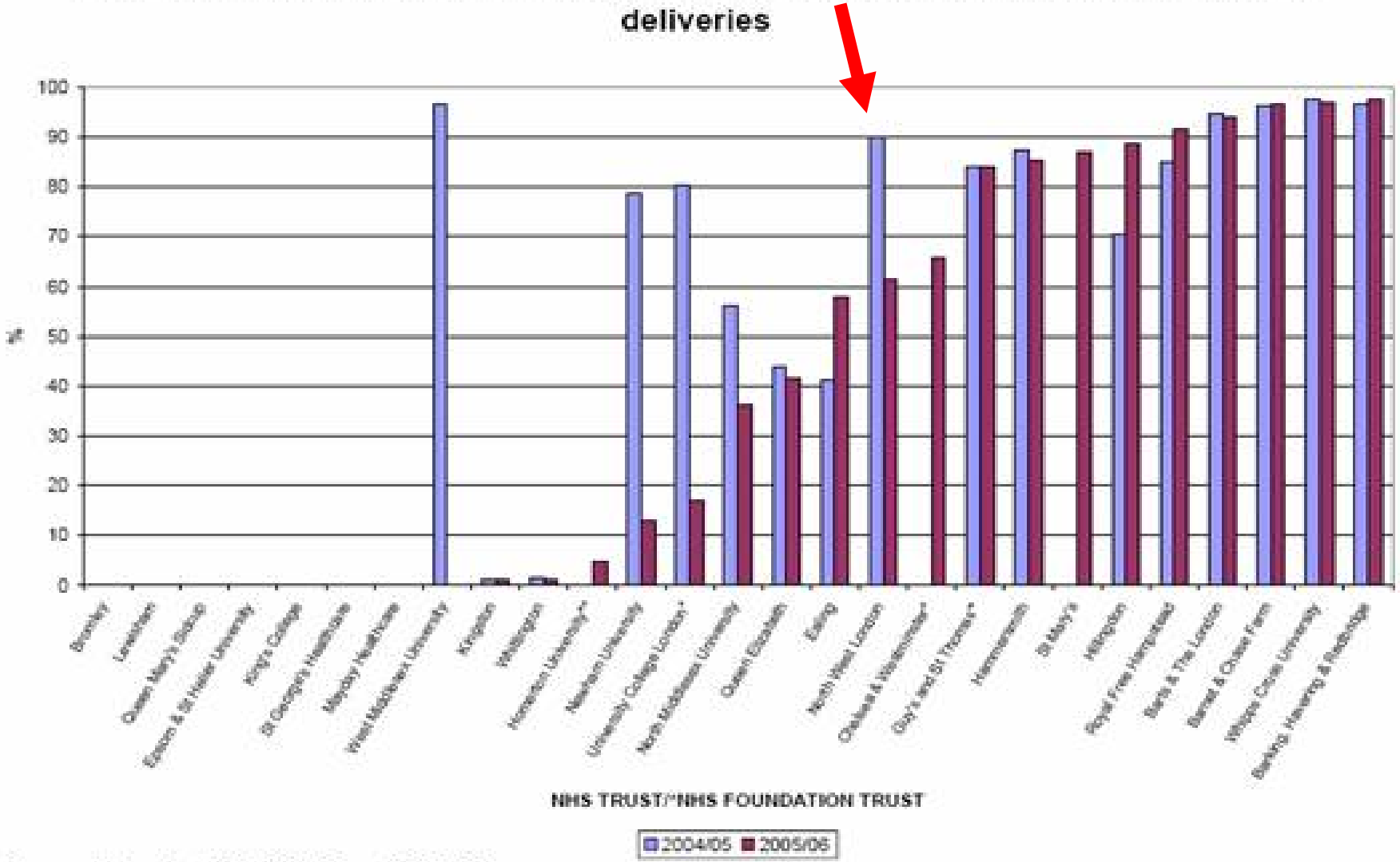
- **N** utriti**o**n – prevention of obesity, folate, vits and Ca
- **I** mmunisation uptake in first year
- **S** moking cessation
- **B** reast feeding initiation
- **E** arly antenatal booking
- **S** IDS prevention- Back to Sleep
- **T** eenage pregnancy prevention/ support

INDICATOR	Rate/%	Target rate 07/8	Current ascertainment	Ascertainment TARGET 07/8
Obesity rate in Year 11 girls	16%	15%	?	?
Completion of 1st 3 immunisations by 9 months	?	95%	?	?
Pregnancy smoking rate	12.3%	8%	93%	98%
Breast feeding initiation	67%	75%	75%	80%
Early Antenatal booking <12 weeks	19.9%	30%	57%	70%
SIDS rate	?	?	?	?
Pregnancy less than 20 years old	28/1000	22/1000	?	?

Moving in the right direction

Composite score of *"Positive action on Infant Mortality Reduction"* – max 7 with a positive score given for each indicator moving in the desired direction. Negative score for reverse trend.

Figure 12: Proportion of all deliveries coded with gestation period at first antenatal appointment in 2004/05 and 2005/06 in each acute trust with over 2,000 London deliveries



Source: Maternity HES, 2004/05 and 2005/06

** Homerton University hospital is only included in the 2005/06 analysis as it had less than 2,000 deliveries in 2004/05

Table E2: Local indicators known to have a positive impact on infant mortality by London PCTs

PCTs	% mothers smoking in pregnancy*	% smoking in pregnancy unknown	Projected to meet year end 2007/08 Q4**	% mothers initiating breastfeeding ***	% initiating breastfeeding unknown	Projected to meet year end 2007/08 Q4**	% early book (less than 12 weeks)		% of deliveries coded with gestational age at first antenatal booking		% of deliveries coded with ethnicity	
Year	2006	2006		2006	2006		2004/05	2005/06	2004/05	2005/06	2004/05	2005/06
Barking & Dagenham	9.4	2	YES	66.3	2.2	YES	27.6	25.1	95.3	95.4	71.1	75.0
Barnet	14.4	1.7	YES	89.1	1.2	YES	4.6	7.2	83.7	83.5	86.8	88.7
Bexley	16.1	0	YES	72.1	0	YES	0.4	4.0	8.1	10.6	88.5	86.2
Brent	6.6	5.4	YES	67.8	6.8	PDR	10.7	14.1	65.3	71.8	72.8	84.3
Bromley	6.1	5.6	YES	72.3	0	PDR	0.1	16.7	0.7	0.6	64.8	65.4
Camden	7	1.5	NO	79.1	9.8	PDR	6.7	10.9	72.3	58.2	82.2	91.4
City & Hackney	7.5	2.8	NO	82.1	6.2	YES	8.4	24.2	72.5	7.9	78.1	83.3
Croydon	9	3.5	NO	80.6	3.2	YES	0.1	14.3	0.6	0.6	92.9	91.9
Ealing	6.5	2	YES	84	3.2	PDR	8.2	10.3	62.4	65.4	90.7	93.7
Enfield	17.5	0.5	NO	84.1	1.1	YES	14.2	19.3	77.6	63.0	93.5	96.3
Greenwich	12.4	2.1	YES	71.9	0	NO	2.0	3.7	38.5	36.6	95.8	94.0
Hammersmith & Fulham	7.2	2.7	NO	81.2	1.3	PDR	6.4	19.7	46.7	76.4	83.7	85.8
Haringey	12.3	1.5	NO	86.1	3.5	YES	5.7	13.7	42.3	28.6	87.0	90.8
Harrow	8.8	2.5	YES	66.6	7.4	YES	18.5	19.9	80.3	57.1	64.0	81.1
Havering	6.1	2.4	YES	63.6	3	NO	18.5	18.8	95.0	96.5	94.1	95.3
Hillingdon	13.5	0	YES	51.1	0	NO	3.8	5.2	65.4	82.8	62.0	78.6
Hounslow	11.1	1.3	YES	82.3	2.1	YES	10.5	22.6	82.7	24.0	97.1	98.5
Islington	12.6	1.8	NO	81.7	5	YES	5.4	15.7	41.2	14.8	80.7	89.6
Kensington & Chelsea	3.5	15.5	YES	87.7	1.1	PDR	2.2	18.4	16.3	73.1	80.2	74.6
Kingston	6.5	0	NO	89.5	0	PDR	0.1	8.6	1.8	1.6	91.0	95.6
Lambeth	5.5	2.3	YES	89.6	1.6	PDR	9.4	35.0	43.0	42.1	93.8	94.8
Lewisham	8.8	11.6	YES	83.9	6.6	PDR	2.4	26.4	10.2	11.2	81.1	71.2
Newham	5.8	3.9	NO	70.9	5.2	NO	11.1	19.3	81.8	23.9	94.2	91.4
Redbridge	5.1	4.5	NO	80.7	2.7	YES	42.1	43.1	97.5	96.4	90.4	89.8
Richmond & Twickenham	5.3	0	YES	91	0	PDR	4.2	23.1	33.2	13.5	91.0	94.1
Southwark	6.8	2.2	YES	86.8	1.4	PDR	7.2	27.9	38.7	38.3	94.0	94.7
Sutton & Merton	5.2	29.5	YES	71.4	19	YES	0.0	25.3	0.6	1.7	90.0	82.2
Tower Hamlets	4.4	0.9	NO	76.8	3	YES	54.8	64.1	92.8	89.1	93.0	94.3
Waltham Forest	9.9	13.6	NO	82.2	3.5	PDR	18.0	39.6	96.6	91.4	81.8	82.1
Wandsworth	6.5	2.7	YES	80.9	0.9	NO	0.9	24.0	7.5	28.4	83.8	83.7
Westminster	6.8	1.7	NO	80	5.4	PDR	2.2	12.4	14.5	77.4	79.7	83.1

PDR poor data recording in earlier years 03/04 and 04/05,unable to work out growth using this data

	>10%	>5%	NO	<75%	>5%	NO	<10%	<50%	<80%
	5-10%	1-5%		75-85%	1-5%	PDR	10-50%	50-80%	80-90%
	<5%	<1%	YES	>85%	<1%	YES	>50%	>80%	>90%

*this is based on mothers known to have been smoking at time of delivery
**this is based on LHO performance report data projected trends
***within 48 hours of birth

Summary

- We are doing good things in reducing the DETERMINANTS of infant mortality
- BIG push needed to get data quality improved for these
- We must ALL remember NO …..IS BEST

Domain		Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1	Income deprivation	25625	12.2	12.9	31.1		3.3
	2	Ecological footprint	n/a	5.346	5.470	6.430		4.904
	3	Homelessness	96	1.9	7.8	35.8		0.0
	4	Children in poverty	7845	18.8	21.3	58.8		5.2
	5	GCSE achievement *	1389	64.3	57.5	33.6		81.9
	6	Violent crime	3028	14.3	19.8	41.1		5.0
Giving children and young people a healthy start	7	Smoking in pregnancy						
	8	Breast feeding						
	9	Obese children						
	10	Physically active children *						
	11	Teenage pregnancy (under 18) *	122	29.4	42.1	95.3		12.8
The way we live	12	Adults who smoke *	n/a	17.6	26.0	37.3		15.5
	13	Binge drinking adults	n/a	10.0	18.2	29.2		8.8
	14	Healthy eating adults	n/a	31.9	23.8	11.4		38.1
	15	Physically active adults	n/a	11.2	11.6	7.5		17.2
	16	Obese adults	n/a	19.3	21.8	31.0		14.6
How long we live and what we die of	17	Life expectancy - male *	n/a	78.7	76.9	72.5		82.2
	18	Life expectancy - female *	n/a	82.6	81.1	78.1		86.2
	19	Deaths from smoking	269	186.0	234.4	366.5		147.6
	20	Early deaths: heart disease & stroke *	161	78.7	90.5	151.3		44.9
	21	Early deaths: cancer *	208	102.8	119.0	168.0		81.6
	22	Infant deaths *	20	7.1	5.1	9.9		1.2
	23	Road injuries and deaths	79	37.6	59.9	214.1		20.2
Health and ill health in our community	24	Feeling 'in poor health'	14286	6.3	7.8	15.4		4.2
	25	Mental health	2720	19.9	27.4	72.0		8.5
	26	Hospital stays due to alcohol	274	126.3	247.7	652.4		85.6
	27	Drug misuse	742	5.2	9.9	34.9		1.3
	28	People with diabetes	11248	5.3	3.7	5.9		2.1
	29	Children's tooth decay	n/a	2.0	1.5	3.2		0.4
	30	Sexually transmitted infections						
	31	Older people: hip fracture	214	557.8	565.3	936.8		259.7

- Significantly better than England average
- Significantly worse than England average
- Not significantly different from England average

* PSA Target Measure 2005-2008