

## JOINT STRATEGIC NEEDS ASSESSMENT 2015/16

### CHILDREN AND YOUNG PEOPLE (STARTING WELL AND DEVELOPING WELL)

**CHAPTER: Preconception and Pregnancy**

**TOPIC: Maternity – Pregnancy / Antenatal Care / Postnatal Care**

#### Why is this important?

The Marmot report highlighted the importance of giving every child the best start in life to improve the health of the population and reduce health inequalities.

Fair Society, Healthy Lives The Marmot Review (2010)

<http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf>

High quality antenatal care gives a better chance of a health pregnancy and a healthy baby. There is good evidence to show that a healthy pregnancy is vital to a child's development, life chances and achievement. Healthy mothers tend to have healthy babies and a mother who receives effective and high quality maternity care is better placed to provide the best start in life for her baby.

Department of Health, National Services Framework for Children, Young People and Maternity Services, 2004

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/199952/National\\_Service\\_Framework\\_for\\_Children\\_Young\\_People\\_and\\_Maternity\\_Services\\_-\\_Core\\_Standards.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199952/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Core_Standards.pdf)

Early access to high quality and effective antenatal care supports work to increase identification of safeguarding issues and contributes to delivering the NHS Outcomes Framework Indicator to reduce infant mortality and a number of outcomes in the Public Health Outcomes Framework including increasing breastfeeding rates, reducing incidence of low birth weight babies and reduced maternal smoking.

NHS Outcomes Framework 2015/16, Department of Health (2014)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/385749/NHS\\_Outcomes\\_Framework.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385749/NHS_Outcomes_Framework.pdf)

Public Health Outcomes Framework for England

<http://www.phoutcomes.info/>

The National Institute for Health and Care Excellence (NICE) Guidance on Antenatal Care (2008) <http://www.nice.org.uk/guidance/cg62> recommends that women should have access to maternity services for a full health and social care assessment of needs, risks and choices before they reach 12 weeks of pregnancy. Ideally this assessment should take place at 10 weeks of pregnancy to allow women to have the full benefit of personalised maternity care and improve outcomes and experience for mother and baby.

The assessment is usually carried out by a midwife and is the start of The Healthy Child Programme.

The Healthy Child Programme is offered to all families. Core elements include health and development reviews, screening, immunisations, promotion of social and emotional development, support for parenting, and effective promotion of health and behaviour change (for both mothers and fathers). It provides significant opportunities for highly skilled professionals to identify and deliver appropriate interventions to those with specific needs (including, in some families, safeguarding needs). Healthy Child Programme, Pregnancy and the First Five Years of Life, Department of Health (2009) - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167998/Health\\_Child\\_Programme.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf)

Reducing the percentage of women who access maternity services later in pregnancy through targeted outreach work for vulnerable and socially excluded groups will help to reduce the health inequalities these groups face whilst also guaranteeing choice to all pregnant women.

### **Key inequalities**

The National Perinatal Epidemiology Unit's survey found that 80% of women (four out of five) realised they were pregnant within the first 6 weeks of their pregnancy. 16% of all pregnant women, including many under 18 year olds, delay using maternity care until they are five or six months pregnant. These women miss the crucial few weeks of maternity care National Perinatal Epidemiology Unit (2006) Recording Delivery: A national survey of women's experience of maternity care. <https://www.npeu.ox.ac.uk/recorded-delivery>

The Department of Health's National Service Framework for Children, Young People and Maternity Services (2004) highlighted that disadvantaged women with multiple social problems and women in minority groups are significantly less likely to use maternity services early in pregnancy or keep in contact with services that the population as a whole. <https://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services>

The National Institute for Health and Care Excellence (NICE) Guidance on Antenatal Care (2008) was produced after reports showed that women from non-white ethnic groups and women in the most deprived population quintile had stillbirth and neonatal death rates that were twice those of white women and those women resident in the most affluent areas. <http://www.nice.org.uk/guidance/cg62>

The Saving Mothers' Lives Report (2007) found that women who booked into antenatal care after 20 weeks of pregnancy or who missed more than four routine appointments were more likely to be black African or Caribbean, experiencing domestic violence and abuse, misusing substances, known to social services or child protection services or unemployed. The report identified four groups who represented socially excluded women: women who misuse substances (including drugs and/or alcohol), recent migrants, refugees, asylum seekers and women with little or no English, young women aged under 20 years and women experiencing domestic violence and abuse.

<http://www.publichealth.hscni.net/sites/default/files/Saving%20Mothers%27%20Lives%202003-05%20.pdf>

High quality antenatal care includes:

- Antenatal and newborn screening - giving greatest choice of screening tests in pregnancy, including infectious disease screening, antenatal diagnosis and planned management (see antenatal and newborn screening JSNA section for greater detail)
- Support to have good maternal mental health (see maternal mental health JSNA section for greater detail)
- Support on health lifestyle choices (see smoking in pregnancy and breastfeeding JSNA sections for greater detail)

## **The Manchester Picture**

### **Quality Standards, Pathways and Clinical Guidelines**

Maternity care in Manchester is provided in line with the National Institute for Health and Care Excellence (NICE) quality standards, pathways and clinical guidelines for ante-natal and postnatal care. NICE produce recommendations for care during maternity, these recommendations include;

- Women are supported to access antenatal care ideally by 10 weeks
- Women are cared for by a named midwife throughout their pregnancy
- Women who smoke are given smoking cessation support
- Women who need specialist support are identified and given additional attention
- Women are kept fully informed at all stages of their pregnancy
- Women are identified as needing and are offered psychological support as appropriate
- Women are supported to plan their place of birth and for those at low risk this is appropriate at home or in a midwifery led unit
- Women who have had one or more caesarean sections have a documented discussion of the option to plan a vaginal birth
- Women receive breastfeeding support

### **Maternity Pathway**

The maternity pathway is split into three stages: Antenatal care; Delivery; and Postnatal care.

Women may choose their lead provider for each stage of the maternity pathway, although the provider must be within the local choice offer the Clinical Commissioning Group (CCG) has identified. Community midwifery is provided by the provider nearest to the woman's home to allow for access to local clinics and support services during pregnancy. The local choice offer for NHS North, Central and South Manchester CCGs can be found in the link below along with further information regarding quality outcomes and patient experience for each organisation. Other

providers may be used, but only where there is a prior agreement with the CCG.  
<https://www.centralmanchesterccg.nhs.uk/your-nhs-services>

## **Maternity Services Providers**

Maternity care across Manchester is provided by three acute trusts, Pennine Acute Hospitals NHS Trust (PAT), Central Manchester Foundation Trust (CMFT) and University Hospital of South Manchester Foundation Trust (UHSM).

### Pennine Acute Hospitals NHS Trust (PAT)

The primary recipients of maternity care at PAT are residents of Bury, North Manchester, Oldham and Heywood, Middleton and Rochdale. The North Manchester population is served by North Manchester General Hospital. Women may choose their lead provider for each stage of the pathway, although the provider must be within the local choice offer the CCG has identified.

North Manchester General Hospital provides routine maternity services to local women, including midwifery led Birth Centre and community services. In 2014/15 there were 4,608 births at North Manchester General Hospital (live and still born).

### Central Manchester University Hospital NHS Foundation Trust (CMFT)

CMFT serves the population of Central and North Manchester, Trafford, Salford and Stockport. Women may choose their lead provider for each stage of the pathway, although the provider must be within the local choice offer the CCG has identified.

CMFT provides all aspects of maternity care; tertiary referral centre/ high risk obstetrics as well as routine maternity providers to local women. Services include birth at home, a standalone birth centre and the integrated midwife led unit. In 2014/15 there were 8,782 births at CMFT (live and still born).

### University Hospital of South Manchester NHS Foundation Trust (UHSM)

Due to the position of UHSM they serve the population of South Manchester, Trafford, East Cheshire and Stockport. Women may choose their lead provider for each stage of the pathway, although the provider must be within the local choice offer the CCG has identified.

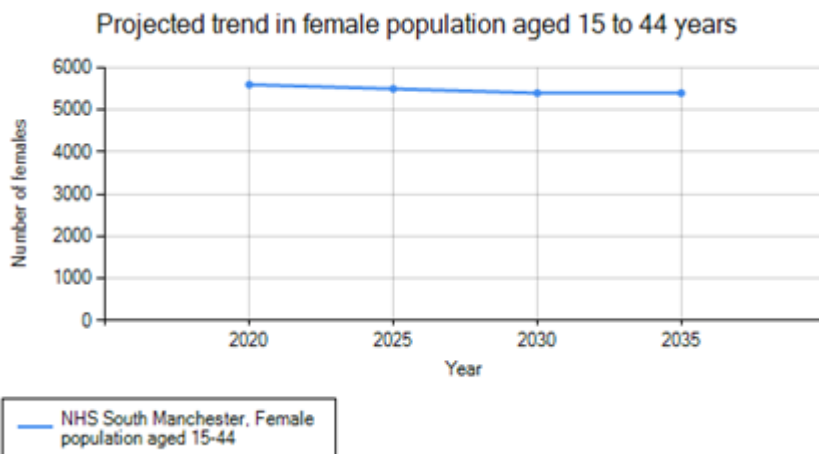
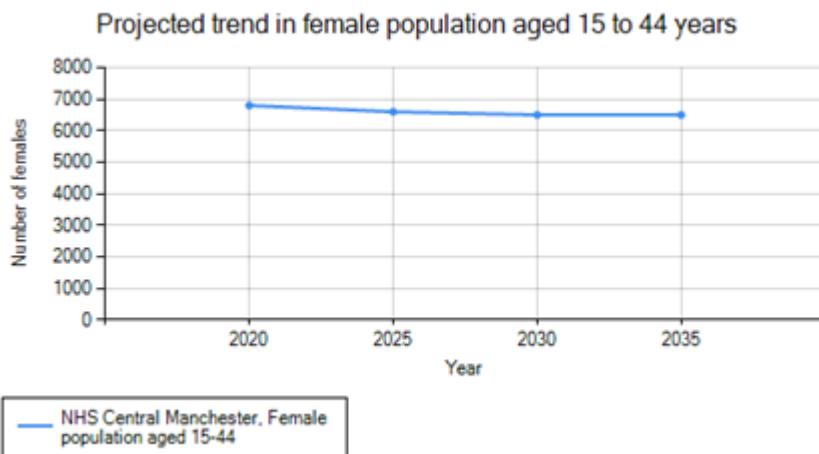
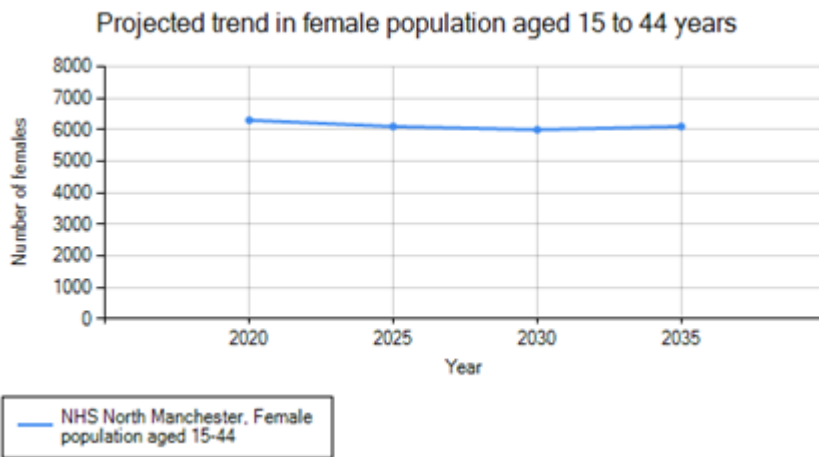
UHSM provides routine maternity to local women. Services include community services and a Birth Centre situated 20-25 yards from the Obstetric Delivery Suite. In 2014/15 there were 4,243 births at UHSM (live and still born). Home births are not included in this figure.

## **Current and Future Population**

The Office for National Statistics (ONS) uses recent trends in births, deaths and migration to estimate future population changes. The line charts below show the projected trend in the female population aged 15 to 44 years in NHS North, Central and South Manchester.

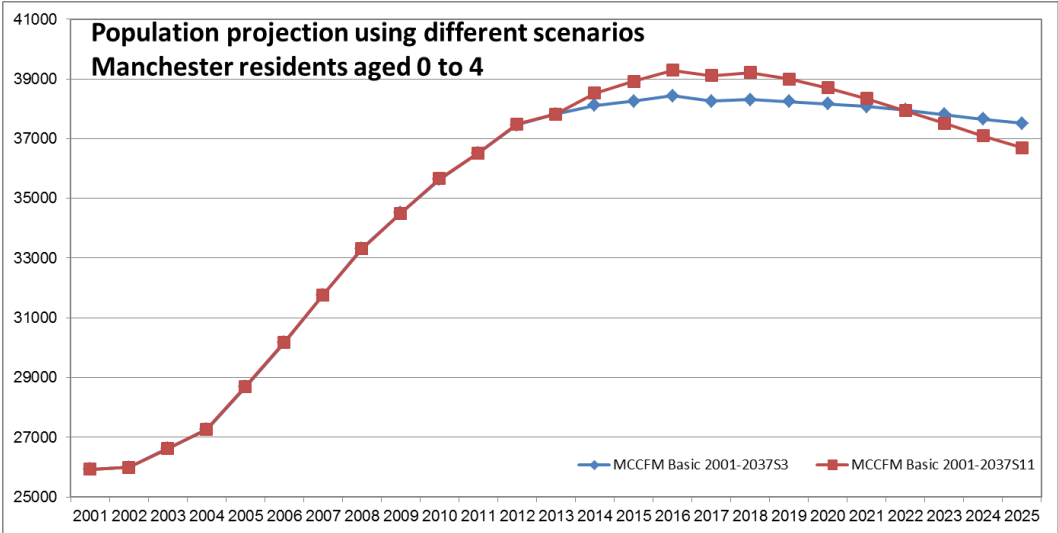
This is based on the ONS population projections and is for a significant period of time in the future. Local data over a shorter period of time may provide a better reflection of future trends.

Information source: CHIMAT [CHIMAT Atlas Data](#)



Source: Office for National Statistics

Data from Manchester City Council’s in-house forecasting model (MCCFM) suggests that the official projections described above could potentially be too low and that the population of Manchester is growing at a faster rate than that predicted by ONS. The key difference is that the MCCFM allows for a higher level of growth due to migration.



This chart above shows how the local forecast (the red line) projects a higher rise and fall in the number of children aged 0 to 4 years than the ONS projection population (the blue line). Both scenarios are based on the assumption that the birth rate will fall but the MCCFM is boosted with the children of (higher numbers of) immigrants.

**Fertility and Births**

Information source: CHIMAT [CHIMAT Atlas Data](#)

**Fertility**

The general fertility rate (GFR) is the number of live births per 1,000 females aged 15 to 44 years in your local population. In 2014, the GFR in Manchester was 59.4 per 1,000 women aged 15 to 44 years compared with the England rate of 62.1 per 1,000 women aged 15 to 44 years.

The following table shows the trend in the general fertility rate in North, Central and South Manchester Clinical Commissioning Groups (CCGs).

	General Fertility Rate (2011)	General Fertility Rate (2012)	General Fertility Rate (2013)	General Fertility Rate (2014)
NHS North Manchester	66.7	65.5	66.2	65.2
NHS Central Manchester	58.9	60.0	57.2	56.6
NHS South Manchester	57.9	57.7	57.2	56.5
Manchester	61.0	61.0	60.0	59.4

England	64.9	64.9	62.4	62.1
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NHS North Manchester had a general fertility rate higher than the England average of 65.2 live births per 1,000 women aged 15 to 44 years in 2014.

NHS Central Manchester had a general fertility rate of 56.6 live births per 1,000 women aged 15 to 44 years in 2014, lower than the England average.

NHS South Manchester had a general fertility rate of 56.5 live births per 1,000 women aged 15 to 44 years in 2014. This is very similar to the rate in Central Manchester and lower than the England average.

## Births

Information source: CHIMAT [CHIMAT Atlas Data](#)

The table below shows how the number of live births in North, Central and South Manchester CCGs has changed over the years.

	No. of live births in 2008	No. of live births in 2009	No. of live births in 2010	No. of live births in 2011	No. of live births in 2012	No. of live births in 2013	No. of live births in 2014
NHS North Manchester	2,697	2,590	2,689	2,727	2,738	2,796	2,811
NHS Central Manchester	2,866	2,945	2,963	2,998	3,074	2,901	2,898
NHS South Manchester	2,132	2,254	2,313	2,369	2,348	2,321	2,246

In 2014, there were 2,811 live births to women living in NHS North Manchester. The table below shows how this number has increased almost year on year since 2008.

In 2014, there were 2,898 live births to women living in NHS Central Manchester. The number of live births increased in the period between 2008 and 2012 but has fallen back over the past two years (2013 and 2014).

In 2014, there were 2,246 live births to women living in NHS South Manchester. As in Central Manchester, the number of live births have fallen in recent years following a period of continual increase between 2007 and 2011.

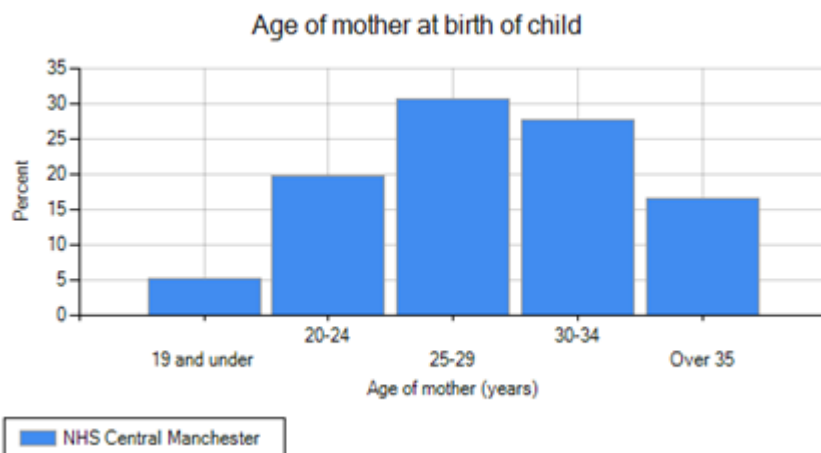
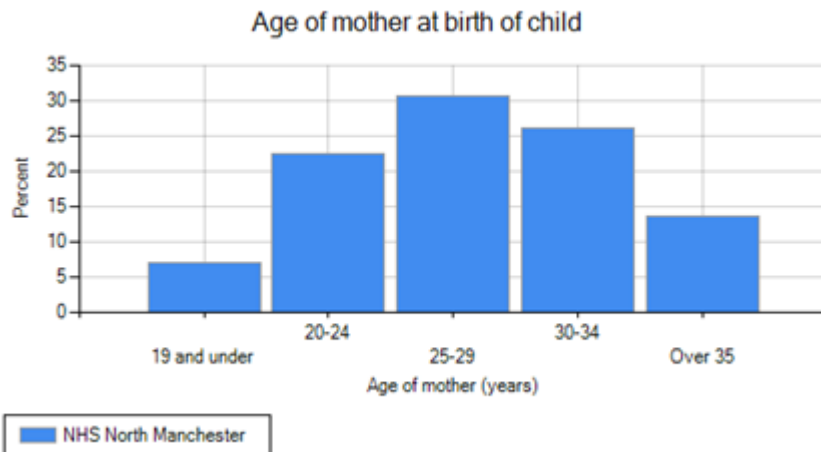
## Mothers

Information source: CHIMAT [CHIMAT Atlas Data](#)

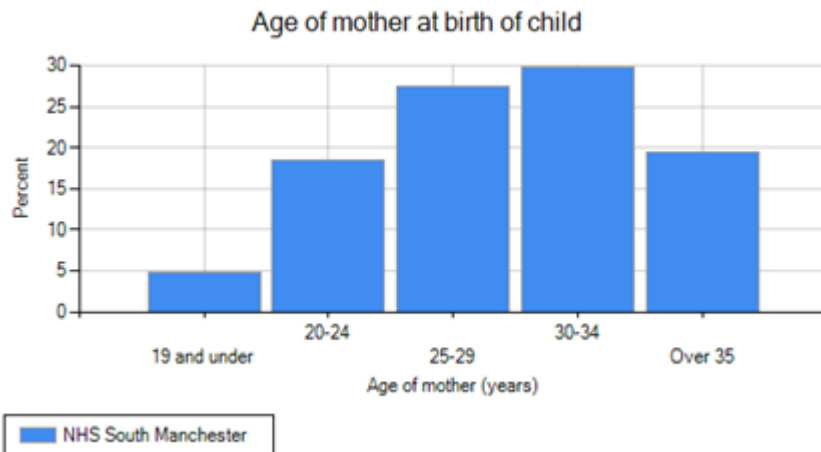
The charts below shows the age of mothers at the delivery of their baby in five year age bands in NHS North, Central and South Manchester. Please note, Hospital Episode Statistics (HES) used below only include births in an NHS hospital and exclude home births and births in a private provider. However, the number of home

births and births in a private provider are small.

Mothers and their babies at the lower and upper age bands are at greater risk of problems during delivery. Teenage mothers are at increased risk as they are more likely to present to services later on in their pregnancy. The lifestyle and diet of younger mothers may also present increased risk of complications. 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. The likelihood of stillbirths and multiple births also increases with the mother's age.







Source: Hospital Episode Statistics (HES). The NHS Information Centre for health and social care.

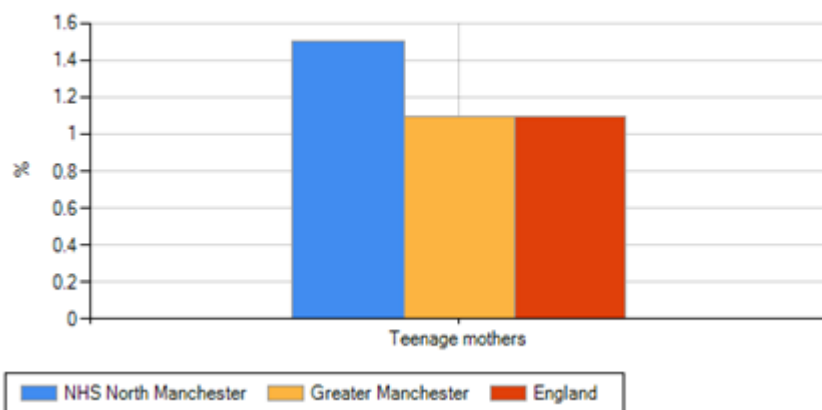
### **Teenage Pregnancy**

The UK still has one of the highest rates of teenage pregnancy in Western Europe (Network of PHOs in England, 2012). Manchester had a rate of 36.5 conceptions per 1,000 girls aged under 18 in 2013, compared to 28.2 in Greater Manchester and 24.3 in England. This is an improvement from the crude rate of 45 per 1,000 in 2012, compared to 33.3 in Greater Manchester and 27.7 in England. For further details on teenage pregnancy please read the JSNA teenage pregnancy topic.

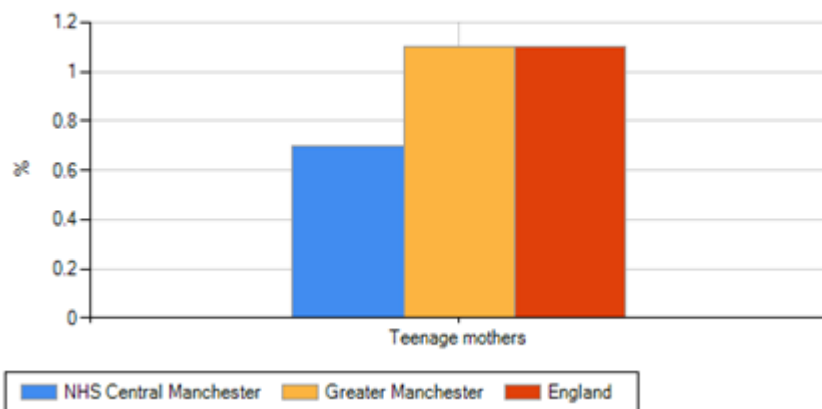
Teenage pregnancy poses a high cost to both the individual and society, financially and socially. Poorer educational attainment, higher rates of infant mortality and postnatal depression are just a few of the poorer outcomes and experiences of teenage mothers and their children (Department of Health, 2009, P11).

The following table shows the percentage of deliveries which were to mothers aged less than 18 years old registered with GP practices within the North, Central and South Manchester Clinical Commissioning Group (CCG) areas, alongside data for England and region. Information source: CHIMAT [CHIMAT Atlas Data](#) The data shows that North Manchester and South Manchester have a higher proportion of deliveries to mothers aged under 18 years than the Greater Manchester and England averages. Central Manchester has a much lower proportion of deliveries to mothers aged 18 and under than the Greater Manchester and England averages. Please note, for teenage pregnancy purposes we use the under 18 conception data and some of these births will be to 18 year olds.

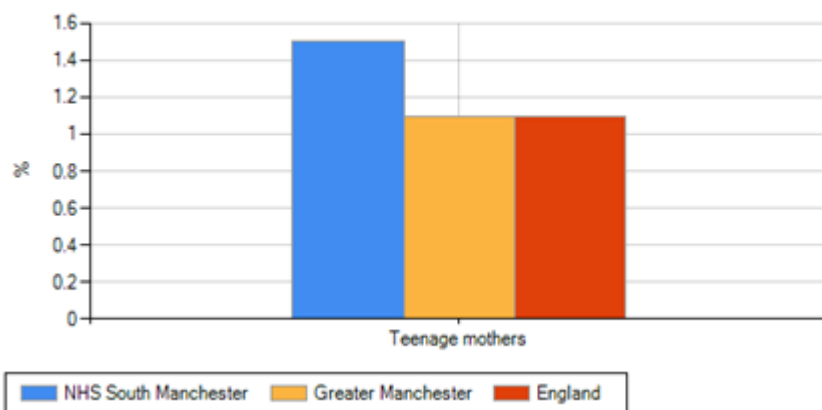
Percentage of deliveries where the mother is aged under 18 years



Percentage of deliveries where the mother is aged under 18 years



Percentage of deliveries where the mother is aged under 18 years



Source: Hospital Episode Statistics (HES). Health and Social Care Information Centre. Please note, Hospital Episode Statistics (HES) used below only include births in an NHS hospital and exclude home births and births in a private provider. However, the number of home births and births in a private provider are small.

### **What would we like to achieve?**

Encouraging and enabling the good health of mothers, both before and during pregnancy and after birth, including all women's physical health and mental wellbeing maximised to provide positive outcomes for the mother, the baby and the family as a whole.

We need to identify the mothers in Manchester who do not book antenatal care early or do not keep contact with antenatal services and understand their reasons for this. This will enable services to address the needs of the most vulnerable women and their unborn babies.

### **What do we need to do to achieve this?**

Enhance the Local Choice of Maternity Services to enable women to have access to a greater range of providers to help improve women's maternity experience

Support and implement the recommendations of the National Maternity Review

Identify the mothers in Manchester who do not book antenatal care early or do not keep contact with antenatal services and understand their reasons for this. This will enable services to address the needs of the most vulnerable women and their unborn babies

### **What are we currently doing?**

The antenatal check is the start of the Healthy Child Programme. It is offered to all pregnant women, with additional services offered to women with additional needs and risks.

Within Manchester all our providers accept referrals directly or via GP for midwifery care. All women are then offered a Booking Appointment at one of the hospitals where a midwife will go through the assessment, the antenatal screening programmes and organising for an ultrasound scan to accurately date the pregnancy. A care plan is then developed that takes into account medical and social history and information and support is given on lifestyles issues (smoking, healthy eating, sexual health awareness), risks and benefits of screening, maternity benefits, planning place of birth and antenatal classes.

In Manchester there are some specialist teams working with the most vulnerable pregnant women, aiming to give more intensive support to these women and give their babies the best start in life.

The **Manchester Specialist Midwifery Service** specialises in providing a service to pregnant women and their families where there is substance misuse. It also supports and co-ordinates the care for HIV positive women identified through the antenatal screening programme. Women who have suffered mental health problems previously or within pregnancy are also supported.

The **Young Parents' Midwives** work closely with pregnant young women and the fathers of their babies during pregnancy and birth. As recommended in 'Teenage Parents: Who Cares? A guide to commissioning and delivering maternity services for young parents', Department for Children, Schools and Families (2008) each maternity hospital has a dedicated young parents' midwife who offers specialist support for young mothers to be who are identified as vulnerable. The midwives have specialist knowledge of young mothers and fathers and work closely with other organisations and services to ensure that referrals for support with a range of other issues are smooth and effective.

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/Childrenandfamilies/Page11/DCSF-00414-2008>

The **Family Nurse Partnership (FNP)** is an intensive programme offered to first time pregnant mothers aged under 20. The same Family Nurse works with the families from early pregnancy up until the child is 2 years old. The programme's primary focus is the future health and well-being of mother and child and it offers structured home visiting by highly trained family nurses. The visits do not replace midwifery care but do deliver the Healthy Child Programme. The nurses use FNP programme guidelines, materials and activities to work with the mother, as well, as the father and wider family.

The Family Nurse Partnership is an internationally recognised evidence based programme, which is delivered under license. The programme works with the strengths of the client and encourages them to fulfil their aspirations for their baby and themselves. This has also been shown to extend future educational achievement, economic productivity and responsible citizenship. Advances in neuroscience and our understanding of pregnancy show how important early life is for the emotional and cognitive development of children.

The overarching aims of FNP are to:

- Improve pregnancy outcomes by helping women engage in good preventive health practices
- Improve child health and development by helping parents provide responsible and competent care for their children
- Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, including planning future pregnancies, and continuing to develop their future education and employment opportunities

FNP works with all other agencies within child and adult health and social care.

### **The Pathway Project - IDVA**

The PATHWAY Project, based at St Marys Hospital maternity unit, is a specialist Independent Domestic Violence Advocate (IDVA) service working with pregnant women experiencing domestic abuse. Midwives are trained to ask all women booked into the midwifery service about domestic abuse and those disclosing abuse or where there are professional concerns are referred to a specialist IDVA for support. Pregnancy is a critical time - 30% of domestic abuse starts in pregnancy and it escalates where abuse already exists. The physical impact of abuse can result in miscarriage, low birth weight, ruptured uterus and pre term labour. Domestic abuse is

also a risk factor for perinatal mental health conditions. For many women who experience abuse, NHS settings often represent the one place where they can talk about experiences without fear of reprisal or discovery by the perpetrator.

The specialist midwifery IDVA service is shortly to be expanded to be delivered in North Manchester General Hospital and University Hospital of South Manchester (funding currently identified to March 2016). This recognises pregnant women as a key risk group and builds on the evidence of effectiveness of the service at St Mary's over the last 6 years.

### **Community and Stakeholder Views**

The three Manchester Clinical Commissioning Groups are currently reconstituting the Manchester Maternity Services Liaison Committee in partnership with local mothers.

All mothers can feedback on experiences through each of the maternity services providers' friends and family test and across all areas of health through social media.

### **Other JSNA Topics that this links to**

Domestic violence and abuse  
Substance misuse  
Teenage Pregnancy / Under 18 Conceptions  
Teenage Parents  
Sexual Health  
Maternal mental health  
Infant mortality

### **Completed by:**

Darren Parsonage, Lead Commissioner – Children's and Maternity, Citywide CCGs  
Commissioning and Quality Team

Sarah Doran, Strategic Lead, Children and Young People's Public Health,  
Manchester City Council

**Date: 14<sup>th</sup> January 2016**