

Manchester Reducing Infant Mortality Strategy

2019–2024

Contents

Foreword	3
Our aim	4
About this strategy	6
Where we are	8
Modifiable factors	10
Our approach	12
Priority themes, objectives and actions	16
What is happening now	22
Conclusion	26

Foreword

It cannot be right that infant mortality is rising in our city.

When I first saw the figures for infant mortality in a report, I was shocked and concerned. Like many people, I had taken falling infant mortality for granted in a society like ours.

It is easy to feel despondent, but as I read on I saw the strategy that had been designed for turning this around, and I can say in all honesty that the strategy gave me hope.

What stood out to me was that the partnership had taken this as a call to action and is committed to wide-ranging action to tackle infant mortality.

We know the causes are complex, with lots of risk factors contributing to children's deaths in the city; as a result, the solutions will be numerous. We also know that infant mortality is linked to the health of the city's population, and that wider social, economic and environmental factors – such as poverty, housing and homelessness – make our job even harder.

The actions in the strategy are wide-ranging and thorough, while remaining clear and measurable. They build on partnerships and work already underway in the city to support the health and wellbeing of pregnant women, infants, and families that experience baby loss. I support the collective commitment and determination in the strategy and, more importantly, look forward to its impact.



Councillor Garry Bridges

Our aim

We want to reduce the rates of infant mortality in Manchester, and improve the health and wellbeing of pregnant women, mothers and infants. We also want to provide compassionate support for families that are bereaved following the loss of a baby.

About this strategy

Infant mortality is an indicator of the overall health of a population. It reflects the relationship between the causes of infant mortality and upstream determinants of population health, such as economic, social and environmental conditions. Reducing infant mortality is a key element of the Manchester Population Health Plan First 1,000 Days priority.

Infant mortality is defined as deaths that occur in the first year of a child's life. The infant mortality rate is the number of deaths at ages under 1 per 1,000 live births. Stillbirths are not normally counted as infant deaths and are not included in the calculation of the infant mortality rate. Some of the factors that contribute to stillbirths may also be contributing factors in infant deaths.

Following a long period of year-on-year reductions, Manchester has seen a concerning increase in rates since 2011-13, and we are determined to halt this trend.

This strategy has been developed as a collaboration between services and communities in the city, recognising the role that everyone needs to play.

There is already a strong network of organisations and programmes in the city focused on supporting healthy pregnancy and the first years of a baby's life. The approach of the strategy will be to embed priorities in the provision of good-quality services. It will also support current and developing work programmes, and test and implement new approaches to improving the health and wellbeing of mothers and infants.

Our Reducing Infant Mortality Strategy will span the five years from 2019 to 2024, allowing time for long-term outcomes to be realised. Reducing infant mortality is a complex picture of interrelated factors, including the wider determinants of health. While we have described and simplified the strategy under themes and objectives, it is recognised that this belies the complicated system-wide nature of this important priority.

Where we are

- Manchester has the fourth-worst rate of infant mortality in England (6.4 per 1,000 compared to 3.9 per 1,000 for England in 2015–17)
- While the infant mortality rate in Manchester has fallen substantially since the 1900s, since 2011–13 rates have started to increase
- Most infant deaths occur in the first 28 days, and the majority of these infants are born prematurely or extremely prematurely with a low birth weight
- The most common categories of death in infants are perinatal or neonatal events (for example prematurity or maternal infection), chromosomal, genetic and congenital anomalies, or sudden unexpected death
- The rate of infant deaths is most common in mothers over 40 years old
- Deaths among Black/African, Caribbean/Black British, and Asian or Asian/British ethnic groups are overrepresented compared to the ethnic distribution of the Manchester child population
- Infant deaths are linked to deprivation – the latest figures show that over three-quarters of deaths in Manchester occurred when the residence was in the most deprived quintile nationally. This remains a year-on-year trend.

Infant Mortality Rate per 1,000

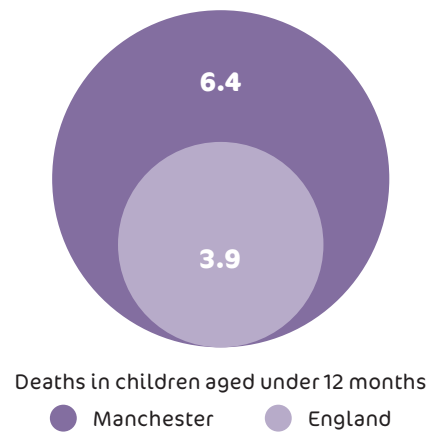


Figure 1: Infant mortality rate for Manchester compared to England 2015-17. Source: Office for National Statistics (ONS)

Infant Mortality Rate per 1,000 (2001-2017)

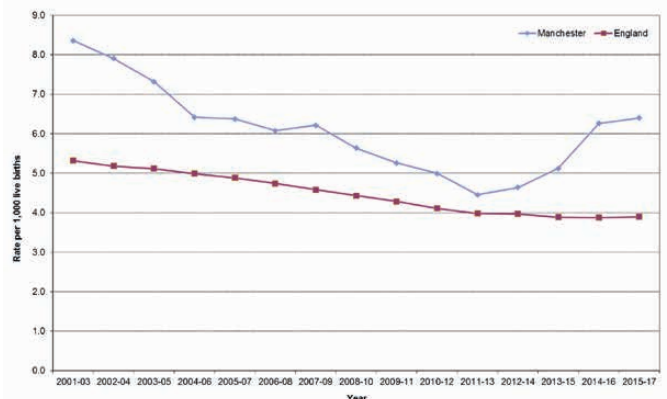


Figure 2: Infant mortality rate 2001-03 to 2015-17 in Manchester and England

Modifiable factors

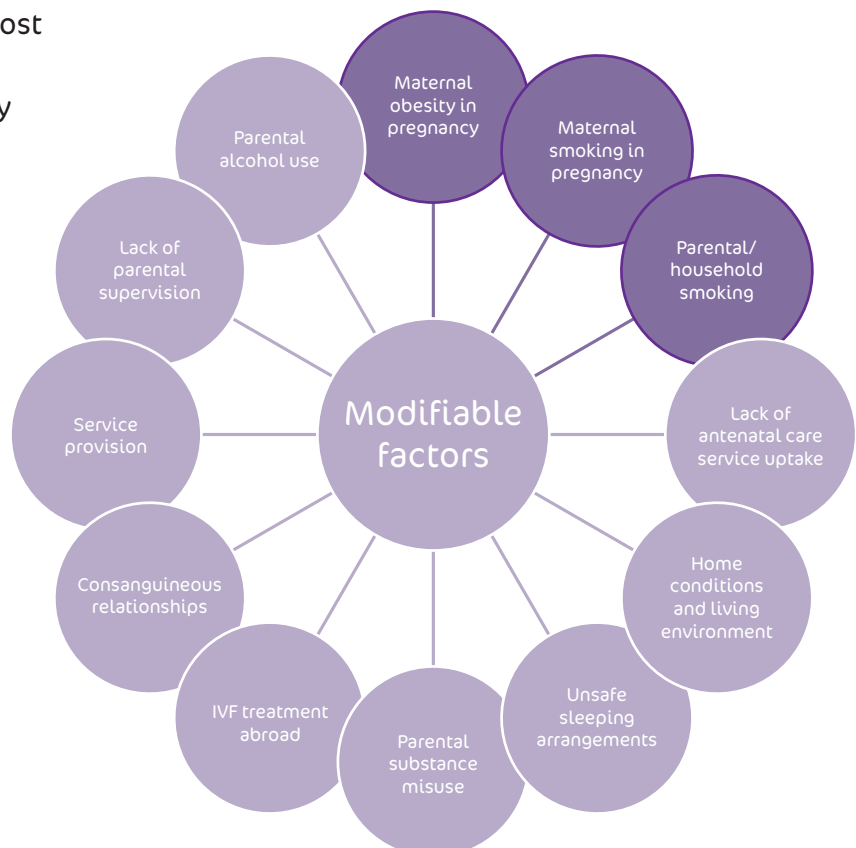
Modifiable factors can increase the risk of prematurity, mean the infant will not be born in the best possible condition, or make sudden infant death more likely. Modifiable factors occur in around a third of infant deaths; the diagram below highlights those that have been identified in infant deaths in Manchester.

Modifiable factors act as a multiplier effect. Where there are two or more factors present, the vulnerability of the child increases.

The modifiable factors that occur most frequently, and therefore where most impact can be made, are:

- Maternal smoking in pregnancy
- Maternal obesity in pregnancy
- Parental/household smoking.

In addition to the risk factors, there are protective factors to prevent infant deaths. These include vaccinations (including flu vaccination for pregnant women), breastfeeding, and safe-sleeping practices (putting babies to sleep on their backs in a separate cot or Moses basket in the same room as parents).



Our approach

In order to have the greatest impact, we have identified ten principles that will underpin our priorities and programmes and the way we deliver services.

1) Providing system-wide leadership and co-ordination

The Reducing Infant Mortality Steering Group will oversee the delivery of the strategy, regularly report progress to the Children's Board, Children's Safeguarding Board, and Health and Wellbeing Board, and act as champions for this agenda across services and networks in the city. System-wide leadership will come through key partners in the city who are in a position to support maternal and infant health and wellbeing. Reducing infant mortality is everyone's business, and partners will consider how different settings and services can contribute to and develop their own delivery plans.

2) Commissioning services to support this strategy

We will ensure that the commissioning of existing and future services supports our Reducing Infant Mortality Strategy.

3) Providing high-quality and safe services

Providing high-quality and safe services is crucial to reducing infant mortality. This applies not just to maternity and specialist services, such as neonatal units, but to other services that support the health and wellbeing of pregnant women, mothers and infants, such as stop-smoking services, perinatal mental-health services, and weight-management services.

4) Raising awareness and knowledge of mums, partners and family about issues impacting on maternal and infant health and wellbeing.

Increasing health and wellbeing knowledge and literacy about keeping mothers and babies healthy and safe is a core feature of the priority themes of our strategy. We will look for opportunities to educate families through resources, campaigns, training, and strength-based conversations.

5) Ensuring the wider workforce is equipped and knowledgeable

We will ensure that training and education needs relating to reducing infant mortality are reflected in workforce development plans, and that key messages are developed and disseminated.

6) Targeting the most vulnerable and at risk to reduce health inequalities

As well as working universally, we will target those most vulnerable to the risk factors. These include people in poor-quality or unsuitable accommodation, refugees and asylum seekers, those with no recourse to public funds, and teenage parents.

7) Working at a neighbourhood level to tailor programmes of work to the needs of the population and supporting local assets

We will work at neighbourhood level to ensure that approaches are co-produced with communities, reflecting local needs and concerns, and drawing on local assets.

8) Thinking 'family' in everything we do

Rather than just focusing on mothers, we will 'think family' in our services and approaches, and ensure that messages are targeted to the wider family – fathers, partners, older siblings and grandparents. Evidence has shown that issues relating to safe sleeping, accidental injuries, abusive head trauma and smoking can occur when infants are in the care of those other than mums.

9) Safeguarding children and keeping them safe from harm

Good safeguarding practices should underpin all work with families and children, and will contribute to efforts to reduce infant mortality.

10) Learning and evaluation – Serious Case Reviews (SCRs), Child Death Overview Panel (CDOP) and national data.

We will ensure that our focus and priorities are informed in a dynamic way by learning from national and local research, CDOP, and serious case reviews. We will also evaluate the effectiveness of our approach and monitor performance.

Priority themes, objectives and actions

Using five priority themes, we have set out actions to reduce infant mortality, improve maternal and infant health, and support those bereaved. We recognise the complexity and interrelatedness of the work required, and we will co-ordinate activities across all the key objectives.

1. Quality, safety and access to services

Objectives	Actions
Increase engagement with antenatal services and promote the benefits of antenatal care	<ul style="list-style-type: none"> • We will increase awareness of the benefits of antenatal care starting from preconception, eg. through open days and roadshows in children’s centres (‘under one roof’) • We will increase early booking and attendance into antenatal care, eg. researching new ways of booking sessions – including use of IT • We will find out where and how antenatal health education is delivered, identify gaps, and develop a targeted approach • We will maximise opportunities to deliver key communications when antenatal services are delivered, such as providing information on flu vaccinations • We will ensure appropriate assessment of mother and child when there is a concealed/denied pregnancy, to ensure any additional needs are identified • We will explore the feasibility of a Pregnancy Circle pilot in different neighbourhoods linked to GP practices – local antenatal groups that include healthcare, education, peer support, and building social networks.
Appropriate assessment and referral during pregnancy, and support during birth	<ul style="list-style-type: none"> • We will investigate the feasibility of implementing the Saving Babies Lives Care Bundle across all hospitals • We will ensure that National Institute of Clinical and Health Excellence (NICE) guidelines and Greater Manchester (GM) maternity specifications are implemented • We will consider the contribution of specialist midwives to ensure the most vulnerable receive continuity of care, eg. refugees and asylum seekers, and women with no recourse to public funds • We will ensure the transient and traveller population receive consistency of care and don’t miss out on important messages such as safe sleeping, eg. through Early Help Assessment. This will include providing information in different languages • We will ensure swift and appropriate referral to weight management, stop-smoking services, and genetics services.
Improve take-up of flu vaccinations for pregnant women	<ul style="list-style-type: none"> • We will ensure more health professionals in contact with pregnant women are able to promote the importance of and administer flu vaccinations.
Genetic counselling/genetic literacy for individuals and communities with a need	<ul style="list-style-type: none"> • We will ensure swift referral and clear pathways for genetic counselling when family history is identified • We will provide training for midwives and obstetricians to improve knowledge of genetics and consanguinity • We will pilot a place-based community-focused genetic literacy project • We will explore how genetic literacy can be taught in schools.
Improve access to IVF and raise awareness about IVF treatment outside the UK	<ul style="list-style-type: none"> • We will work with the Human Fertilisation and Embryology Authority to develop and disseminate key messages for the public about risks of IVF abroad. We will also communicate with the women’s healthcare professionals that look into IVF, to ensure that women have an informed choice • We will find out more about the experiences of women who have sought IVF treatment abroad.

2. Maternal and infant wellbeing

Objectives	Actions
Support women to stop smoking and promote smoke-free homes	<ul style="list-style-type: none"> • We will implement the Baby Clear programme across Manchester to support smoke-free pregnancies • We will actively promote stop-smoking services to women and their families • We will support staff to have conversations about smoke-free homes, with clear, constructive and supportive messages and communications.
Support maternal mental health and wellbeing	<ul style="list-style-type: none"> • We will build on the success of services offered in south and central parts of Manchester, and increase access to specialist perinatal mental-health support • We will investigate ways to reduce social isolation in new mums and dads/partners • We will embed the Manchester University Hospitals NHS Trust (MFT) Health Visiting Service Perinatal and Infant Mental Health Pathway with leadership from a specialist health visitor.
Reduce maternal obesity and improve nutrition	<ul style="list-style-type: none"> • We will take a fresh look at maternal obesity through a dedicated task group that focuses on prevention and earlier intervention • We will raise awareness of the importance of healthy weight for a healthy pregnancy • We will ensure that maternal obesity is treated as a priority and that referrals to appropriate services take place as early as possible, eg. at family-planning and booking stages. This will involve training more health professionals to confidently identify, provide consistent advice, and refer where required.
Encourage and support breastfeeding	<ul style="list-style-type: none"> • We will build on the strength of the successful breast pump loan scheme and expand across the city • We will take a collaborative approach to breastfeeding and nutrition, ensuring the benefits of breastfeeding and maternal Body Mass Index (BMI) are understood • We will ensure that conversations about infant feeding decisions take place as early as possible, with consistent advice provided by all health professionals to ensure women are able to make an informed choice • We will explore options for increasing the provision of peer support.
Alcohol and substance-misuse support in pregnancy and postnatally	<ul style="list-style-type: none"> • We will ensure that available alcohol and substance-misuse services are communicated more effectively to health professionals and other relevant agencies, to help improve referral pathways • We will ensure that health professionals are vigilant to the safeguarding risks associated with drug and alcohol use.

3. Addressing the wider determinants of health

Objectives	Actions
Support efforts to reduce and mitigate against poverty (the most important determinant of a child's health)	<ul style="list-style-type: none"> • We will make sure that services and organisations that can help people are properly promoted • We will continue to highlight the links between deprivation and infant mortality • We will produce guidelines on new babies' basic needs, and work with charities and community organisations to ensure the most vulnerable are able to access them.
Housing – focus on the private-rented sector to ensure that housing is safe and warm and meets basic standards for mother and baby	<ul style="list-style-type: none"> • We will work with housing-sector bodies to influence provision – particularly in the private-rented sector • We will devise a set of minimum housing standards for mothers and babies (covering safe sleeping, safe appliances, warm and dry, etc) • We will ensure everyone working with families has up-to-date knowledge about housing options and feasible actions.
Identify and address inappropriate environments	<ul style="list-style-type: none"> • We will ensure that all professionals working with a family consider housing conditions, including overcrowding, during assessments • We will work with partners, such as GPs and an Early Help team, to help identify families that may be living in overcrowded or unsuitable homes • We will ensure that agencies working with families understand the mental-health impacts associated with moving (and the lack of choice that can occur) and living in temporary accommodation.
Working with Homeless Families Services to support vulnerable mothers and infants	<ul style="list-style-type: none"> • We will agree a set of standards required for safe temporary accommodation and support their implementation • We will ensure families have the basics for safe sleeping and breastfeeding in temporary accommodation.

4. Safeguarding and keeping children safe from harm

Objectives	Actions
Continue to educate on safe sleeping and support those most vulnerable with additional help	<ul style="list-style-type: none"> • We will continue to work with partners to educate and promote clear and consistent messages on safe sleeping. This will include visuals and leaflets to aid the required training • We will instigate targeted work with vulnerable families at risk from alcohol and drug use • We will produce specific guidance for families in temporary accommodation to ensure safe sleeping standards are met for the most vulnerable • We will target messages to the wider family, not just parents, as incidents often happen when babies are away from home.
Help parents to keep a safe home environment	<ul style="list-style-type: none"> • We will work with families in poor living conditions to support them to make improvements, recognising issues that may impact on this, such as poverty, mental-health problems, and drug and alcohol use.
Prevent unintentional injuries (eg. scalds and falls)	<ul style="list-style-type: none"> • We will improve the flow of information between Accident & Emergency and health visitors following an accident • We will work with partners who enter people's homes to increase awareness of potential accidents and raise awareness among families as a means of their prevention • We will work with partners to understand and share potential patterns of injuries • We will support the development and delivery of the emerging Child Accident Prevention Strategy for Manchester.
Reduce the damage of abusive head trauma	<ul style="list-style-type: none"> • We will implement the ICON programme to reduce abusive head trauma across the city.
Support pregnant women/mums experiencing domestic abuse	<ul style="list-style-type: none"> • We will continue to support specialist maternity Independent Domestic Violence Adviser (IDVA) services to support pregnant women experiencing domestic abuse • We will ensure that investigating potential signs of domestic abuse forms part of healthcare assessments as standard • We will strengthen links to organisations that provide essential basic items for babies, children, and women in need.

5. Providing support for those bereaved and affected by baby loss

Objectives	Actions
A system-wide approach to making things as easy as possible for bereaved families	<ul style="list-style-type: none"> • We will train more of our partnership staff in bereavement care and support • We will work with partners, such as death registrations, to ensure support is provided for those in need • We will ensure staff are equipped to provide support during the antenatal period, to help reduce anxiety for those who have previously lost children • We will offer support to extended family and siblings • We will work with local groups so that bereavement support can continue in the community • We will promote Baby Loss Awareness Week every year during October.
Increase knowledge about bereavement services to improve signposting	<ul style="list-style-type: none"> • We will build on the positive work done by partners in Manchester and will work together to compile a directory of services to which agencies across the city can signpost.
Strengthen pathways to ensure people who have had a loss receive enhanced support for their next pregnancy	<ul style="list-style-type: none"> • We will work with families to improve the way information is shared between services.
Increase the skills and confidence of the wider workforce to talk about bereavement	<ul style="list-style-type: none"> • We will disseminate a training and awareness resource available for the city's organisations and businesses, to improve understanding, support and signposting outside of clinical settings.
Minimum standards of care for bereavement support	<ul style="list-style-type: none"> • We will strengthen the work already taking place across the city, and work with partners to develop standards for use by agencies • We will work with employers to develop guidance on supporting employees who have experienced baby loss.

What is happening now

The prevention of infant mortality is delivered through key statutory health and social care services, eg. Maternity Services, Neonatal Units, Health Visiting, Children's Social Care, as well as public and voluntary services, and society as a whole. There are also a number of established and emerging programmes and services directly supporting this strategy. Three are highlighted below.

Vulnerable Babies Service

This service, provided by Manchester University Foundation Trust, was established in 2004 to address the rising number of sudden infant deaths. It provides targeted case planning to meet the needs of individual families, involving them in their package of support. The service works with and takes referrals from all professionals and volunteers who work with parents and babies. It facilitates a multi-agency approach, so that families do not have to keep repeating their story, and to improve communication between professionals.

The criteria for referrals are:

- Substance misuse, which raises concerns around safe and consistent parenting and/or has the potential to place a baby at risk
- A previous unexplained death of a child in the family
- A violent criminal history against a child, partner or animals
- Parents who have experienced a difficult childhood
- Late booking for antenatal care (no proof of care before 22 weeks' gestation) plus movement into Manchester or poor engagement with antenatal care
- A previous child not living with a parent
- Homelessness/transient lifestyle/ inappropriate housing, *plus* any one of the following: mental illness, domestic abuse, drug/substance user (including alcohol), contact with the probation service or criminal justice team (including drug treatment and testing orders), hearing-impaired
- Other additional needs that may impact upon the ability to parent.

Baby Clear Programme

Baby Clear is a key part of the Greater Manchester Strategy to make smoking a thing of the past. The programme is being implemented across Greater Manchester in three phases:

- Cluster one: Rochdale, Bury, Oldham and north Manchester (Pennine) (in delivery phase)
- Cluster two: Bolton, Salford
- Cluster three: Tameside, Manchester (MFT) and Trafford (due to start in spring 2019).

The overall aims of the programme are to reach a target of no more than 6% of women smoking at delivery in any locality by 2021, and ultimately for no woman to smoke during her pregnancy. Key programme elements are carbon monoxide (CO) monitoring of all pregnant women at booking (all midwives specially trained), referral to specialist stop-smoking support within 24 hours for ongoing support to quit, and a risk-perception interview for those who have not quit at the first scan.

ICON Programme

ICON is a new programme based on research of programmes in Canada and North America. It addresses the damage of abusive head trauma by using a simple four-point message delivered by health professionals through strength-based conversations to parents.

I = Infant crying is normal, and it will stop

C = Comfort methods can sometimes soothe the baby, and the crying will stop

O = it's **O**kay to walk away if you have checked the baby is safe, and the crying will stop

N = **N**ever ever shake or hurt a baby.

The programme has been piloted in south Manchester and will be extended to the whole of the city during 2019.

Conclusion

We are extremely concerned by the recent rise in infant mortality. The strategy is a clear indication of our collective commitment to ensure that we reverse the recent rise in infant mortality, and by co-ordinating efforts across the city we are confident we can start to see a downward trend once again.

For more information about this strategy
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For further information about health and wellbeing
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