

Maternity

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The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid down in pregnancy and early childhood. The physical and mental wellbeing of the mother, foetal exposures in the womb and early childhood experience have lifelong impacts on many aspects of health and wellbeing (The Marmot Review, 2010) (Wave Trust, 2013). The maternity needs assessment attempts to analyse the impact of smoking, obesity and long-term conditions in Kent mothers on service use and cost during pregnancy and in the six months following delivery.

A number of recently published national and local policies and strategies recognise the importance of maternity services providing safer, more personalised care which is based around an individual woman's needs. Better Births (NHS England, 2016) recommends that providers and commissioners work together in a local maternity system to implement the changes to maternity services that will be required. Stillbirth rates in England remain high, and tackling the high rates of smoking in pregnancy will be crucial if these are to be reduced.

Projected demographic changes mean that this work will take place in the context of an increased demand for maternity services as a result of population growth. In some parts of Kent, as a result of planned housing developments, this is likely to be considerable. The needs assessment provides updated demographic information on the characteristics of women giving birth in Kent.

Smoking in pregnancy is associated with a wide range of problems, including complications during labour, increased risk of stillbirth, miscarriage, premature birth, low birth weight and sudden unexpected death in infancy (NICE, 2010). In 2015/16 Kent had a significantly higher percentage of mothers smoking at time of delivery (12.98%) than England (10.65%). This was particularly high in South Kent Coast (16.81%), Swale (20.52%) and Thanet (18.97%). Analysis of local data using the Kent Integrated Dataset (KID) suggests that service use and costs, both during and after pregnancy, is higher for women and their babies, among women who smoke.

Although data on maternal BMI is not routinely collected at a national level, approximately half of all women of childbearing age in England are either overweight or obese. Women who are obese (BMI of 30 or more) when they become pregnant have an increased risk of complications in pregnancy and childbirth (NICE, 2010). Data from Kent maternity services shows that between 48% and 55% of women are either overweight or obese at time of booking. Analysis of data from the KID suggests that service use and costs, both during and after pregnancy, is higher for women and their babies, among women who are obese.

The state of a woman's health before pregnancy can impact on her wellbeing throughout pregnancy as well as the health of her baby. Some health conditions will require careful monitoring to minimise any associated risk. Analysis of data from the KID suggests that just under two in five pregnant women in Kent have at least one long-term condition. The most

common were mental health conditions in 21% and respiratory conditions in 15% of women. The analysis shows that smokers and obese women are more likely to have long-term conditions prior to pregnancy, and particularly multiple long-term conditions. Data suggests that service use and costs during and after pregnancy, is higher for women and their babies, among women with long-term conditions.

NHS RightCare (2016) has compared CCGs with the 10 CCGs most demographically similar to them, on selected indicators, in order to identify realistic opportunities to improve the health of the local population. This peer comparison demonstrates that there is clear scope for improvement in smoking at time of delivery rates in a number of the Kent CCGs and not just those with the highest overall rates. Other target areas include flu vaccination and breastfeeding.

The maternity needs assessment demonstrates the impact of smoking, obesity and long-term conditions in terms of service use and costs among pregnant women and their babies. Although limitations in the datasets available meant it was not possible to look at outcomes for these groups locally, the picture from research is clear; smokers and obese women and their babies are at increased risk of poor outcomes. Given clear evidence of effective and cost effective interventions to tackle smoking in pregnancy, this in particular, needs to be a priority area for action.

The needs assessment concludes with a number of recommendations. These include recommendations on tackling the high rates of smoking in pregnancy within Kent, as well as recommendations on improving data quality and availability. The local maternity system, which has recently been established across Kent and Medway, has been identified as the most appropriate group to take forward the findings and recommendations within this needs assessment.

(Taken from Maternity Needs Assessment 2017 Executive Summary Claire Winslade)