

Start Well

Maternal Health and the Newborn period

Introduction

Good maternal health and wellbeing are important contributors to child survival and ability to thrive. Pregnant women's mental and health behaviours can have a significant impact on the child's subsequent health and well-being. To ensure the best start in life for a child, the areas that matter the most are a healthy pregnancy; good maternal mental health; secure bonding with the baby and responsiveness of parents to baby's needs in the maternal and neonatal period. Access to high quality services also support these.

The determinants for poor pregnancy and maternal outcomes include obesity, alcohol consumption, drug misuse, homelessness, mental health, teenage pregnancy, domestic violence and sexually transmitted infections. Women on low income, women with a low level of education and previously ill women are more at risk of developing complications during childbirth and after delivery.

This chapter focuses on some maternal health and early years hospital admissions indicators but does not review all the data available. Indicators include the characteristics of Merton women giving birth, low birth weight, babies re-admission within 14 days of birth and hospital admissions for 0-4 year olds.

General Fertility Rate

The general fertility rate in Merton (2020) is 63.6 per 1,000 females aged 15 to 44 years old, this is significantly higher than both the London general fertility rate of 56.4 per 1,000 and England at 55.3 per 1,000¹. In 2019, this value was 65.5 per 1,000 in Merton, this is similar to 2020's value. The general fertility rate in Merton has been decreasing since 2015, a similar trend can be seen London and England. To note in 2021, 64.4% of live births in Merton were to either one or both parents born outside of the UK, similar to London at 65.5% but significantly higher than England at 35.1%².

Wider Determinants of Maternal and Infant Health

Table 1 below shows the maternal and neonatal characteristics which can have an impact on health and well-being. This table shows Merton is significantly better than London and England on the indicators below:

- Folic acid supplementation before pregnancy
- Obesity in early pregnancy
- Premature births
- Babies first fed breastmilk
- New birth visits completed within 14 days

However, this may mask inequalities which exist when data is split for example by ward, East and West Merton, by ethnicity or by deprivation. Factors which can increase the likelihood of poorer outcomes or more complicated pregnancies include:

- Mothers with multiple births (Merton rate higher than London and England),
- Mothers aged over 35 years at delivery (Merton higher than London and England)
- Deliveries to mothers from Black and Minority Ethnic groups (Merton higher than England but lower than London).

Table 1: Table of the wider impacts on child and maternal health in Merton including London and England comparisons. Source: Office for Health Improvement and Disparities, Public Health Profiles³.

Wider Impacts	Period	Merton	London	England
Before Pregnancy				
Under 18s conception rate per 1,000	2020	7.1 per 1,000	9.8 per 1,000	13.0 per 1,000
Folic acid supplements before pregnancy (%)	2018/19	38.3%	28.5%	27.3%
Multiple births per 1,000	2020	18.2 per 1,000	15.2 per 1,000	14.4 per 1,000
During Pregnancy				
Obesity in early pregnancy (%)	2018/19	15.6%	17.8%	22.1%
Smoking in early pregnancy (%)	2018/19	5.7%	6.0%	12.8%
Smoking at time of delivery (%)	2020/21	4.8%	4.6%	9.6%
Delivery and Period After				
Premature births (less than 37 weeks gestation) per 1,000	2018-20	69.0	76.4	79.1
Baby's first feed breastmilk (%)	2018/19	83.8%	76.3%	67.4%
New birth visits completed within 14 days (%)	2020/21	95.9%	94.3%	88.0%
Deliveries to women aged 35 years or above (%)	2020/21	36.8%	31.2%	23.4%
Deliveries to mothers from Black and Minority Ethnic groups (%)	2020/21	34.9%	41.9%	21.6%

Admissions of Infants

In 2020/21, there were 265 admissions of babies aged under 14 days out of the total 2,565 deliveries in Merton. As a rate, this was 103.3 per 1,000 deliveries in Merton which is significantly higher than London (66.8 per 1,000) and England (77.6 per 1,000) in 2020/21⁴. This Merton value has increased from 2015/16 at 70.2 per 1,000, as seen in Figure 1 with a decrease seen between 2019/20 to 2020/21, (which is not a significant change), which also shows that admissions in Merton have increased at a faster rate than London and England.

Figure 2 below shows Merton has significantly higher admission rates compared to other South West London boroughs such as Richmond, Wandsworth, and Croydon, although similar rates to Kingston⁵. Local analysis is underway to understand why Merton has significantly higher rates and what may be driving the increasing trend. A national retrospective study of admissions reported jaundice, feeding difficulties, and respiratory tract infections as the primary reasons for readmissions of babies under 14 days, some of which are potentially avoidable.

Figure 1: Admissions of babies under 14 days per 1,000 deliveries in Merton including London and England comparisons, 2014/15 to 2020/21. Source: OHID, Child and Maternal Health Profile⁶.

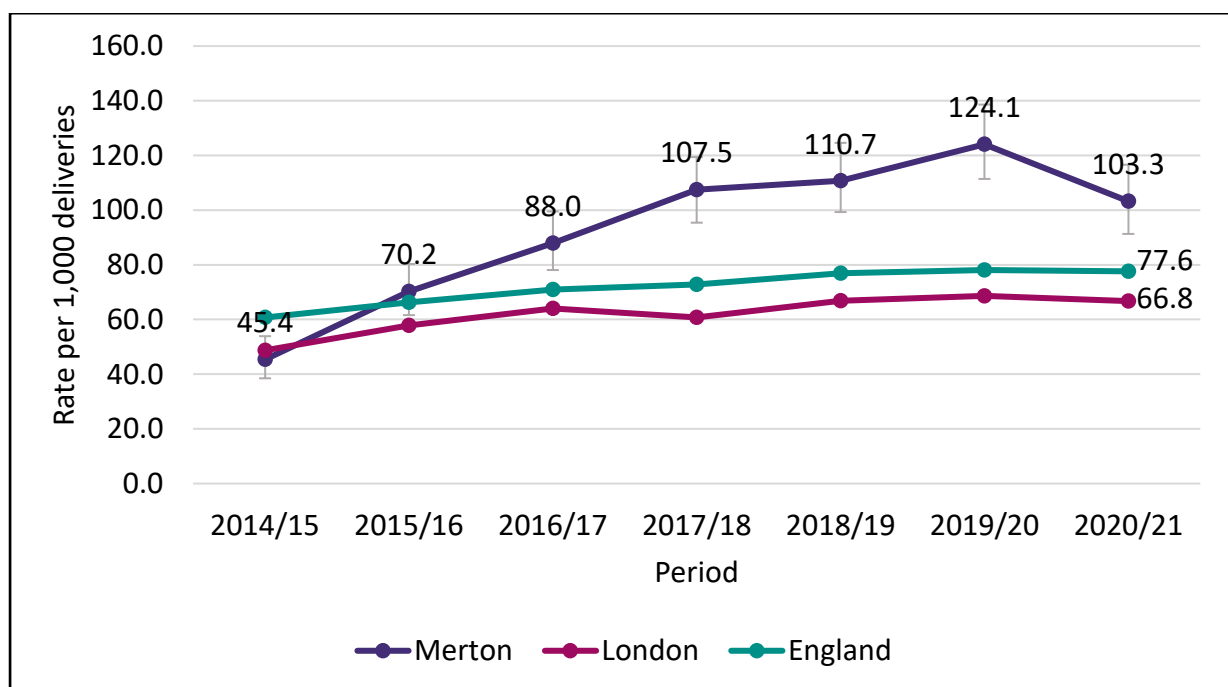
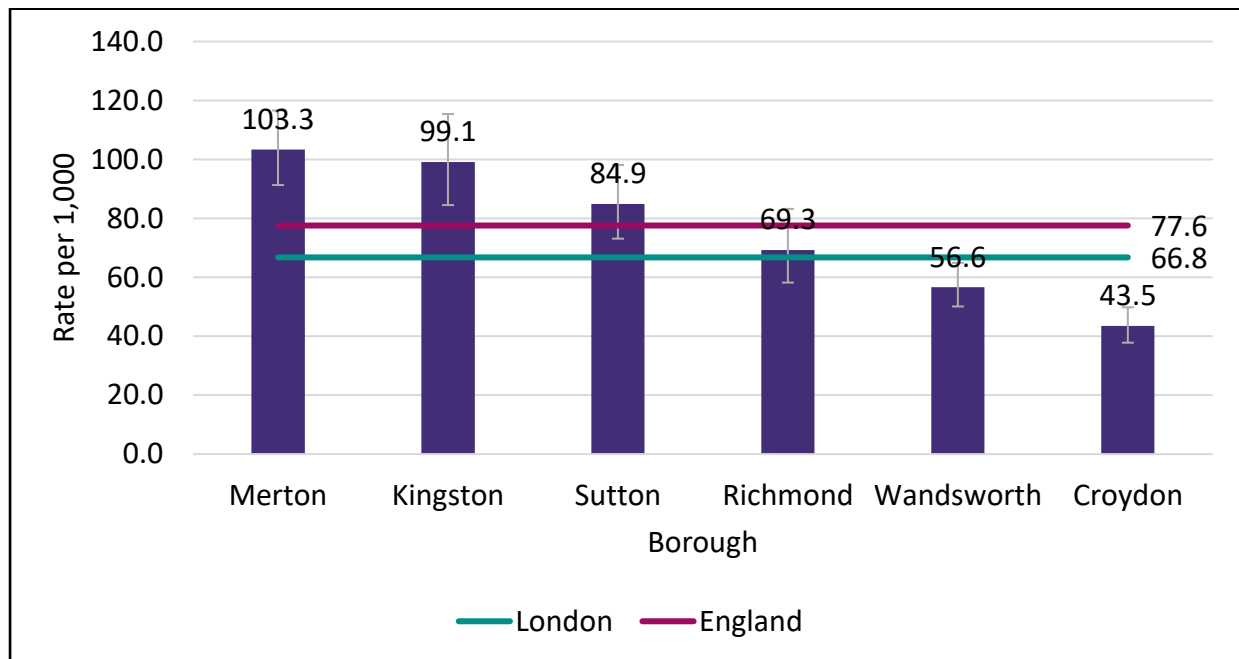


Figure 2: Admissions of babies under 14 days in South West London boroughs, including a London and England comparisons, 2020/21. Source: OHID, Child and Maternal Health Profile⁷.



Emergency admissions in infants aged under 1 year in Merton was 209.1 per 1,000 in 2020/21, this is higher than London at 169.7 per 1,000 and lower than England at 253.4 per 1,000⁸. Moreover, emergency admissions in infants aged between 0 to 4 years old in Merton was 67.6 per 1,000 in 2020/21, this is higher than London at 62.7 per 1,000 but lower than England at 91.2 per 1,000⁹.

As Merton’s readmission rate of babies by 14 days was high, different causes of hospital admissions in infants aged 0 to 4 years of age in Merton have been reviewed, comparing values to both London and England. We found that in some cases Merton was significantly better than London or England, although for many other cases Merton rates were similar¹⁰. However, hospital admissions due to exposure to heat and hot substances (2018/19 - 2020/21) was higher for Merton at 68.1 per 100,000 in comparison to London at 37.1 per 100,000¹¹.

Mortality

The infant mortality rate (death of infants before their 1st birthday) in Merton between 2018-20 was 2.5 per 1,000 live births, this value in the previous aggregated year 2017-19 was 2.4 per 1,000 which is similar. Merton’s infant mortality rate is significantly lower than the London value at 3.4 per 1,000 and the England value at 3.9 per 1,000 in 2018-20¹².

The neonatal period is considered to be the first 4 weeks (28 days) of an infant’s life. In 2019 the neonatal mortality and still birth rate combined in Merton was 4.8 per 1,000 live and still births. In comparison, the London value was 6.8 per 1,000 and 6.6 per 1,000 for England which is not significantly different¹³.

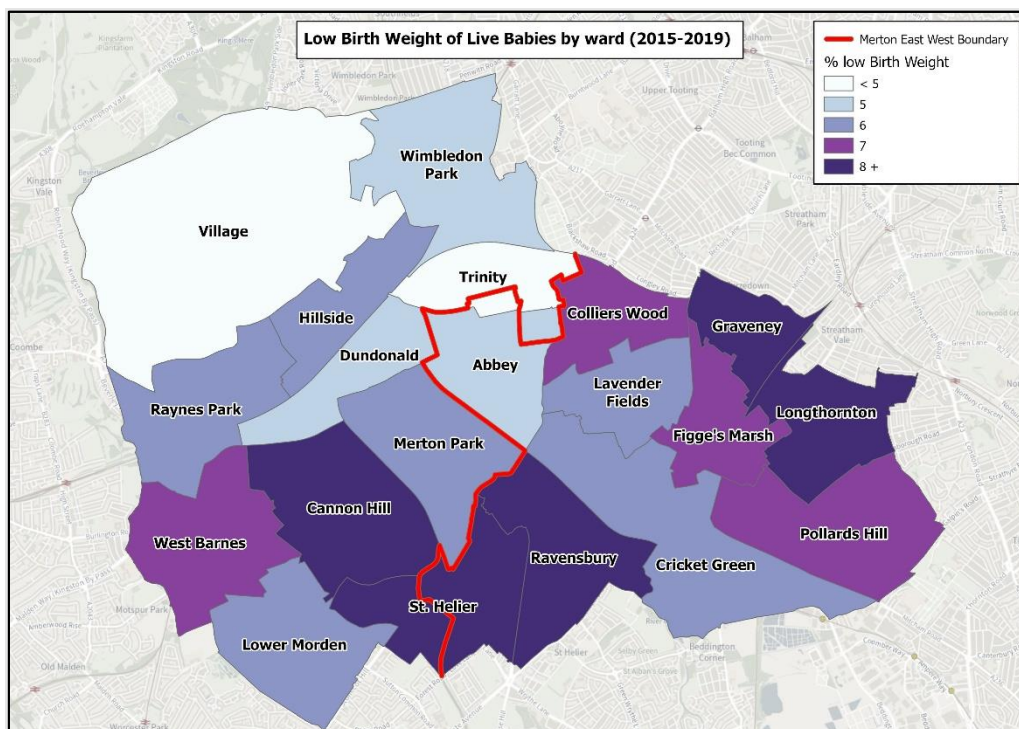
Low Birth Weight

Between 2015 and 2019, the pooled proportion of low birth weight of all live babies (including premature births) in Merton was 6.9%, which is similar to the England value at 6.9%¹⁴.

Babies born to mothers from more deprived areas in England have a higher proportion of low birth weight babies born compared to those from the less deprived areas when split by deprivation deciles¹⁵.

Looking at geographical variation, low birth weight of term babies was significantly higher in East Merton at 7.6% in comparison to West Merton at 6.1% (using the 30% most and 30% least deprived methodology, see below) with Graveney, Longthornton, Ravensbury and St Heliers wards having the highest rates in East Merton (Figure 3). Canon Hill ward in West Merton also showed similarly high proportion of low birth weight babies¹⁶. The Merton East and West values were calculated by summing the numerators and then the denominators separately for both the 30% least deprived wards in Merton and the 30% most deprived wards to calculate the percentage prevalence. This can be considered as a proxy for the difference between East and West Merton.

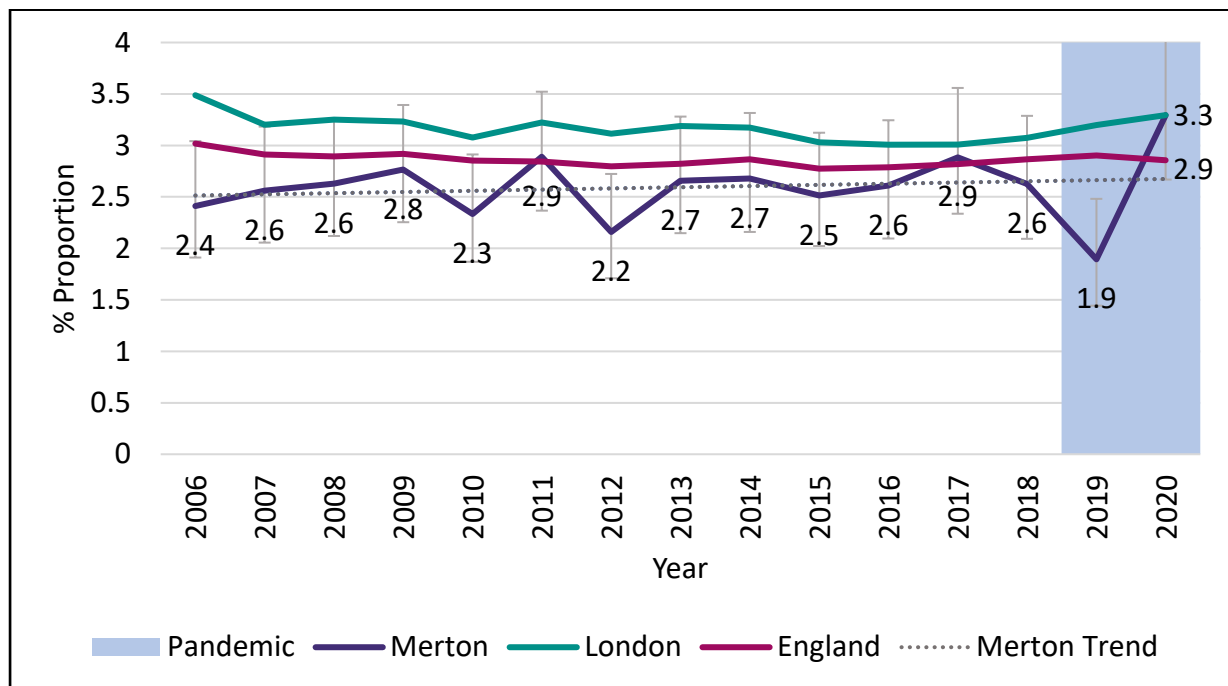
Figure 3: The proportion (%) of live babies with low birth weights by Merton wards, 2015-2019. OHID, Local Health Profile¹⁷.



To note, in 2020, the proportion of low birth weights in term babies (in other words small for gestational age), defined as those born on or after at least 37 gestational weeks, in Merton was 3.3%, which is significantly higher than the 2019 value of 1.9%¹⁸. Although there appears to be an increase between 2019 and 2020, analysis has found this is likely due

to data reporting issues; this indicator will need to be monitored closely moving forward to ensure this value does not continue to rise. To compare, the Merton 2020 value is similar to London at 3.3% and England at 2.9% (see Figure 4 below).

Figure 4: Low birth weight term babies (% proportion of all full term live births) in Merton including London and England comparisons, 2006 to 2020. Source: OHID, Child and Maternal Health Profile¹⁹.



Service User and Resident Views

The Care Quality Commission’s Maternity Survey 2021 looked at the experiences of women who had a live birth in early 2021 (during the 3rd national lockdown for COVID)²⁰. There has been a national decline in many areas the survey reviews and this is likely reflecting the impact that the pandemic has had on services and staff. Main areas affected were involvement of partner, choice, information and staff availability. Maternity units have a specific report with more detailed analysis available²¹.

Recommendations

Many maternal outcomes/characteristics reviewed show Merton is doing relatively better than London and England. However, data should where possible be disaggregated to ensure certain sub-populations in Merton are not more impacted than others. Readmission in babies by 14 days and emergency admissions for infants under 1 year is significantly higher than London and England and therefore requires further investigation to understand what is driving the trend and solutions. Similarly, the proportion of low-birth-weight babies born in Merton 2020 was higher than 2019 indicating that monitoring of this indicator is required²².

References

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