

Response to HOSC key lines of enquiry re Infant Mortality: Explore national policy/guidance and NHS initiatives relevant to this issue

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Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for Maternity Care

In March 2015 Simon Stevens, who was then the Chief Executive of NHS England, commissioned a major review of maternity services. As a result **Better Births** was published which sets out the vision for the planning, design and safe delivery of maternity services; how women, babies and families will be able to get the type of care they want; and how staff will be supported to deliver such care.

The report includes a set of recommendations for action: -

- **Personalised care**
- **Continuity of Carer**
- **Safer care**
- **Better postnatal and perinatal mental health care**
- **Multi-professional working**
- **Working across boundaries**
- **A payment system**

The Saving Babies Lives Care Bundle

Many factors can influence the outcome of a birth including: -

The lifestyle of parents, genetic factors, underlying health conditions or health conditions that are brought about by pregnancy.

The Saving Babies Lives Care Bundle (version 2) is a guidance document for Maternity Services and Commissioners developed by NHS England / Improvement (NHSE/I) in March 2019 which provides detailed information on how to reduce perinatal mortality across England.

The guidance sets out five elements of care that are widely recognised as evidenced-based and / or best practice: -

- 1. Reducing smoking in pregnancy**
- 2. Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)**
- 3. Raising awareness of reduced fetal movement (RFM)**
- 4. Effective fetal monitoring during labour**
- 5. Reducing pre-term birth**

The NHS Long Term Plan (LTP)

The LTP was first published in January 2019 by NHS England in response to concerns about funding, staffing and inequalities to facilitate improved outcomes.

The LTP includes some specific measures for maternity / neonatal / mental health services, CCGs and regional NHSE/I teams: -

- **Implementing the Savings Babies' Lives Care Bundle**
- **Improving Neonatal Critical Care**
- **Targeted and enhanced continuity of carer**
- **Improved and increasing access to Specialist Perinatal Mental Health services**
- **Introduction of maternal medicine networks**
- **Targeted services to help to decrease maternal smoking**
- **Improving postnatal physiotherapy services**
- **Improve infant feeding programmes**

NHS initiatives relevant to this issue

The Local Maternity System (LMS), Birmingham Women's and Children's NHS Foundation Trust and University Hospitals Birmingham NHS Foundation Trust across Birmingham and Solihull have a transformation plan in place to meet the requirements of the guidance mentioned in the previous slides.

The actions that are currently being taken locally are set out below: -

Improving Neonatal Critical Care

The LMS is working in partnership with the Neonatal Operational Delivery Network to implement the recommendations of the Neonatal Critical Care Review, which is to ensure that women who give birth before 27 weeks are able to do so in a unit with on-site neonatal intensive care. Local plans have been submitted for regional and national consideration. An <27 week pathway has been in place in BSOL since January 2020 and a 6-month evaluation has taken place. Ongoing meetings with partners are taking place with a proposal in development to expand on the current service criteria. Providers also report on neonatal deaths.

Targeted and enhanced Continuity of Carer

Continuity of carer (CoC) refers to consistency of the midwife or clinical team that provides care for a woman throughout the three phases of her maternity journey: pregnancy, labour and the postnatal period. Evidence has shown that this model of care improves clinical outcomes, safety and patient experience. In addition to the universal offer of 35% of women receiving CoC by March 2021, due to the widening inequalities faced by Black, Asian and Minority Ethnic (BAME) women and Covid-19, 75% of BAME women and those living in the most deprived areas will receive CoC by 2024.

Due to the impacts of Covid-19 and staffing challenges providers will struggle to meet the target however plans are in place to continue to work towards implementation.

Improved and increased access to Specialist Perinatal Mental Health services

The first 1001 critical days from pregnancy to the first 2-years of a child's life is a crucial developmental stage to lay the foundation for a child's emotional wellbeing, health, resilience and learning potential. Birmingham and Solihull Mental Health Foundation Trust deliver a specialist Perinatal Mental Health (PNMH) Service to pregnant women suffering with moderate to severe mental illness. Plans are in place to increase the number of women accessing the service by March 2021. Phased plans are in place to extend the existing provision from pre-conception to 24 months after birth with increased availability of evidence based psychological therapies. Also offering support to partners of women accessing the service and development of a Maternal Mental Health Service offer which will focus on trauma which includes fear of giving birth and loss.

Targeted services to help to decrease maternal smoking

Smoking during pregnancy increases the risk of stillbirth, miscarriage, low birth weight, prematurity and birth defects. The BSOL Stop Smoking Service went live 21st September 2020, providing Smoking Cessation Support, ongoing personalised support, if required, for up to 12 months or 6 weeks postnatal and access to Nicotine Replacement Therapy prescriptions.

NHS initiatives relevant to this issue...continued

Improved infant feeding programmes

A study of optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis evidenced the effects of optimal breastfeeding on all-cause and infection-related mortality in infants and children aged 0–23 months. The authors found higher rates of mortality among infants never breastfed compared to those exclusively breastfed in the first six months of life and receiving continued breastfeeding beyond.

There is an established infant feeding workstream in place progressing key actions including analysis of infant feeding data trends, Maternity Voices Partnership (MVP) are in the process of facilitating an infant feeding survey. A review and scoping of Tongue Tie Services is taking place and ongoing work in line with the Baby Friendly Initiative (BFI), an evidence based accredited programme which supports maternity, neonatal, health visiting and children's centre services to improve their care.

Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)

There is strong evidence to suggest FGR is the biggest risk factor for stillbirth. Therefore antenatal detection of growth restricted babies is vital and has been shown to reduce stillbirth risk significantly because it gives the option to consider timely delivery of a baby at risk. Prevention and surveillance includes detection of smoking status and efforts to be smoke free by 16-weeks, medication, risk assessment, surveillance and management of women at greater risk of FGR, growth disorders in multiple pregnancies and small gestational age. Providers also continue to learn from best practice, errors and incidents to evidence continuous improvement.

Raising awareness of reduced fetal movement (RFM)

Enquiries into stillbirth have consistently described a relationship between episodes of RFM and stillbirth. Unrecognised or poorly managed episodes of RFM have been highlighted as contributory factors to avoidable stillbirths. Locally providers have a communication strategy in place, with enhanced communications with women during Covid-19, including a bespoke telephone triage assessment tool, availability of leaflets in multiple languages, 'Ask the Midwife' sessions and use of social media, radio and digital platforms. Training will be delivered to focus on raising awareness of reduced fetal movement and effective fetal monitoring.

Effective fetal monitoring during labour

Evidence suggests effective fetal monitoring during labour could support a reduction in stillbirths and avoidable fetal morbidity related to brain injury causing conditions. Fetal surveillance midwives are in post at each Trust. The Fresh Eyes and Ears protocol has been reinforced with all staff and local monitoring is in place. Some face to face mandatory training is on hold due to Covid-19.

Reducing pre-term birth (PTB)

PTB is defined as delivery at less than 37+0 week's gestation. It is the most important single determinant of adverse infant outcome with regards to survival and quality of life. Pre-term prevention services are in place across Trusts and work continues in relation to the development of guidelines, data validation, clinical audit and training.

References

[WHO | Maternal and perinatal health](#)

[NHS England » Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care](#)

[NHS England » Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality](#)

[NHS Long Term Plan » Online version of the NHS Long Term Plan](#)

[1001 Days - Parent-Infant Foundation](#)

[Sankar, M. J. et al \(2015\). Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. Acta Paediatrica, Special Issue: Impact of Breastfeeding on Maternal and Child Health. Volume 104, Issue Supplement S467, pages 3–13](#)

[Tongue-tie - NHS \(www.nhs.uk\)](#)

[Baby Friendly Standards - Baby Friendly Initiative \(unicef.org.uk\)](#)