Report of the Director of Public Health to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on March 27th 2014

Subject: Infant Mortality – Update on Progress report

Summary statement:

The report gives an update on progress with regard to the implementation of the Every Baby Matters Action Plan to improve maternal and infant health and reduce infant mortality rates across Bradford District following a Progress Report in October 2013.

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1. SUMMARY

On the 3rd October 2013, an annual Progress Report was presented with regard to the implementation of the Every Baby Matters Action Plan to improve maternal and infant health and reduce infant mortality rates across the Bradford District. This report provides an update following this meeting.

2. BACKGROUND

2.1 General

In 2004-2006 the Bradford District Infant Mortality Commission reviewed the evidence for and reasons behind why Bradford District experienced one of the highest infant mortality rates in England and Wales. The report provided ten recommendations that have provided the foundation for subsequent Every Baby Matters Strategy and Action Plan, commissioning priorities and interventions.

At a meeting of the Health and Social Care Overview and Scrutiny Committee in October 2013 it was recommended that a further report be brought in March to update on progress. This report therefore provides a more detailed update on progress against the 2013/14 Action Plan and further data on infant mortality that has been published since (full details of activity are attached in Appendix 1 and performance indicators in Appendix 2).

2.2 Current

The survival rate for babies under one year of age has improved across the Bradford district for the fifth year in a row according to the latest government statistics. New figures show the infant mortality rate is now 7.0 per 1,000 live births in 2010-12. This is down from 7.5 in 2009-11 and 8.3 in 2005-07. It’s also the lowest rate across the Bradford district over the last decade and the figures are ahead of projected targets agreed in 2011 for reducing infant mortality in the district.

The Chair of Every Baby Matters steering group, which leads the implementation of the Action Plan, reports to the Bradford District Partnership, the Children’s Trust Board and in the Health and Wellbeing Board as required. Infant mortality has also been incorporated into the overall Health Inequalities Action Plan as part of the Joint Health and Wellbeing Strategy for the District.

2.3 Key Priority areas of the Every Baby Matters Infant Mortality Action Plan

The Every Baby Matters Action Plan and dashboard is based on the 10 key priority areas which and encompassed within the 10 Recommendations areas and key interventions over 2013/14 are identified and outlined in Appendix 1. Key progress according to the most recent Every Baby Matters Dashboard highlights the following performance and progress to date (see Appendix 2 for full details) and key elements of the performance are detailed below.

2.3.1 Infant Mortality Rate

The continued decline in infant mortality is noted over the last 7 years; however, the rate of 7.0 per 1000 live births in Bradford remains high in comparison to Yorkshire and Humber which is 4.8 per 1000 live births and England which is 4.3 per 1000 live births (Figure1). The gap between the most deprived quintiles and the rest of Bradford District still remains; however, the % change in more deprived areas in the last few years has been significantly higher than in the district, meaning that the inequalities gap is being narrowed and deaths in the more deprived wards are reducing at a faster rate than in least deprived (Table 1 and Figure 2 in Appendix 2).

Whether we look at deprivation within Bradford District or in comparison with the rest of England, we can say that the greatest contribution to the overall reduction to the Infant Mortality Rate is the reduction in the numbers of Infant Deaths in the most deprived quintile of the population (see Figures 1, 2 and Table 1).
Fig 1: Infant Mortality Rates for Bradford District vs England and Yorkshire & Humber Rates

Table 1: Infant mortality rates in the most deprived quintiles for Bradford District, Region and England 2007-09 to 2010-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Bradford Most Deprived Quintile</th>
<th>Bradford rate</th>
<th>Yorkshire &amp; Humber</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2009</td>
<td>10.6</td>
<td>8.1</td>
<td>5.3</td>
<td>4.6</td>
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<tr>
<td>2008-2010</td>
<td>10.2</td>
<td>8.0</td>
<td>5.4</td>
<td>4.6</td>
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<td>7.5</td>
<td>5.2</td>
<td>4.4</td>
</tr>
<tr>
<td>2010-2012</td>
<td>7.8</td>
<td>7.0</td>
<td>4.8</td>
<td>4.3</td>
</tr>
</tbody>
</table>

% Change  
-26.7%  
-13.1%  
-9.4%  
-6.5%

This indicates that our overall approach via the EBM Action Plan using evidence based interventions to reduce infant mortality rates across the 10 Recommendation areas focused particularly on areas of higher rates is working. However, we need to continue to make this work a priority and ensure the downward trend and faster than average rate of reduction compared to England rates continues.

2.3.2 Teenage conception rate

In 1999, the government launched a 10-year national teenage pregnancy prevention strategy for England, with the aim of halving under 18 conception rates. A range of interventions over the last decade have ensured Bradford’s teenage conception rate has fallen significantly over this period and had halved by 2011; the rate is now similar to England rates (Figure 4).

2.3.3 Early access to midwifery services

There continues to be a year on year improvement in the % of women who access services before 13 weeks of pregnancy which increased from 79% in 2009/10 to 85% in 2012/13; there is a continued focus in this area to achieve the 90% target (Figure 5). Early access to a midwife is crucial to ensure any risk factors are picked up early and appropriate support offered e.g. smoking in pregnancy, obesity, previous poor antenatal history.
2.3.4 **Immunisations**

High levels of immunisation rates are continued to be achieved across the district and work continues in low uptake areas to ensure they remain high. Data for 2012/13 shows immunisation and vaccination rates remain high at 95% for childhood immunisations for DTaP/IPV/Hib – i.e. Diptheria, Tetanus, Pertussis/Polio/ Haemophilus B (see Appendix 2 Figure 9).

2.3.5 **Breast Feeding at 6-8 weeks**

Present achievements are around 68% for initiation of breast feeding at delivery and 40% continuation of breast feeding at 6-8 weeks for 2012/13. There are a range of measures in place within organisations (UNICEF Baby Friendly Initiatives) to promote breastfeeding, ongoing training for staff and support for mothers to increase breast feeding rates further (see Appendix 2 Figures 7 & 8).

2.3.6 **Smoking cessation four week quit rate for pregnant women**

Overall smoking rates for pregnant women at delivery was fairly static at around 15% until 2011/12 and 2012/14 when it increased to 16.4% (Fig 6). The quit rate (number of women who have set a four-week quit-rate and attained it) remains fairly constant at between 28% and the numbers of pregnant women who were referred by midwives in 2013/14 is already at 522 for Q1, Q2 and Q3 for 2013/14 (Appendix 2 Table 2). However, the number of pregnant women who actually set a quit date and have quit smoking after 4 weeks working with the Smoking Cessation Team has decreased since 2011/12; in 2012/13 a total of 354 pregnant women set a quit date and 100 pregnant women succeeded in quitting (Appendix 2 Table 2).

A range of interventions are in place to increase the quit rates and this includes training of all midwives, ensuring smoking cessation services are high quality, use of CO monitors with pregnant women as per National Institute for Clinical Effectiveness (NICE) guidelines and targeted work in areas where smoking rates are higher. However smoking rates are increasing and fewer women are quitting; hence further priority work will be undertaken in 2014/15 to identify new, more effective ways of working with pregnant women who smoke to support them to quit.

2.3.7 **Reduce the numbers of women with high levels of use of alcohol and/or non-prescribed drugs in pregnancy**

There has been a focus on improved screening for alcohol for pregnant women in 2013/14 with specialist substance misuse midwives delivering training to midwives. There is also development of online e training which is underway and future priorities include making Every Contact Count by embedding alcohol screening in smoking cessation and sexual health services. In addition there are Specialist services for pregnant women who have identified alcohol and substance misuse related problems and Physical Health Nurses who work with all agencies to address sexual health, pregnancy and contraceptive issues.

2.3.8 **Community understanding of genetically inherited congenital anomalies as a cause of death**

All partners continue to work in partnership to raise awareness and knowledge amongst populations at risk about the nature of congenital anomalies, including genetically inherited conditions and their impact on infant death. It is known there are higher rates of congenital anomalies in White British women who are over 35 years of age and in South Asian families married to their cousin and some of these congenital anomalies lead to death of an infant in the first year of life (Born in Bradford research July 2013 Lancet).

Further Specialist training sessions have been commissioned for 2013/14 using a mix of presentations, discussion and activities to demystify medical facts and clarify the real link between cousin marriage and genetic disorders. It empowers professionals with accurate information and resources to promote understanding and enables effective communication.
between professionals and families. This has included a range of staff including Health Visitors, Midwives, Voluntary Sector Advisors, Children’s Centre Staff, GPs, Social Workers, School staff, Paediatricians and Housing support workers. The training has been very well received with 135 people having attended in 2013/14 and a further 8 sessions are pending for up to a further 120 people.

A genetics pathway has also been established where approximately 100 GPs attended through educational events and CCG meetings. Approximately 8,000 leaflets especially produced on genetically inherited conditions were also provided to GPs and practices, and the Genetics Pathway is available for Primary Care staff on SystemOne. There has been national and local interest in this work. An audit on this work including impact on referrals is planned in June 2014.

2.3.9 Data collection and monitoring procedures in Bradford

Data and public health intelligence continues to be collected to inform areas of greatest need and priority. The Joint Strategic Needs Assessment has a chapter on infant mortality and regular updates on Infant Mortality data and risk factors are disseminated via training and Awareness days with all partners. The Child Death Overview Panel Report provides detailed understanding of causes of death for infants and this informs the work of Every Baby Matters Steering Group alongside emerging research from Born in Bradford relevant to reducing infant deaths.

2.4 New areas of development

Integrated Care Pathway and Early Years Children Centres

An integrated care pathway has now been developed between midwifery, health visiting and early years services which will ensure that health and Early Years services operate in a cohesive and effective way to support women and young children in areas of greatest need. Health performance targets for Children’s Centres now include immunisations, breastfeeding, obesity and infant mortality and the integrated care pathway will support partnership working to target inequalities in maternal and child health. This is planned to be launched at the end April 2014.

Better Start Lottery Bid

Partnership between Voluntary and Community Sector, Health, Local Authority, and other key partners resulted in a successful stage one application for Better Start lottery funding which focused on pregnancy and children age 0 to 3. This has meant the district has already benefited from an additional resource of £340,000 to develop the final Better Start Bradford Big Lottery Bid in three Wards with highest infant mortality rates; this Bid has been led by Bradford Trident together with all key partners. The final bid has been submitted in February 2014 for £50 million over ten years across these three wards and outcome will be decided by June 2014. If successful, this Bid will help accelerate improvements in maternal and child health and reduction in infant mortality rates across the District.

3. REPORT ISSUES

The Health and Wellbeing Board and Children’s Trust Board will monitor progress on the Every Baby Matters Action Plan and progress in reducing infant mortality rates as well as the Health and Social Care Overview and Scrutiny Committee.

4. OPTIONS

Members may wish to comment on any aspects of the report.
5. CONTRIBUTION TO CORPORATE PRIORITIES

The implementation of the Every Baby Matters Steering Group to reduce infant mortality rates and improve maternal and child health contributes to:

- Priority 2 of the Joint Health and Wellbeing Strategy and Health Inequalities Action Plan
- Children’s Trust Board priorities in early years; prevention and early intervention
- Community Strategy for the District; specifically improving the health and wellbeing and quality of life for people in the district

6. RECOMMENDATIONS

a) The Committee note the report and further progress to reduce infant mortality rates since the last report in October 2013
b) The Committee continues to support the Partnership and Integrated working approach across all children services in the early years which contributes to improving both maternal and child health overall and reducing infant mortality rates
c) The Committee supports the continued focus on ensuring key interventions via the Every Baby Matters Steering Group identified within the Infant Mortality Action Plan are delivered effectively
d) The progress is monitored via Priority 2 of the Health Inequalities Action Plan of the Joint Health and Wellbeing Strategy and Board and the Children’s Trust Board.

7. BACKGROUND DOCUMENTS

1) Every Baby Matters Strategy and Action Plan
2) Every Baby Matters Dashboard

APPENDICES

1) Appendix 1: Update on activity within the ten recommendations of the EBM Action plan – March 2014
2) Appendix 2; Key Performance data from the Every Baby Matters Dashboard
APPENDIX 1:

PRIORITY INFANT MORTALITY ACTIVITY PROGRESS REPORT AGAINST THE 10 KEY RECOMMENDATIONS OF THE EVERY BABY MATTERS (EBM) ACTION PLAN – MARCH 2014

Recommendation 1: To reduce poverty and unemployment in families in Bradford to enable more women attain sufficient personal, social and economic resource to experience a sense of wellbeing throughout pregnancy and parenthood

- A Child Poverty Action Plan has been in place since 2011 with links with EBM work in relation to tackling poverty in families. The action plan focuses on reducing the higher level of child accidental injury for children in poverty, encourages schools to identify and remove barriers to aspiration and success in school, increasing Free School Meal take-up, removing hazards from family housing, linking families to crisis support in respect of heating and fuel debt in winter.

- Bradford District's Children's Centres provide support to parents and families including parenting support, welfare and debt advice, readiness for work and volunteering opportunities.

- Families First (Bradford's Troubled Families Programme) has to date worked with 1760 families in Bradford with the aim of turning lives around by raising aspirations including supporting adults into training/work, improving attendance at school and reducing crime and anti-social behaviour. This partnership approach includes Council, Police, Probation, Job Centre plus, Health, and a range of providers from the Voluntary and Community Sector.

Recommendation 2: To improve the availability of good quality and affordable housing for families so that fewer pregnant women and infants live in substandard housing conditions.

Actions to improve the quality of housing provided in the district and ensure that vulnerable groups, such as pregnant women and infants are helped to maintain independent living in good quality homes achieved through a district wide fuel poverty strategy and energy efficiency programmes targeted at vulnerable households.

- This has resulted in 1,391 homes improved through the installation of ‘standard’ insulation measures across the district in 2012/13 (the last complete period that data is available for). 2,251 homes where housing interventions have resulted in improved living conditions. Of the 2,251 homes, the number where children were confirmed as being resident was 222.

- The District’s revised Housing Allocations Policy was approved in January 2014. The new policy confirms that priority in allocating social homes will be awarded to people with a statutory need (i.e. homeless, as defined by the Housing Act 1996), and also those with an urgent need who may include people occupying insanitary or overcrowded housing. This helps to enable vulnerably housed pregnant women and families with new born children to access safer and healthier housing.

- Government funding for resourcing overcrowding has ceased. However, support for overcrowded families in the district is available through priority in the new allocations policy, including a high level of priority for severe overcrowding. Priority is also awarded to under-occupying households living in socially rented family housing, to make best use of this stock. The Housing Options service now provided by Bradford Council offers advice and a proactive casework approach to making best use of the options available to overcrowded households. The Council’s partners in the Registered Provider sector work to provide appropriate housing for families in overcrowded accommodation, including through promotion of home swaps.

Recommendation 3a: To improve the health and nutrition of pregnant women, babies and women planning pregnancy by promoting a healthy food culture.

- Link established between Women and Infants Nutrition Group and the Council’s Child Poverty Action Group

- Developed guidelines and training on nutrition for maternal and infant health and production of a guide to weaning -10,000 copies distributed
- Model food policy for children’s centres to use to quality check their provision of food activity
- Healthy Start Programme – free Healthy Start supplements which include Vitamin D for all pregnant women and babies up to six months
- Vitamin D policy for prevention established for early years including sunshine messages
- Completion of the Vitamin D community awareness programme including 42 vitamin D champions in 2013
- Completion of the EBM nutrition training programme and commencement of a new programme of 18 sessions for 2013-14
- Further development of a Food and nutrition toolkit for children’s centres and early year’s settings
- Plan to develop faltering growth pathway for children

**Recommendation 3b:** to increase the numbers of women who start breastfeeding by attaining UNICEF accreditation in both acute hospital maternity units, across the Bradford district’s primary health care teams and within all the children’s centres.

- UNICEF Baby Friendly Initiative adopting across the district and increase in the number of Organisations working towards Baby Friendly initiative standards
- Peer support services deliver evidence based care
- Increase in the number of GPs accessing breastfeeding training
- Breastfeeding Champions being developed in Children Centres

**Recommendation 4:** to ensure equal access to all aspects of pre-conceptional, maternal and infant health care

- Birth centre at Bradford Teaching Hospitals NHS Foundation Trust opened November 2012
- Midwifery led unit at Airedale NHS Foundation Trust opened in summer 2013
- My Airedale Midwife service (MAMs) pilot launched by Airedale NHS Foundation Trust in January 2014 with 22 births up to 12 March 2014
- A workshop has been held with the Maternity Partnership (formerly MSLC) to understand service user requirements from personalised maternity care
- The Maternity Partnership hosted a series of community based focus groups looking at community midwifery services – the final report is imminent
- The children’s integrated care pathway (ICP) working across midwifery, health visiting and children’s centres/early years services will be launched in April 2014
- Airedale NHS Foundation Trust has developed midwifery capacity to provide increased access to parent education
- A maternal mental health pathway will be launched across the district late March 2014 to provide a standardised approach to supporting women whichever health service they access
- Additional funding has been provided from Clinical Commissioning Group (CCG) non-recurrent monies to provide training and resources to support the implementation of this standardised approach
- CCG non-recurrent funding has been identified to:
  - in response to recommendations from the Bradford Child Death Overview Panel, undertake a scoping exercise to consider options to improve support for bereaved parents
  - support expansion of the Bradford Doula Programme
  - support expansion of the home safety scheme to provide home safety equipment to 1400 at risk families in the Bradford district
  - work with schools in highly deprived areas of Bradford to address reports of poverty and under-nourishment amongst vulnerable children not entitled to Free School Meals
  - employ a strategic lead across all primary and secondary care providers to put in place effective and integrated systems to ensure a coordinated and consistent approach to the health response to women and girls experiencing violence and abuse
  - develop a Women’s Health Network to be used as a vehicle to share messages relating to the importance of pre-conception care, diet and nutrition and accessing health services appropriately and in a timely manner. It is envisaged this network can be used to engage with women from a number of communities within the district.
  - support an ‘Early Access’ media campaign to promote the benefits of early booking with a health professional
  - Hold a one off “Baby Rockers” event to offer advice and signposting to pregnant women and new parents on a number of related subjects.
Recommendation 5: to improve social and emotional support for vulnerable parents, especially those living in areas of social disadvantage.

- Early Help Board established which includes Parenting and CAF Boards and is chaired by Assistant Director for Access and Inclusion; priorities for this Board are focused on prevention and early intervention for children
- ‘Safeguarding Children through Early Help’ event during Safeguarding Week in 2013 and range of other key events held to reduce risk of harm to children
- Timely updates of new births in the district to be received from public health and improved data sharing regarding 2-5 year olds
- Infant mortality is embedded into Children’s Centres conversations and Core Offer and is one of the 4 targets within the contract which also includes improving immunisations, breastfeeding rates and reducing obesity rates via improved nutrition and physical activity in young children
- Training for staff on Parenting skills and competencies

Recommendation 6a: To reduce the numbers of men and women smoking in the District with a focus on the needs of women during pregnancy.

- Provision of smoking cessation clinics for women attending BRI ante-natal ‘high risk’ obstetric clinics.
- Ongoing improvements to CO monitor use, referral system and CO levels recorded for pregnant women
- Co monitoring for partners of pregnant women is being undertaken
- Majority of midwives trained and also to use CO monitors.
- Smoking cessation service now has specialists with maternity lead in community clinics and Children centres with highest rates.
- Smoking cessation champions identified in children centres

Recommendation 6b: to reduce the numbers of women with high levels of use of alcohol and/or non-prescribed drugs in pregnancy

- Developing an on-line e-learning Substance Misuse Basic Awareness Course
- Specialist Substance Misuse Midwives working across Bradford and Airedale delivering training to midwives to improve screening for alcohol use and offer brief advice / referral where appropriate
- Service providers are ensuring Smoking Cessation and Sexual Health screening and interventions are taking place in conjunction with Public Health.
- All services are required to give harm minimisation and prevention messages re substance misuse and pregnancy as appropriate and opportunistically
- Physical Health Nurses work in all drug and alcohol agencies and provide sexual health screening, pregnancy and contraception advice and where appropriate referral on to specialist services.
- Future priority includes making Every Contact Count by embedding alcohol screening in smoking cessation and sexual health services
- Fit for purpose training being developed as part of the Integrated care pathway work and joint training programme which will include Early years staff.
- Young Peoples substance misuse services will offer advice and information around sexual health and smoking cessation and will refer on where appropriate.

Recommendation 7: To increase community understanding of the role of genetically inherited congenital anomalies as a cause of death.

- Developed information leaflet on genetically inherited conditions for communities and individuals at risk
- Hub and spoke training in 4 geographical areas completed involving 16 children’s centre and community staff .This included five training sessions to community and voluntary sector staff supported by the Health Partnership.
- Training sessions were also commissioned using a mix of presentations, discussion and activities to demystify medical facts and clarify the real link between cousin marriage and genetic disorders. This has included: Health Visitors and Midwives, Voluntary Sector Advisors, Children’s Centre Staff, Health Promotion staff, Specialist nurses, GPs, Social Workers, youth workers and school staff Paediatrician
and other medical staff, Community Health Development Workers, Housing support workers. So far in 2013/14 this training has been very well received with 135 people have attended and a further 8 sessions pending for up to a further 120 people.

- A genetics pathway has also been established where approximately 100 GPs attended through educational events and CCG meetings. Approximately 8,000 leaflets especially produced on genetically inherited conditions were also provided to GPs and practices, and the Genetics Pathway is available for Primary Care staff on System One. An audit on this work including impact on referrals is planned in June 2014.
- Commissioned Artworks Project to develop and deliver sessions in secondary schools which will be piloted shortly.

**Recommendation 8:** To ensure these recommendations are shared widely and understood by communities across the Bradford district.

- Communities are better informed and able to share messages with public, understand how to help people make a difference to health of mums and babies training sessions planned with Voluntary and Community Sector; Every Baby Matters (EBM) leaflets published and disseminated widely
- Further EBM Awareness carried out in December 2013 to support locality sharing and networking
- EBM Website developed further
- Maternity services Liaison Committee (MSLC) and Community Engagement have held consultation with maternity service users. ‘You said We did’ messages in development
- Ongoing communications strategy and linking now with Born in Bradford to support their communications team
- Communications lead in public health appointed June 2013 for Public Health whose role includes supporting this work

**Recommendation 9:** to develop further the data collection and monitoring procedures in Bradford.

- Regular updates and analysis on Infant mortality data and risk factor data to inform work of the EBM Steering group and the EBM Action Plan
- Child Death Overview Panel (CDOP) Report published for 2012/13 and annual CDOP reports over the last 5 years inform all planning and interventions for prevention of infant death.
- Robust data collected as part of Better start bid in the three most deprived wards in the District with highest infant mortality rates this is informing evidence based work for the Bid and the District.

**Recommendation 10:** Future research to understand both the underlying and immediate causes of death

- Close links well established with Born In Bradford (BIB) and awareness of all significant research emerging which is relevant to infant mortality reduction
- Chair of EBM Steering group on Born In Bradford Executive and Born In Bradford Family Liaison lead is on Every Baby Matters Steering group
Appendix 2

Fig 1: Infant Mortality - The number of deaths under the age of 1 per 1,000 live births

The chart illustrates the continued reduction in the Infant Mortality rate in Bradford, and also shows that with the most recent figure of 7.0 for the years 2010-2012, the rate has reduced more quickly than had previously been forecast.
Fig 2: Infant mortality rates for England, Yorkshire & Humber, Bradford District and Bradford District most deprived quintile

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<tbody>
<tr>
<td>Bradford Most Deprived Quintile</td>
<td>10.6</td>
<td>10.2</td>
<td>9.0</td>
<td>7.8</td>
</tr>
<tr>
<td>Bradford Rate</td>
<td>8.1</td>
<td>8.0</td>
<td>7.5</td>
<td>7.0</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>5.3</td>
<td>5.4</td>
<td>5.2</td>
<td>4.8</td>
</tr>
<tr>
<td>England</td>
<td>4.5</td>
<td>4.5</td>
<td>4.4</td>
<td>4.3</td>
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</tbody>
</table>
Table 1 Infant mortality rate % reductions from 2007-9 to 2010-12:

<table>
<thead>
<tr>
<th>Year</th>
<th>Bradford Most Deprived Quintile</th>
<th>Bradford rate</th>
<th>Yorkshire &amp; Humber</th>
<th>England</th>
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<tbody>
<tr>
<td>2007-2009</td>
<td>10.6</td>
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<td>2009-2011</td>
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<td>2010-2012</td>
<td>7.8</td>
<td>7.0</td>
<td>4.8</td>
<td>4.3</td>
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<tr>
<td>% Change</td>
<td>-26.7%</td>
<td>-13.1%</td>
<td>-9.4%</td>
<td>-6.5%</td>
</tr>
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</table>

The chart illustrates that the Infant Mortality rate in the most deprived areas of Bradford District has been reducing at a faster rate than for the district as a whole – bringing its rate closer to regional and national levels. Also the Bradford Infant Mortality Rate overall is reducing at a faster rate than Yorkshire & Humber and England rates.
Fig 3: Numbers of Infant Deaths in the least and most deprived wards in Bradford District over 3 year rolling periods
2007-2009 to 2010-2012

This chart describes the actual number of infant deaths in each three year spell between 2007 and 2012. This illustrates that between 2007 and 2009, there were 107 more infant deaths in the 40% most deprived areas of Bradford than the least deprived 40%. For the period between 2010 and 2012, this figure had reduced to 89.
Teenage Conception rates have reduced significantly over the last decade and are now similar to the England average rates.
Fig 5: Access to a midwife before 13 weeks of pregnancy

- Around 85% of women are booked in with a midwife before the 13th week of pregnancy.
- The proportion of women booking with a midwife is increasing over the last two years.
- The 2012/13 and 2013/14 data needs final verification with CCG/Commissioning Support Unit.
The % of pregnant women smoking at delivery has increased to 16.4% for 2012/13 from a previous baseline of around 15% and reducing smoking remains a priority for the District. Smoking rates in Q1 of 2013/14 are the highest for the last two years but further data for 2013/14 is required to ascertain if this is a trend.

More support is now offered to women who report, antenatally, that they are smokers and midwives refer all women who consent to specialist smoking cessation services. This includes CO monitoring to ascertain whether the expectant mother is exposed to smoking and whether she continues to smoke.

The 2012/13 and 2013/14 data above needs final verification via CCG/Commissioning Support Unit.
Table 3: Quit rates for pregnant women referred to Smoking Cessation Services 2011/12 -2013/14

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of pregnant women referred to Smoking Cessation Services</th>
<th>No. of women who set a quit date</th>
<th>No. and % of pregnant women who quit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>Not collected</td>
<td>440</td>
<td>123 (28%)</td>
</tr>
<tr>
<td>2012/13</td>
<td>Not collected</td>
<td>354</td>
<td>100 (28%)</td>
</tr>
<tr>
<td>2013/14 (Q1,Q2,Q3 only)</td>
<td>528 up to Q3</td>
<td>222 up to Q3</td>
<td>63 (28%) up to Q3</td>
</tr>
</tbody>
</table>

Source: Public Health Analysis Smoking Cessation Team CBMDC March 2014
• The breastfeeding initiation rate is presently around 68% (2012/13) and these are higher than previous years
• The 2012/13 and 2013/14 data above needs final verification via CCG/Commissioning Support Unit.
Consistently, around 40% of women continue to breastfeed their babies 6-8 weeks after the baby’s birth.

The 2012/13 and 2013/14 data needs final verification via CCG/Commissioning Support Unit.
Consistently over the last two years 95% of children have been given the vaccine against Diptheria, Tetanus, Pertussis, Polio and Haemophilus B vaccines (DTaP-IPV-HiB) at 12 months old.