



Public Health
England

Protecting and improving the nation's health

Giving every child the best start in life: A public health approach

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Public Health England

PHE's approach to improving maternal and child health outcomes

- We take a life course approach: each stage of life builds to the next
- We take an assets based approach: individual, families and communities all have positives as well as needs
- We recognise the importance of meeting needs holistically: no single profession or service can meet the whole of a family's needs
- We are led by the data, the evidence and learn from emerging positive practice
- We support place based actions – local authorities etc
- We have direct to public campaigns

Priority areas under the Best Start in Life Maternity - 24



'Fit For and Fit During' Pregnancy

Promoting adoption of positive health behaviours and reducing risk factors

Maternity Transformation Programme

Workstream 9

Improving prevention and population health

2017 PHE Priority Actions

- Smoke free pregnancies
- Improved breast feeding rates
- Improving perinatal mental health
- Prevention pathways
- Preconception health

Smoking in pregnancy

Smoking during pregnancy causes up to **2,200** premature births, **5,000** miscarriages and **300** perinatal deaths every year in the UK

It also increases the risk of complications in pregnancy and of the child developing a number of conditions later on in life such as:

- premature birth
- low birth weight
- respiratory conditions
- problems of the ear, nose and throat
- diabetes
- obesity

The infographic features a white silhouette of a pregnant woman smoking a cigarette against a dark red background. To the right, a white box lists complications, each accompanied by a small icon: a premature birth (baby in a hospital bed), low birth weight (small baby in a bag), respiratory conditions (lungs), problems of the ear, nose and throat (head profile), diabetes (hand holding a needle), and obesity (large belly).

Why does prevention matter?



Up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth. This can lead to disordered early attachment with long term consequences for mother and baby



25% of children have tooth decay at age 5 years



Approx. 80% of brain development takes place by the age of 3



£23bn per year: the costs of failing to deal adequately with perinatal mental health problems and child maltreatment



7% of children around five years of age have speech, language and communication needs (SLCN)

5x

5-year-olds living in Leicester are five times more likely to have tooth decay compared to 5 year olds living in West Sussex

50%

In areas of social disadvantage approximately 50% of children have significant language delays

Key adverse health outcomes would be reduced between 18–59% if all children were as healthy as the most socially advantaged

18-59%

Maternity programme

The best outcomes for both mother and baby happen when mothers are:

- not socio-economically disadvantaged 
- managing stress or anxiety 
- in a supportive relationship – and not experiencing domestic violence 
- not smoking, consuming alcohol or misusing illegal substances 
- enjoying a well-balanced diet 
- not in poor physical, mental or emotional health 

In **2011-13**:
 9 women per 100,000 died at the end of pregnancy or up to 6 weeks after giving birth – 14 more women per 100,000 died between 6 weeks and a year after their pregnancy

In **2013** there were
 3,286 stillbirths and
 1,436 neonatal deaths

Increasing uptake of flu vaccine in pregnancy (**44%** at the end of 2016) will help prevent serious complications



Up to **20%** of women develop a mental health problem during pregnancy or within a year of giving birth

Suicide is a leading cause of death for women during pregnancy and in the year after giving birth



Smoking is the single biggest modifiable risk factor for poor outcomes in pregnancy – **10.6%** of women who gave birth in England reported smoking at the time of delivery in 2015/16



The UK has some of the lowest breastfeeding rates in the world – in England breastfeeding prevalence at 6-8 weeks was **43.8%** (April-June 2016)

Perinatal mental health

- One of the strongest predictors of wellbeing in the early years is the mental health and wellbeing of the mother or caregiver
- up to 20% of women experience a mental health problem during pregnancy or within a year of giving birth, this can have significant and long term consequences for mother and baby
- Children of mothers experiencing perinatal mental illness are at increased risk of prematurity and low birth weight, irritability and sleep problems in infancy.
- Maternal depression can increase a child's risk of behavioural problems, emotional problems, conduct disorders, language development delays and impaired parent child interaction all of which can have a negative impact on school readiness .
- In the most extreme cases perinatal mental illness increases the risk that children will be abused or neglected .
- Perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK.

Profiling and benchmarking tool

Public Health England

Home > Data Contact Us

Perinatal Mental Health

Indicator keywords

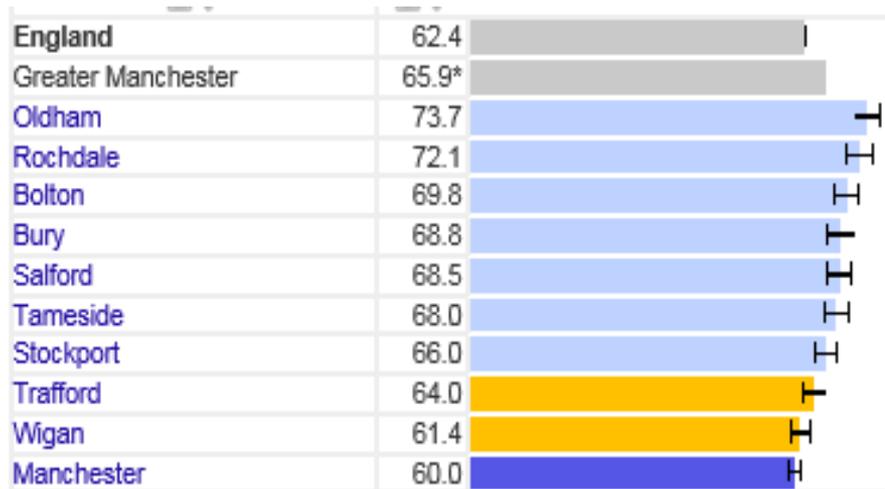
Demographics Risk & related factors Prevalence **Prevention** Services & Support Access, Quality & Outcomes

Overview Map Trends **Compare areas** Area profiles Definitions Download

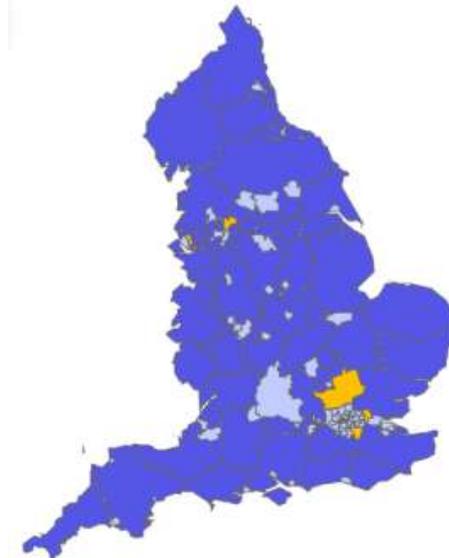
Women of childbearing age 2014

Publication Spring 2017
<https://fingertips.phe.org.uk/>

Proportion - %



Source: Office for National Statistics





Breastfeeding in England

The UK government recommends exclusive breastfeeding for around 6 months and thereafter with other foods



74% of mothers start to breastfeed²



44% are breastfeeding at 6 weeks³



36% are breastfeeding at 6 months⁴



Only 1% of babies are exclusively breastfed until they are 6 months old⁵



Mothers who are young, white, from routine and manual professions and who left education early are least likely to breastfeed⁶

Commissioning infant feeding services



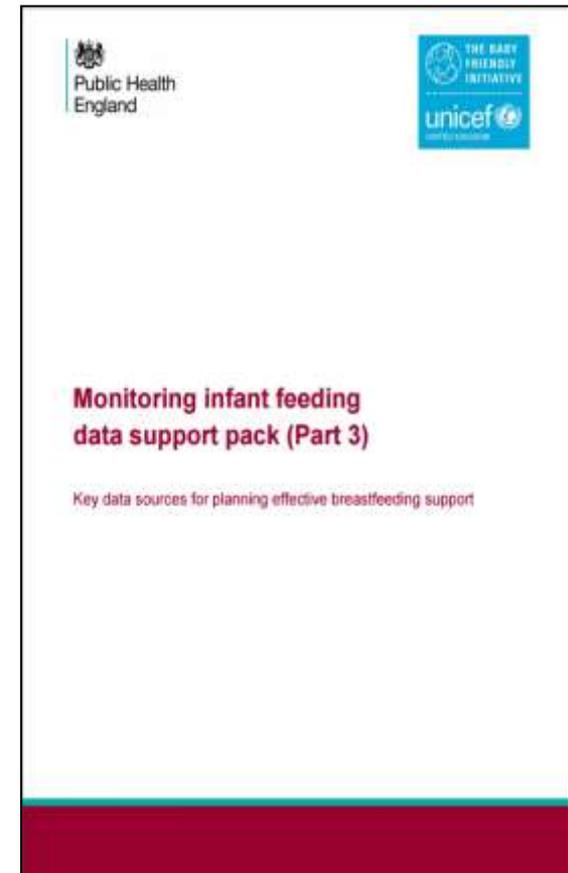
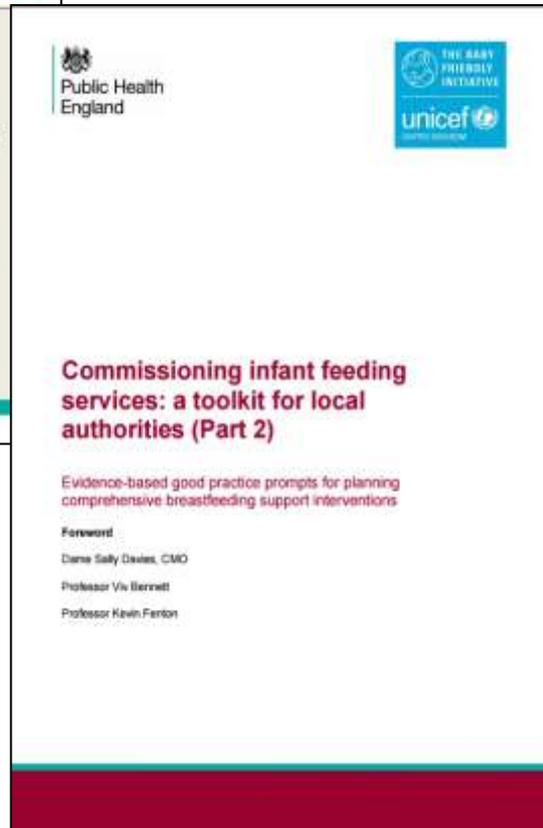
Reduces risks of

- ✓ GI Infections
- ✓ Ear Infection protects against infectious diseases
- ✓ Obesity
- ✓ Female cancers

Promotes cognitive development – it helps **build brains**

It's **unique**

It's **free!**



<https://www.gov.uk/government/publications/infant-feeding-commissioning-services>

Smoking in Pregnancy

Smoking is the main modifiable risk factor in pregnancy

- **70,000** babies born to mothers who smoke
- Geographical variation: 1.8% NHS West London to 31% in NHS Blackpool

and associated with a range of serious problem, including:

- Complications during labour; increased risk of miscarriage; premature birth; still birth; low birth-weight; sudden unexpected death in infancy

Each year it causes up to:

- 5,000 miscarriages
- 2,200 premature births
- 300 perinatal deaths (in the UK)

It also increases the risk of developing:

- respiratory conditions;
- attention and hyperactivity difficulties;
- learning difficulties;
- problems of the ear, nose and throat;
- obesity and diabetes

New: On-line training



NCSCT (open access)

http://elearning.ncsct.co.uk/vba_pregnancy-stage_1

A mix of text and short video clips to support practitioners ability to:

- Describe the main effects of smoking upon the health of mother and baby
- Understand the patterns and prevalence of smoking among pregnant women
- Provide VBA (ASK, ADVISE, ACT) and know where it fits in the care pathway
- Follow up and subsequent appointments
- Respond to frequently asked questions and dispelling myths:



RCM (members only)

<http://www.ilearn.rcm.org.uk/>

- Low CO reading, but still smoking
- Cutting down
- People who don't want to quit
- 'Benefits' of having a small baby
- Safety of NRT
- E-cigarettes
- 'Stress' of stopping smoking
- Other people smoke and their babies are 'fine'

Communications

Health Matters: Giving every child the best start in life



Blogs: Viv Bennett, Chief Nurse



Advice on e-cigarettes & vaping

Public Health England

Use of e-cigarettes in public places and workplaces

Advice to inform evidence-based policy making

Use of e-cigarettes (vaping) in the home: advice for parents

It is important to keep a home free from tobacco smoke?

- Health risks - Research suggests that other people's smoke can increase risk of lung cancer, heart disease and stroke. Secondhand smoke is dangerous to women exposed to it, but children are especially vulnerable? Children's exposure to secondhand smoke results in 100,000 in OP-days and 1,000 hospital admissions a year.*
- Stopping pregnancy - Inhalation of smoke when smoking a stressed pregnant woman. The new children can inherit and the likelihood that they will start smoking, in homes where smoking is not allowed reduces, children are less likely to start smoking themselves.
- Fire risk - Fires caused by smoking materials including cigarettes, roll-ups, cigars and pipe tobacco, and their electronic lighters and e-cigarettes, are responsible for the greatest number of deaths from house fires.

Start4Life & Smokefree

for mums-to-be

SMOKEFREE NHS

Home | Sell now | My quit | Quit support | Success

Home > My quit > Pregnancy and smoking

Stopping smoking is the best thing you can do for your baby

We know that it can be difficult to stop smoking. But we know that you want to give your baby the best possible start in life.

The risks of smoking during pregnancy are serious: premature delivery to increased risk of miscarriage or sudden infant death. Quitting smoking is one of the best things you and your partner can do to help your baby stay healthy during pregnancy and beyond.

start 4 life

Oral Health

Ambition: every child grows up free from tooth decay as part of having the best start in life

- Although oral health is improving almost a quarter (24.7%) of 5 year olds have tooth decay (PHE 2016)
- Stark inequalities exist with some of the most vulnerable, disadvantaged and socially excluded facing significant oral health problems
- For those at risk it happens early in life - 2014 first survey of 3 year olds- 12% visible decay average of 3 teeth affected
- However most dental disease is preventable
- Has a significant impact - children who have toothache or who need treatment may have difficulties with eating, sleeping and socialising



Poor oral health may impact on:

- School absence, time off work
- School readiness
- Top cause of child admissions to hospitals (5-9yrs)
- Cost of NHS dental care across all ages – £3.4 billion
- Dental neglect and wider safeguarding issues

Child oral health action plan

Ambition: every child grows up free from tooth decay as part of having the best start in life



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A learning platform for health professionals

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Public Health England

Improving oral health: A toolkit to support commissioning of supervised toothbrushing programmes in early years and school settings

Public Health England

York Health Economics Consortium

A rapid review of evidence on the cost-effectiveness of interventions to improve the oral health of children aged 0-5 years

Public Health England

Return on investment of oral health improvement programmes for 0-5 year olds

Introduction

The Public Health England (PHE) Oral Health Improvement Programme (OHIP) is a programme to improve oral health in children aged 0-5 years. The programme is based on evidence that supervised toothbrushing programmes are the most effective intervention for reducing tooth decay in this age group.

Key findings

- Supervised toothbrushing programmes are the most effective intervention for reducing tooth decay in children aged 0-5 years.
- Fluoride varnish programmes are also effective, but less so than supervised toothbrushing.
- Fluoride toothpaste and mouthwash programmes are not effective.
- Fluoride toothbrush programmes are not effective.

Public Health England

Children's Oral Health Improvement Programme Board Action Plan 2010-2021

The ambition is that every child grows up free from tooth decay as part of having the best start in life.

By working together across health, education and the voluntary sector, we will achieve our five objectives:

1. To ensure that every child has access to supervised toothbrushing programmes.
2. To ensure that every child has access to fluoride varnish programmes.
3. To ensure that every child has access to fluoride toothpaste programmes.
4. To ensure that every child has access to fluoride mouthwash programmes.
5. To ensure that every child has access to fluoride toothbrush programmes.

Public Health England

Delivering Supervised Toothbrushing for Two, Three and Four Year Olds in Early Years Settings
"SMILES 4CHILDREN"

October 2015

4 CHILDREN FOUNDATION YEARS
Great early years & childcare

Childhood obesity

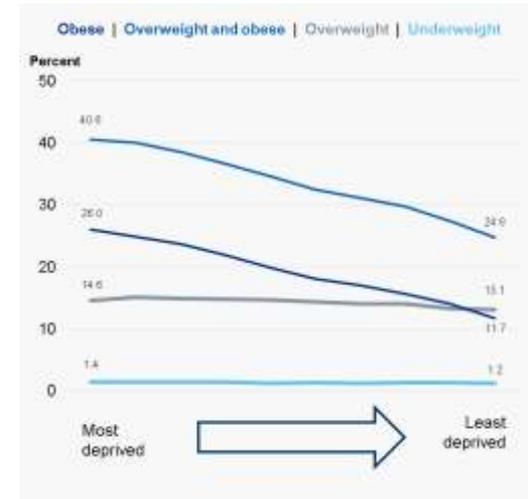
Levels of childhood obesity since the inception of the National Child Measurement Programme have remained unacceptably high at roughly one tenth of reception year pupils, one fifth of year six pupils and no overall discernible trend throughout the last ten years

Obesity rates for Year 6 in 2015/16 were at the highest since the NCMP records began in 2006/07



Overweight children are more likely to maintain their overweight status as they progress through childhood into their adult years which in turn has implications for their overall health and life expectancy

There is a strong correlation between the levels of obesity and overweight and socioeconomic deprivation with the poorest children having the greatest rates of obesity



The Childhood Obesity Plan for Action, published in August 2016, tasks PHE with leading on many actions including:

- Working with the food industry to take 20% of sugar out of food products
- Working with DfE and DH to give support to schools and public health professionals to encourage children to meet the CMO's guidelines for physical activity
- Creating new C4L and other resources that support parents to make positive decisions to adopt healthy lifestyle, guiding local authorities to utilise these for their communities and signpost their residents to these materials.



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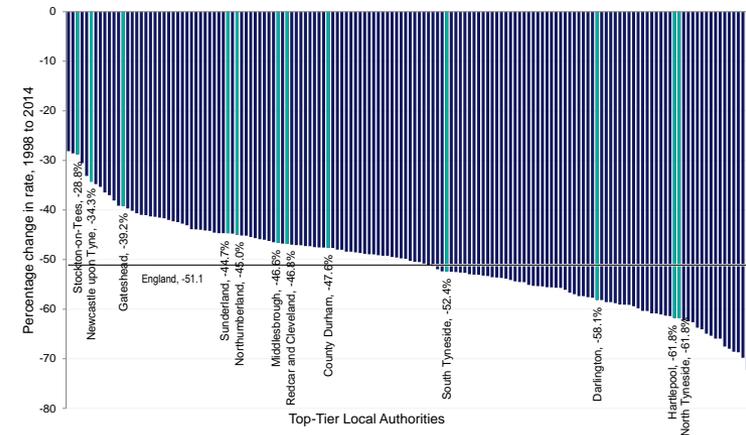
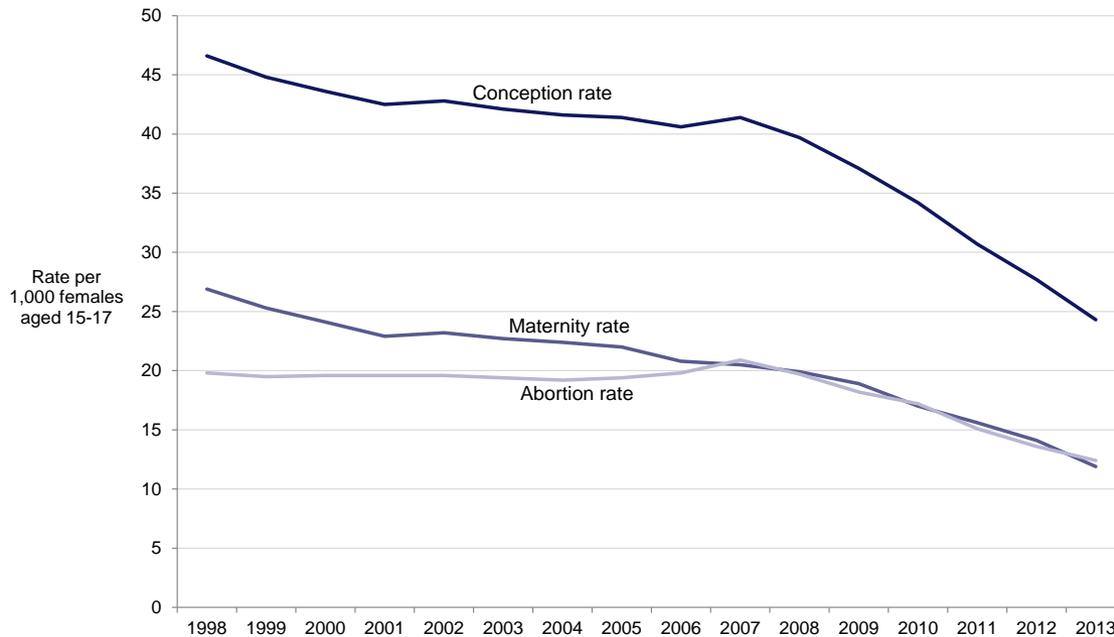


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Teenage Pregnancy

- **48% reduction in under 18 conception rate** – from 46.6/1000 15-17s in 1998 to 24.3/1000 in 2013
- **Lowest rate since 1969** when conception data collection began
- **Reductions needs sustaining** – some LAs have seen increases between 2013-14
- **England's rate remains higher** than levels experienced by young people in comparable European countries



www.beds.ac.uk/knowledgeexchange

Teenage Pregnancy

21% higher risk of **preterm birth**

15% higher risk of **low birth weight**

A third higher risk of **stillbirth** and 41% higher rates of **infant mortality**

Affected by ...

Late booking for antenatal care (on average 16 weeks)

Three times higher rate of **smoking** during pregnancy

A third lower rate of **breastfeeding**

Poor maternal **nutrition**

www.beds.ac.uk/knowledgeexchange

Three times the rate of **post-natal depression** of older mothers

Higher rates of **poor mental health** for up to 3 years after the birth

Higher risk of **partnership breakdown** and *isolation*

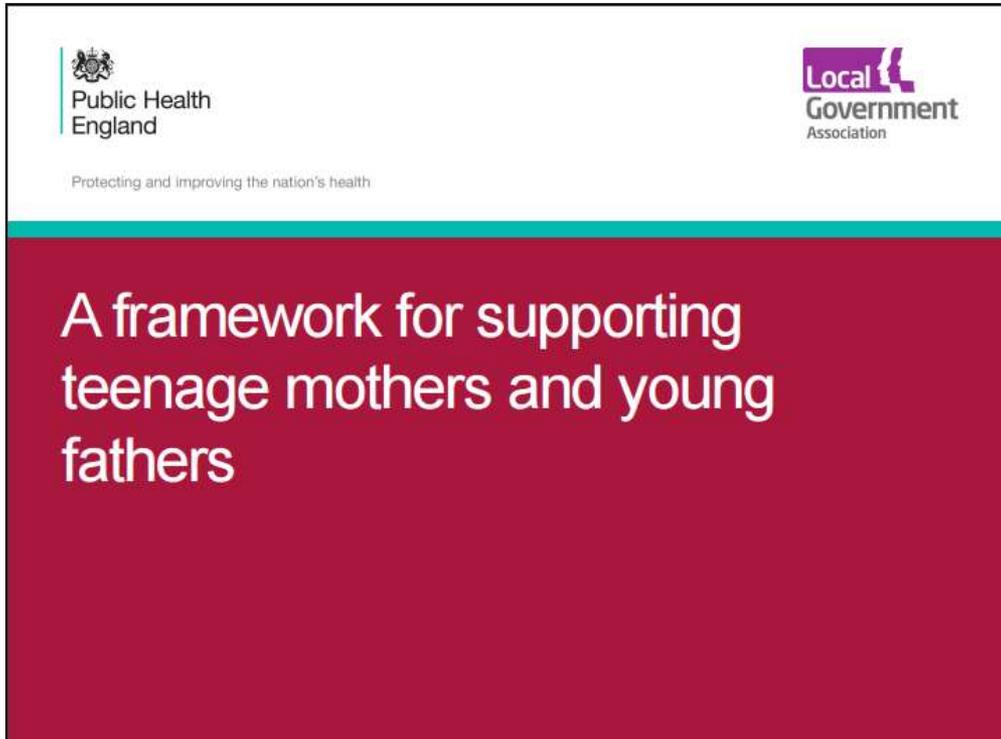
More likely to live in **poor quality housing**

Contributing to:

Higher accident rates - such as from falls and swallowing substances

More behavioural problems - conduct, emotional and hyperactivity problems

Supporting teenage mothers and young fathers



Safety and Safeguarding

PHE has published resources and data to support local areas to take action to reduce:

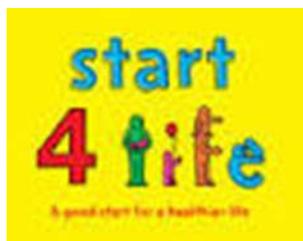
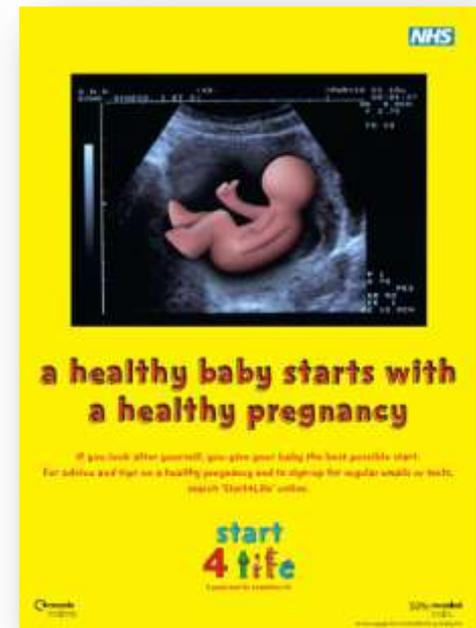
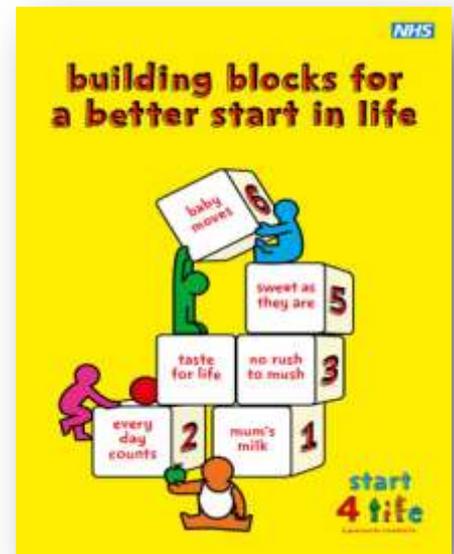
- Child injuries in and around the home
- Child injuries on the road

<https://www.gov.uk/government/publications/reducing-unintentional-injuries-among-children-and-young-people>

- Safety alerts on certain issues: nappy sacks, button batteries etc
- PHE has also published resources specifically for HVs and SNs on **safeguarding**
- PHE will be publishing information and resources for local public health teams to prevent and intervene early on **Child Sexual Exploitation**
- PHE working on **Adverse Childhood Experiences** and the role of public health
- PHE is working with NHS E and local government on learning from Child Death Overview Panels

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Information Service for Parents
advice you can trust



For further information

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