

Joint Strategic Needs Assessment



Breastfeeding and Smoking in Pregnancy

Last updated: September 2016

Isle of Wight summary



continued and active engagement with mothers after childbirth. They provide advice on breastfeeding and medication and have a key role in developing or signposting mothers to breastfeeding peer-support programmes, as well as promoting the benefits of breastfeeding with fathers.

Rebecca Shaw
Clinical lead for Health Visiting and School Nursing (0-19) services, Isle of Wight NHS Trust

Importance of early child health

Early childhood development is considered to be the most important phase in life which determines the quality of health, well-being, learning and behaviour across the lifespan.¹

Supporting good maternal health is important for safe delivery and good birth weight to give babies the best start. The prevention of adverse health factors in pregnancy is vital for both mother and child.

The earliest experiences in the womb shape a baby's brain development and during the first two years of life the brain displays a remarkable capacity to absorb information and adapt to its surrounding.

Positive early experiences are therefore vital to ensure children are ready to learn, ready for school and have good life chances.

The Department of Health's 'Healthy Child Programme' is the framework underpinning the Public Health services for children and families and brings together the evidence on delivering good health, wellbeing and resilience for every child.²

It sets out the complete range of services that are available from 28 weeks pregnant through to a child of five years of age. This is delivered through a universal service with additional services provided for families needing extra support.

It is suggested that a successful implementation of the healthy child programme could lead to improvements in child health and wellbeing.

Public Health foreword

Breastfeeding is an important public health issue because it promotes health, prevents disease and helps contribute to reducing health inequalities. Breast milk provides all the nutrients a baby needs for healthy growth and development for the first 6 months of life.

The UK has some of the lowest breastfeeding rates in the world. Breastfeeding is viewed by many as difficult to achieve and largely unnecessary because formula milk is seen as close to second best.

The Isle of Wight Council is working towards the removal of practical, emotional and cultural barriers to breastfeeding and the creation of an enabling environment for all women to breastfeed.

Carol Foley
Acting Public Health Principal, Isle of Wight Council

Health visitors are Public Health nurses and can ensure a whole system approach to promoting breastfeeding by implementing the UNICEF Baby Friendly Standards (BFI) and supporting other settings such as local family Centres. The Isle of Wight Health Visiting team are BFI trained and use key contacts to promote breastfeeding initiation and duration.

Health visitors are well positioned to support mothers with breastfeeding because of their

Breastfeeding and Smoking during Pregnancy

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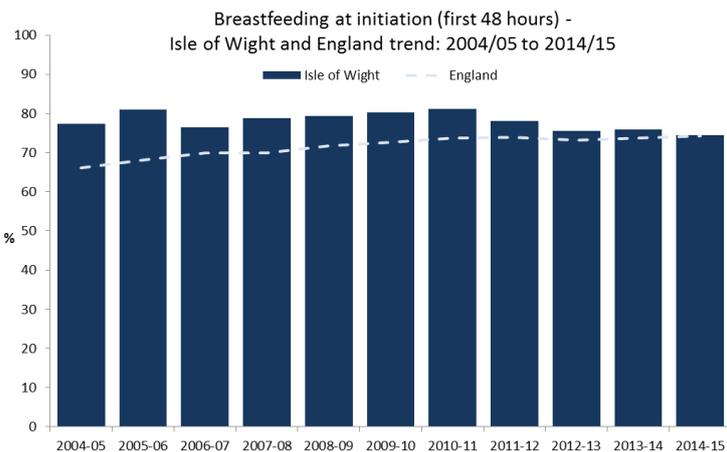
¹ World Health Organisation - The optimal duration of breastfeeding – a systematic review
http://apps.who.int/iris/bitstream/10665/67208/1/WHO_NHD_01.08.pdf?ua=1

² Healthy Child Programme - Department of Health
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

Breastfeeding

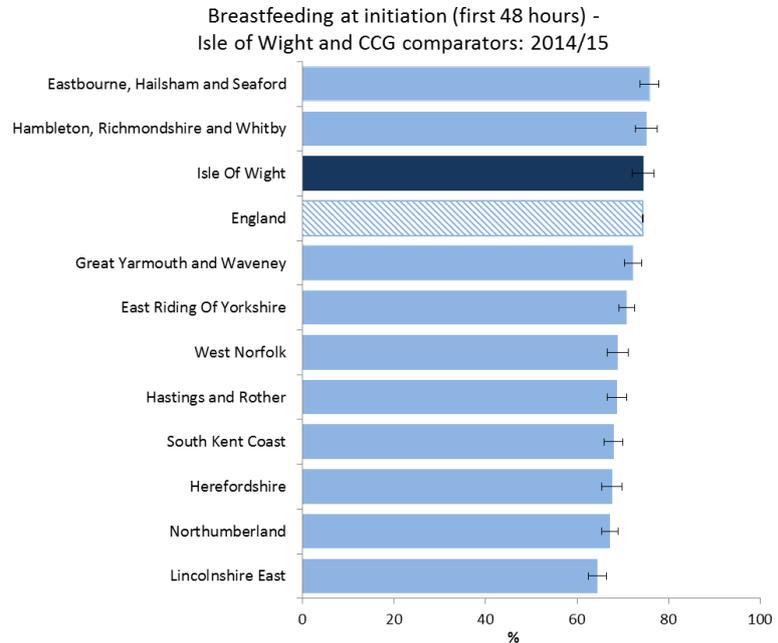
Breastfeeding is essential to improving a child's health, and research continues to emphasise the importance of breast milk as the best nourishment for babies aged up to six months, and could play an important role in reducing health inequalities.

On the Isle of Wight the percentage of mothers breastfeeding at initiation (within 48 hours) has fallen from 81.1% in 2010/11 to 74.5% in 2014/15 which is different from the national trend which is increasing.



Data Source: NHS England
<http://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/>

2014/15 figures suggest that the percentage of mothers breastfeeding at initiation is statistically significantly higher (better) than six of our CCG comparator groups however it is similar to the national average (74.3%).



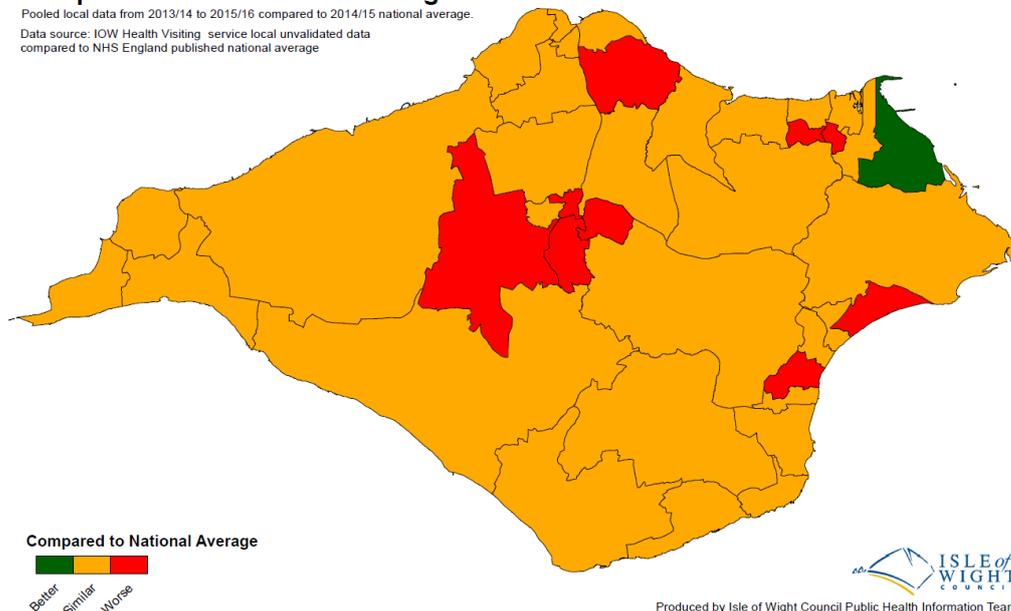
Data Source: NHS England
<http://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding>

Locally there are geographical health inequalities in breastfeeding prevalence at initiation using three years of pooled data from 2013/14 to 2015/16.

Nettlestone and Seaview (96%) has the highest (best) recorded prevalence rate compared to Lake South with the lowest (worst) prevalence rate (52%).

Breastfeeding at initiation (first 48 hours) by ward compared to the national average

Pooled local data from 2013/14 to 2015/16 compared to 2014/15 national average.
 Data source: IOW Health Visiting service local unvalidated data compared to NHS England published national average

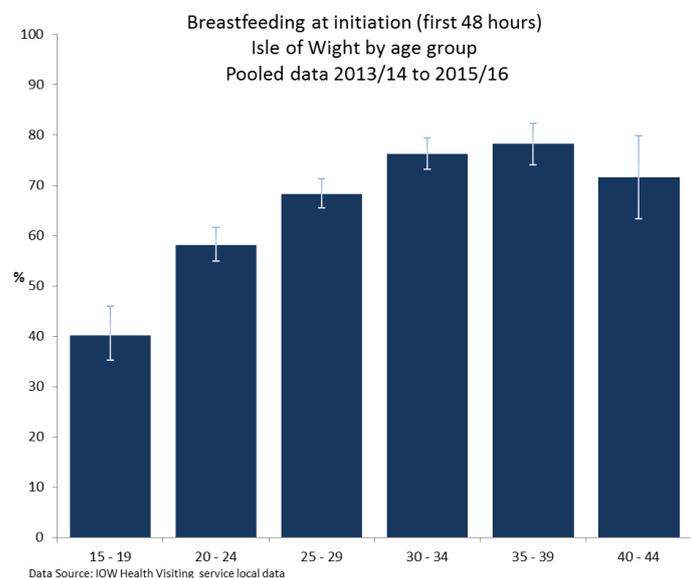


Compared to National Average
 Better Similar Worse



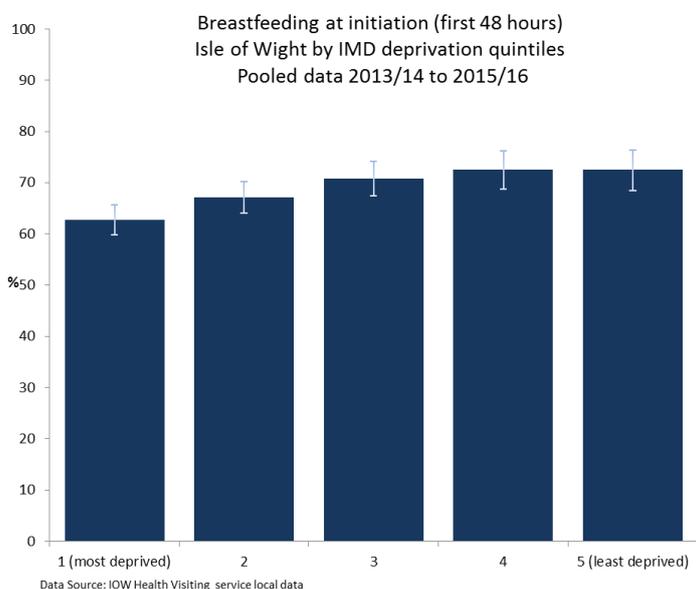
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Pooled local data from 2012/13 to 2015/16 shows the prevalence of younger mothers breastfeeding at initiation within the age groups 15 to 19 (40.1%) and 20 to 24 (58.1%) are significantly lower (worse) than older mothers in age groups 25 to 29 (68.3%), 30 to 34 (76.2%), 30 to 35 (78.2%) and 40 to 44 (71.6%).



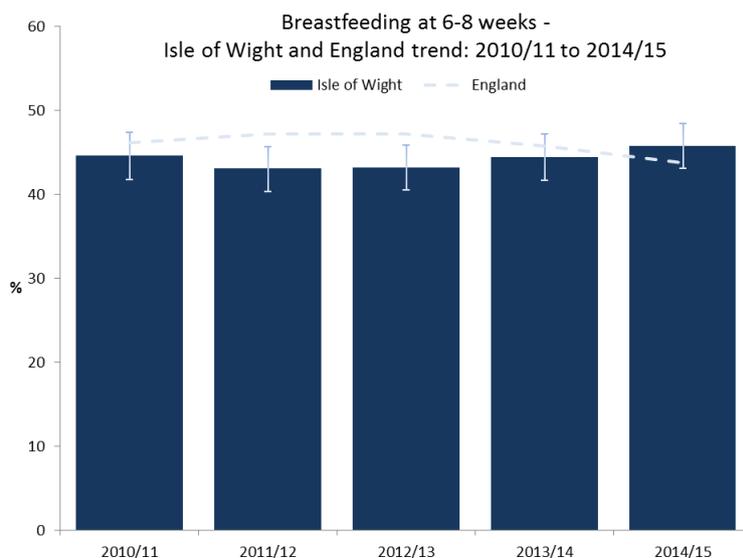
Young mothers can often lack access to key sources of information such as antenatal classes and peer support programmes, friends with children, family and other support networks which then makes them less likely to try breastfeeding.

Pooled local data from 2012/13 to 2015/16 suggests the percentage of mothers breastfeeding at initiation living in the most deprived quintile of lower super output areas (LSOAs) is significantly lower (worse, 62.8%) when compared to the least deprived quintile (72.5%).



There is significant scientific evidence which shows that prolonged and exclusive breastfeeding protects against gastrointestinal and respiratory infection, reduces risk of chronic conditions including obesity and accelerates neurocognitive development.³

On the Isle of Wight the percentage of mothers continuing to breastfeed at 6 to 8 weeks has remained fairly constant between 2010/11 (44.6%) and 2014/15 (45.8%).



Data Source: Public Health Fingertips Tool - NHS England
<http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000008/ati/102/are/E06000046/iid/20202/age/170/sex/4>

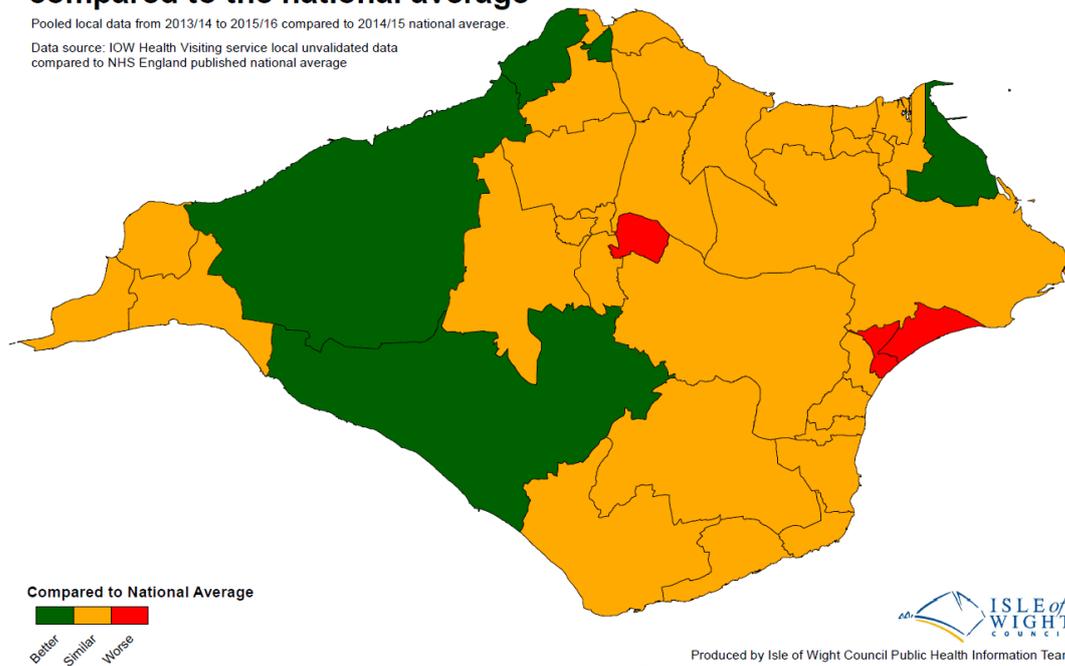
2014/15 figures suggest that the prevalence of mothers breastfeeding at 6 to 8 weeks is similar to the national average.

Locally there are geographical health inequalities among mothers continuing to breastfeed at 6 to 8 weeks. Cowes West and Gurnard has the highest (best) prevalence rate (74.1%) and Sandown North has the lowest (Worst) prevalence rate (31.9%).

Breastfeeding at 6-8 weeks by ward compared to the national average

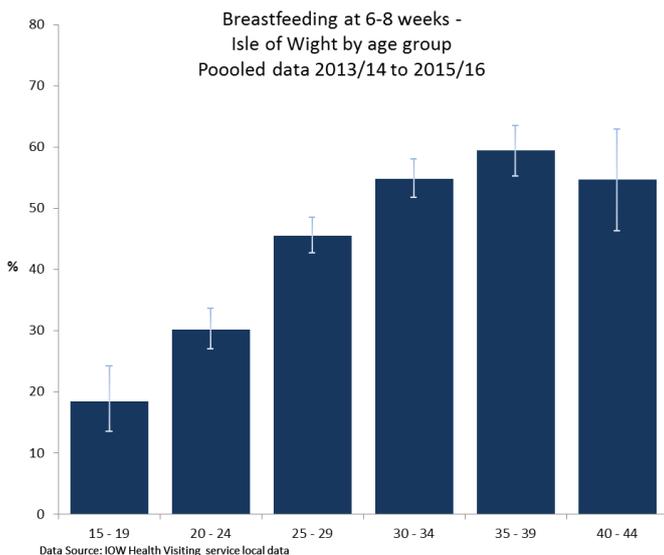
Pooled local data from 2013/14 to 2015/16 compared to 2014/15 national average.

Data source: IOW Health Visiting service local unvalidated data compared to NHS England published national average

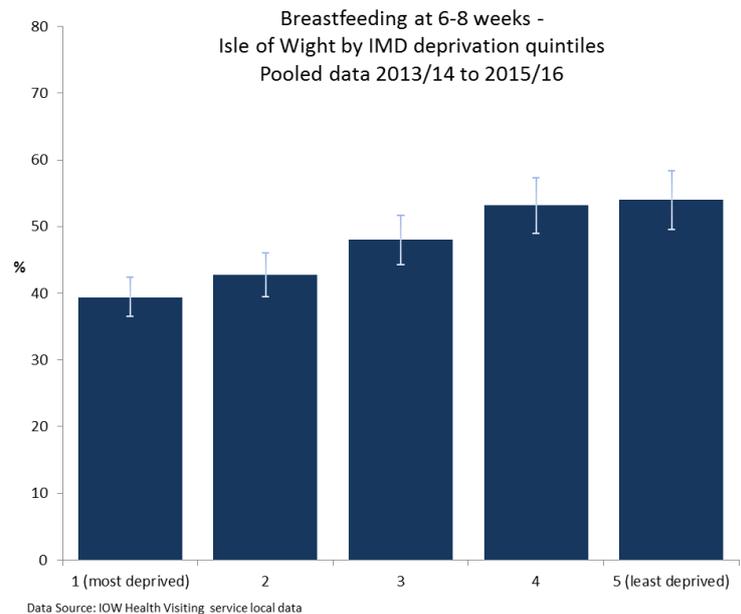


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Pooled local data for 2012/13 to 2015/16 shows the percentage of mothers continuing to breastfeed at 6 to 8 weeks is significantly lower (worse) among young mothers aged between 15 to 19 (18.4%) and 20 to 24 (30.2%). The higher (better) breastfeeding prevalence rates are among the older age groups of 30 to 34 (54.9%), 35 to 39 (59.5%) and 40 to 44 (54.7%).



The percentage of mothers breastfeeding at 6 to 8 weeks on the Isle of Wight is significantly less (worse) when living in the most deprived quintile of lower super output areas (LSOAs) (39.2%) compared to the least deprived quintile of LSOAs (59.6%).



These local figures support a large body of evidence that young women in low income areas are least likely to initiate and continue breastfeeding. The higher (better) breastfeeding rates are among older mothers from higher socio-economic groups with a better education.

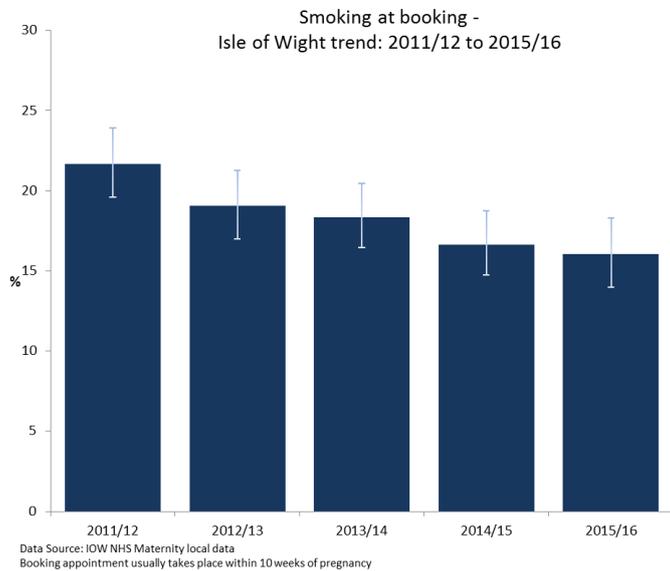
Intensive structured programmes delivered by skilled nurses such as Health Visitors can improve outcomes of the most at-risk children and families, as well as producing significant cost benefits to society.

³ World Health Organisation - http://www.who.int/maternal_child_adolescent/topics/child/development/en/

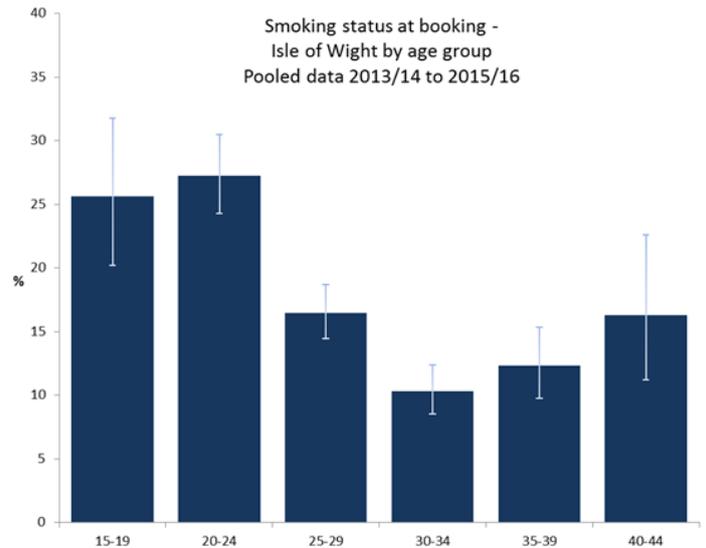
Smoking during pregnancy

Smoking in pregnancy has multiple long and short-term effects on the child as well as potentially being a wider indicator of a mother's self-esteem. Smoking by partners also has a direct and indirect impact on children and is the most powerful influence of a mother's smoking habit.⁴

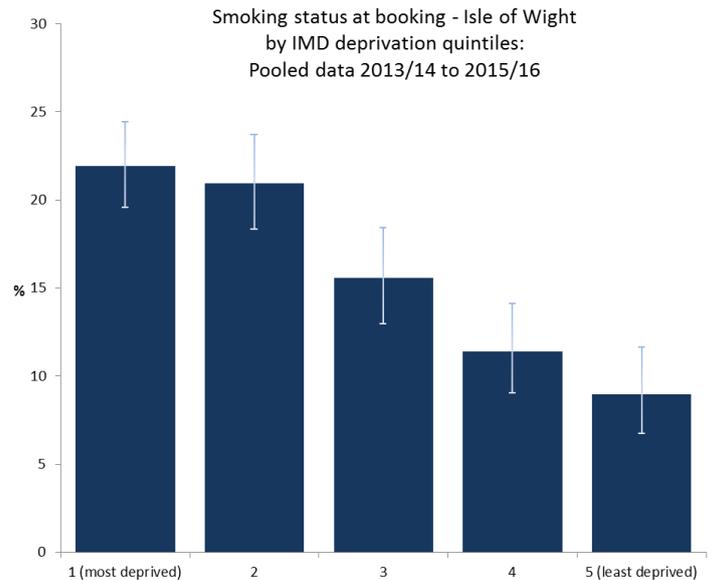
On the Isle of Wight the percentage of mothers who are recorded as smokers at the time of their maternity booking (usually within first 10 weeks of pregnancy) has decreased steadily from 21.7% in 2011/12 to 16.0% in 2015/16.



Pooled local data for 2012/13 to 2015/16 shows the percentage of mothers who began prenatal care as a smoker is significantly higher (worse) among young mothers aged between 15-19 (25.6%) and 20 to 24 (27.2%). The lower (better) smoking prevalence rates are among the older age groups of 30 to 34 (10.3%) and 35 to 39 (12.3%).

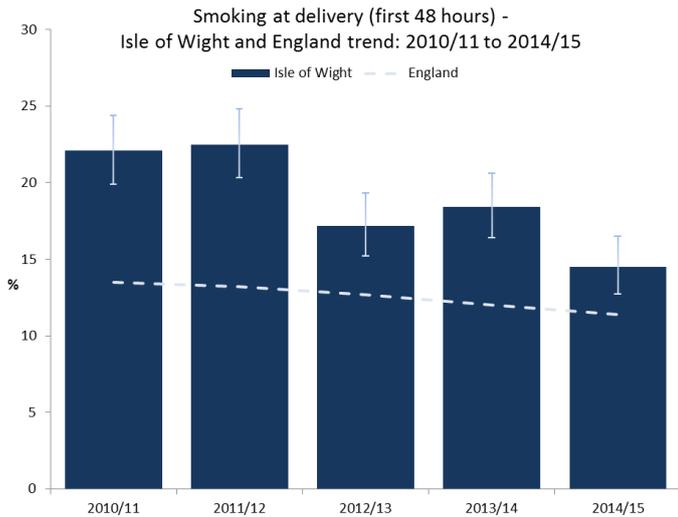


The percentage of mothers who begin prenatal care as a smoker on the Isle of Wight is significantly higher (worse) for those living in the most deprived quintile of lower super output areas (LSOAs) (21.9%) compared to the least deprived quintile of LSOAs (9.0%).



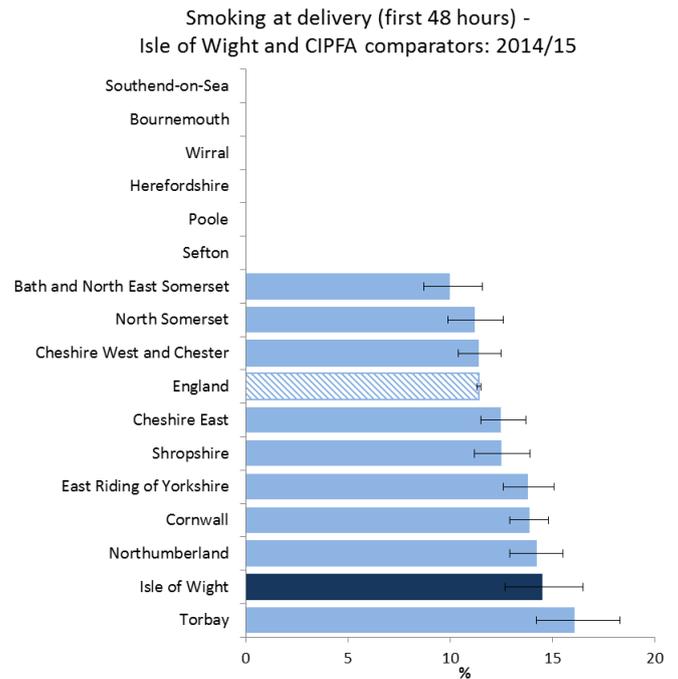
Encouraging pregnant women to stop smoking during pregnancy may also help them stop smoking for good. This offers health benefits for the mother and also reduces exposure to secondhand smoke for the infant.⁵

On the Isle of Wight the percentage of mothers smoking at delivery has fallen (improved) from 18.4% in 2013/14 to 14.5% in 2014/15.



Data Source: Public Health Fingertips Tool - NHS England
<http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000008/at/102/are/E06000046/iid/20301/age/1/sex/2>

2014/15 figures suggest that the percentage of mothers smoking at delivery is higher (worse) than most comparator groups and remains statistically higher (worse) than the national average (11.4%)



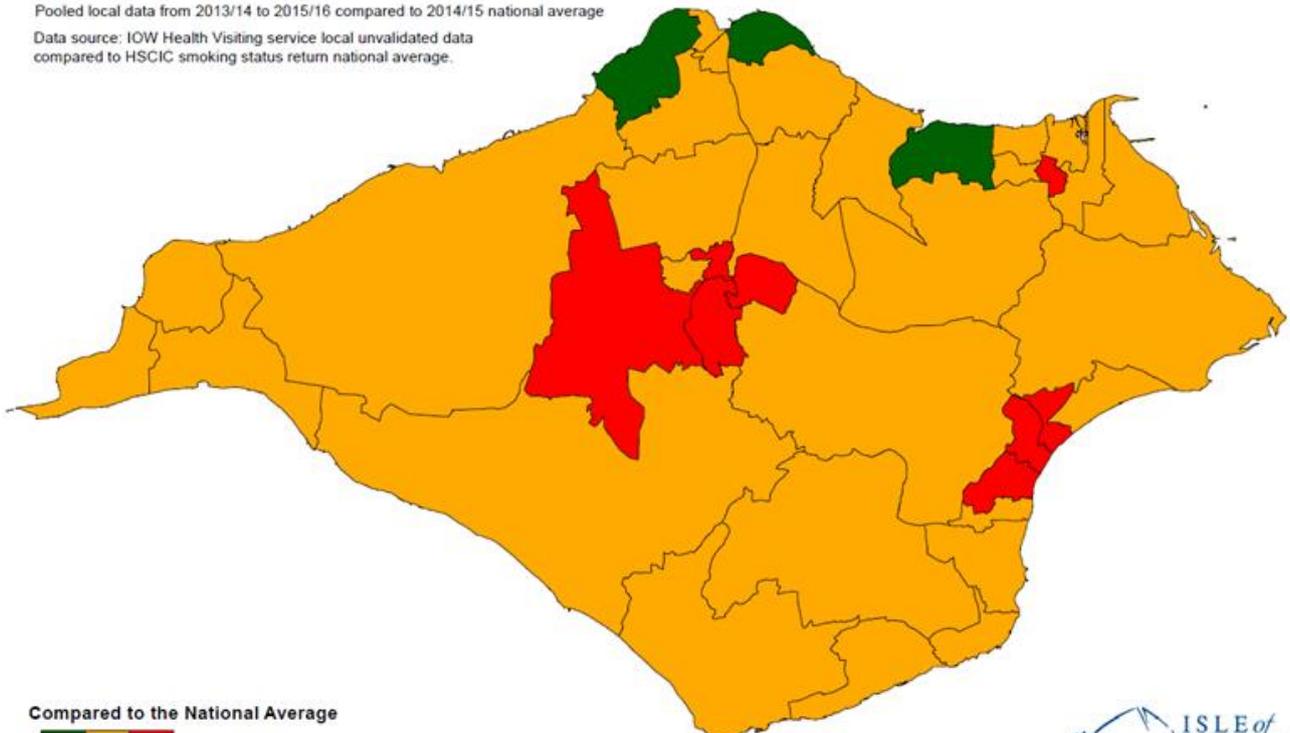
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Locally there are geographical health inequalities in smoking rates at delivery using three years of pooled data from 2013/14 to 2015/16. Lake South has the highest (worst) percentage of mothers smoking at delivery (34.8%) and Cowes West and Gurnard has the lowest (best, 0%)

Smoking status at delivery (first 48 hours) by ward

Pooled local data from 2013/14 to 2015/16 compared to 2014/15 national average

Data source: IOW Health Visiting service local unvalidated data compared to HSCIC smoking status return national average.



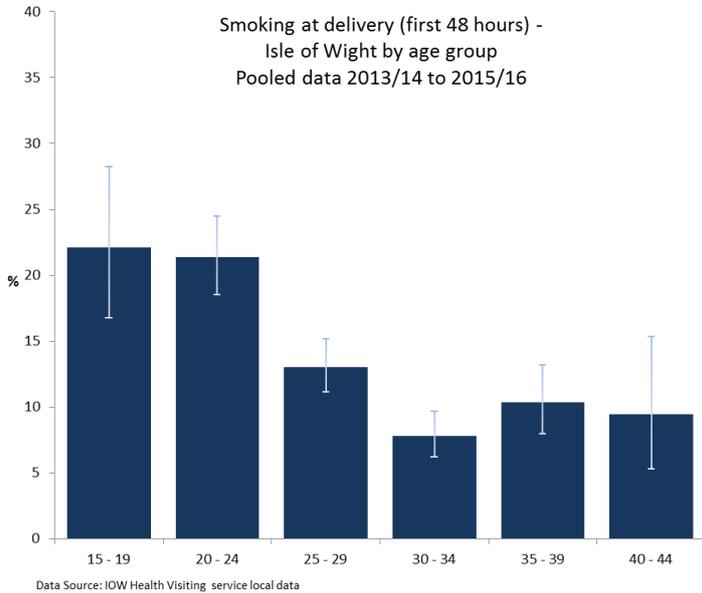
Compared to the National Average

■ Better
■ Similar
■ Worse

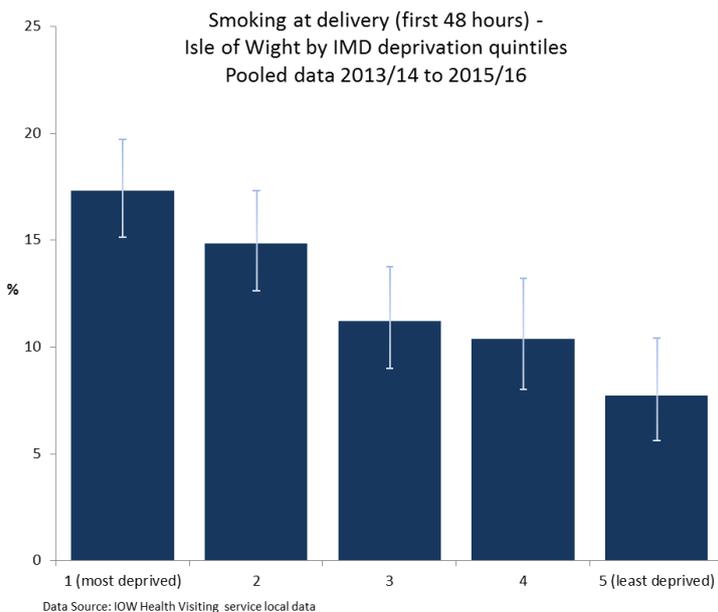


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Pooled local data from 2012/13 to 2015/16 shows the percentage of mothers who smoke at time of delivery is higher (worse) among young mothers between the ages of 15 to 19 (22.1%) and 20 to 24 (21.3%). The lower (better) smoking rates are among older mothers between the ages of 30 to 34 (7.8%), 35 to 39 (10.4%) and 40 to 44 (9.5%).



Pooled local data from 2012/13 to 2015/16 shows the percentage of mothers who smoke at time of delivery is significantly higher (worse) when living in the most deprived quintile of lower super output areas (LSOAs) (17.3%) compared to the least deprived quintile of LSOAs (7.7%).



⁴ Centre on the Developing Child (2007). A Science-Based Framework for Early Childhood Policy <http://developingchild.harvard.edu/resources/a-science-based-framework-for-early-childhood-policy/>

⁵ Health Matters: giving every child the best start in life

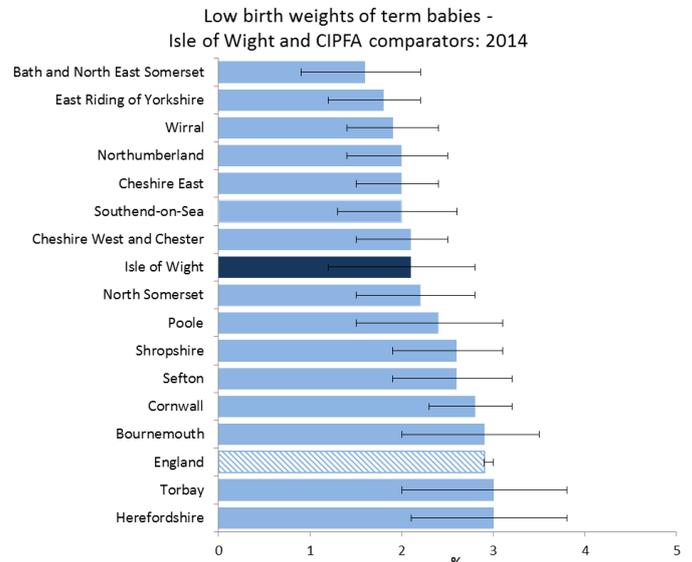
<https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life#summary>

Low Birth Weight

Low birth weight babies are often not caused by premature birth but have suffered from inutero-growth restriction caused by poor health or lifestyle issues of the mother.⁶

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poor health later in life.

2014 findings suggest that the Isle of Wight (2.1%) is similar to all other statistical neighbours including the national average (2.9%).



Data Source: Public Health Fingertips Tool - Office for National Statistics <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/nn-1-E0600046/at/102/are/E06000046/rid/20101/age/235/sex/4/m/nn-1-E0600046>

⁶ World Health Organisation - http://www.who.int/maternal_child_adolescent/topics/child/development/en/