

Fit for and during pregnancy

A key role for local government

Acknowledgements

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Foreword

It is easy to think responsibility for the health of pregnant women and infants lies with the NHS because of its role in delivering maternity and neonatal care. But the influence of local government through its public health role and wider responsibilities is huge.

Whether it is supporting stopping smoking, encouraging healthy eating, protecting good mental health, or delivering universal or targeted health visiting services or simply working closely with the NHS - councils have a significant role to play.

Nearly 700,000 babies are born every year in England and Wales. That means at any one time approximately one in 15 adult women under the age of 50 are in what is called the perinatal period – either pregnant or in the first year of motherhood. It is a crucial time for both mother and child. For babies, this period has a major influence on their physical, social, emotional and language development. For women, and men this life-changing event means they require support and care in a range of different ways. For many, pregnancy may be the first time they have had sustained contact with health and council services and so it presents the ideal opportunity to influence their lifestyles and maximise their health and wellbeing.

Councils through the 0-19 Healthy Child Programme play an instrumental role in leading in the delivery and coordination of support across a number of partners to ensure there is early access to support for women and their partners, not only during pregnancy but to plan and prepare for pregnancy and support them in the early weeks and years after birth and throughout the school years.

Councils, in partnership with the health service, are working hard to support mothers and fathers.

In this report, you will find examples of health visitors, family workers, midwives, social care and children's centres staff helping families through this vital period as well as areas experimenting with a new local government role of consultant public health midwife.

For example, in Gloucestershire a new integrated pathway has been created to ensure everyone from midwives to psychiatrists are working in a coordinated way. Meanwhile, in Cornwall a comprehensive healthy weight offer has been developed to work with pregnant women on healthy eating and exercise.

Digital approaches are also at the forefront. An online portal – Family Assist – has been launched in West Sussex to support women through pregnancy and into motherhood, while Greater Manchester is piloting a new app to help keep parents informed about local services.

We should not forget fathers either. Their health and wellbeing is also crucial – yet research suggests many feel marginalised by the agencies they come into contact with. In Leicestershire and Lincolnshire local government has led the way in developing new ways of working with fathers in mind.

To keep the momentum going, PHE has published a suite of free resources called Health Matters: reproductive health and pregnancy planning¹ available to councils and their partners to use. If we can build on what is being achieved we will have a major impact on both adults and children.

Councillor Ian Hudspeth

Chair, Community Wellbeing Board

¹ www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning

Introduction

Helping women to improve their health and reduce risks prior to pregnancy will help to ensure that they have healthier pregnancies, and that their babies have the best start in life. There has been much national focus in recent years on the 1,001 days between a pregnancy and the child's second birthday, which offers a unique window of opportunity to build healthier and more prosperous futures. This has led to and been included in a number of policy initiatives including the Best Start in Life, the MTP, Tobacco Control Plan and Five Year Forward View for Mental Health.

Notably, in 2015 the government set out its ambition to halve rates of stillbirths, neonatal deaths, maternal deaths and brain injuries by 2030. In 2016 NHS England's Maternity Transformation Programme² was set up to deliver over five years the ambition set out in 'Better Births'³. The programme seeks to achieve safer, more personalised, kinder, professional, and more family-friendly maternity services. PHE is one of the key delivery partners and is leading work to prevent poor outcomes through actions to improve women's health – focusing on before, during and after pregnancy to ensure families get off to the best start possible.

Many of the national initiatives mentioned above promote public health and early intervention, which local government staff and services in contact with women during this time can play an important part in to embed care and support for healthy conception, pregnancy and beyond.

Taking an upstream approach the preconception period presents an opportunity for intervention, when women and men can change certain lifestyle choices in preparation for a healthy pregnancy.

There are a number of actions that local government can take to support preconception health, and better health in the first 1001 days, working through Local Maternity Systems (LMS) – set up by NHS England to bring together local commissioners and providers to deliver effective services. Delivering integrated health visiting and maternity services to embed care and support for a healthy conception, pregnancy and beyond will be key to this.

Embedding a holistic approach to prevention to improve women's health before and during pregnancy will:

- give every child the best start in life
- reduce health inequalities
- improve choice and personalisation
- achieve safer outcomes for all mothers and babies.

Why is this important for councils?

Councils have a vital role to play in improving population health and tackling health inequalities, because many of the behavioural, social and economic determinants of health and services or activities which can make a difference fall within their remit. The challenge is to improve health and wellbeing in the whole local community, and to reduce variation experienced between deprived and wealthier areas.

2 www.england.nhs.uk/mat-transformation/saving-babies/
3 www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

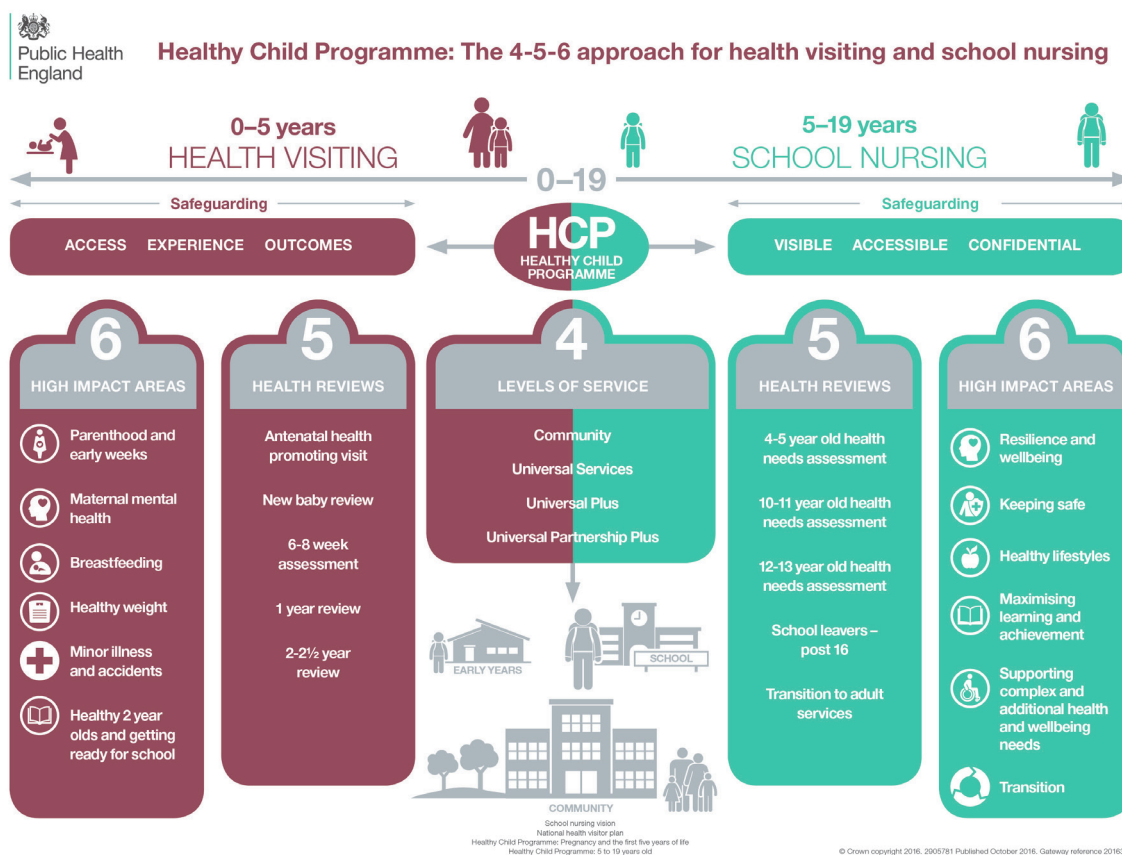
In its wide ranging review of the impact of health inequalities in England, the 'Marmot Review'⁴ (2010) estimated the cost to the health care system alone of treating illness and disease arising from health inequalities at £5.5 billion per year, with additional service and social care costs borne by local government. One of the key recommendations for improving population health and tackling health inequality from the Marmot review, supported by the All Party Parliamentary Group for Conception to Age Two, was to 'give every child the best start in life'. Local government shares this ambition – in 2017 88 per cent of lead members of public health said 'giving children the best start in life' was one of their top priorities (Local Government Association (LGA) Public Health Perception Survey,⁵ 2017)

The 0-5 Healthy Child Programme (HCP) which falls under local government's responsibilities is a key vehicle for realising this ambition.

The 0-5 HCP which includes the health visiting service and the Family Nurse Partnership transferred from the NHS to local government on 1 October 2015. This completed the transfer of public health duties to local government set out in the 2012 Health and Social Care Act and joined up commissioning for the 5-19 Healthy Child Programme which transferred to local government in 2013.

The 0-5 HCP is a universal programme delivered by health visitors. It includes extra levels of help and support to those families that need it (see service model below). All families are offered the core elements of the programme which includes five mandated health and development reviews (antenatal health promoting visit, new baby review, 6-8 week assessment, one year review and two – two and half year review), screening, immunisations, social and emotional development support for parenting and health promotion activities.

Figure 1: The new service model for the 0-19 Healthy Child Programme



4 www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf

5 www.local.gov.uk/public-health-perceptions-survey

Delivering the vision 'to give every child the best start in life' requires local leadership and action. This requires closer working between professions such as health visiting services and maternity services and taking a 'whole system approach' to change. To support this approach, forty-four LMS were set up in 2017 to bring together health and public health commissioners and providers together with wider stakeholders and service users to deliver local transformation.

The national drive presents an exciting opportunity for local areas to come together to commission integrated local needs-based care pathways for key public health services.

What steps can councils and their partners take to improve maternal and child health outcomes locally?

- Take a life course approach: each stage of life builds to the next.
- Take a strategic approach: through the health and wellbeing board and local LMS.
- Take an assets based approach: individual, families and communities all have positives as well as needs.
- Recognise the importance of meeting needs holistically: no single profession or service can meet the whole of a family's needs.
- Be led by the data and evidence and learn from emerging positive practice
- Take a place based approach to your actions.
- Use the resources from national public campaigns and develop your own local campaigns to get your messages across.

Focus Areas

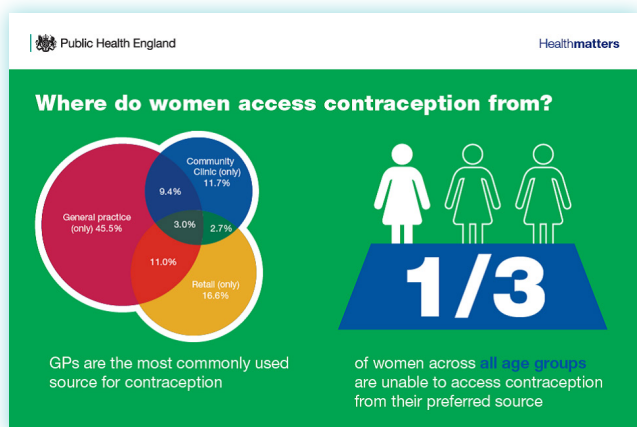
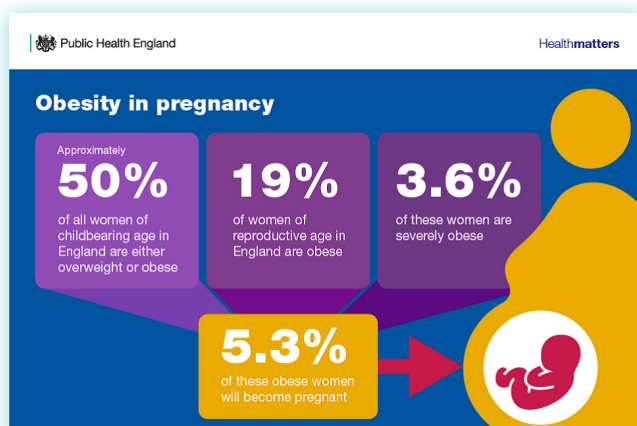
What are the key areas that councils and their partners need to focus on to improve outcomes for babies and their parents?

1 Increasing the number of women having a smokefree pregnancy

- Nearly 11 per cent of women in England are still recorded as smoking at the time of delivery, which translates into over 65,000 infants born to smoking mothers each year.

2 Increasing the number of babies breastfed at six months

- The cost to the NHS every year of treating just five illnesses linked to babies not being breastfed is at least £48 million.
- Women from low incomes are the least likely to breastfeed, are more likely to have a premature or sick infant and have the worst health and wellbeing outcomes.
- Breastfeeding or providing breastmilk for premature and sick babies improves their short- and long-term health and well-being outcomes, reducing both mortality and morbidity.
- Evidence suggests that breastfeeding up to 12 months of age is associated with a decreased risk of tooth decay.

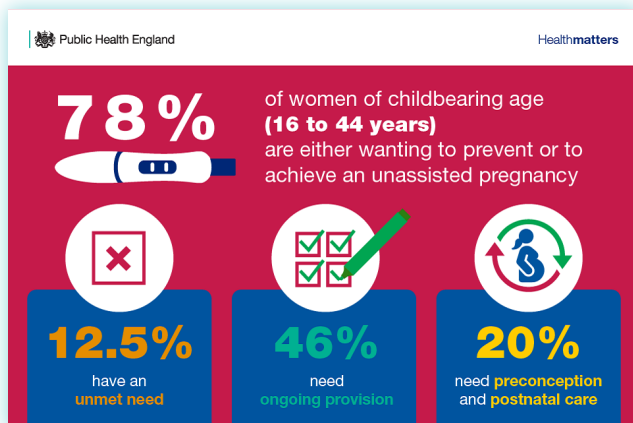
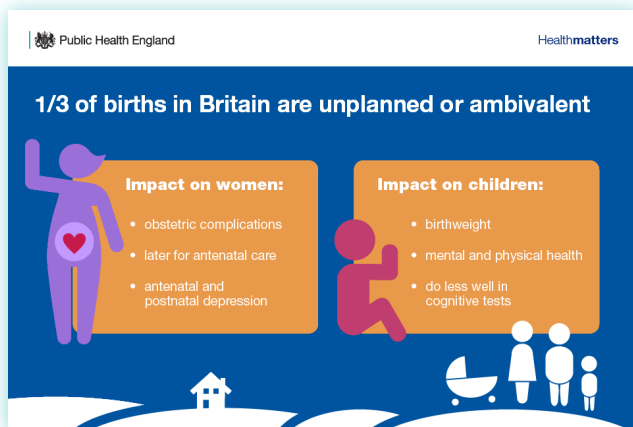


3. Reducing the burden of perinatal mental illness

- Mental illness in pregnancy and the first year after birth is experienced by up to 20 per cent of women in the UK.
- If left untreated it can impact on the quality of parenting and mother-infant bond, and adversely affect a child's cognitive, emotional and behavioural development.
- Two thirds of maternal deaths happen in those with pre-existing physical or mental health problems.

4 Increasing the number of women entering pregnancy at a healthy weight

- Women who are overweight or obese before they conceive have an increased risk of complications during pregnancy and birth.
- This poses health risks for both mother and baby in both the short and the longer term.



Key facts and figures

Did you know...

679,000 births in England and Wales in 2017 Office for National Statistics (ONS)

3 in 4 women start breastfeeding, but by the 6-8 week mark that has dropped to under 1 in 2 (PHE)

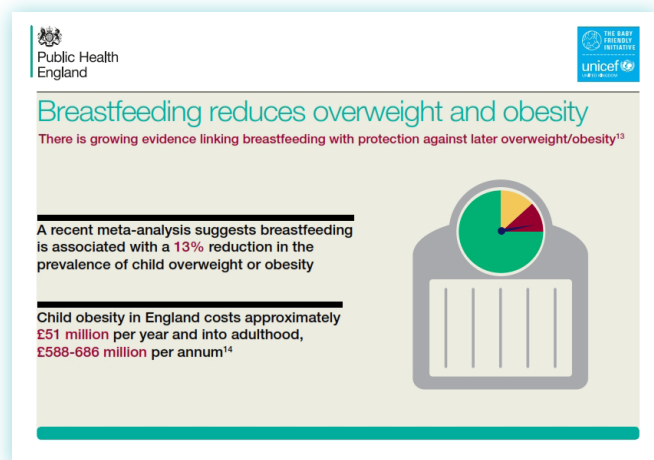
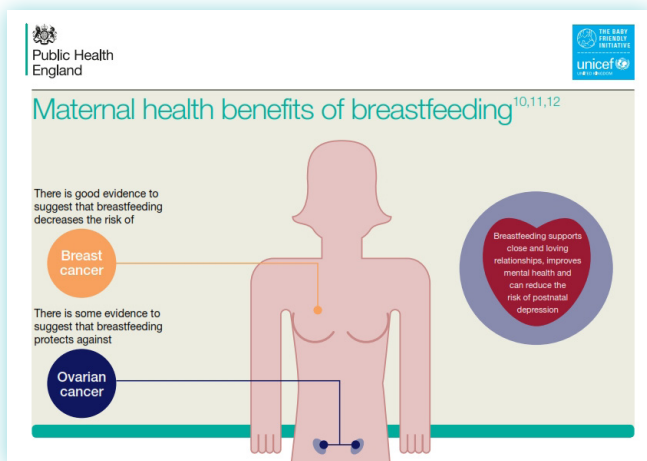
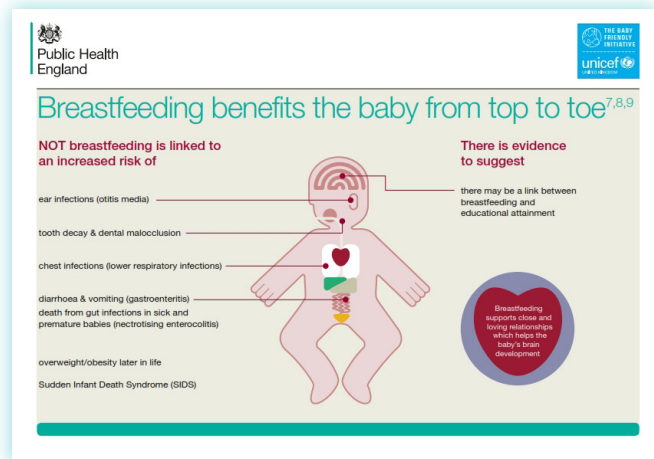
1 in 5 mothers suffer depression, anxiety or psychosis during pregnancy or within a year of giving birth (NHS England)

1 in 10 women are smoking at the time of delivery (NHS Digital)

7 per cent of babies are born underweight, below 2.5kg (ONS)

12 per cent of births among young women under the age of 20 occur in women who are already mothers

70,000 infants are born to smoking mothers each year



Ensure that mothers have access to support in their community^{34,35}



Provide mother to mother support schemes – telephone, one-to-one and groups



Encourage Welcome to Breastfeed schemes in all public spaces, anywhere, anytime



Support employers to implement policies, practices and environments that support mothers to breastfeed during study and work

Restrict the advertising of formula milks and baby foods^{36,37,38}

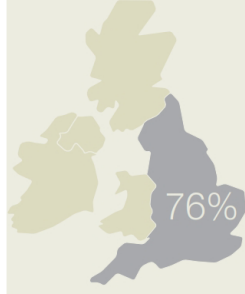


All maternity, health visiting, neonatal and children's centre services should implement the Unicef UK Baby Friendly standards

Prohibit advertising in local authority facilities

Support your trading standards teams by reporting violations of the UK law in your local area

The cost of low breastfeeding rates in England



76% of all babies have had formula milk by 6 weeks¹⁷

The cost to the NHS every year of treating just 5 illnesses linked to babies not being breastfed is at least £48 million¹⁸:

- ear infection
- chest infection
- gut infection
- necrotising enterocolitis (gut infection in premature babies)
- breast cancer

Raising awareness that breastfeeding matters²⁹



1-2-1 empathetic and mother-centred antenatal conversations with midwives and health visitors



Antenatal classes, for all parents, that provide holistic approaches to loving and feeding babies



Local health promotion campaigns and education for all

Breastfeeding supports families and communities¹⁹



Breastfeeding can help to reduce health inequalities for babies and improve their life chances



Breastfeeding can support family budgets – less illness and time off work, feeds babies for significantly less



Families benefit from the inherent relationship building that breastfeeding brings

What needs to be done^{26,26,27,28}



1 Raise awareness that breastfeeding matters

2 Provide effective professional support to mothers and their families

3 Ensure that mothers have access to support, encouragement and understanding in their community

4 Restrict the promotion of formula milks and baby foods

Why mothers in England don't breastfeed

Only 36% of babies in England²⁰ are receiving some breastmilk at 6 months compared to 71% of Norwegian babies²¹



Eight out of ten women stop breastfeeding before they want to and could have continued with more support²²



Many English mothers feel unsupported and find breastfeeding

- very difficult
- not acceptable in public
- difficult to combine with work and lifestyles



Families live in a culture where formula feeding is seen as normal and nearly as good as breastfeeding

Our ambition for England^{23,24}



Breastfeeding is seen as normal and supported by everyone – in our public services and in the home, out and about and when returning to work

Top tips for success

A partnership approach

- 1 Create a shared vision with partners. Take time at a strategic level (such as through the Health and Wellbeing Board) to evaluate impact and to assess if you are on track to realising your vision for improving maternal health outcomes.
- 2 Integrate maternity and health visiting services to provide joined up care and improve health outcomes at best value. Midwives and health visitors working together can enable improved parent experience of services and contribute to improved health outcomes and reduction of child health inequalities.
- 3 Take action on the wider influences on health. For example addressing housing, education or employment issues can help to tackle inequalities in pregnancy. Similarly a place based approach can create communities that are smoke free, breastfeeding friendly, increase physical activity and healthy eating and support behaviour change.
- 4 Use your Local Maternity System. These systems have been set up by NHS England to bring together local commissioners and providers to deliver transformation in maternity services. Speak to your public health team to make sure your council is engaged. Ensure that these networks include the full spectrum of local providers, including third sector and private sector where appropriate.
- 5 Seek feedback from parents, communities and frontline staff to find out which maternal health and wellbeing issues are a priority for them.
- 6 Adopt a Health in All Policies approach to maximise integration of health interventions and outcomes across the council – consider how preconception and maternal health feature in this approach.

Use resources effectively

- 7 Use the antenatal booking appointment delivered by midwives (between 8-12 weeks) and the antenatal health promoting visit delivered by health visitors (between 32-36 weeks) and the five mandated health visitor checks to help individuals plan for a fit pregnancy and motherhood by offering advice, support and interventions on for example smoking cessation, healthy weight, early identification of poor mental health.
- 8 Use your local assets. Community pharmacists are trusted and embedded in communities and are well placed to support adults of reproductive age to enter pregnancy in optimal health. Parenting support groups, peer support and pregnancy support embedded in leisure, parks, pharmacies and housing can help to reduce isolation, protect good mental and physical health.
- 9 Know your audience. Improving the use of effective contraception has the biggest impact on reducing teenage pregnancy. Provide sexual health clinics and outreach in non-health settings and pregnancy prevention programmes for vulnerable groups.
- 10 Similarly, older parents – provide contraception services in range of places such as on postnatal wards and in child friendly clinics in the community.
- 11 So much of our lives is lived online. Look for tested digital solutions to deliver and promote interventions.

Consider your audience

- 12 Consider different approaches to engage hard-to-reach groups and opportunities for parents to catch up on missed appointments.
- 13 Don't forget fathers – research shows their input can have a crucial role on the wellbeing of mothers and babies.
- 14 Think about how you can tailor interventions for parents, families or communities who need more support or fall into vulnerable groups. This would include considering the impact and accessibility of interventions for the hardest to reach families.
- 15 Seek to enrol the wider family in lifestyle change – it will ensure programmes have a wider impact.

Case studies

Barking and Dagenham and Havering: introducing smoking screening for all pregnant women

Summary

Councils in East London have worked with their local maternity services to introduce routine carbon monoxide screening by midwives. The initiative has increased the number of referrals and helped to reduce smoking rates.

The challenge

Three years ago the London Boroughs of Barking and Dagenham and Havering had the highest levels of smoking in pregnancy in the capital. Just under 11 per cent of women were smoking at delivery in both areas.

Midwives were expected to ask pregnant women at their first appointment whether they were smokers and refer them into the local stop smoking services. But it was left to their discretion who they asked.

The solution

Following NICE guidance, which recommended carbon monoxide CO² screening for all pregnant women, the stop smoking services at the councils decided to change their approach. Working with Redbridge Council, they teamed up with the local acute trust, Barking, Havering and Redbridge University Hospital Trust (BHRUT) and the community provider, North East London Trust, to launch their own BabyClear project in 2016, which is a comprehensive and systematic approach to addressing smoking in pregnancy.

It led to stop smoking advisers being given training to then train midwives in how to discuss smoking among pregnant women and how to carry out CO² breath tests. This

is done via two-hours workshops. The midwives now test all women on their first appointment. Any woman with raised CO² levels is automatically offered a referral into the stop smoking service.

Claire Homeyard, Consultant Midwife at BHRUT, is really pleased with how it is working. She said: “Our midwives are doing a fantastic job. It is well known that CO² monitoring is a powerful motivational tool for behaviour change when used within the context of a supportive and structured intervention.”

Jenny Houlihan, Barking and Dagenham’s Stop Smoking Service Manager, agrees. “It has worked really well. We have a very good relationship with the midwives. They really understand the importance of this and are now fully on board. Every midwife gets two hours of training and CO² testing equipment – and since starting the project we have extended the training to other staff who work with pregnant women and young families, including children’s centre staff.”

Impact

The numbers being referred to the stop smoking services have been going up ever since the project was launched. Last year there were 800 referrals.

The result is a falling number of women smoking at the time of deliver. The numbers have now dropped to under 8 per cent, meaning the two boroughs no longer have the highest rates in London.

The progress saw the project win a national Helping Smokers' Quit Award.

One of those who has been helped is Kerry O'Riordan, 25. She was smoking by the time she got pregnant with her second child. "I knew of the dangers and I wanted to stop. I tried, but had not been very successful."

She was referred into the stop smoking service by her midwife and was soon called by an adviser. "I was a bit embarrassed and I was not sure what she would say, but she made me feel at ease very quickly and explained the dangers to my baby."

She said thanks to the support she soon began to feel more confident about quitting. She tried a nicotine patch and gum and soon managed to stop. "I am so proud of myself and will never go back to smoking as I do not want my children to smoke. I have more money that I can spend on my children and myself again. I don't understand why I started in the first place."

Lessons learned

When the BabyClear Project was first launched the referrals from midwives to the stop smoking service were paper-based. But this proved inefficient.

Ms Houlihan said: "The referrals were not always coming through or we would get them a week afterwards. We decided to make it electronic and linked it to the EuroKing system they use to input information. It means they have to do the CO² reading before they can move on. It now means we get in touch with women within 24 hours of a referral being made."

How is the approach being sustained?

The two councils are recruiting a specialist midwife to carry out an intervention at the 16-week scan appointment. The midwife will target those women who have been referred to the stop smoking service for high CO² readings, but have refused to engage. Their babies will be scanned so the mother can see the damage that her smoking is causing.

Ms Houlihan said: "It will give an indication of the lack of oxygen the baby is getting or the effect on the platelet count. If we can stop women smoking before at this point it can have a huge effect. Most of the damage is caused after the 15-week mark."

Contact

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Brighton and Hove City Council: encouraging breastfeeding

Summary

Brighton City Council runs a comprehensive breastfeeding support programme, involving drop-in clinics and a network of peer supporters. Targeted work to provide extra help to communities with the lowest rates of breastfeeding has also been carried out. It has helped the city achieve some of the best breastfeeding rates in the country.

The challenge

Breastfeeding is good for both baby and the mother. The evidence suggests any amount of breast milk has a positive effect. The longer a woman breastfeeds, the longer protection lasts and the greater the benefits. It reduces the baby's risk of infections, diarrhoea and vomiting, childhood leukaemia and obesity. Breastfeeding has also been found to lower the risk of certain cancers and osteoporosis.

As a result, giving nothing but breast milk is recommended for the first six months of a baby's life. After that, giving a baby breast milk alongside family foods is recommended.

But while three-quarters of new mothers start breastfeeding, fewer than half are still doing it by the two-month mark. It leaves the UK with one of the lowest rates of breastfeeding in the developed world.

The solution

Brighton has a dedicated breastfeeding support team. It is part of the 0 – 19 Healthy Child Programme and is run by breastfeeding coordinator Clare Jones, who oversees support coordinators Dawn Kielty and Zoe Faulkner.

For women with the most complex challenges, the team offers a breastfeeding drop-in that health visitors, midwives and GPs can refer women to. The women who use this service experience issues such as severe pain and low milk supply or have babies who have been ill.

This drop-in is held every week at a children's centre and normally attract between six to 10 women every time. Each woman has an in-depth assessment carried out and a support plan is then put in place to help them. Regular contact is maintained until the woman is happy and confident about breastfeeding.

The team also coordinates a volunteer peer support programme. Breastfeeding peer supporters work with women to normalise breastfeeding, boost the confidence of new mothers and signpost them on to other services where needed. The volunteers are given training by the team and there are normally around 30 volunteers at any one time.

Coleen White, one of the volunteers, said the quality of the training is key to the support she is able to provide. She completed a 10-week training programme and spent time in hospital.

"It has equipped me with the latest research, challenges and benefits of breastfeeding, as well as the knowledge and confidence to support women on good positioning and attachment. As a result, I feel confident supporting new mums on the labour and postnatal wards, as well as in the community."

The team also runs a Facebook page which offers information about breastfeeding, shares inspiring and affirming messages and links to media stories.

Ms Jones said: “We offer a wide range of support – so there is something for everyone whether they are experiencing complex

challenges or common breastfeeding issues. Not every woman finds it easy to breastfeed so it is important there is someone there who you can talk to, who can offer you reassurance and advice when you need it.”

The team also organise the Brighton Breastfeeding Initiative, which is a network for health professionals and voluntary sector groups. The network meets quarterly, although there is also regular contact via a closed Facebook group. It provides a forum for the team to give information about the latest advice and discusses individual cases in confidence.

The impact

The breastfeeding team have been going for 10 years. During that time they have overseen a steady rise in breastfeeding rates.

The latest quarterly figures show between 65 and 70 per cent of local mothers are breastfeeding at the six to eight-week mark.

That compares to a national average of under 50 per cent and means Brighton are among the best performers in the country.

One mother who was helped said: “As the mum of a premature baby I can’t express what huge importance breast milk and breastfeeding takes on - particularly when you are separated from your baby for so long, so I just wanted to let you know how much your help meant.”

Lessons learned

While Brighton has enjoyed great success in helping women breastfeed, there are still some areas of the city that have relatively low rates. In some neighbourhoods breastfeeding at the six to eight-week mark drops to below 50 per cent.

To combat this the team has organised targeted interventions in these areas. This has included having two employed support workers who have been proactive at encouraging breastfeeding to local mothers. They have worked closely with local midwives to identify women who need extra support and also reached out to new mothers via phone calls shortly after birth.

Ms Jones said: “We know in the most socially deprived areas women are less likely to breastfeed. There is a pressure on women to use formula and bottle-feed. As well as providing the universal help, it is important to target your support too.”

How is the approach being sustained?

Funding for the two support workers was withdrawn last year because of funding cuts. But now the team is looking at alternative ways to provide that targeted support. One option under consideration is training nursery nurses in how to help new mothers.

“That could provide an alternative option,” said Ms Jones. “You have to be flexible. But overall we want to keep building on the progress that we have made. The city’s breastfeeding strategy is in the process of being updated and we are constantly looking at new ways to support women.”

Contact details

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Bristol City Council: supporting mothers to breastfeed

Summary

Bristol became the first Unicef ‘baby friendly’ city in England and Wales in 2010. Since then it has continued to build on the support it offers, running breastfeeding support groups across the city and specifically targeting those areas with the lowest breastfeeding rates.

The challenge

Breastfeeding is good for both baby and the mother. The evidence suggests any amount of breast milk has a positive effect. The longer a woman breastfeeds, the longer protection lasts and the greater the benefits. It reduces the baby’s risk of infections, diarrhoea and vomiting, childhood leukaemia and obesity. Breastfeeding has also been found to lower the risk of certain cancers and osteoporosis.

As a result, giving nothing but breast milk is recommended for the first six months of a baby’s life. After that, giving a baby breast milk alongside family foods is recommended.

But while three-quarters of new mothers start breastfeeding, fewer than half are still doing it by the two-month mark. It leaves the UK with one of the lowest rates of breastfeeding in the developed world.

The solution

To achieve the Unicef “baby friendly” city status maternity staff, health visitors and children’s centre staff were given extra training to enable them to support mothers with breastfeeding, bottle-feeding and nurturing their baby.

But since 2010 the council’s public health team has built on this by commissioning additional support for mothers.

There is a network of breastfeeding support groups. These are held at health centres, community venues and children’s centres across the city. At the moment there are 14 running.

They are attended by trained breastfeeding supporters and children’s centre staff. There is also extra support available in some groups from trained breastfeeding counsellors employed by the council, one in each of the city’s four localities for mothers to access if they have problems with feeding.

Bristol has also run a targeted intervention for eight years aimed at mothers in areas where breastfeeding rates are lowest. Women are contacted by a trained breastfeeding supporter after 28 weeks of pregnancy and offered time to discuss feeding and nurturing their baby. They provide information, support and encouragement and partners and/or grandmothers are encouraged to be part of the discussion as they play an important role in the home.

Public Health Principal for Infant and Maternal Health Nicki Symes said: “The relationship continues with the supporter after birth and in those first few weeks when it can be really tricky and many mothers run into challenges. We do not stigmatise mothers who choose to formula feed and encourage closeness and bonding with skin contact and responsive, paced feeding.”

As well as attending the groups, the breastfeeding supporters provide telephone support and home visits. The service also recruits, trains and provides support for a network of volunteers to support mothers in groups and in their local communities.

Volunteers may be mothers who have experienced problems themselves, received support and want to help others.

There are normally between 20 to 30 peer volunteers at any one time. As well as making themselves available at the support groups, many are active on social media. There is a popular Facebook group – Bristol Breastfeeding Mummies – where women support each other and can connect with others mothers in a similar position.

The impact

As time has gone by, the number of women still breastfeeding at the six to eight-week mark has been increasing. By 2016/17 the city had the highest breastfeeding rates at six to eight weeks in the whole of the south west with rates hovering around 64 per cent.

“There are very few local authorities outside of London with a better rate,” said Ms Symes. “Some groups in the city remain less likely to breastfeed their baby than others, notably young mothers and those living in more deprived parts of south and north Bristol. It is a tough gap to close, but the inclusive nature of the policies implemented in the city has meant that rates have risen in all communities in the last 10 years.”

Those who have been given support are full of praise for what is available. One woman said: “If it wasn’t for breastfeeding support groups and all the lovely people that go to and run them, giving correct and up to date advice I would not be exclusively breastfeeding my nearly six month old. Bristol is lucky to have so many.”

Evaluation of the support also demonstrates the impact. Of those who have received one-to-one support, 95 per cent rated it as helpful or very helpful.

Lessons learned

Working together has been a key part of Bristol’s success. Health services, voluntary groups, children’s centres, paid workers and volunteers work closely to help mothers.

Support from local businesses and organisations has also been important. The Bristol Breastfeeding Welcome Scheme supports mothers to breastfeed when they are out and about. It recognises locations and services that are breastfeeding friendly. It sets out a series of standards that are expected to be adhered to, including providing quiet corners for women to breastfeed, upholding a woman’s right to breastfeed by ensuring that if someone complains the complainant is moved not the mother and making staff fully aware of their responsibilities.

The businesses which join the scheme get a sticker and poster to display and are promoted on the council’s website. So far there are more than 310 local premises, including cafes, restaurants, shops and the local bus company First Bus.

“You have to create the right environment to promote, support and protect breastfeeding so that women feel at ease,” said Ms Symes. “You can provide lots of encouragement and support like we do, but if women aren’t able to breastfeed when they are out, it will have limited impact. Women who are worried about feeding in public tell us how important it is to them”.

How is the approach being sustained?

The council continues to support Baby Friendly Bristol and it will be part of the best start in life theme in the forthcoming city plan and integral to the healthy weight strategy.

An Infant Nutrition and Nurture Network has been running for a number of years to share best practice between practitioners, academics and volunteers.

But the local maternity system led by the clinical commissioning group is currently looking at all aspects of maternity care and is implementing the recommendations of the National Maternity Review: Better Births – and as part of this there may be more support for staff put in place.

One of the sub-groups is looking at improving infant feeding further by working on continuity of support and advice between services by the development of personal feeding plans for mothers who need additional support. A series of seminars and workshops may be arranged to provide practice-based support for practitioners and volunteers.

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Camden Council: preparing parents for the psychological challenge

Summary

Camden Council and its partners have set up a course to prepare mothers and fathers-to-be for parenthood. The five-week programme is delivered by health visitors, midwives and children's centre staff and covers everything from dealing with parental conflict to coping with stress and managing labour.

The challenge

Camden's Health and Wellbeing Board has made the First 1001 Days' Programme a key priority, recognising pregnancy and the first two years are crucial to a baby's life chances.

The board's strategy published in 2016 acknowledges Camden performs lower than the national average on a number of indicators from school readiness to tooth decay.

As part of a plan to address this, the council and its partners have been looking at how they can better support parents-to-be to help them prepare for the arrival of their new baby and improve their resilience.

The solution

One of the projects that has been established recently is a programme to support the transition to parenthood.

The Preparation for Parenthood courses lasts five weeks and is delivered in group settings during pregnancy.

It covers the following topics:

- baby brain development
- attachment and bonding
- parental conflict
- coping with crying and comforting baby
- perinatal mental health
- stress management and coping with change
- managing labour.

The course, called Bump to Baby, is aimed at both mothers and fathers-to-be and is delivered by children's centres staff, health visitors and midwives from University College London Hospitals and Royal Free Hospitals.

It is offered to parents-to-be who need a little extra support beyond what the universal antenatal classes can offer. Referrals come up from a variety of sources, including from midwives, GPs, social care and via self-referral. They include people struggling with problems such as mental ill health, domestic violence and substance misuse.

The programme is funded through the Healthy Minds Fund, a joint investment pot established by the council, the local clinical commissioning group and Camden and Islington Foundation Trust.

The impact

The course launched in January 2017 after some pilot projects were run in late 2016. During the first 12 months 15 courses were delivered, reaching 120 families. A total 75 fathers attended.

Participants are asked whether they would recommend the group to friends and family after each course and so far there is a 100 per cent approval rating.

Written feedback has also been incredibly positive. Mothers have reported it has given them more confidence in bonding with their babies and helping managing the stress of the situation.

Susie (not her real name) said the support really helped her and her partner prepare for life with their new daughter. She said the sessions were “informative, interactive and interesting”.

“We have learned many other unknown issues about pregnancy, supportive relationships and behavioural changes. We have also been prepared both psychologically and intellectually to the new stage in our lives.”

Lessons learned

The course is constantly evolving. Programme Manager Caireen Rice said: “As we have rolled it out, we have sought to change and tweak it following feedback from parents. We are constantly listening to what they have to say and evaluating if there is a better way of providing the service. You need to be flexible.”

That approach led Camden to change the name of the course – it was originally known as You, Me and Baby Too, but that was dropped as it gave the impression it was a post-birth post-birth course and the parents renamed the course Bump to Baby.

The team has also been prepared to offer one-to-one sessions in the family’s home or at their local children’s centre where needed. This has happened when people have been referred late on in their pregnancy or to help people catch up when they have missed sessions.

Ms Rice said: “We’ve gone out to people’s homes and just spent time chatting to them and showing them some of the materials.

You are always going to get some drop off during the course, but we have found by offering people some one-to-one help we can keep them engaged.”

How is the approach being sustained?

As part of that process, the council is now planning to start evening and weekend courses to reach out to those people who work and may find it difficult to attend during the daytime. The course also needs to be seen in the context of the wider support that is available.

Camden runs a perinatal mental health awareness training programme to help front-line staff recognise, detect and help those with perinatal mental health problems. Over the past 18 months more than 80 staff from a cross-sector of voluntary, community, NHS and local government services have taken part in the one-day workshop.

What is more, the local CAMHS service is integrated with the five children’s centres so support is available post birth for parents who are struggling, while the Anna Freud charity is commissioned to run a psychotherapeutic service for parents and infants who need more intensive support.

Children’s Centre Service Manager Jane Hutcheson said: “We are always looking for new ways to support parents. Becoming a parent is an exciting time, but is also a very challenging period when your whole life changes. Helping people prepare for that and cope with that is essential.”

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Cornwall Council: the importance of a healthy weight

Summary

Cornwall's health promotion service has a dedicated team to work with pregnant women and mothers in the early years. The staff provide phone advice, have run classes in the past and recently opened a clinic at a local hospital to work with women coming in for scans and other appointments.

The challenge

Eating healthily and exercising regularly, but in the right way, is essential during pregnancy. However, there are many misconceptions about what is the right thing to do.

What is more, women who are already overweight when they become pregnant have an increased risk gestational diabetes, blood clots, preeclampsia and miscarriage. They need tailored support to help them reduce their risks.

The solution

Cornwall Council's Healthy Cornwall service has a team dedicated to health improvement during pregnancy and the early years. The team of advisors aim to work with women as early in their pregnancy as possible usually following their first midwife appointment.

Women with a BMI of over 30 are automatically referred to the team by midwives, although it is open to all women who want to find out about healthy eating and physical activity during pregnancy and beyond.

The team provide support over the phone throughout pregnancy and have run afternoon and evening healthy pregnancy workshops in the past for those women who want face-to-face support in group settings.

Fay Colloff, one of the advisors, said: "It is about providing reliable, straight-forward advice that women can follow. A common misconception is that you can't exercise when you are pregnant or that you can eat for two. We spend time dispelling those myths and encourage women to make positive behaviour changes that will improve the health and wellbeing of both them and their baby."

An interactive booklet has been produced to go alongside the telephone support. It includes tips on how to make healthy swaps in your diet, recipe ideas for eating on a budget and how to incorporate physical activity into pregnancy.

After the initial phone call, a follow-up one is carried out 10 days later with others done in mid-pregnancy where necessary. Support also continues after birth where it is wanted.

"It is important to keep in touch and offer tailored support," added Ms Colloff. "It is not just about weight – we can provide smoking cessation as part of our service and also raise awareness of topics such as mental health and benefits by signposting them to local services."

The impact

The number of referrals are increasing every quarter. Last year nearly 500 women were referred for support with healthy eating, weight management and physical activity with all women receiving support via post and the offer of telephone support. But the support is not just limited to these women – their partners and any other children they have also benefit, said Ms Colloff.

Women who have been helped say the support has been fantastic.

Holly said the advice has been important in terms of improving her diet. “Working all week means I don’t have time to prepare healthy lunches every morning. So to make sure I’m not visiting the vending machines at lunch times, I prepare a batch of healthy salads on Sundays to have over the week. I also make a healthy omelette to have as a snack, by the time I get home I’m not too hungry so don’t over eat at dinner time.”

Meanwhile, Amy said she was encouraged to join a pregnancy yoga class – and benefitted both physically and socially. “I met new friends, learnt all about pelvic floor exercises, birth breathing and felt great after an hour of stretching and relaxing with other pregnant women.”

And Aimee said: “I never exercised before I found out I was pregnant, but started walking and swimming throughout the pregnancy and felt amazing for it.”

Lessons learned

Contacting women during pregnancy can be a challenge as they are often busy working until late in their pregnancy or feel apprehensive about making changes to their eating or activity habits. The challenge has prompted Healthy Cornwall to introduce a new element to the support they offer.

From June 2018 the team started running a clinic at the local maternity department so that when women and their partners come in for their 12-week scan they can also see an advisor and receive face to face support about healthy eating and exercise. The idea was piloted in 2017.

Ms Colloff said: “We found it was a better way to engage women and their partners. They are already there excited by their scan and really motivated. It gives us an opportunity for face-to-face contact and interaction. That is really important when you are discussing lifestyle changes.

It has sometimes been a struggle to engage women just over the phone, but we have found this really helps develop a great rapport which underpins our support.”

How is the approach being sustained?

The team also has a remit for the early years. As part of that it is taking on responsibility for encouraging a healthy approach to introducing babies to solid food. The team will support the health visiting programme by delivering sessions in family hubs across the county’s six localities.

“It is about supporting new parents to feel confident at this exciting time, giving them tips about cooking from scratch and highlighting why it is important to wait until the six-month mark before introducing solids,” said Ms Colloff.

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Gloucestershire: working together to improve mental health

A network of experts has been set up in Gloucestershire to tackle perinatal mental health problems. It has led to a range of new initiatives, including training for staff and the creation of specialist midwifery post, to help support women in pregnancy and the first year of motherhood.

The challenge

Responsibility for helping pregnant women and new mothers with mental health problems lies with a wide variety of professionals. It can fall to midwives and health visitors as well as GPs and children's centre staff. Core mental health services can also be involved.

But as responsibility for these services is divided between councils and the NHS, there is always a risk that women do not get the support they need.

The solution

In Gloucestershire, a Perinatal and Infant Mental Health Network was set up in 2011 to provide a more coordinated approach. Helen Ford, Lead Commissioner for Children and Maternity Services, Gloucestershire County Council and NHS Gloucestershire Clinical Commissioning Group, is the chair.

The network includes representatives from psychiatry, mental health, talking therapies, maternity, children's centres, paediatrics, health visiting, general practice and the voluntary sector. It meets every two months.

Ms Ford said: "The network has provided a great forum to identify gaps and get things done. Everyone is very committed to ensuring that women receive the support they need. The group gives us a forum where we can plan and use our resources collectively to make sure we provide the support that is needed."

The impact

One of the network's first achievements was establishing a perinatal mental health pathway. This provides clear guidance to all staff about when and how to screen women for mental health problems, and where they should be referred to.

Training on how to identify and broach mental health issues has been provided to health visitors, GPs and midwives. Health visitors have also been given training in how to work with parents to help them bond with their babies. This includes newborn observation training, which enables them to help parents recognise their baby's cues and cope better.

A specialist perinatal mental health midwife post was also created in 2017 to work with the most complex cases.

Ms Ford said the work has enabled people to re-think their approach to perinatal mental health. "As a network, we have overcome many challenges, and have raised awareness of the problems young mums and dads face. We are steadily increasing expertise and a network of support for families within the county."

Lessons learned

Joining up the whole system is a real challenge, especially in rural areas like Gloucestershire. "The voluntary sector plays a significant role in supporting people with mental health issues, but there are lots of different organisations across the county," said Ms Ford.

She said it has prompted Gloucestershire to make a concerted effort to get them on board. "We have been working hard to engage with many of these organisations and groups, and have, for example, provided some funding to a friendship café to help it tackle social isolation."

“Meanwhile, in Stroud, we have worked with Home Start, a charity that works with families, and we have worked to ensure the charity have links with our talking therapies service.”

How is the approach being sustained?

Last year, Gloucestershire was one of only 20 areas to be successful in receiving funding from NHS England to set up a specialist community perinatal mental health team. Additional funding this year means that the team can be expanded and will include an obstetrician who specialises in perinatal mental health and will run clinics alongside the team.

The team supports pregnant women and new mothers who are experiencing complex and severe mental health issues, as well as their babies and families. The service has been really successful since it started in July 2017, and has already received nearly 150 referrals.

Ms Ford said: “With many women experiencing a mental health problem during their pregnancy and in the first year after birth, providing high quality support to new mothers, newborns and their families is important, and is a high priority in Gloucestershire.”

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Greater Manchester: offering shopping vouchers to get pregnant women to quit smoking

Summary

The councils and NHS in Greater Manchester are working together to offer pregnant women financial incentives to quit smoking. The scheme has had a great deal of success – and there are now plans to extend it to 12 months post-birth to help improve outcomes for both mothers and their babies.

The challenge

The Tobacco Free Greater Manchester Strategy sets out an ambition to “radically cut” smoking rates by a third over four years. Tackling smoking in pregnancy is a key part of that. It is the single biggest modifiable risk factor for poor birth outcomes and a major contributor to inequalities in child and maternal health outcomes.

The Greater Manchester infant mortality review identified smoking as the most prominent modifiable risk factor associated with infant mortality. A reduction in smoking in pregnancy will also impact on child development and health inequalities, according to the Greater Manchester Combined Authority’s strategy.

The solution

Greater Manchester launched its first voucher scheme to encourage pregnant women to give up smoking in 2012. At the time emerging evidence compiled by NICE and appearing in the US suggested it could have a significant impact.

Over the years, the way it works has evolved. Currently it is offered to the most vulnerable groups who find it the most difficult to quit. These include teenagers, those living in areas of high deprivation and those who smoked through their previous pregnancy.

It is provided in conjunction with the BabyClear model developed by the Tobacco Control Collaborating Centre, which is a comprehensive and systematic approach to implementing NICE Guidance, involving providing carbon monoxide screening for every pregnant women at the earliest point in pregnancy and referring those with elevated levels for specialist support.

Those with high CO readings from the target groups are then offered shopping vouchers as part of a package of support if they quit smoking. Under a formal contract, which they sign, they receive a £20 Love2shop high street voucher for every month they remain smoke-free. This runs all the way through pregnancy and up to three months after birth.

Andrea Crossfield, the Strategic Lead for Making Smoking History for the Greater Manchester Health and Social Care Partnership, said: “Our Greater Manchester-wide Smoke-free Pregnancy Programme is supporting women and their partners to quit smoking for pregnancy and beyond.

“Our vision is for every baby in Greater Manchester to be born smoke-free and grow up in a smoke-free home and family. Obviously there are different services run by each council and hospital in the Greater Manchester area, but through the programme we have created a standardised pathway that we are delivering together.

“Reducing smoking in pregnancy is complex. It needs to be delivered in a sensitive and supportive manner. Many women want to quit but are addicted to nicotine and need support to break that addiction. There is really good evidence incentives work as part of the wider support we can put in place.”

The impact

Previous evaluation of the scheme has shown that 70 per cent of women who start have quit at the four-week point and 70 per cent of those remain smoke free at delivery. The success of the scheme has convinced Greater Manchester to increase the funding available to it with investment of £1.6 million in 2017/18 and 2018/19 for the Smoking in Pregnancy programme.

Ms Crossfield said: “It will allow us to offer it to many more women, around 1,200. We are determined to get smoking rates down. We have set a target of only six per cent of pregnant women smoking by 2021, but eventually we want it to get down to zero.

“But this has a wider benefit too. It can encourage others in their household to stop smoking in the home. When pregnant women start the stop smoking support only half of them live in a smoke-free home, by the end that rises to 98 per cent.

“The return on investment is considerable. For example, the additional cost of care for Greater Manchester babies born below healthy weight due to smoking is approximately £5 million. Of course, there can be criticism of voucher schemes like this. But this cost effective scheme dramatically improves health outcomes for babies and women. Women tell us the vouchers are really helpful at a time when money can be tight and evaluation has shown most women spend the vouchers on their babies not themselves.”

Lessons learned

A key part of Greater Manchester’s scheme is the SOS, which stands for “significant other support”. It is effectively a buddying scheme that sees partners, parents and friends sign up to offer help and encouragement. In return they get £40 of shopping vouchers at the end of the scheme if the woman has remained smoke-free.

Ms Crossfield said: “If it’s 10pm on a Saturday night it gives them someone to call other than their adviser just so they can get some words of encouragement. Women really value that support and we have found it increases the chances of the individual achieving a four-week quit by around 50 per cent. About 60 per cent of those who take part have a SOS.”

How is the approach being sustained?

There is evidence to suggest women are at risk of returning to smoking once their baby gets a bit older and so Greater Manchester is aiming to tackle that in the future.

Ms Crossfield said: “Beyond pregnancy, the motivation to not smoke slips. We want to see if offering longer term incentives can help prevent relapse that so we are planning to offer incentives up to 12 months instead of three in a randomised trial to understand the impact.”

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Halton Borough Council: ensuring good uptake of health start vouchers

Summary

Halton has one of the best uptake rates of Health Start vouchers in the country. It has achieved this by taking the bold step of offering the vitamins free to all pregnant women and young families and widening the availability of the food vouchers.

The challenge

Health Start vouchers were introduced in 2006 by the government in an effort to improve the diets and health of poorer families. The scheme allows women who are at least 10 weeks pregnant or who have a child under the age of four to get one or more vouchers worth £3.10 a week to spend on healthy food at participating stores and to exchange for vitamins.

The vitamins contain the recommended amount of vitamin A, C and D for young children and folic acid and vitamin C and D for pregnant and breastfeeding women.

The vouchers are available to any woman who receives benefits such as income support or job seeker's allowance or who lives in a home where someone does. But ensuring everyone who is entitled to them signs up for them has proved tricky in many areas.

The solution

In 2015 Halton Borough Council in Cheshire was battling with low uptake rates so it decided to start offering the Healthy Start vitamins to everyone for free.

Council Consultant in Public Health Julia Rosser said: "Uptake was low and the vitamins only cost pence. Administering the means-test probably cost more. All pregnant and breastfeeding women now receive free vitamins from their midwife and each child receives one bottle of vitamins from their health visitor and are then able to get more when they need them.

"The great thing is that that then enabled us to widen access to the food vouchers. These are now available from the midwives, health visitors, health centres and children's centres.

"And the fact that we have free vitamins means we are regularly talking to the mothers and that in turn has helped us to engage with them about the food vouchers. People's circumstances can change over time so that regular conversation is important."

Following the change, the availability of the vitamins and food vouchers was widely promoted on leaflets, posters in children's centres and life-size cardboard cuts outs designed to attract attention. They were also flagged up on social media.

The council's health improvement team and nursing teams have also run ad-hoc sessions at community events to remind people of the programme and how to claim.

The impact

Halton now has one of the best rates for uptake of vouchers among eligible families. In spring 2018 uptake was 83 per cent compared to a national average of 66 per cent.

The work of councils like Halton was recently praised in the House of Commons by Labour MP Frank Field. He said: “Eating well early in life is key to ensuring good eating habits last into adulthood. We know that children living in the UK’s poorest households are more likely to be overweight and have poor nutrition which is why this scheme is vital.”

Research published by Bristol and Manchester universities have found that the vouchers have produced “significant nutritional improvements” with families who receive them buying 15 per cent more fruit and vegetables than before.

Lessons learned

The success of the work is very much testament to the involvement of a wide range of staff from midwives and health visitors to children’s centre workers, infant feeding leads and family support staff. The council has set up an Early Year’s Forum containing all these staff groups that coordinated the Healthy Start work.

Ms Rosser said: “I guess we are lucky in that we are quite a small local authority area so we can bring people together more easily than some of the larger areas. It has meant that we can really develop services around the family – and that helps us to reinforce the healthy messaging.”

An example of this is how the antenatal classes process has been overhauled. In response to concerns expressed by midwives about workload, responsibility for the classes have been spread between health visitors, infant feeding leads and children’s centre staff with sessions run on emotional health, infant feeding, healthy eating and preparing for labour.

“It has proved a great way to introduce families to all the services and to give them that wider support to prepare them for parenthood,” added Ms Rosser.

How is the approach being sustained?

Halton is always looking at new ways to help improve the health of pregnant women and young families. This year the council has become one of the north west pilot areas for the CATCH (Common Approach To Children’s Health) app. The app provides details and reminders about everything from immunisations to local services such as baby massage. It also gives services a forum to alert parent to any problems, such as a measles outbreak.

Council Health and Wellbeing Manager Lisa Taylor said it was already proving successful. “Catch is a fantastic source of information for parents and carers of children under five. It gives them confidence and knowledge to identify and treat common ailments, prompts for key dates for development checks and immunisations and advice when medical attention is more appropriate than self-care at home.”

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Leicestershire County Council: supporting fathers

Summary

Leicestershire has sought new ways to involve fathers and prepare them for parenthood to ensure they do not feel isolated. A film has been produced featuring young fathers, a dedicated website launched and children's centres have started running fathers' groups.

The challenge

Research shows fathers are crucial to the health and wellbeing of both mothers and babies. But services are not always working as proactively as they could to involve fathers.

A 2018 survey by the Fatherhood Institute found more than half were not addressed by name by staff during the antenatal support, and during post-birth support the role of the father was "rarely" or "never" discussed, according to half of respondents.

The solution

Leicestershire – like many areas – has worked hard over the past 10 years to reduce teenage pregnancy rates. But as part of that drive there has been a big focus on supporting young parents too.

This has involved setting up a young parents' forum and working with a social enterprise to develop books and films to support young parents and help train health and care professionals who work with them.

Katie Herbert, a Children's Centre Coordinator at the council, said: "That work illustrated to us the need to make sure we involve fathers. It is very easy for them to feel excluded and not welcome. It is inadvertent, but services can sometimes be so geared up to helping the mother they result in isolating fathers."

In 2015, the council started to think about launching specific projects aimed at fathers. The first initiative saw a video developed featuring three local young fathers talking about their experiences of parenthood.

Jordan was 18 when his partner became pregnant. By 20 he had had his second child. In the film he recounted how the care his partner received was "excellent". But he said there "wasn't really anything" for fathers. "You look around and there are leaflets and information boards about breastfeeding and the help available for mums, but nothing about what dads can do or what help is available."

The film has been promoted across the county and has also been used for training staff. Those who have seen it said it provides real "food for thought" and it has been "refreshing" to see the perspective of fathers.

Since the film was made a dedicated website, *Becoming Dad*, has been launched. As well as featuring the video, it provides links to local services and a top 10 tips page.

The impact

In other parts of the council, services have also developed ways to make themselves more father-friendly. In three of the six localities of the county children's centres fathers' groups are run.

One of those is in north west Leicestershire, the area overseen by Ms Herbert.

"We started running *Daddy Daze* last September. The group runs once a month on the last Saturday. We have two early help workers who organise games and activities. As well as helping encourage bonding, it's a chance for staff to have contact with fathers and help them in any way they can."

“We have also made sure we have run things on our Facebook page for dads. We did something on men’s health recently. It is about creating the right atmosphere to attract fathers and finding ways to share information that will be pertinent to them as men and fathers.”

The fathers’ groups have proved popular. They regularly attract up to 10 people every week.

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Lessons learned

Running a fathers’ group is quite different from a mothers’ group, said Ms Herbert. “You often find the mums will interact with each other much more than the dads. In the dads’ group the staff tend to spend time one-on-one with the dads and their children.

“Whereas in the mums group there is much more mingling and more group activities. It means they are perhaps more likely to develop friendships that can support them outside the group. Being aware of that and planning activities with around it is something that needs to be considered.”

How is the approach being sustained?

Leicestershire is always looking for new opportunities to integrate fathers further. An example of this is the introduction of evening classes for the Solihull parenting course the council runs. This is offered to families who are struggling with their children.

Traditionally the course – a 10-week programme – was only offered during the day. But evening classes are now being offered, says Ms Herbert.

“We found that just having the classes on during the day could make it difficult for some parents to attend, particularly dads who are working. It improves the chances of getting as many people as possible involved and by delivering Solihull to couples, we are maximising on the opportunity to support positive change in families.”

Lewisham Council: tackling low-birth weight and prematurity

Summary

Lewisham Council public health team has worked with local midwives and other staff to help pregnant women improve their physical and mental health. The work has helped to reduce the proportion of babies born underweight – and is now inspiring a research project aimed at reducing the number of pre-term births.

The challenge

Babies who are under 2.5kg (5 lbs 8oz) at birth are classed as being of low birth weight. Genetics can play a part, but other factors such as maternal smoking, being overweight or stress are also factors and pre-term babies are also more likely to be of low birth-weight.

The London Borough of Lewisham has traditionally had high rates of both pre-term and low birth weight babies.

Ten years ago, many maternity services including those at Lewisham and Greenwich NHS Trust, were using a common approach to screening pregnant women who smoked.

Pauline Cross, Lewisham Council's Consultant Midwife in Public Health, said: "At a pregnant woman's first appointment the midwife would ask if the woman smoked and if they said yes they were then asked if they wanted to be referred to the stop smoking service. Most women declined and that was that.

"We found was that midwives were not sure quite how to broach the topic. They wanted to build a good relationship with women so did not want to push it."

The solution

To give the midwives and health visitors more confidence, the public health team commissioned training for midwifery teams on CO² screening and having effective conversations with women about smoking together with an "opt-out" stop smoking referral system, this resulted in a reduction in pregnant smokers and a subsequent drop in the low birth-weight rate.

However, as smoking is still the single biggest contributor to low birth-weight as part of the national drive to reduce stillbirths and pre-term births, it was later decided to refresh the current stop smoking staff training. Lewisham Public Health and the CCG worked with their counterparts in Greenwich to plan a whole-systems training programme involving midwives, health visitors, support workers, nursery nurses, obstetricians, administrative and children's centre staff and the stop smoking advisors.

This evidence-based training taught staff how to deliver an effective brief intervention in the context of time-limited appointments. There was additional training for experienced midwives so they could deliver a more specialised intervention for the most addicted smokers.

The initiative has also ensured that all midwives have their own carbon monoxide testing equipment. Ms Cross said: "Carbon monoxide monitors were available but had to be shared therefore they were not always in the right place at the right time so every midwife now has their own one. Measuring every woman's carbon monoxide reading is a great way to initiate the conversation because the reading is clear and this leads easily into a conversation as to what the pregnant woman knows about the risk to her baby."

But tackling smoking in pregnancy one of a range of approaches that Lewisham has used to reduce low birth weight. Supporting women who struggle with mental health and/or weight problems has also been a key part of the work.

Last year a peer-led initiative involving a five-week group support programme called Mindful Mums was commissioned to promote good mental health and prevent escalation of mental health issues in pregnant or new mums.

Lewisham Public Health and the CCG have also worked with the local maternity unit, Lewisham and Greenwich NHS Trust to introduce a Pregnancy Plus care pathway for women with a BMI of over 35. This already operated successfully at Queen Elizabeth Hospital in Greenwich. Public Health also funds free Weight Watchers and Slimming World courses for pregnant women and new mothers

Meanwhile, the Lewisham Maternity Voices Partnership (MVP), overseen by Ms Cross and in collaboration with the Greenwich Co-operative Development Agency, have organised weekly “walk and talk” healthy walks. These walks are led by trained local mothers from Lewisham and Greenwich MVP and are proving very popular.

The impact

The proportion of babies born with low weight has been falling in recent years. According to data published in 2017, 7.1 per cent of babies in Lewisham were born under 2.5kg, down from 8.4 per cent seven years ago. This is now below both London and national averages.

Lessons learned

Always being prepared to refresh and review your approach is an essential part of making progress, according to Ms Cross. “When you are talking about healthy weight in pregnancy, the ideal time to engage women is pre-conception.

So we thought about how we could do that. We now encourage midwives, obstetricians, health visitors and GPs to think about this when they are working with women who have just given birth. Many will go on to have other children so technically they are in the pre-conception stage as soon as they have had their baby.

“You also need to think carefully about how you market these offers. Weight is a very sensitive issue and we find women are much more likely to go on the health walks, for example, if you stress the benefits to their mental and emotional health rather than just say it is about losing weight.”

How is the approach being sustained?

Looking at pre-term births – classed as before 37 weeks of pregnancy – is a key priority. Ms Cross said: “We have learnt to think more widely in terms of solutions, especially for areas that have been challenging for some time such as pre-term birth.

“I was appointed chair of the Lewisham Child Death Overview Panel in 2016. Police colleagues are members of this panel and I was struck by the fact that domestic ‘incidents’ were a regular pattern in many cases of women that went on to have an extremely pre-term birth though this was unlikely to be known to any agency other than police as women often feel unable to disclose it during the pregnancy.

“I started wondering if there was something we could do to tackle the psychosocial stress that would be an inevitable part of this so I approached London Collaboration for Leadership in Applied Health Research and Care (CLAHRC) which resulted in a randomised controlled trial being run at Lewisham Hospital.”

The study is looking at whether providing a continuity of carer model of midwifery care impacts on pre-term birth in women with risk factors for pre-term birth.

The idea is that the women have the same midwife throughout who can then provide them with support.

The study reports in February 2019. Ms Cross said: "If a positive impact is demonstrated, this could be incredibly exciting for Lewisham families and nationally. CLAHRC will then be able to bid for funding for a multi-centre trial."

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Lincolnshire County Council: running a health and wellbeing event for fathers

Summary

In Lincolnshire the NHS and local council worked together to organise an event for fathers last year to encourage them to engage with services. Everyone from smoking cessation and mental health services to local gyms attended. The event also helped influence the approach of staff, who are now responding by looking at how they can adopt a more father-friendly approach.

The challenge

When Leanne McHugh was working as a student health visitor in 2009 she was struck by the complexities some men had with parenthood. “Some were not prepared for fatherhood. There were men who thought their lives would not change. That they could be involved and work full-time, but of course there are stress and strains.

“There were also men whose partners had had miscarriages. They had detached themselves from the pregnancy and weren’t prepared either. It was their protective mechanism in case this pregnancy did not progress. This was reported to have led to post-natal depression for men and it got me thinking we needed to get them engaged in services much more and get services thinking about them.”

The solution

By the time Ms McHugh embarked on her masters dissertation in 2015 she was convinced she wanted to do something on the support offered to men.

As part of that she worked with Lincolnshire Community Health Services and Lincolnshire County Council’s public health team to organise a community involvement event called “It’s a Dad Thing”. It was run in June 2017 at the Engine Shed, an entertainment venue in Lincoln.

The day was organised around different zones – head space, safety, health, wellbeing and fitness, chill out and craft. A range of stakeholders were involved including OT and physios, health visitors, school nurses, community dental, sexual health, smoking cessation and mental health. Tesco ran a healthy eating stall and local gyms promoted exercise opportunities, while there were games and activities to keep children entertained.

Ms McHugh, who now works as a 0-19 Practice Educator for the council, said: “It was a chance both to get men engaged with services and to get those services thinking about how they can involve men more. By bringing them together, I think it really helped both sides to think about the importance of support during pregnancy and the early years.”

The impact

Over 40 men attended the event – and feedback suggested it had a positive impact on them. Only one in four of those who attended had accessed community services before they attended, but 92 per cent reported they were more likely to do so in the future and 100 per cent said the event had increased their knowledge of what support was available.

Positive feedback was also received from staff who attended, saying they had a whole host of “unexpected conversations”. That in turn has led to changes in the way staff interact with men since the event was run.

“Some of it is quite simple – just making sure they ask men how they are doing,” said Ms McHugh. “There’s also been a pilot run by health visitors to offer clinics on a Saturday to help those fathers who work during the week attend.”

Lessons learned

Ms McHugh said she would have liked to get more people attending the event. “We worked hard to market it – we had 5,000 flyers printed and had engaged with children’s centres. But looking back I think we would do things differently now. We would do more on social media – on Twitter and Facebook. I think we would also try to get local radio and newspapers engaged to create a big impact around it.

“On the day, the café at the front of venue was closed which didn’t help. But we did do some proactive work – the local football mascot outfit was loaned to us so we dressed up and went out on the street to encourage people in. You have to work with the budget you have, but putting effort into the marketing is a must-do.”

How is the approach being sustained?

There is hope other similar events can be organised in different parts of the county in the future. But Ms McHugh has already begun taking the learning from the project out to a wider audience. She has given talks to health and care staff in other areas about the importance of involving fathers.

And in July 2018 Ms McHugh and a sociologist hosted a conference on the topic for Lincolnshire staff, including health visitors, children and young people’s nurses, social care staff and early help workers. “We want involving fathers to become a natural part of their approach to supporting parents,” she added.

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Rotherham Metropolitan Borough Council: getting pregnant women to stop smoking

Summary

Rotherham has made impressive improvements in reducing smoking rates among pregnant women after integrating its stop smoking service into its antenatal service. It is now looking to build on that by training up other staff, including health trainers and children's centre staff, to offer stop smoking advice both during pregnancy and after birth.

The challenge

Smoking is the single most important modifiable risk factor in pregnancy as it increases the risk of complications during pregnancy and postnatally. Women who smoke increase their risk of miscarriage and more complicated labour and delivery, requiring more medical intervention.

Babies born to mothers who smoke are at risk, as one in 12 premature births and one in three sudden unexpected deaths in infancy are linked to smoking. A decade ago Rotherham had one of the highest smoking rates among pregnant women in the country where over one in four women were smoking at time of delivery.

The solution

In 2010 Rotherham decided to overhaul its stop smoking service in pregnancy pathway after undertaking a social marketing exercise and working with focus groups. At the time the specialist smoking in pregnancy midwife and stop smoking adviser were part of the generic stop smoking service. But that has now been changed. The posts were moved into the antenatal service to create a more integrated service.

Rotherham Tobacco Control Lead Sue Smith said: "It wasn't working as well as we thought it could. A lot of women were not accepting the help to stop smoking. By moving it into the core midwifery service we felt it would be a better way of engaging pregnant women and also making it easier to get the rest of the service involved."

Further steps have been taken over time to improve the patient pathway. This included training all staff to ensure they ask women about their smoking, advising them of the benefits of stopping smoking and referring the women wanting support to the smoking in pregnancy service as quickly as possible.

Admin systems were also improved to eliminate delays in getting appointments, while CO² monitoring is now routinely offered to every woman at every appointment irrelevant of their smoking status to identify other possibilities of exposure to CO², such as second-hand smoking.

The impact

The initiatives have had a real impact. The quit rate for pregnant smokers has increased from 36 per cent to over 50 per cent. What is more, the smoking at delivery has fallen from 26 per cent to 18 per cent, the biggest improvement in the Yorkshire and Humber region.

"It has been really encouraging," said Ms Smith. "The move to home visits has had a really big impact in particular. Most of the appointments are now done like this. It is about making services more accessible. Getting them to come into the clinic can be a barrier for some."

Lessons learned

Wendy Griffith, the Specialist Stop Smoking in Pregnancy Midwife, said it is important “never to assume” that women, their partners and families who continue to smoke know of the risks. “It is the responsibility of all health professionals to ensure they are made aware of the risks smoking poses for them and their babies and relate it to their current situation where possible.”

She said the work that has been done in Rotherham has ensured this is happening. “Staff who work within the hospital antenatal clinic and pregnant women have embraced this pathway. We can catch the smokers at crucial times now, for example when they have a scan or if they have developed a problem antenatally.”

How is the approach being sustained?

Rotherham was given a one off grant from NHS England last year to enable it to look at what more could be done. This has enabled the council to train more professionals to offer stop smoking advice.

Rotherham commissioned the National Centre for Smoking Cessation and Training to run two level-two smoking cessation training for pregnant women sessions. These have been offered to local children’s centre staff, drug and alcohol workers and health trainers. Over 20 staff have been trained.

Ms Smith said: “We wanted to make sure new mothers continued to get the support they need to stop smoking and stay smoke-free once they have left the antenatal service. This project is just getting started, but we think it will really help build on the progress we have made.”

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Sheffield City Council: setting up an integrated perinatal pathway

Summary

Sheffield has set up an integrated perinatal mental health pathway so staff from midwives and health visitors to GPs know when and how to screen for problems and who to refer women to for help.

The challenge

Perinatal mental health problems are those that occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 20 per cent of women and covers a wide range of conditions.

If left untreated, it can have significant and long lasting effects on the woman and her family. NHS England has made tackling perinatal mental health a priority under its Five-Year Forward View for Mental Health.

By 2015 Sheffield already had a growing range of services aimed at pregnant women and new mothers. Alongside this there was also a number of voluntary sector-run projects, including groups and one-to-one support offered by Sheffield Light and online advice and resources provided by Forging Families.

But the council's public health team felt there was a need to look more closely at areas, which could benefit from further development to improve access and coordination between services.

The solution

A working group involving health visitors, midwives, primary care, the specialist perinatal mental health service and the voluntary sector was established to review the existing model.

The group's work resulted in an integrated care pathway and common assessment tool being developed as the agreed basis on which professionals worked together to identify and support women with perinatal mental health needs from pre-conception to 12 months post-natally.

As well as incorporating the roles and responsibilities of each team, it also sets out how the mainstream mental health services, such as talking therapies, should be involved.

Julia Thompson, Health Improvement Principal in the Children's Public Health Team at Sheffield City Council, said: "The development of the care pathway has given us an excellent understanding of existing perinatal mental health services in Sheffield and our future priorities for development.

"From this we have seen a real improvement in provision across all settings and it has helped to reinforce how important it is that all staff, whether in children's centres, or health visitors and GPs, know how to help women access the support and advice they need.

"So often the focus is on the physical health of the baby and mother, but mental health is just as important and by ensuring women get help we are helping to promote good bonding and attachment and prevent their children developing mental health problems as they get older too."

The impact

A recent survey of new mothers to assess the effectiveness of the perinatal mental health pathway showed encouraging results.

Nearly 600 responses were received. They showed:

- 79 per cent women remembered being asked by their midwife how they were feeling mentally.
- 76 per cent were aware of the mental health information provided in the Red Book, which is given to all new mothers.
- 90 per cent of women who reported having some degree of mental illness said they received support or treatment, up from 73 per cent from previous surveys.
- Of the 175 first time Mums who reported feeling mentally unwell in their perinatal period 100 per cent said that they felt supported by their health care provider.

The qualitative feedback was also positive. One woman said: “I felt really supported by my midwife and then my health visitor.”

Lessons learned

In 2017 assessment tool, which had been produced by the Lottery-funded Mothers and Babies in Mind programme, was used to review Sheffield’s perinatal care pathway, identify strengths and development opportunities.

Social care was identified as one of the key areas for focus, prompting the council to appoint five champions from social care to promote the pathway and importance of addressing mental health.

Ms Thompson said: “It became clear we had to bridge the gap. Social workers were having contact with women who were pregnant or in the early stages of motherhood.

Identifying champions meant there was somebody in the service with an understanding of perinatal mental health needs, who could raise awareness amongst other colleagues and help refer women on for support when necessary.”

How is the approach being sustained?

Sheffield has been awarded funding through NHS England’s perinatal mental health community service development fund. An allocation of over £800,000 has been given which will help pay for the expansion of the specialist perinatal mental health service across the region.

Ms Thompson is also hopeful there will be some bespoke training for professionals. “While we have been able to work with health visitors, midwives, GPs and other people about how to use the pathway, we have not yet been able to offer training on a regular basis. That is something we would like to do in the future.”

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West Sussex County Council: providing help and advice digitally

Summary

Working together, the NHS and council in West Sussex have developed an online portal to provide support for parents from pregnancy onwards. The Family Assist system provides tailored information on everything from planning for labour to healthy eating to women pre and post-birth.

The challenge

Women can find themselves being bombarded with leaflets and literature during pregnancy and the early months of their baby's life. From midwife appointments and maintaining health during pregnancy to the options for labour and the importance of breastfeeding, navigating your way through the advice and knowing where to go for help can be a minefield.

Kelly Pierce, West Sussex County Council's Consultant Public Health Midwife, said: "We were giving out over 280 leaflets during pregnancy alone. Then there is the information provided in the early months. It all adds up. Some of it can be conflicting and confusing. We began to think we had to do something to make it more straightforward."

The solution

The decision was taken to explore developing a digital system that could serve as a library for all of this information so people could search and ask for help. In 2016 an operational group incorporating the council, Western Sussex Hospitals NHS Trust and the Sussex Community NHS Trust was established to start drawing up an online solution.

The goal was to create a site that could provide support via phones, tablets and desktops from the start of pregnancy to 19 years - 25 for those with special educational needs and disabilities. The partners started working with IT group Oracle, launching Family Assist in August 2017.

During their first contact antenatally women are offered the option of registering for the service. Those that do are then sent information automatically via email at the relevant time according to the gestation of the pregnancy or age of the child. This information and more is also available on the site for families to search and self-serve.

Family Assist also allows for users to share this service, including the emails, with their nominated family and friends to increase the support network. And it also helps to promote positive behaviour change by including important public health messages from healthy eating to giving up smoking. If users cannot find the information they need they can send in enquiries, which are answered within two working days.

The impact

So far 60 per cent of service users at Western Sussex Hospitals have signed up. Ms Pierce said: "I think it is a good start, obviously there is still some way to go. I want us to get to the point where the online offer is the norm – and if people want paper-based information we print it off from the portal."

The initial launch has gone so well that the platform has recently received accreditation by NHS Digital. Registration has now been extended to health visitors across West Sussex in an attempt to encourage the families who have not yet signed up to do so and to offer the service to those who have

delivered their baby at neighbouring trusts. And there are now plans for a live chat facility so people can get immediate information from staff.

“What has been great is that we have had our staff coming up with some wonderful ideas,” added Ms Pierce. “For example, maternity assistants have said they could do some evening chats on breastfeeding. There has been real enthusiasm, which is great to see.”

Lessons learned

Getting the NHS and local government to work together can be a challenging process. There are different cultures and practices. But Ms Pierce said the development of Family Assist demonstrates the importance of having a consultant public health midwife position in local government. She was seconded over from the hospital trust last September for a year – a move which is likely to be extended.

She said: “I think it just helps to bridge that gap between the two sectors. The 1001 days agenda is much more population health focussed so being able to work closely with colleagues in public health and social care and then having that link back to the NHS is really important.”

How is the approach being sustained?

The Family Assist platform is still in the process of evolution. Currently it only runs up to the 20-month mark, but different life stages will be added to as the cohort of families using it gets older with plans already underway to increase this up to three years of age.

But as part of the council’s drive to improve services under the national Better Births programme, the public health team has identified the need for more targeted intervention. Plans are being drawn up to launch a ‘health attachment team’ staffed by combined midwife / health visitor posts. It will

enable vulnerable women, including those who have mental health problems, suffer domestic abuse or struggle with substance misuse problems, to have the same health professional supporting them from pregnancy through to their baby’s second birthday.

Ms Pierce said: “We have identified this gap. There is the family nurse partnership for young mothers and support for women who have already had children taken into care but there was limited help for others. Having the same person provide the support all the way through the journey enables a close relationship to develop, which should help improve the outcomes for the mothers and babies.”

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Want to find out more?

Include latest maternity transformation programme resources

Public Health England, Preconception care: making the case

www.gov.uk/government/publications/preconception-care-making-the-case

Health in All Policies: A Manual for local government

www.local.gov.uk/health-all-policies-manual-local-government

Implementing Better Births: A resource pack for Local Maternity Systems

www.england.nhs.uk/publication/local-maternity-systems-resource-pack/

Government pages on child and maternal health

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

National Maternity Review - Better Births:

www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

Healthy child programme

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

NHS England perinatal mental health pages

www.england.nhs.uk/mental-health/perinatal/

Maternal Mental Health Alliance campaign pages

<https://maternalmentalhealthalliance.org/campaign/>

Tobacco Control Collaborating Centre BabyClear pages

<https://ipip.co.uk/tobacco-control-collaborating-centre/>

Health visiting and midwifery partnership – pregnancy and early weeks Department of Health

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/465344/2903819_PHE_Midwifery_accessible.pdf

UNICEF Baby friendly initiative resources

www.unicef.org.uk/babyfriendly/baby-friendly-resources/

LGA Good Progress but more to do: Teenage pregnancy and young parents briefing

www.local.gov.uk/good-progress-more-do-teenage-pregnancy-and-young-parents

NHS England Five Year Forward View for Mental Health

www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/mental-health/

PHE, Best Start in Life

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

PHE briefing on Current evidence and guidance on breastfeeding and dental health

www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/04/PHE-Child-Dental-Health-and-Breastfeeding-April-2018.pdf

The Scientific Advisory Committee on Nutrition (SACN) report on feeding in the first year of life.

www.gov.uk/government/publications/feeding-in-the-first-year-of-life-sacn-report



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