

Starting Well 2017/18

Public Health Intelligence

1. Key messages

- Smoking at time of delivery is considerably lower (7%) in Wokingham when compared with the South East (11.0%) and England (9.8%).
- Flu vaccination uptake in pregnancy is the second highest in Berkshire with 45.6%.
- 25.3% of all deliveries in Wokingham are to mothers who are over 35 years old.
- Breastfeeding rate at 6-8 weeks after birth in Wokingham (60.1%) is significantly higher than the national rate of 43.2%.
- The percentage of low birthweight babies in Wokingham is the lowest in Berkshire (4.6%)
- Wokingham has the second highest stillbirth rate (5.9 per 1,000) in Berkshire and ranks above the regional and national rates.
- Only 37% of mothers received a first face-to-face antenatal contact with a health visitor, which is lower than the national value.
- Wokingham has a higher uptake in 6-8 week, 12 month and 2-2.5 year reviews than England.

- Admissions for respiratory tract infections in 1 year olds and in 2-4 year olds are higher in Wokingham than in England and the South East.

2. Pregnancy

2.1 Healthy pregnancy

A healthy woman is more likely to give birth to a healthy baby.

There are a number of factors that can increase the risk of harm to the unborn baby and many of these are influenced by health inequalities. Some of these factors are smoking, alcohol consumption, mother's blood sugar levels during pregnancy, unhealthy diet, social isolation and stress, limited access to good quality care, lack of antenatal screening and immunisation. Some of these factors can be measured because there is routinely collected data. However, there is no data collected for all of them.

2.2 Alcohol consumption in pregnancy

The Chief Medical Officers for the UK recommend that if you're pregnant or planning to become pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum.

Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink, the greater the risk. When you drink, alcohol passes from

your blood through the placenta and to your baby. A baby's liver is one of the last organs to develop and doesn't mature until the later stages of pregnancy. Your baby cannot process alcohol as well as you can, and too much exposure to alcohol can seriously affect their development.

Drinking alcohol, especially in the first three months of pregnancy, increases the risk of miscarriage, premature birth and your baby having a low birth weight. Drinking after the first three months of your pregnancy could affect your baby after they're born. The risks are greater the more you drink. The effects include learning difficulties and behavioural problems.

(Source: NHS Choices: <https://www.nhs.uk/conditions/pregnancy-and-baby/pages/alcohol-medicines-drugs-pregnant.aspx>)

The NHS Choices website provides further information on how to avoid alcohol consumption during pregnancy, what is a unit of alcohol and on local alcohol support services.

There is no routinely data collected on alcohol consumption and pregnancy. There may be some service use data which can give an indication of alcohol consumption during pregnancy, but it is not very robust.

During 2016/17 there were no new pregnant women in Wokingham accessing support for alcohol misuse from SMART.

2.3 Smoking in pregnancy

Smoking during pregnancy can be very harmful for the baby. Smoking while pregnant will:

- Lower the amount of oxygen available to you and your growing baby
- Increase your baby's heart rate
- Increase the chances of miscarriage and stillbirth
- Increase the risk that your baby is born prematurely and/or born with low birth weight
- Increase your baby's risk of developing respiratory (lung) problems
- Increases risks of birth defects
- Increases risk of Sudden Infant Death Syndrome

The more cigarettes you smoke per day, the greater your baby's chances of developing these and other health problems. There is no "safe" level of smoking while pregnant.

Secondhand smoke (also called passive smoke or environmental tobacco smoke) is the combination of smoke from a burning cigarette and smoke exhaled by a smoker.

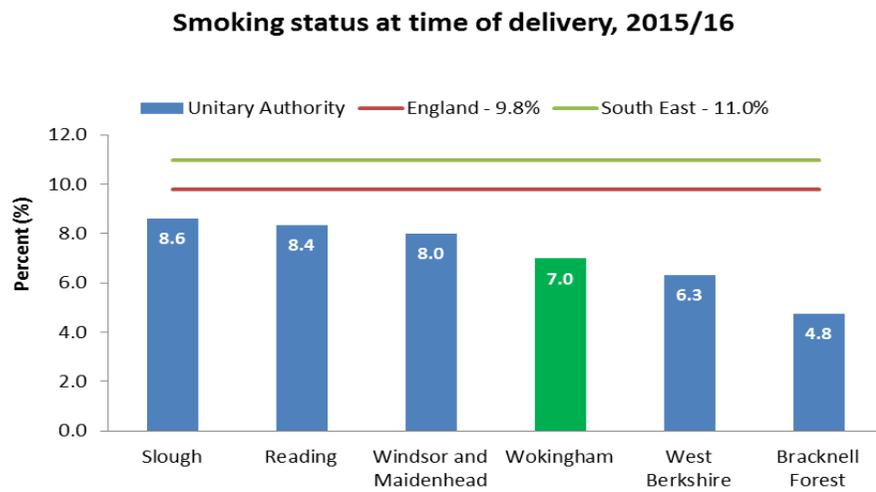
The smoke that burns off the end of a cigarette or cigar actually contains more harmful substances (tar, carbon monoxide, nicotine, and others) than the smoke inhaled by the smoker. If you are regularly exposed to secondhand smoke while pregnant, you will have an increased chance of having a stillbirth, a low birthweight baby, a baby with birth defects, and other complications of pregnancy. Babies and children exposed to secondhand smoke may also develop asthma, allergies, more frequent lung and ear infections, and are at higher risk for sudden infant death syndrome (SIDS).

Smoking status during pregnancy is recorded at the time of delivery. However there is no routinely data being recorded on pregnancy and passive smoking.

Wokingham ranks third lowest in Berkshire in the percentage of mothers with a smoking status at the time of delivery. It is also considerably lower than the South East and England.

The national ambition is currently at 11% or less.

Figure 1.1: Smoking in pregnancy



Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

2.4 Pre-natal screening

Find out all about the [ultrasound scans](#) and [checks and tests](#) you'll be offered as part of your antenatal care, including [screening for Down's syndrome](#). All pregnant women are offered screening for Syphilis and HIV as part of routine antenatal care.

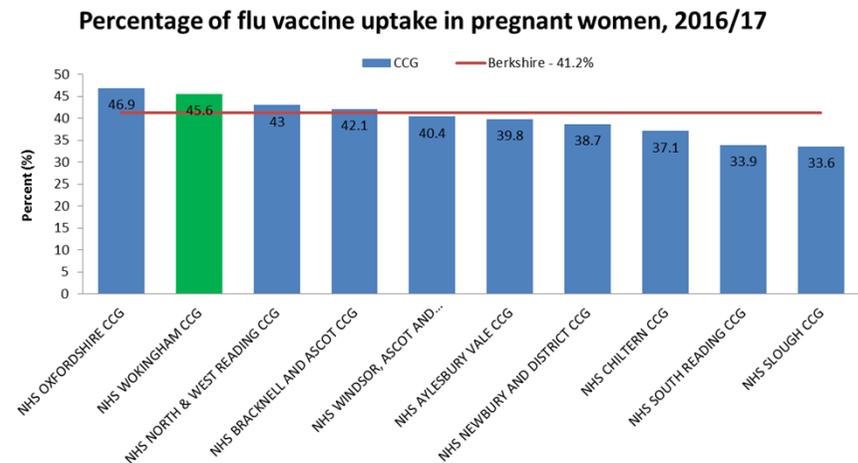
2.5 Vaccination

Pregnant women should be encouraged to have the seasonal flu vaccination which will protect both mother and baby.

Add national guidelines and figure.

Wokingham has the second highest (45.6%) uptake of flu vaccine in pregnant women in Berkshire.

Figure 1.2: Flu vaccination rate in pregnancy



Source: Wokingham Public Health team

Pregnant women are now offered a single dose of a pertussis containing vaccine (dTaP/IPV) between gestational weeks 16 and 32. This maximises the likelihood that the baby will be protected against whooping cough during the early weeks after birth until 8 weeks when the childhood immunisation schedule commences from birth.

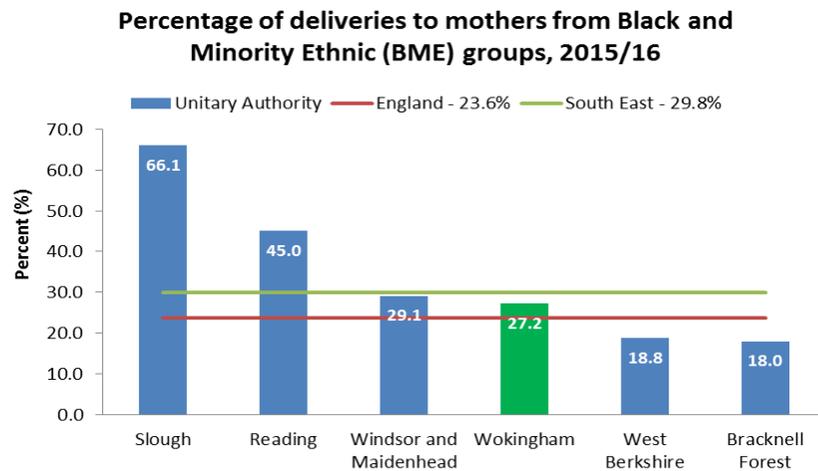
3. Post-natal

3.1 BME deliveries

The Infant Feeding Survey 2010 found that mothers from all minority ethnic groups were more likely to breastfeed compared with White mothers. (Source: <http://content.digital.nhs.uk/article/3895/Infant-Feeding-Survey-2010>)

Around one quarter (27.2%) of all deliveries in Wokingham are to mothers from a BME group. This proportion is lower than the regional but higher than the national figure.

Figure 1.3: Deliveries to mothers from BME groups



Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

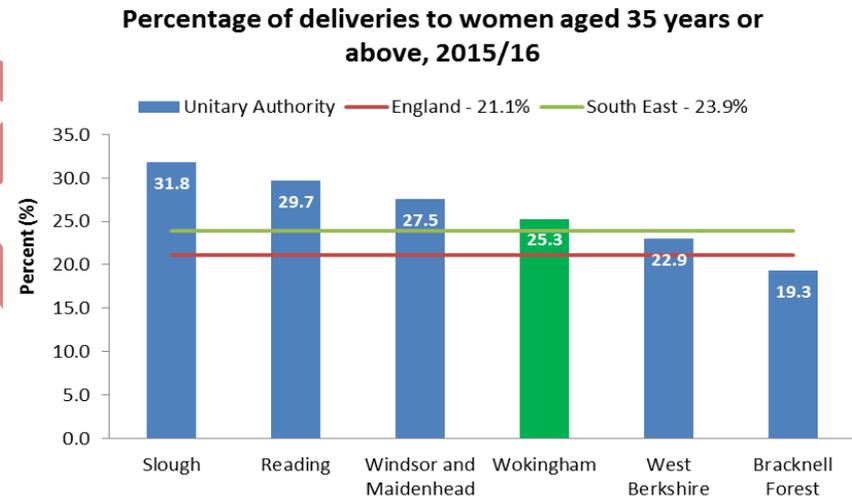
3.2 Deliveries to women over 35

Mothers aged 30 or over are more likely than younger mothers to start breastfeeding, and to continue for six months or more.

(Infant Feeding Survey - UK, 2010. Copyright © 2012, Health and Social Care Information Centre. All Rights Reserved.)

Although Wokingham has one of the lowest rate of mothers over 35 years old in Berkshire, it is still higher than the South East and England.

Figure 1.4: Deliveries to mothers over 35 years old



Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

3.3 Breastfeeding

The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of a baby's life. They also

recommend continued breastfeeding with complimentary food up until the age of two.

(Source: World Health Organisation)

The Lancet reports that in the UK in 2010 34% of mothers were breastfeeding at 6 months, and 23% were breastfeeding at 9 months. This is estimated to drop to 10% by 12 months. (Source: The Lancet)

Complete national data on breastfeeding prevalence is collected at two time periods in England; at birth (breastfeeding initiation) defined as the number of mothers who give their babies breast milk in the first 48 hours after delivery; at six to eight weeks defined as the number of infants that are totally or partially breastfed. Breastfeeding initiation data is collected from Hospital Trusts as the providers of maternity services and is presented at a provider, Clinical Commissioning Group (CCG) and GP Practice level. Breastfeeding at 6 to 8 weeks is collected from Health Visiting Service providers and is presented at Local Authority level.

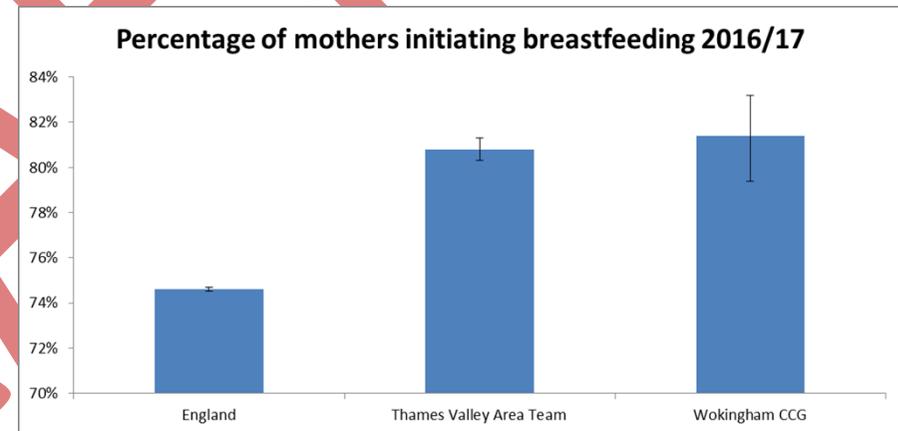
Breastfeeding initiation during 2016/17 in England was 74%. This dropped to 44% of babies being breastfed at 6 to 8 weeks. The 6 to 8 week data is based on an interim data collection due to the transfer of responsibility for commissioning children's public health for 0-5 year olds from NHS England to local authorities. Data from local authorities had to pass a three stage validation process with 71 out of 150 local authorities passing all three stages of validation.

(Source: Maternity and Breastfeeding, NHS England Breastfeeding at 6 to 8 weeks after birth)

The likelihood of a mother breastfeeding is known to be influenced by the following measurable factors; levels of deprivation, caesarean births, and age of mother with mothers from more deprived areas, those having a caesarean delivery and younger mothers less likely to initiate breastfeeding. The caesarean section rate in England is 26%, and 0.9% of births are to mothers aged under 18 years of age.

(Source: Early Years Profiles, Public Health England)

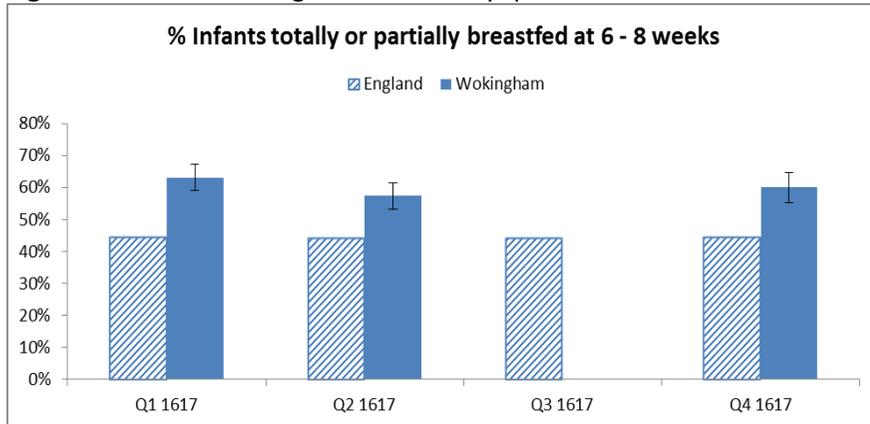
Figure 1.5: Breastfeeding initiation



Source: Maternity and Breastfeeding, NHS England

The chart below shows the percentage of infants in Wokingham who are partially or totally breastfed at 6-8 weeks compared to the national average. Missing data indicates that the data did not pass all three stages of data validation.

Figure 1.6: Breastfeeding at 6-8 weeks by quarter



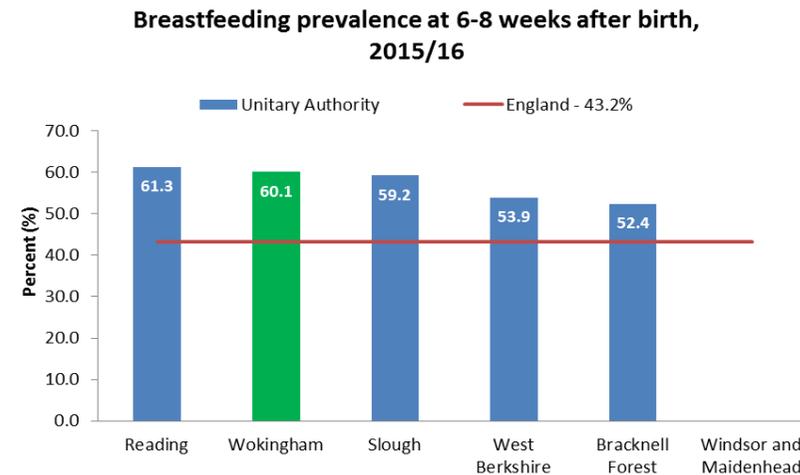
Out of 152 Upper Tier Local Authorities, Wokingham ranks number 152 on the Index of Multiple Deprivation where the lower the rank, the higher the level of deprivation. The caesarean section rate in Wokingham during 2015/16 was 27%. This is the same as the national rate and the same as the rate for the South East Region. 0.4% of births to females living in Wokingham are to females aged less than 18. This is lower than the national average.

Source: Department for Communities and Local Government

Early Years Profiles, Public Health England

When compared with the rest of Berkshire, Wokingham has the second highest breastfeeding prevalence rate (60.1%) at 6-8 weeks, which is also higher than England (43.2%).

Figure 1.7: Breastfeeding prevalence at 6-8 weeks



Source: PHE: Child and Maternal health (ChiMat)

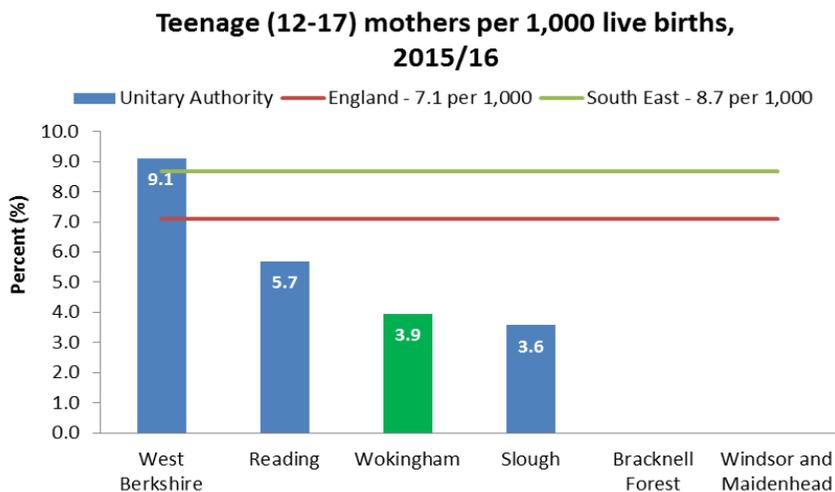
<https://fingertips.phe.org.uk/profile-group/child-health>

3.4 Teenage mothers

Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty.

Wokingham's teenage pregnancy rate is substantially lower (3.9 per 1,000) than the national (7.1) and regional (8.7) rate.

Figure 1.8: Teenage pregnancy



Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

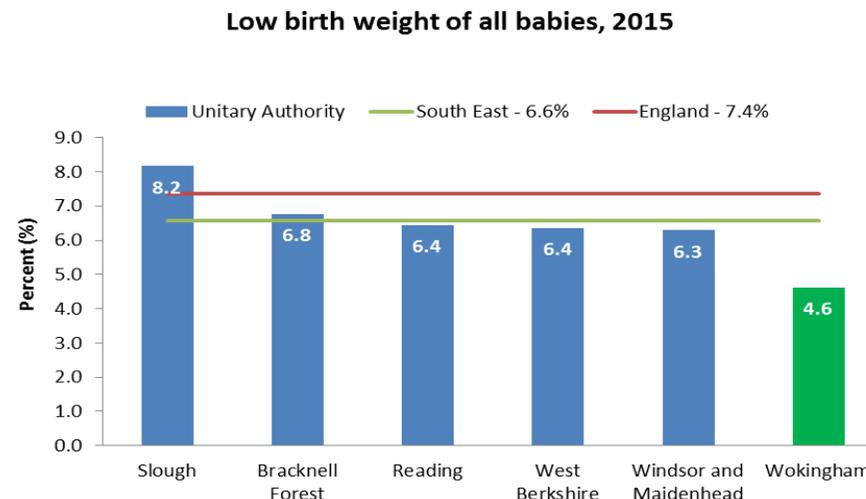
3.5 Low birth weight

Low birthweight is an enduring aspect of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life (NICE). There are social inequalities in low birthweight in England and Wales and these inequalities are likely to affect childhood and adult health inequalities in the future, hence strategies will need to address differences in low birthweight and further monitoring of trends is therefore desirable (Moser K, Li L, and Power C, Social inequalities in low birthweight in England and Wales: trends and implications for future population health, Journal of Epidemiology and Community Health 2003).

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

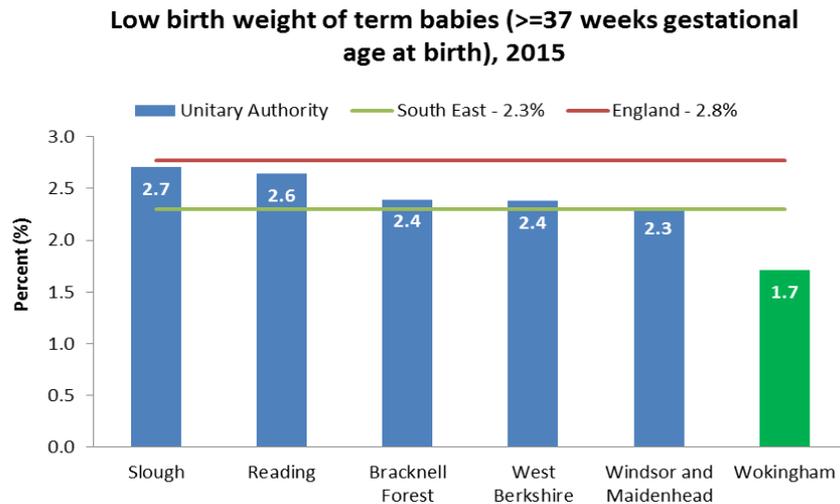
Wokingham has the lowest low birth weight in all babies and also in term babies in Berkshire, and it is considerably lower than the national and the regional value (see figures 1.9 and 1.10).

Figure 1.9: Low birth weight of all babies



Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

Figure 1.10: Low birth weight of term babies



Source: PHE: Child and Maternal health (ChiMat)

<https://fingertips.phe.org.uk/profile-group/child-health>

3.6 Post-natal screening

NB1: Newborn blood spot screening – coverage (CCG responsibility at birth):

The proportion of babies registered within the clinical commissioning group (CCG) both at birth and on the last day of the reporting period who are eligible for newborn blood spot (NBS) screening and have a conclusive result recorded on the child health information system (CHIS) at less than or equal to 17 days of age

3.7 Maternal mental health

Post-natal depression

Postnatal depression is a type of depression that many parents experience after having a baby. It's a common problem, affecting more than 1 in every 10 women within a year of giving birth. It can also affect fathers and partners, although this is less common.

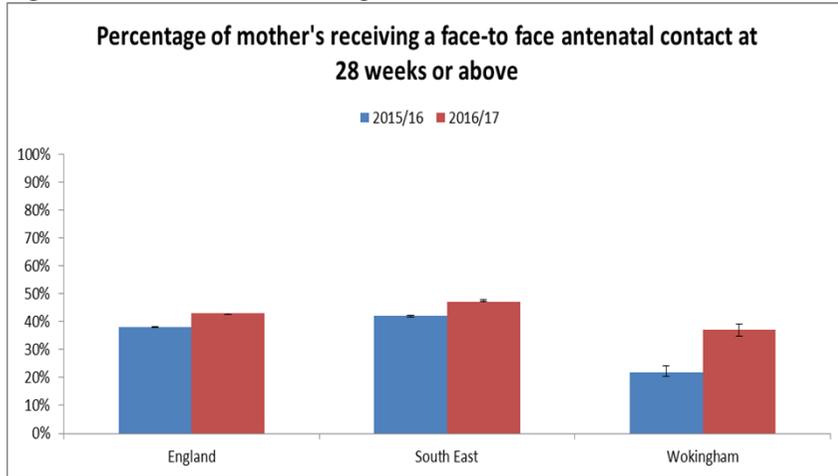
The table below shows the estimated numbers of perinatal mental illness amongst women living in Wokingham. Estimates are calculated by applying the national prevalence figures to the total number of maternal episodes in the area.

Indicator Name	Number
Postpartum psychosis	5
Chronic Serious Mental Illness in perinatal period	5
Severe depressive illness in perinatal period	55
Mild-moderate depressive illness and anxiety in perinatal period (lower estimate)	175
Mild-moderate depressive illness and anxiety in perinatal period (upper estimate)	260
PTSD in perinatal period	55
Adjustment disorders and distress in perinatal period (lower estimate)	260
Adjustment disorders and distress in perinatal period (upper estimate)	515
TOTAL	1,330

Source: Perinatal Mental Health Profiles, Public Health England

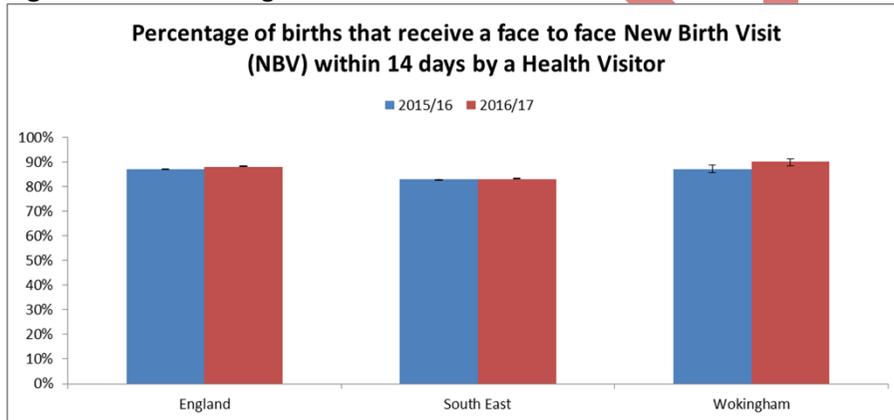
671 mothers from Wokingham received a first face-to-face antenatal contact with a health visitor during 2016/17. If we apply this figure to the total number of births (including still-births) during 2016 then this equates to 37 percent of mothers. This is lower than the national percentage. 90 percent of births receive a face to face New Birth Visit (NBV) within 14 days. This is higher than the national percentage. 91 percent of infants received a 6-8 week review by the time they were 8 weeks old. This is higher than the national percentage. 6.8 percent of mothers are referred onwards following a maternal mood assessment at the 6-8 week review. This equates to 123 mothers from Wokingham.

Figure 1.11: Mothers receiving antenatal contact



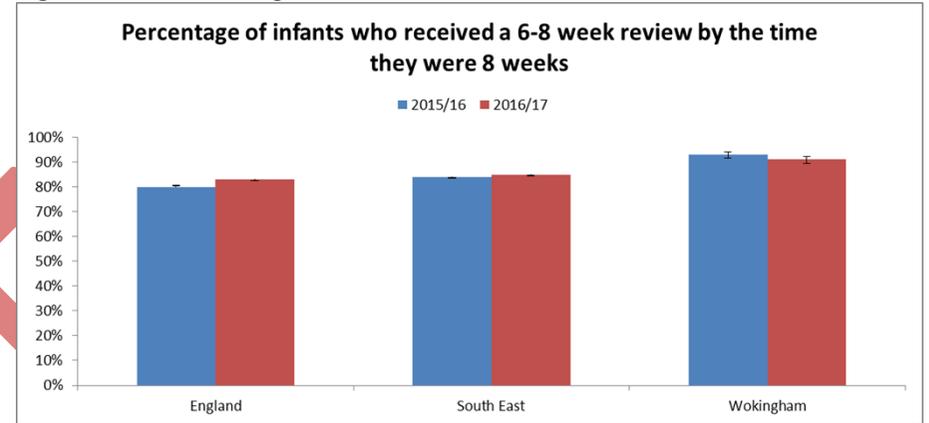
Source: Health Visitor Service Delivery Metrics, Public Health England/Berkshire Healthcare Foundation Trust (Maternal Mood)

Figure 1.12: Percentage of births that receive new birth visits



Source: Health Visitor Service Delivery Metrics, Public Health England

Figure 1.13: Percentage of infants who receive 6-8 week review



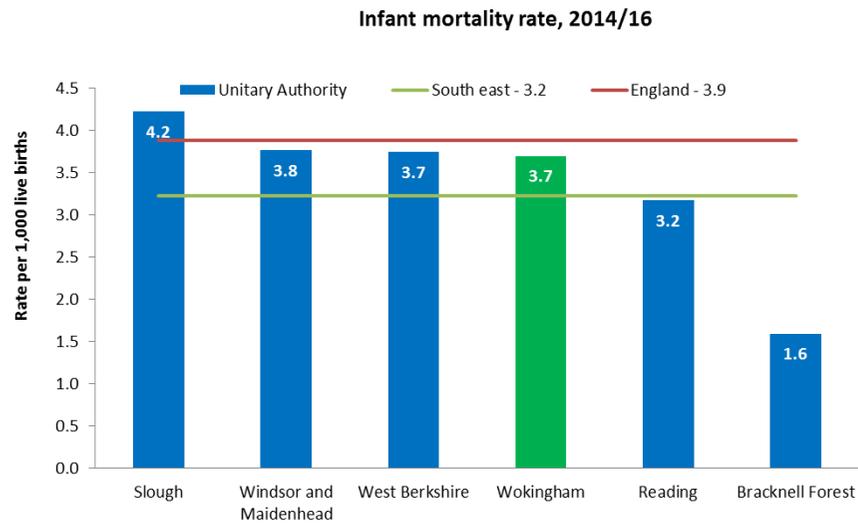
3.8 Infant mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn.

Infant deaths under 1 year of age per 1000 live births.

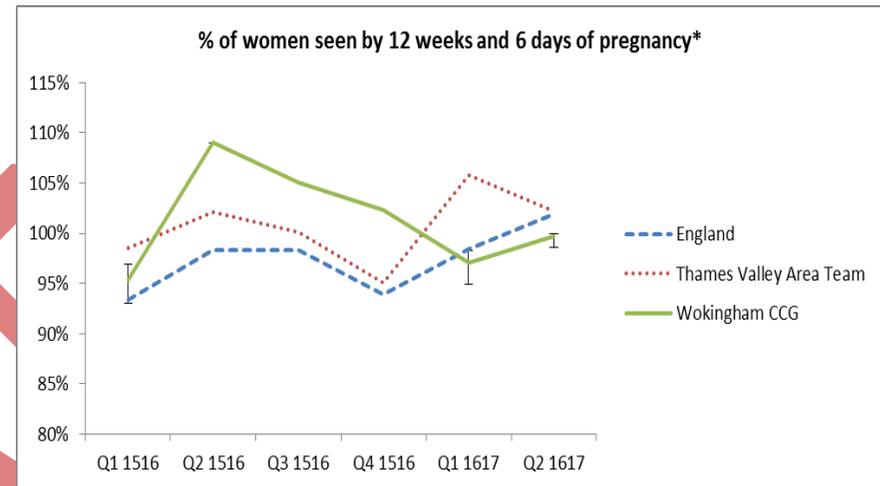
Crude rate per 1,000 live births: The number of infant deaths is divided by the number of live births in the same area and multiplied by 1,000.

Figure 1.14: Infant mortality rate



Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

Figure 1.15: Percentage of women seen by 12 weeks



Source: Maternal 12 week risk assessment, NHS England

The table below shows data from the HES and MSDS for the local maternity providers where women from Berkshire are most likely to receive care. Data is for 2016/17.

Source: Maternity Services Dataset, NHS Digital

Area	Hospital Episode Statistics				MSDS		
	Gestation at birth <38 weeks*		Delivery method emergency caesarean		Skin-to-skin contact within 1 hour		Months submitting data
	Number	%	Number	%	Number	%	Number
ENGLAND	80,636	13%	98,557	15%	192,741	80%	
South of England Commissioning Region	17,936	12%	22,246	15%			
Frimley Health NHS Foundation Trust	1,222	12%	1,397	14%	4,475	90%	12
Great Western Hospitals NHS Foundation Trust	552	12%	650	15%			0
Oxford University Hospitals NHS Foundation Trust	1,052	13%	1,124	14%			4
Royal Berkshire NHS Foundation Trust	553	11%	683	13%	1,300	88%	10

* Figures may show as above 100% for the following reasons;

"Firstly that the indicator definition compares bookings for mothers having assessments at a trust to the number of maternities at the point of delivery at that trust 2 quarters later. However the maternity at the point of delivery figure may be lower than the number of mothers having

assessments due to mothers suffering miscarriage, women choosing to undergo a termination or women transferring to another hospital.

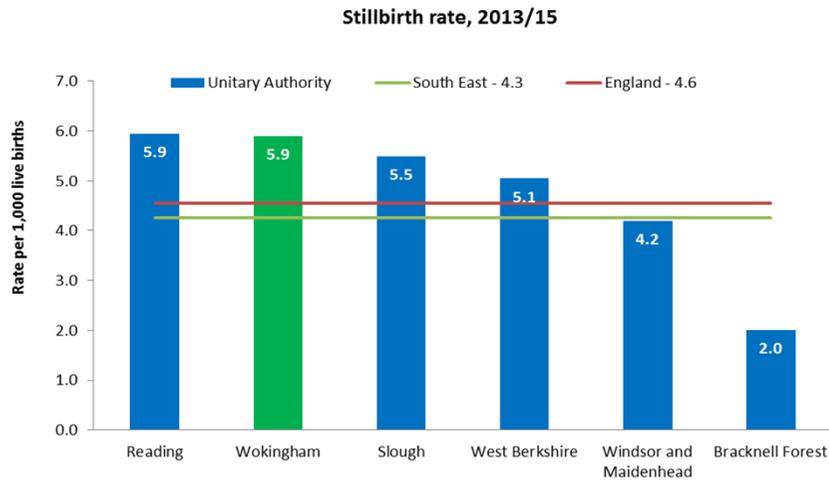
Secondly that women who live in urban areas where there are multiple hospitals they could chose to delivery at often chose to undergo assessments at more than one hospital to enable them to compare maternity service provision. As a result women may be double counted, leading to a higher ratio of assessments to deliveries."

3.9 Stillbirths

Stillbirth rates in the United Kingdom have shown little change over the last 20 years, and the rate remains among the highest in high income countries. Risk factors associated with stillbirth include maternal obesity, ethnicity, smoking, pre-existing diabetes, and history of mental health problems, antepartum haemorrhage and foetal growth restriction (birth weight below the 10th customised weight percentile). In 2015 the government announced an ambition to halve the rate of stillbirths by 2030.

Wokingham's stillbirth rate is above the national and regional rate, and one of the highest in Berkshire.

Figure 1.16: Stillbirth rate



Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

Local authorities have a responsibility to promote and protect health, tackle the causes of ill-health and reduce health inequalities ([Local government's new public health functions](#) Department of Health 2011). Commissioning high-quality public health services for those aged 0–5 (as part of the Healthy Child Programme) can help to achieve this.

The data in figures 1.17-1.21 illustrates quarterly uptake of 6-8 week reviews, 12 month reviews and 2-2.5 year reviews in Wokingham compared with England and the South East.

(Source: <https://www.gov.uk/government/publications/health-visitor-service-delivery-metrics-2016-to-2017>)

Overall, Wokingham has a higher uptake than both England and the South East in health visiting reviews.

4. Early years

4.1 Health visiting

Health visiting teams lead and deliver the Department of Health's Healthy Child Programme (an early intervention and prevention public health programme) for all children aged 0–5.

Health visitors are highly trained specialist community public health nurses. The wider health visiting team may also include nursery nurses, healthcare assistants and other specialist health professionals.

Figure 1.17: Infants who received a 6-8 week review

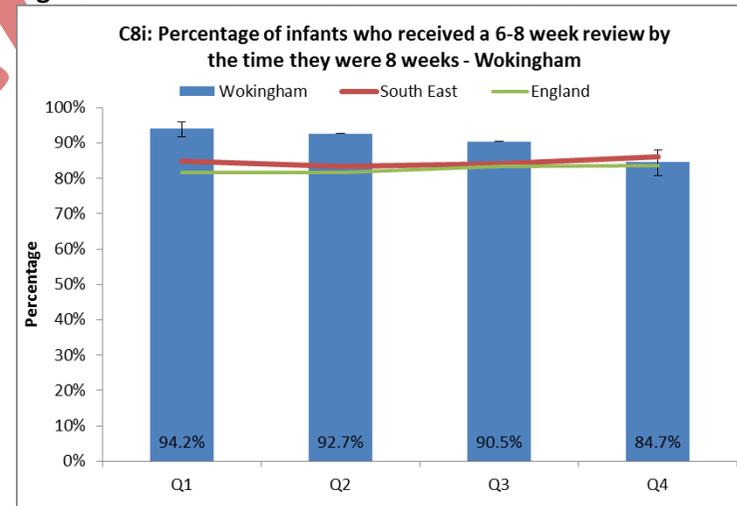


Figure 1.18: Infants who received a 12 month review by the time they turned 12 months

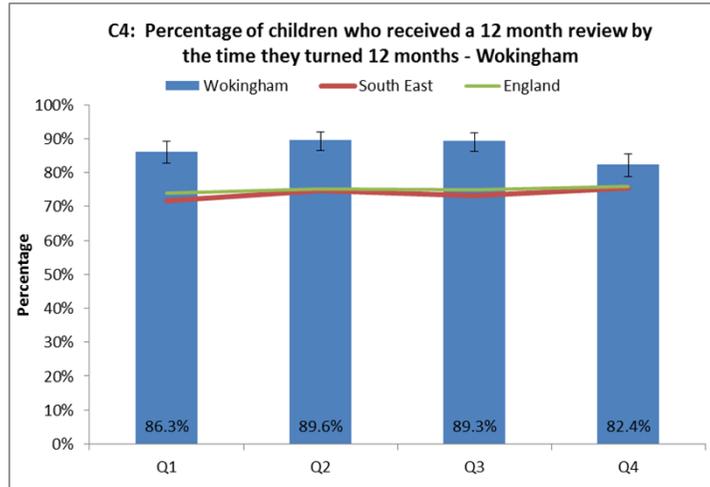


Figure 1.19: Infants who received a 12 month review by the time they turned 15 months

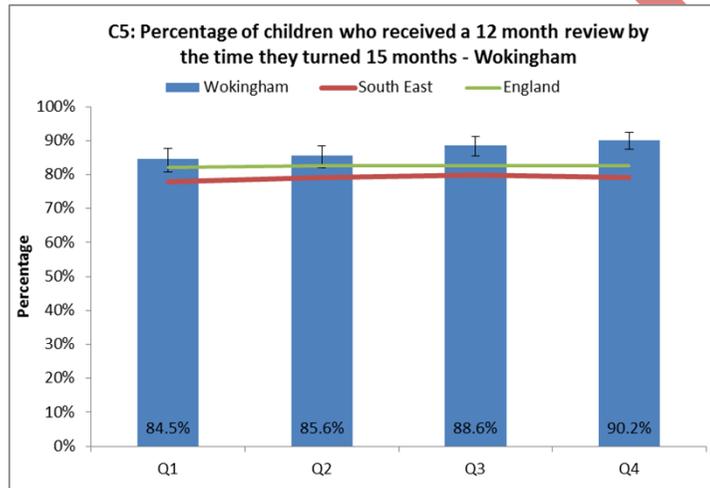


Figure 1.20: Children who received a 2-2.5 year review

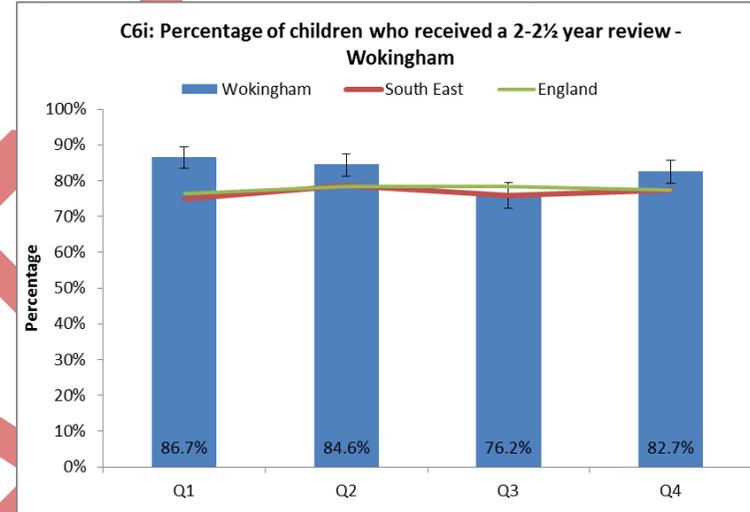
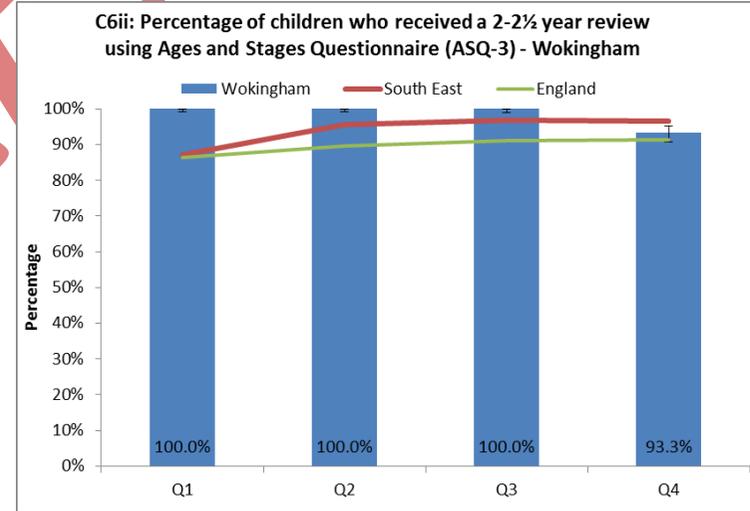


Figure 1.21: Children who received a 2-2.5 year review using ASQ-3



Health visiting summary (annual averages), 2016/17

	6-8 Week Review	12 Month Review (by 12 months)	12 Month Review (by 15 months)	2 - 2.5 Year Review	2 - 2.5 Year Review using Ages & Stages Questionnaire
Wokingham	90.5%	86.9%	87.2%	82.6%	98.3%
South East	84.6%	73.7%	79.0%	76.7%	94.0%
England	82.5%	74.9%	82.5%	77.7%	89.6%

4.2 Immunisations

Infants born to hepatitis B virus (HBV) infected mothers are at high risk of acquiring HBV infection themselves. Babies born to infected mothers are given a dose of the hepatitis B vaccine after they are born. This is followed by another two doses (with a month in between each) and a booster dose 12 months later. Around 20% of people with chronic hepatitis B will go on to develop scarring of the liver (cirrhosis), which can take 20 years to develop, and around 1 in 10 people with cirrhosis will develop liver cancer.

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

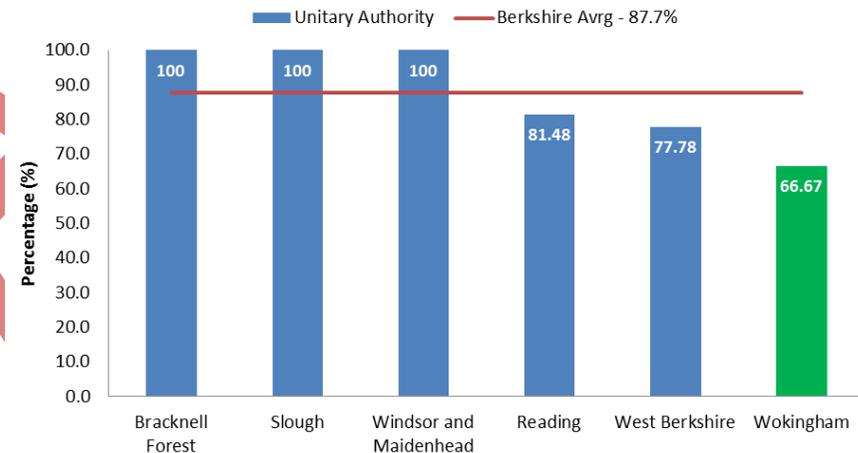
Since April 2000 it has been recommended that all pregnant women in England and Wales should be offered testing for hepatitis B through screening for HBsAg, and that all babies of HBsAg seropositive women

should be immunised (HSC 1998/127). A dose of paediatric hepatitis B vaccine is recommended for all infants born to an HBV infected mother as soon as possible after birth, then at 1 and 2, and 12 months of age.

Wokingham has the lowest coverage for Hepatitis B in 1 year olds in Berkshire.

Figure 1.22: Vaccination coverage for hepatitis B – 1 year

Population vaccination coverage - Hepatitis B (1 year old), 2015/16

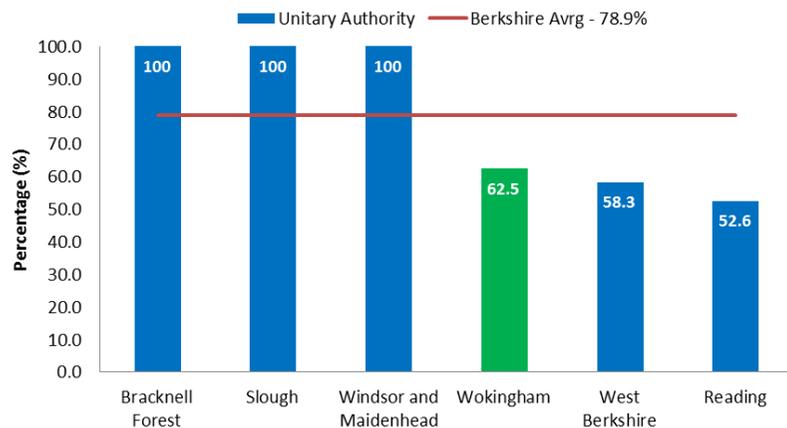


Source: PHE: Child and Maternal health (ChiMat)

<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-vaccinations>

Figure 1.23: Vaccination coverage for hepatitis B – 2 years old

Population vaccination coverage - Hepatitis B (2 years old), 2015/16



Source: PHE: Child and Maternal health (ChiMat)

<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-vaccinations>

The combined DTaP/IPV/Hib is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenza type b (an important cause of childhood meningitis and pneumonia) and polio (IPV is inactivated polio vaccine).

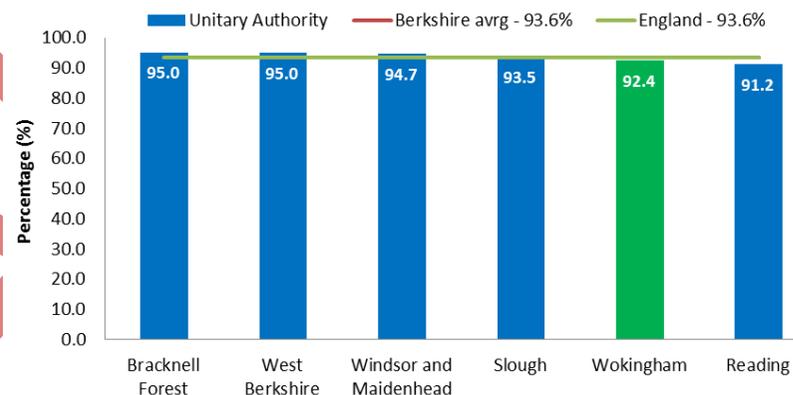
The combined DTaP/IPV/Hib is the first in a course of vaccines offered to babies to protect them against these five diseases. The vaccine is offered when babies are two, three and four months old.

Children for whom the PCT is responsible who received 3 doses of DTaP/IPV/Hib vaccine at any time by their first birthday as a percentage of all children whose first birthday falls within the time period.

Vaccination coverage for Dtap/IPV/Hib in Wokingham is similar to the national value and in line with the rest of the Berkshire Authorities.

Figure 1.24: Vaccination coverage for Dtap/IPV/Hib – 1 year

Population vaccination coverage - Dtap / IPV / Hib (1 year old), 2015/16

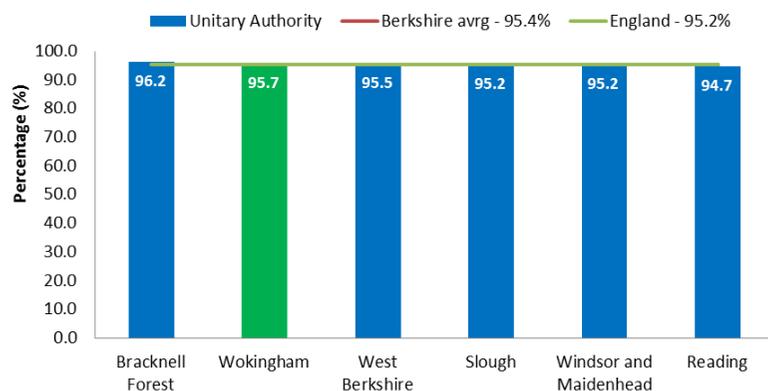


Source: PHE: Child and Maternal health (ChiMat)

<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-vaccinations>

Figure 1.25: Vaccination coverage for Dtap/IPV/Hib – 2 years old

Population vaccination coverage - Dtap / IPV / Hib (2 years old), 2015/16



Source: PHE: Child and Maternal health (ChiMat)

<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-vaccinations>

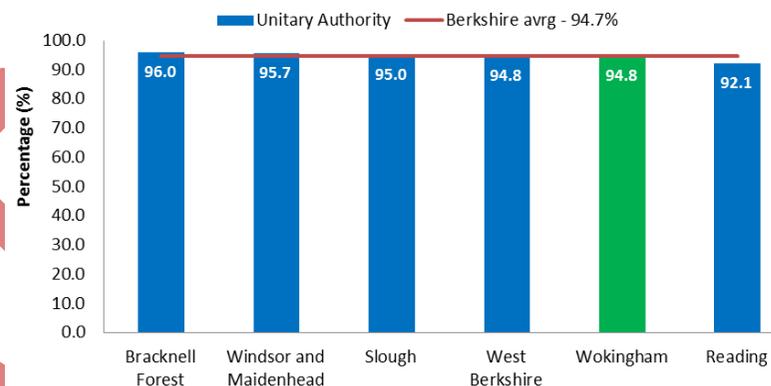
The meningococcal C conjugate (MenC) vaccine protects against infection by meningococcal group C bacteria, which can cause meningitis and septicaemia.

Figure 1.26 shows all children at age one who have received the completed course of MenC vaccine as a percentage of all children for whom the PCT is responsible whose first birthday falls within the time period.

Wokingham's coverage of MenC vaccination is similar to the overall value in Berkshire.

Figure 1.26: Vaccination coverage for MenC

Population vaccination coverage - MenC, 2015/16



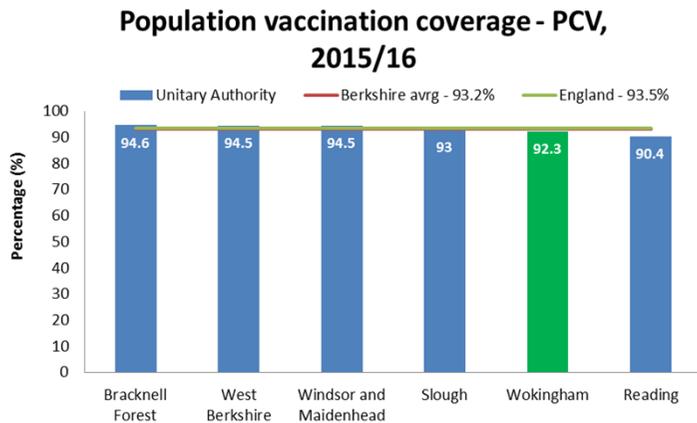
Source: PHE: Child and Maternal health (ChiMat)

<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-vaccinations>

The PCV vaccine protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis. The PCV vaccine is given to all children under two years old as part of the childhood vaccination programme.

Wokingham's coverage of PCV vaccination is similar to the overall value in Berkshire.

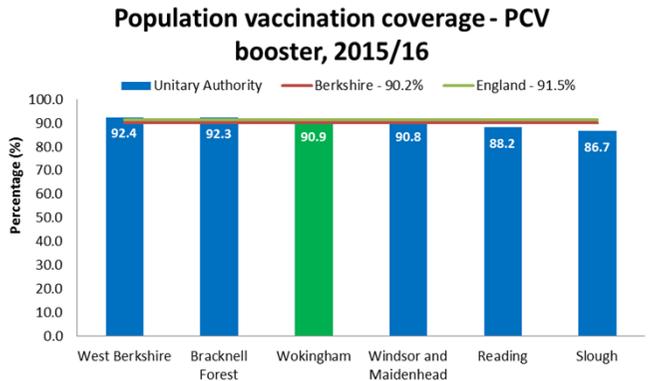
Figure 1.27: Vaccination coverage for PCV



Source: PHE: Child and Maternal health (ChiMat)

<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-vaccinations>

Figure 1.29: Vaccination coverage for PCV booster



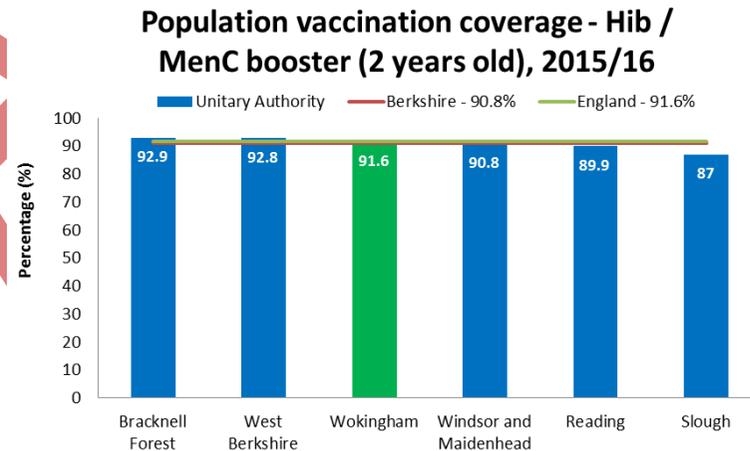
Source: PHE: Child and Maternal health (ChiMat)

<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-vaccinations>

All children at age two years who have received one booster dose of Hib/MenC vaccine resident within each reporting area as a percentage of all children at age two years.

The Hib / MenC booster increases the protection a child gets from the first course of Hib vaccine when they are 8, 12 and 16 weeks old, and the MenC vaccine when they are 12 and 16 weeks. This boosted immunity lasts into adulthood.

Figure 1.28: Vaccination coverage for Hib/MenC booster – 2 years old



Source: PHE: Child and Maternal health (ChiMat)

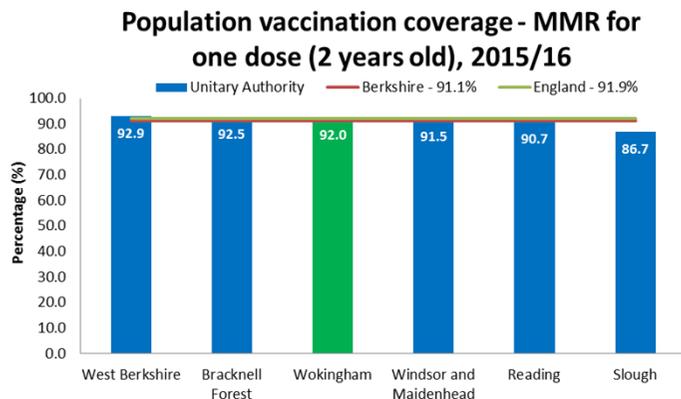
<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-vaccinations>

MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.

The first MMR vaccine is given to children as part of the routine vaccination schedule, usually within a month of their first birthday. They'll then have a booster dose before starting school, which is usually between three and five years of age.

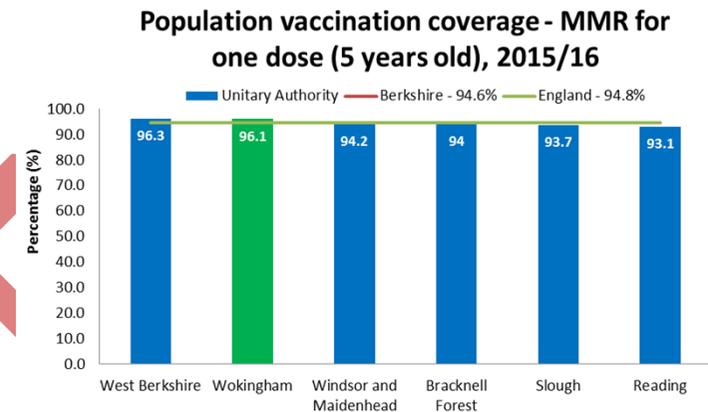
MMR coverage in Wokingham is one of the highest in Berkshire and similar to the national value.

Figure 1.30: Vaccination coverage for MMR – 2 years



Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-vaccinations>

Figure 1.31: Vaccination coverage for MMR – 5 years



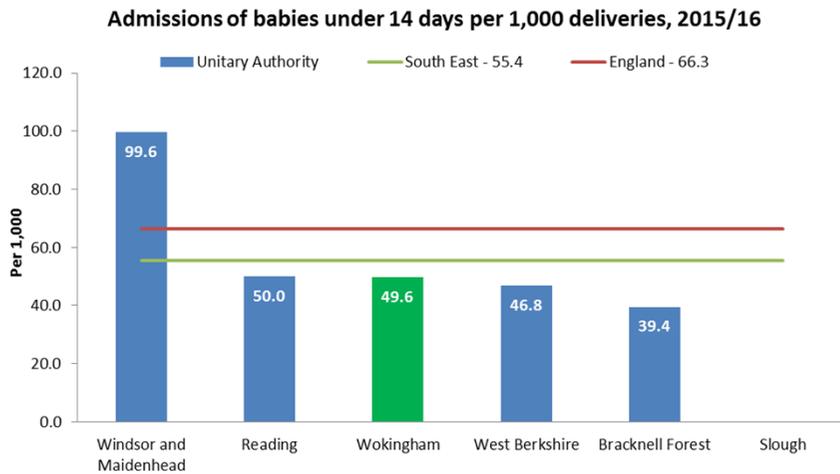
Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-vaccinations>

4.3 Hospital admissions

High levels of admissions of either mother or babies soon after birth can suggest problems with either the timing or quality of health assessments before the initial transfer or with the postnatal care once the mother is home. Dehydration and jaundice are two common reasons for re-admission of babies and are often linked to problems with feeding.

The figure below shows emergency admissions from babies aged 0-13 days (inclusive) expressed as a crude rate per 1,000 deliveries.

Figure 1.32: Hospital admissions of babies under 14 days



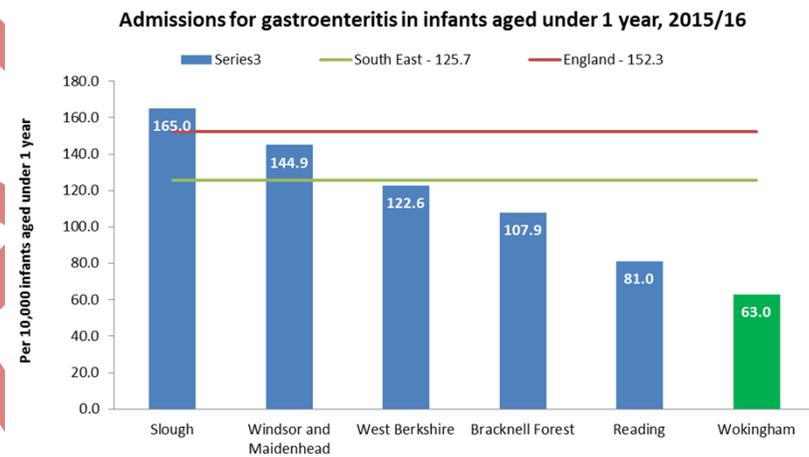
Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

Figures 1.33 – 1.38 show rates (crude) of emergency admissions for gastroenteritis and respiratory tract infection, in infants aged under 1 year, 1 year, and 2-4 years.

The purpose of the indicator is to help monitor National Health Service (NHS) success in treatment outside hospital of types of childhood gastroenteritis and respiratory tract infections that have limited morbidity or need for hospital-based care and low mortality, through e.g. encouraging breast feeding, better diet, hygiene, and management of infections; better support for young parents in the care of their children and in the management of illnesses in the home; providing support as well as facilitating access to health advice and therapy through NHS Direct; and enhanced primary care.

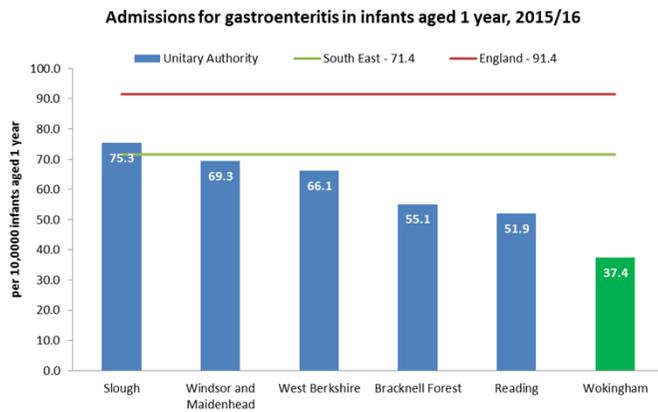
As the charts below reveal, Wokingham’s hospital admission rate for gastroenteritis is one of the lowest in Berkshire and considerably lower than England and the South East. However, Wokingham has the highest rate in hospital admissions in respiratory tract infections in infants aged 1 year and 2-4 years.

Figure 1.33: Admissions for gastroenteritis in infants under 1 year



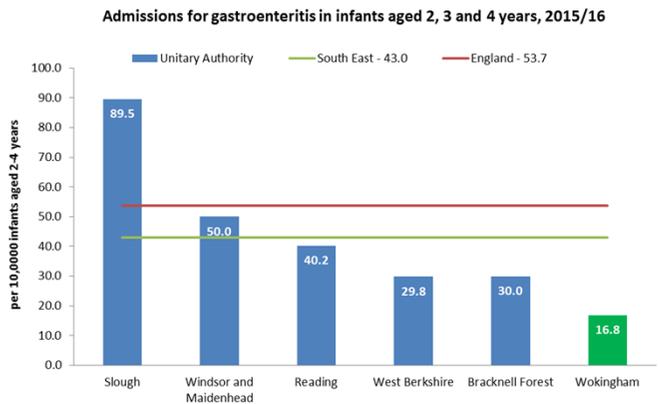
Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

Figure 1.34: Admissions for gastroenteritis in infants aged 1 year



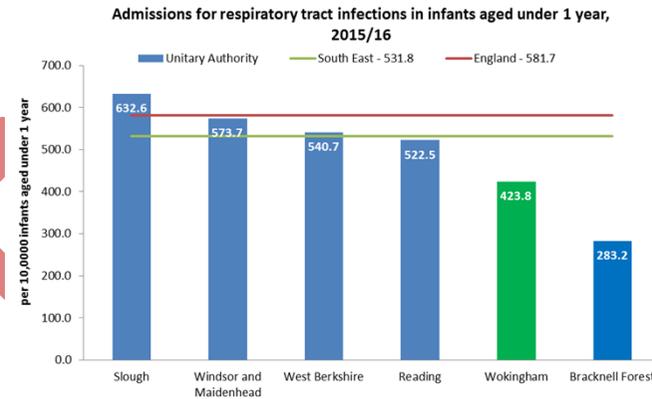
Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

Figure 1.35: Admissions for gastroenteritis in infants aged 2-4 years



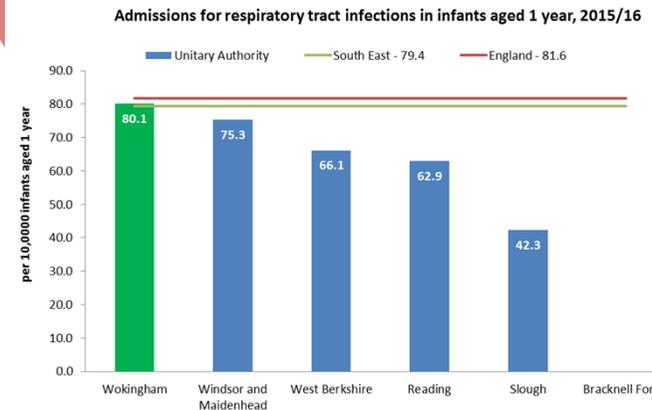
Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

Figure 1.36: Admissions for respiratory tract infections in infants under 1 year



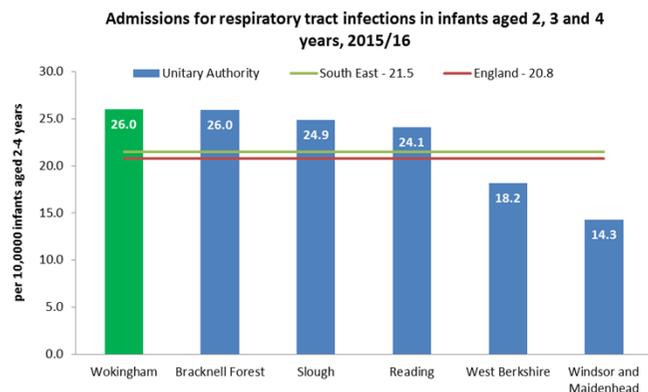
Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

Figure 1.37: Admissions for respiratory tract infections in infants aged 1 year



Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

Figure 1.38: Admissions for respiratory tract infections in infants aged 2-4 years



Source: PHE: Child and Maternal health (ChiMat)
<https://fingertips.phe.org.uk/profile-group/child-health>

To add map of A&E attendances by ward – Wokingham CCG

4.4 Children in care

As at March 2017, Wokingham had 20 children in care per 10,000 children under 18 against the national average of 60 per 10,000 and the South East regional average of 48 per 10,000.

Children in care in Wokingham are primarily in the older age group (11 and over). As at 31st March 2017 Wokingham's children in care population was made up as follows:

Age	Numbers	Percentage
Under 4	6	7.8%
5-10	5	6.5%
11-15	33	42.9%

16+	33	42.9%
Total	77	

There is a tendency for more children to come into care between the ages 5-10 and 11-15.

Year	0-4	5-10	11-15	16-17
2011	23	28	16	5
2012	22	29	16	5
2013	23	33	26	<5
2014	16	28	25	3
2015	9	29	32	4
2016	12	27	27	7
2017	7	26	34	10

During the year April 2016 to March 2017 there was a reduction in the numbers of children coming into care and in the number of children who were no longer in care. There are also more boys than girls in care and 88% of boys in care are aged between 10 and 17 compared to 82% of girls.

Year	Number of children taken into care in year, in care on 31 st March
2011	10
2012	8
2013	13
2014	10
2015	11

2016	15
2017	<5

5. Other data

Paternal health – no data

Grandparents living with family with children 0-4 – no data

Passive smoking – no data

What we don't know – why is it necessary to commission the right services (indicators by ethnicity, mother's age and socio-economic status)

Disabilities- Sarah Sesay

Map children's services and children's centres

6 centres

11

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