

# Starting Well 2017/18

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## Public Health Intelligence

This document is part of a suite of Joint Strategic Needs Assessment (JSNA) documents. The others are:

The Borough Profile, Developing Well, Living and Working Well, Ageing Well and Places.

In addition there are three specific JSNA sections on the 3 Health and Wellbeing Priorities:

Reducing Social Isolation and Loneliness, Creating Physically Active Communities, Narrowing the Health Inequalities Gap

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## Key messages

- Approximately 1,800 babies are born to mothers resident in Wokingham each year.
- The percentage of pregnant women smoking at time of delivery is significantly lower in Wokingham (3.8%) compared with the South East (9.7%) and England (10.7%).
- Although 'flu vaccination uptake in pregnancy is the third highest in Thames Valley, it is still only 50.4%, suggesting that there is room for improvement.
- Only 3.9% of all births in Wokingham borough are to mothers who are under 18 years old.
- Almost a third of all births (29%) in Wokingham are to mothers who are over 35 years old.
- Breastfeeding rates in Wokingham are significantly higher than the national rate with 60% still breastfeeding at 6-8 weeks compared with 43% nationally.
- The percentage of low birth weight babies in Wokingham is the lowest in Berkshire with 4.6% and significantly lower than the South east region and England.
- Wokingham's stillbirth rate is 5.5 per 1,000, which is not significantly different to the England average of 4.5 per 1,000.
- Wokingham has a higher uptake of 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 high but not significantly different to the England average.

## 1. Introduction

This chapter focuses on the health and wellbeing of pregnant women, infants and children up to 5 years of age. Early childhood experiences, even from within the womb, lay the foundations for the physical, intellectual and emotional development of a child and can have life-long effects on health and well-being.

The topics considered in this chapter include population demographics, risk factors such as smoking and alcohol, protective factors such as breastfeeding, access to antenatal care and health visiting services, maternal mental health and child health outcomes including hospital admissions.

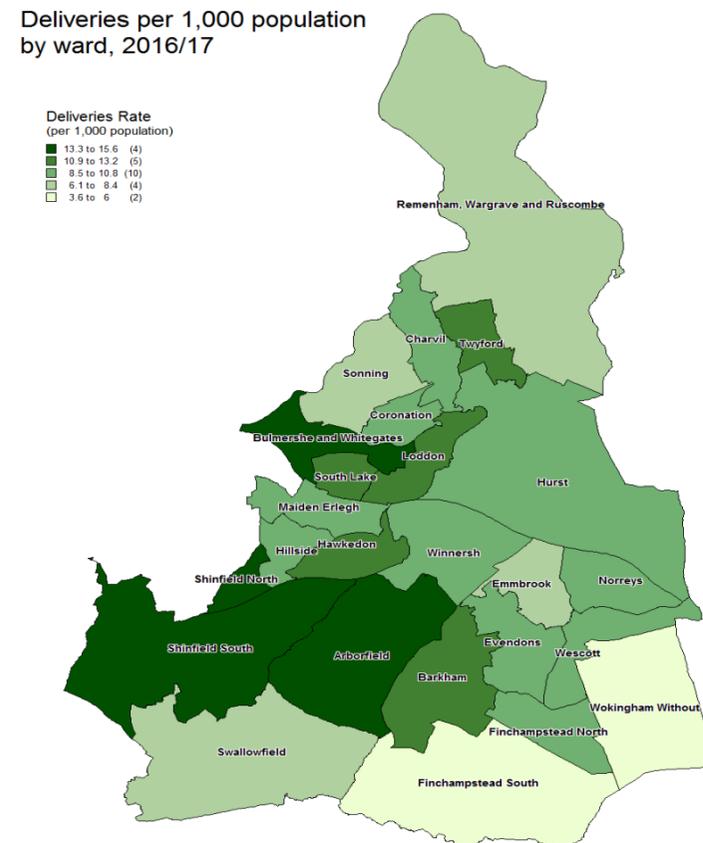
Around 1,800 babies are born to parents in Wokingham borough each year. The number of births per 1,000 women of reproductive age in Wokingham is 61.4 per 1,000. This is similar to the national average and has remained fairly stable over recent years. The estimated number of females of fertile age (aged 15-49) is also projected to remain fairly constant over the next 5 years at around 35,000<sup>1</sup>.

These projections do not take into account the effect of major housing developments which will see 10,000 new homes built in the Borough by 2026 in four strategic development locations – Arborfield, Shinfield and two other development areas one to the north of Wokingham town centre and one to the south

In 2016/17 there were 1,651 deliveries at hospital, which equated to a delivery rate of 10.2 per 1,000 population. This rate varies by ward of

residence. Map 1 illustrates hospital delivery rates by ward of residence. Shinfield South, Arborfield and Bulmershe and Whitegates wards had the highest delivery rates in Wokingham.

**Map 1: Hospital deliveries per 1,000 total population by electoral wards**



Data source: Wokingham CCG  
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<sup>1</sup> Source: ONS 2014-based subnational population projections

The number of children aged 0-5 living in Wokingham is estimated to be 12,140. Table 1 shows the projected numbers of children aged 0-5 in Wokingham Borough expected to live in the Borough over the next five years. These projected figures do not take into account the impacts of new housing built in the borough and so are likely to be underestimates.

**Table 1: Projected population number of children aged 0-5**

	Year	2018	2019	2020	2021	2022	2023
Age	Under 1	1,832	1,816	1,819	1,830	1,821	1,818
	1	1,899	1,909	1,893	1,893	1,903	1,893
	2	2,026	1,975	1,985	1,968	1,968	1,975
	3	1,977	2,090	2,037	2,047	2,029	2,027
	4	2,094	2,044	2,152	2,097	2,108	2,089
	5	2,312	2,160	2,109	2,213	2,157	2,168
	<b>Total under 5s</b>	<b>12,140</b>	<b>11,993</b>	<b>11,995</b>	<b>12,049</b>	<b>11,985</b>	<b>11,970</b>

Source: ONS 2016-based subnational population projections

### 1.1. Age of mothers

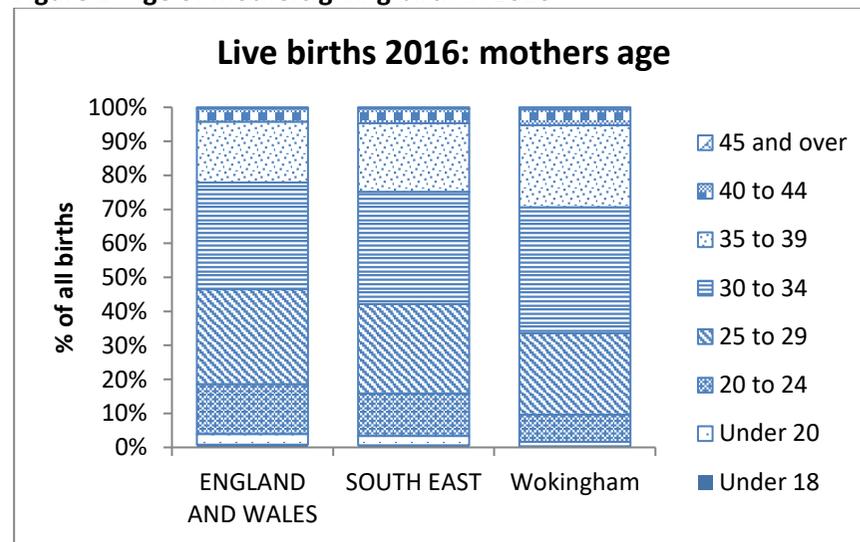
Mothers aged 30 or over are more likely than younger mothers to start breastfeeding, and to continue for six months or more. Mothers aged over 35 are more likely to have complications in pregnancy. Teenage mothers are more likely to smoke throughout pregnancy are also three times more likely to suffer from post-natal depression .

Source: [Infant Feeding Survey - UK, 2010](#) and [PHE/ LGA Framework for supporting teenage mothers and young fathers](#) and [NHS evidence summary](#)

In Wokingham around two thirds of mothers are aged over 30 when they give birth compared with just over half nationally. Wokingham's teenage

pregnancy rate is significantly lower (3.9 per 1,000) than the national average (7.1 per 1,000).

**Figure 1: Age of mothers giving birth in 2016**



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

### 1.2. Ethnicity of mothers

The Infant Feeding Survey 2010 found that mothers from all minority ethnic groups were more likely to breastfeed compared with White mothers. Around 18% of deliveries in Wokingham are to mothers from a BME group. This proportion is lower than the regional but higher than the national figure.

Source: [Infant Feeding Survey - UK, 2010](#), NHS Digital and PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

## 2. Pregnancy

### 2.1 Healthy pregnancy

A healthy woman is more likely to give birth to a healthy baby. Factors such as smoking, alcohol consumption, diet and obesity, social isolation and stress can have a significant impact on the health of both the mother and the unborn child. These factors are often associated with deprivation.

Timely access to antenatal care for all women is important so that health risks can be identified early and the appropriate support provided. This includes access to antenatal screening and immunisations.

### 2.2 Antenatal Care

Women should be seen for their antenatal booking visit with a midwife by 12 weeks of pregnancy. This can help to identify women with, or at high risk of, mental illness as well as a range of other conditions and risk factors. It is also recommended that health visitors have their first contact with expectant families in the antenatal period.

In 2016/17 92% of pregnant women registered with Wokingham CCG were seen by a midwife before their 13<sup>th</sup> week of pregnancy. Women known to health visiting services in Wokingham will be contacted antenatally and signposted to advice and information. Vulnerable women will be offered an appointment with a member of the health visiting team

Source: NHS England: Maternal 12 week assessment [Maternity and Breastfeeding](#)

### 2.3 Alcohol consumption in pregnancy

The Chief Medical Officer recommends that women who are pregnant or planning to become pregnant should not drink alcohol at all to keep risk to the baby to a minimum.

Drinking alcohol, especially in the first three months of pregnancy, increases the risk of miscarriage, premature birth and the baby having a low birth weight.

The more you drink, the greater the risk; drinking heavily throughout pregnancy can seriously affect development, resulting in a serious condition called foetal alcohol syndrome (FAS).

Source: NHS Choices – [drinking alcohol while pregnant](#)

There are no routinely collected data 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, the local provider.

Source: Wokingham Borough Council

### 2.4 Smoking in pregnancy

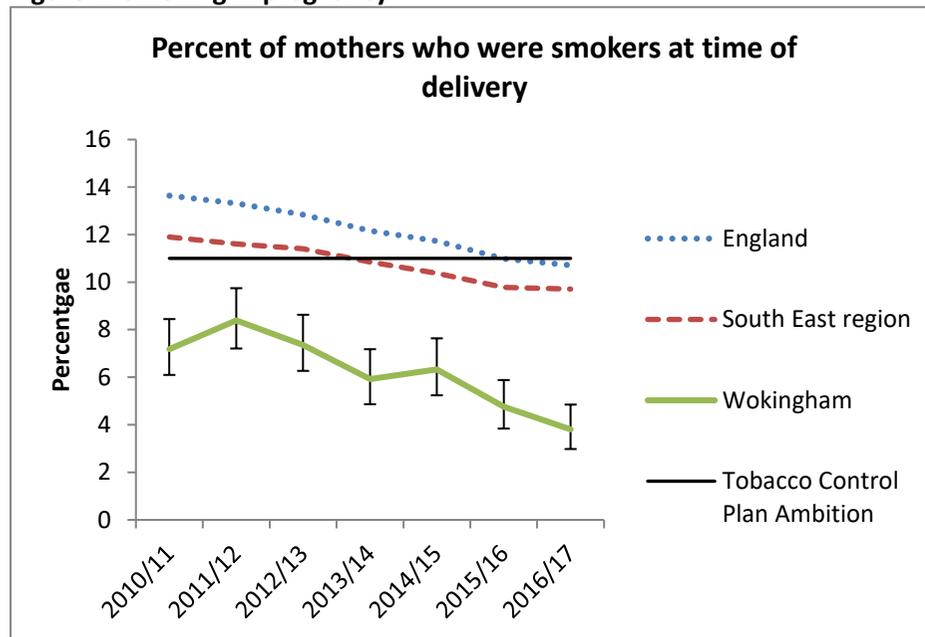
Stopping smoking in pregnancy is the most effective step a woman can take to improve her health and the health of her baby. Smoking during pregnancy has a number of effects on both mother and child including an increased risk of complications in pregnancy and birth an increased risk of prematurity and/or low birth weight which can increase the risk of other health problems and an increased risk of stillbirth.

Encouraging pregnant women to stop smoking improves outcomes for their child and may also help them to stop smoking for good which provides additional health benefits for the mother as well as reducing the infant's exposure to secondhand smoke.

Source: NHS Choices Smoking during pregnancy

In 2016/17 only 3.8% of mothers in Wokingham were still smoking at the time of delivery. This is amongst the lowest rates in the country, however, the picture hasn't always been this good – the number of women smoking in pregnancy in Wokingham has halved since 2011/12.

Figure 2: Smoking in pregnancy



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

## 2.5 Antenatal and newborn screening

During pregnancy and shortly after birth, mothers and their babies are offered a number of screening tests to identify health conditions so that the appropriate support and/or treatment can be provided.

National screening programmes include infectious diseases screening, haemoglobinopathy and foetal anomaly screening in the antenatal period and hearing, blood spot and physical examination screening for newborns.

Antenatal and newborn screening performance data is reported according to the organisation delivering the service rather than borough of residence. The majority of Wokingham babies are born at Royal Berkshire Hospital (RBH). In 2016/17 the RBH met all of the antenatal and newborn screening 'acceptable level' targets for which data was reported, apart from for timeliness of laboratory requests for foetal anomaly screening.

Source: Public Health England (2017); NHS screening programmes: KPI reports and briefings 2016 to 2017

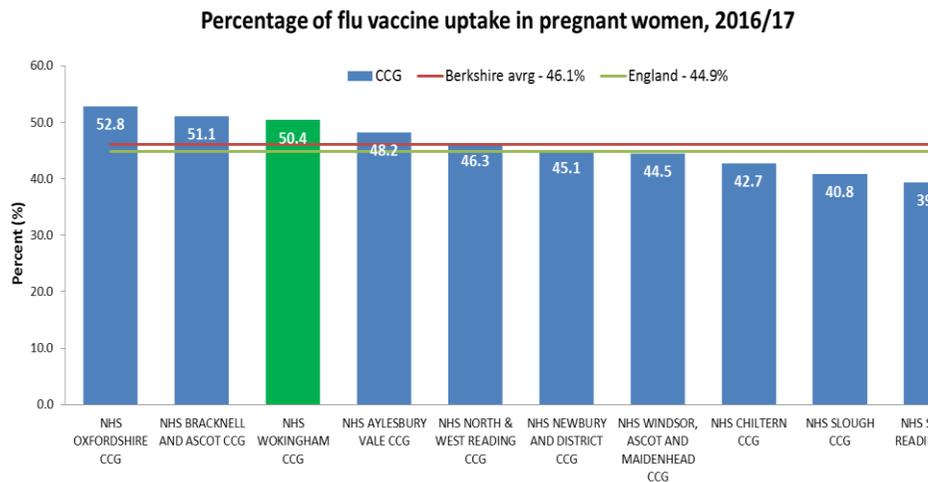
## 2.6 Flu and pertussis vaccination

It is recommended that all pregnant women have the flu vaccine, whatever stage of pregnancy they're at. Evidence suggests that women who have flu while pregnant are more likely to experience complications. The flu vaccine is safe at all stages of pregnancy.

In 2016/17 Wokingham had the third highest (50.4%) uptake of flu vaccine in pregnant women in the Thames Valley region, however, this represents only half of pregnant women in the borough taking up this offer. The national coverage is 44.9%.

Pregnant women are now offered a single dose of a pertussis containing vaccine between gestational weeks 16 and 32. This maximizes the likelihood that the baby will be protected against whooping cough during the early weeks after birth until the child is 8 weeks old and their own childhood immunisation schedule commences.

**Figure 3: Flu vaccination rate in pregnant women**



Source: Wokingham Public Health team

## 3 Post-natal

### 3.1 Low birth weight

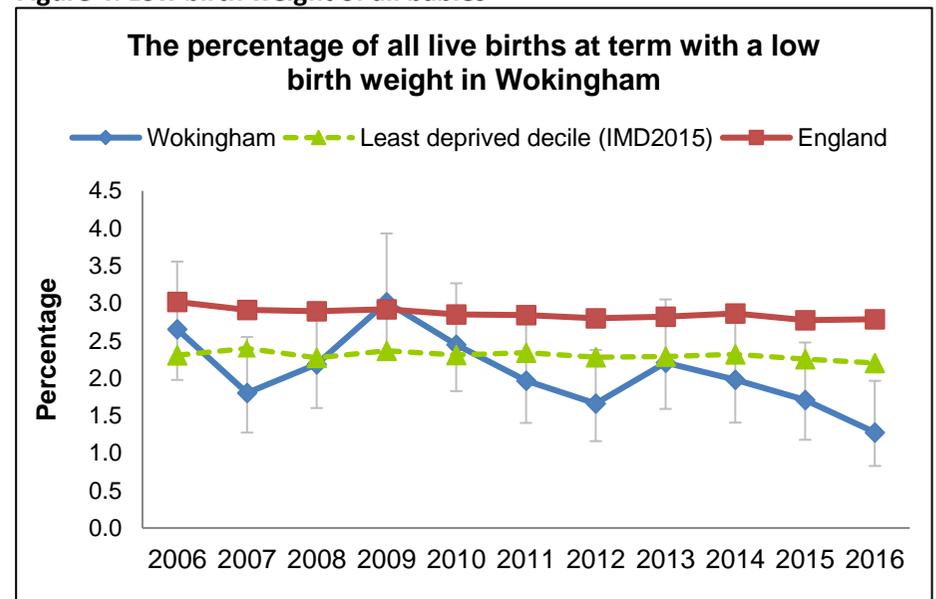
Being born at low birthweight is an important marker along the trajectory of early child development, indicating an increased risk of poor health outcomes from birth onwards.

Low birthweight can be associated with the ethnicity of mothers, smoking during pregnancy, younger maternal age and some medical complications such as maternal diabetes or hypertension (more prevalent at older maternal ages).

Source: [PHE Health of Children in Early Years](#)

In 2015 there were 78 babies born with a low birthweight in Wokingham. Wokingham has the lowest low birth weight rate in Berkshire with 4.6%.

**Figure 4: Low birth weight of all babies**



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

### 3.2 Breastfeeding

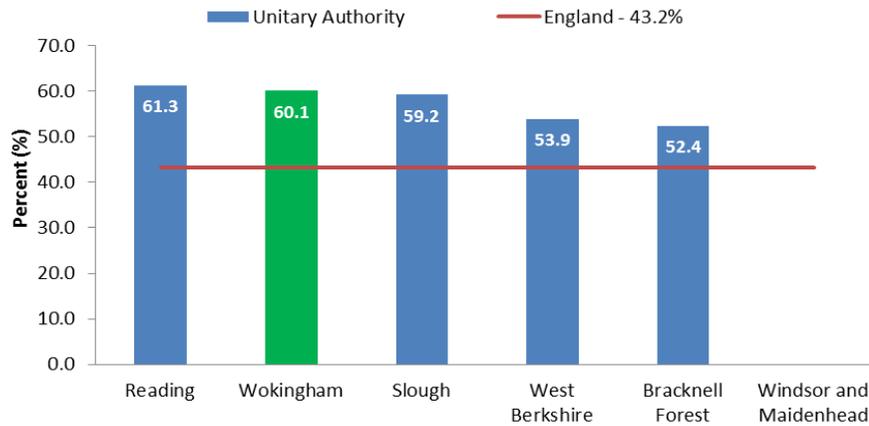
Evidence suggests that breastfeeding benefits both the mother and child. The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of a baby’s life. Continued breastfeeding with complementary food is also recommended up until the age of two.

Mothers from more deprived areas, those having a caesarean delivery and younger mothers are less likely to initiate breastfeeding.

Source: [Infant Feeding Survey - UK, 2010](#),

Wokingham has a significantly higher breastfeeding initiation rate than the England average with 81% of new mother’s breastfeeding in 2016/17. Figure 5 shows the percentage of infants in Wokingham who are still partially or totally breastfed at 6-8 weeks (60.1%), which is significantly higher than the national average (43.2%).

**Figure 5: Breastfeeding prevalence at 6-8 weeks after birth 2015/16**



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

### 3.3 Maternal mental health

The perinatal period of a pregnancy commences at 22 completed weeks and ends 7 days after birth. Poor mental health in this period can impact on a mother’s and partner’s ability to bond with their baby and to be sensitive and attuned to their emotions and needs.

Source: PHE [Early Years High Impact Areas](#)

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.

**Table 2. Estimated prevalence of perinatal mental health conditions**

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
<b>TOTAL</b>	<b>1,330</b>

Source: *Perinatal Mental Health Profiles, Public Health England*

#### Postnatal Depression

Postnatal depression develops after pregnancy, usually symptoms are apparent by around 4-6 weeks after birth, but in some cases can take many months to develop. Around one in ten women experiences post-

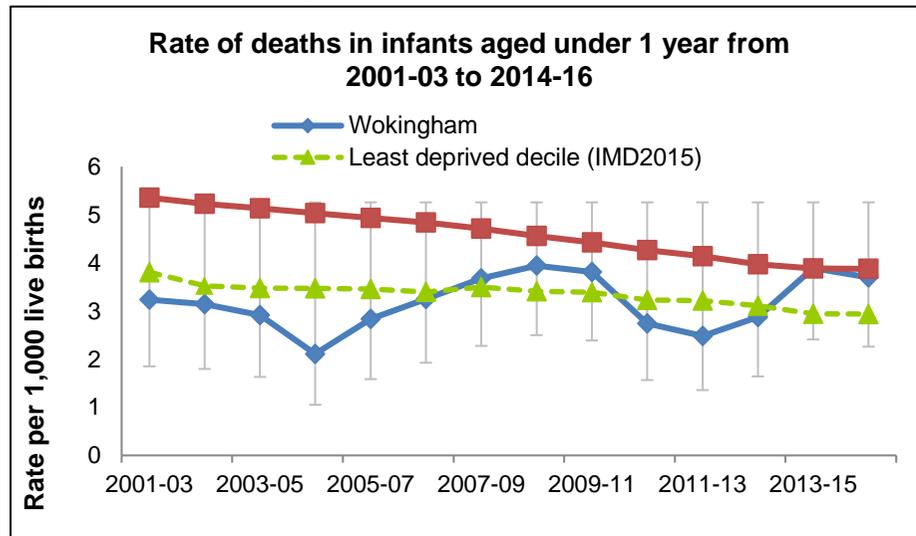
natal depression. Predictors of postnatal depression include a history of mental health issues, stressful life events, poor social support.

Source: [NHS Health Overview](#)

### 3.4 Infant mortality

Infant mortality is an indicator of the general health of a 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.

Figure 6: Infant mortality rate



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

Infant mortality rate measures the number of deaths in children aged under 1 per 1,000 live births. The national trend is towards a decline in infant mortality. Due to small numbers the infant mortality rate in Wokingham appears to be fluctuating, however it remains similar to the national average.

### 3.5 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. In 2015 the government announced an ambition to halve the rate of stillbirths by 2030.

The rate of stillbirths in Wokingham has remained fairly static in recent years and is similar to the national average at 5.5 per 1,000 births.

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

## 4. Early years

### 4.1 Health visiting

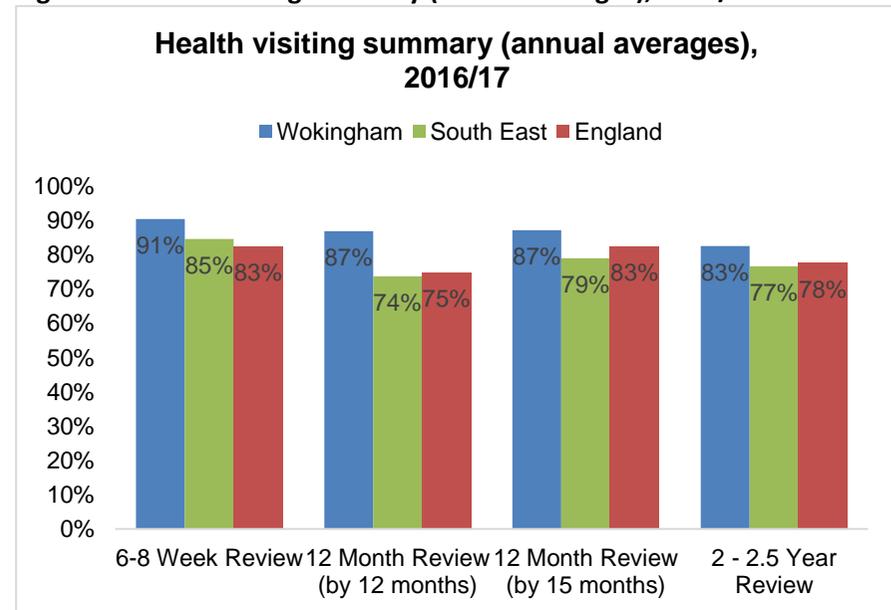
Health visiting teams lead and deliver the Department of Health's 'Healthy Child Programme' (an early intervention and prevention public health programme) for all children aged 0–5.

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.

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).

Overall, Wokingham has a higher uptake in health visiting reviews than both England and the South East region. This is illustrated in figure 7 below in all stages of health visiting reviews.

Figure 7: Health visiting summary (annual averages), 2016/17



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

### 4.2 Childhood immunisations

The routine childhood immunisation programme in the UK includes vaccines that protect against infection from diphtheria, tetanus, whooping cough, polio and haemophilus Influenzae B (Hib), pneumococcus, rotavirus, measles, mumps, rubella and various strains of meningococcus.

The main aim of vaccinations is to protect the individual who receives the vaccination against specific diseases. In addition to the immunity gained by the individual, they are also less likely to be a source of infection to

others therefore reducing the risk to unvaccinated individuals. This concept is called population or herd immunity.

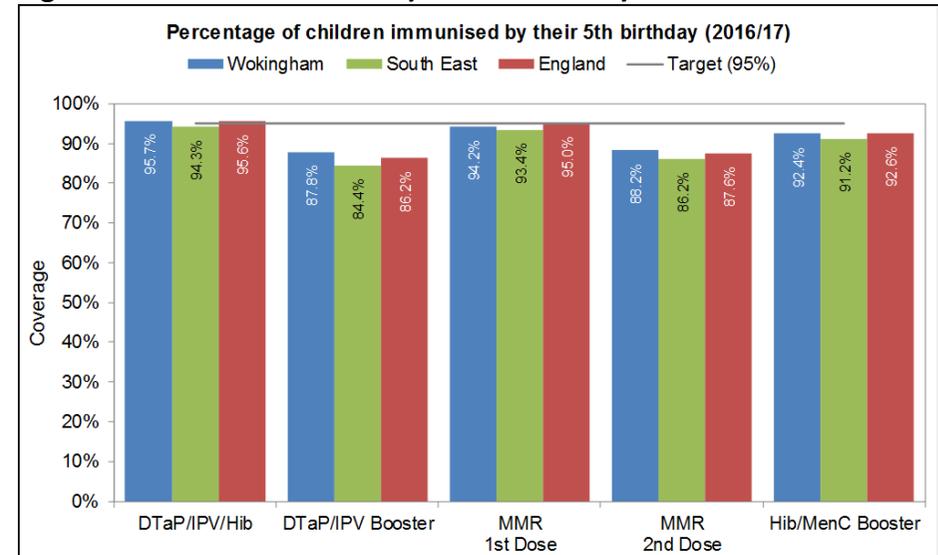
The World Health Organisation (WHO) sets a target of 95% vaccine coverage for childhood immunisation programmes to be effective. Table 8 is colour coded to show progress against this target with green indicating 95% target met and red indicators less than 90% population coverage.

In Wokingham, childhood vaccination coverage is relatively good compared to the national average and yet only 88% of 5 year olds received their 4-in-1 booster (DTaP/IPV) and completed their MMR course.

**Table 8: Childhood vaccination coverage 2016/17**

Area	12 months			24 months				5 years				
	DTaP/IPV/Hib	PCV	Rotavirus	DTaP/IPV/Hib	MMR 1st Dose	Hib/MenC Booster	PCV Booster	DTaP/IPV/Hib	DTaP/IPV/Booster	MMR 1st Dose	MMR 2nd Dose	Hib/MenC Booster
Wokingham	95.9%	95.4%	92.7%	95.8%	92.6%	93.9%	92.4%	95.7%	87.8%	94.2%	88.2%	92.4%
South East	93.4%	93.2%	89.8%	93.8%	90.8%	90.7%	90.8%	94.3%	84.4%	93.4%	86.2%	91.2%
England	93.4%	93.5%	89.6%	95.1%	91.6%	91.5%	91.5%	95.6%	86.2%	95.0%	87.6%	92.6%

**Figure 8: Children immunised by their 5<sup>th</sup> birthday**



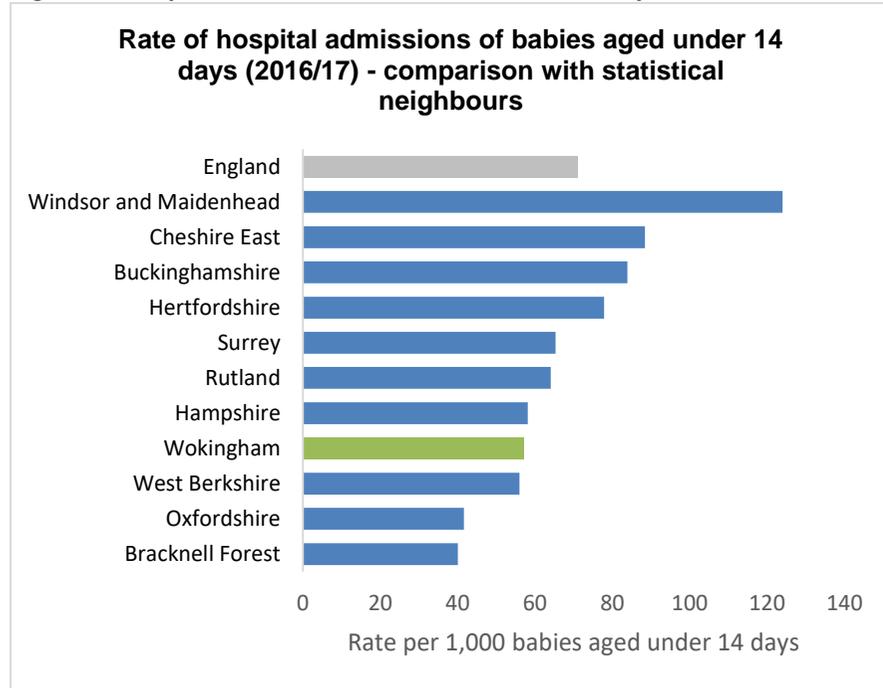
Source: NHS Digital (2017); *Childhood Vaccination Coverage Statistics, England 2016-17: Report*

### 4.3 Hospital admissions

High levels of hospital 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.

Figure 9 shows emergency admissions from babies aged 0-13 days (inclusive) per 1,000 deliveries.

**Figure 9. Hospital admissions of babies under 14 days**

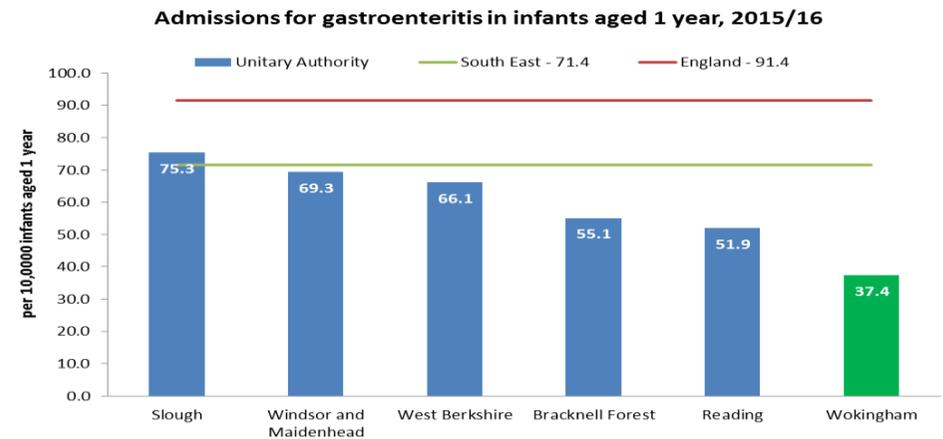


Source: PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

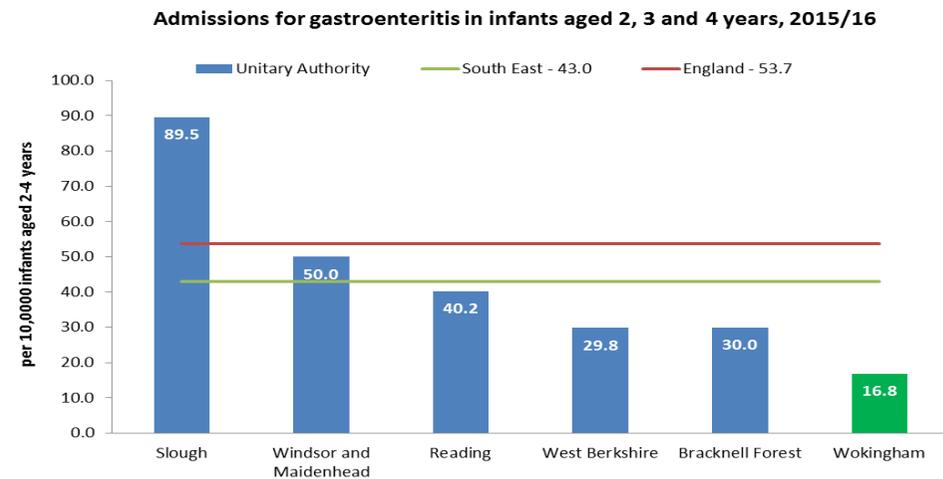
The following figures (Figure 10 and Figure 11) show hospital admission rates for gastroenteritis in infants aged 1 year of age and children aged 2-4 years; illustrating that children in this age range in Wokingham have significantly lower rates of admission for gastroenteritis than in England.

The same pattern is not seen in hospital admissions for respiratory infection where children in Wokingham have hospital admission rates similar to that of the England average (Figure 12 and Figure 13).

**Figure 10: Admissions for gastroenteritis in infants aged 1 year**

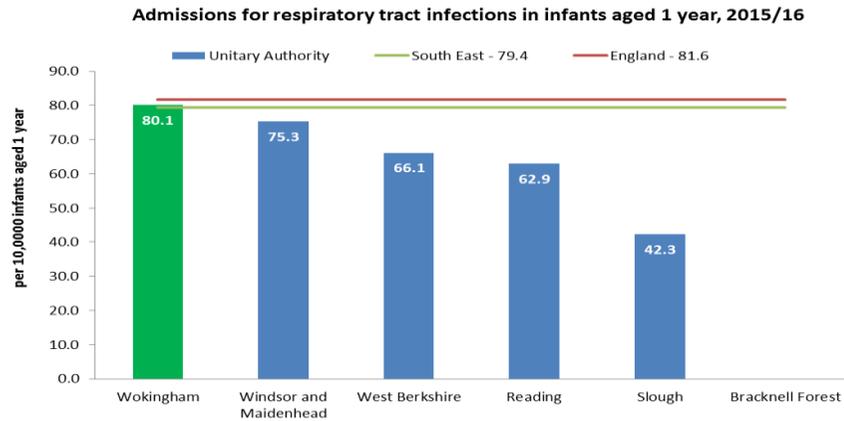


**Figure 11: Admissions for gastroenteritis in infants aged 2-4 years**

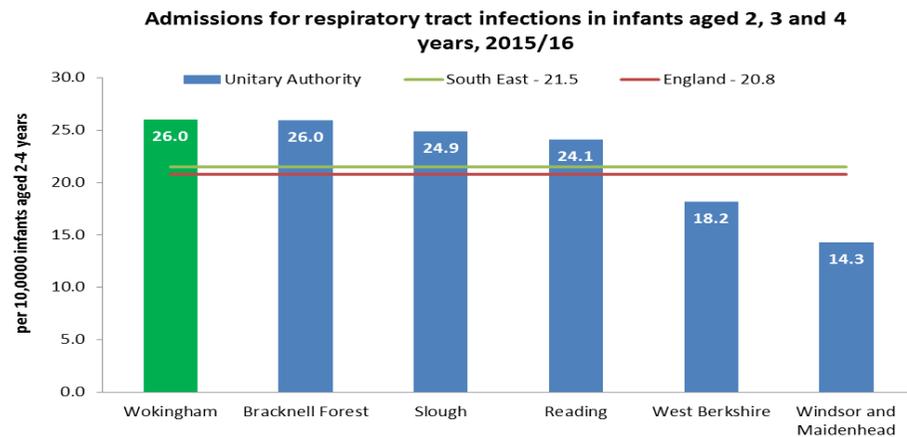


Source: PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

**Figure 12: Admissions for respiratory tract infections in infants aged 1 year**



**Figure 13: Admissions for respiratory tract infections in infants aged 2-4 years**

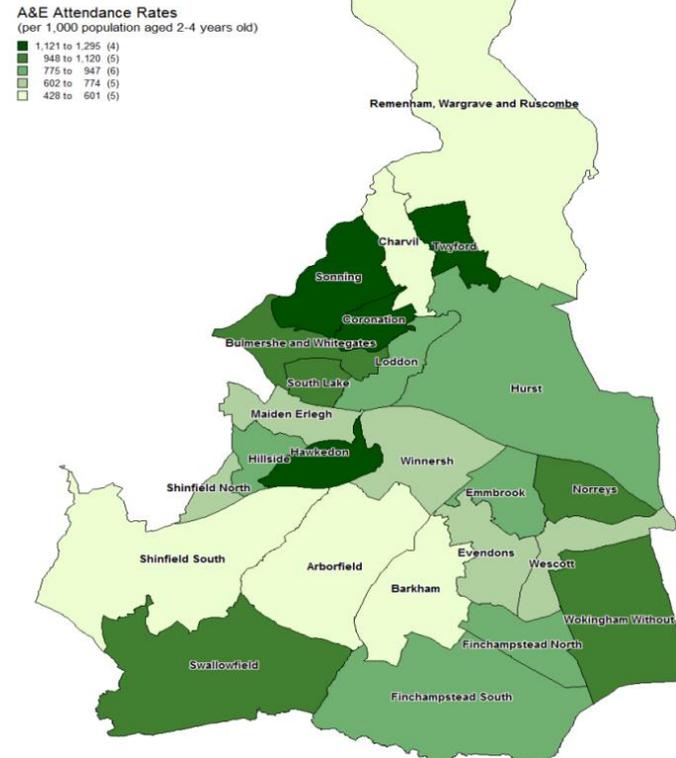


Source: PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

Map 2 below illustrates rate of A&E attendances in 2-4 year olds by ward of residence. Though there is no clear pattern there is a suggestion of higher A&E attendances in areas of higher population density.

**Map2: A&E attendance rates in population aged 2-4 years old by electoral wards, 2016/17**

A&E attendance rates in population aged 2-4 years old by ward, 2016/17



Data source: Wokingham CCG  
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#### 4.4 Children in care

Wokingham Borough Council recognises the need to ensure that children in care and care leavers have access to a wider network of support and therefore works operationally and strategically with a range of partner agencies. These include partners across the health service, education, social care, youth services, the police, probation, local businesses, and the voluntary, community and faith sector. Through various statutory Boards, the Director of Children's Services and Lead Member for Children's Services have a responsibility for securing the commitment of partner agencies.

In UK law children in care are referred to as 'looked after children'. A child is 'looked after' if they are in the care of the local authority for more than 24 hours; i.e. the authority is acting as corporate parent for the child.

Legally, this could be when they are:

- living in accommodation provided by the local authority with the parents' agreement
- the subject of an interim or full care order
- the subject of an emergency legal order to remove them from immediate danger
- serving time in a secure children's home, secure training centre or young offender institution
- unaccompanied asylum seeking children (UASC).

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 31<sup>st</sup> March 2017 Wokingham's children in care population was made up as follows:

**Table 5:** Numbers of children in care

Age	Numbers	Percentage
Under 4	6	7.8%
5-10	5	6.5%
11-15	33	42.9%
16+	33	42.9%
<b>Total</b>	<b>77</b>	

Source: Wokingham Borough Council

#### 4.5 Children with disabilities

In 2017 there were 443 children with a learning disability known to schools in Wokingham. The rate of learning disability in children in Wokingham is lower than the national average. Conversely, the rate of autism diagnoses is higher than the national average.

Seven children aged 0-4 were allocated a Social Worker in the Disabled Children's Team and a further 15 receiving Occupational Therapy support from the team. This compares to 19 a year ago (February 20 17) with an allocated Social Worker and a further 27 receiving Occupational Therapy support.

#### 4.6 Children in poverty

Wokingham has the third lowest rate (10.8%) of children in poverty in the country. However this rate varies slightly in certain areas of the borough. In Bulmershe and Whitegates ward the rate is slightly higher at 15.2% before household expenses and at 24.1% after household expenses are

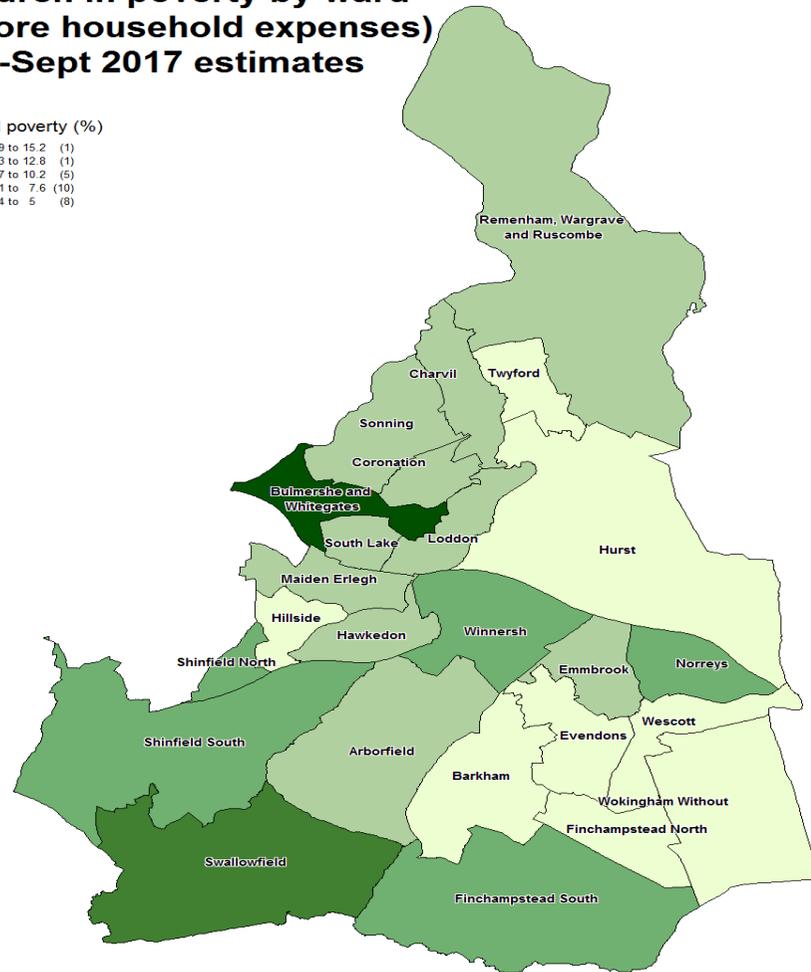
taken into consideration. Map 3 illustrates rates of child poverty by administrative ward boundaries.

**Map 3: Children in poverty before household expenses by ward**

**Children in poverty by ward  
(before household expenses)  
July-Sept 2017 estimates**

Child poverty (%)

12.9 to 15.2	(1)
10.3 to 12.8	(1)
7.7 to 10.2	(5)
5.1 to 7.6	(10)
2.4 to 5	(8)



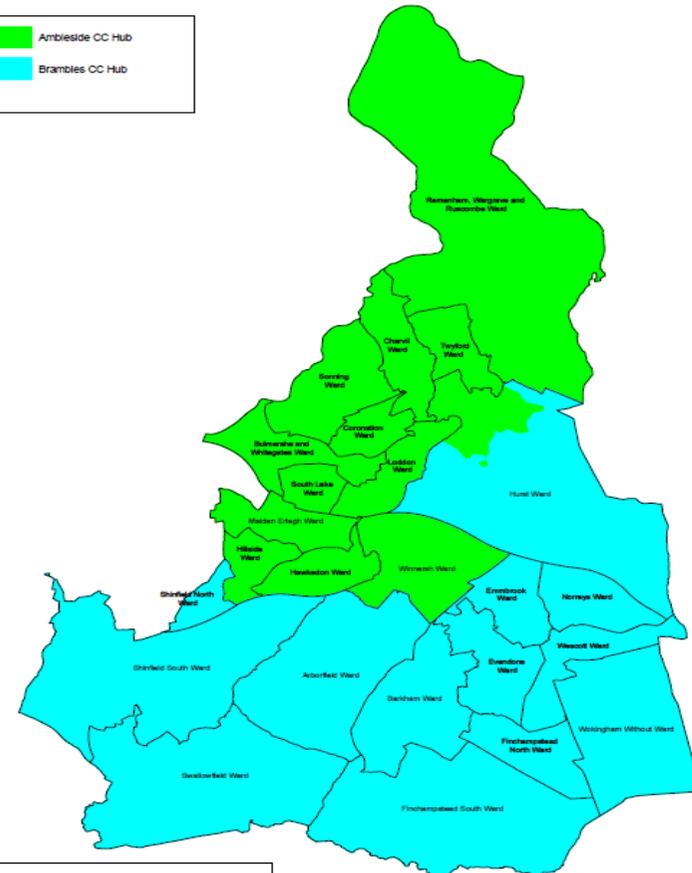
Source: End Child Poverty Coalition

## 5. Children centres

The map below shows the two children centre areas in Wokingham, namely Ambleside CC Hub and Brambles CC Hub. Ambleside covers the North West of the borough and Brambles the South East of the borough.

**Map 5: Children centres**

Green	Ambleside CC Hub
Blue	Brambles CC Hub



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Source: Wokingham Borough Council