

THE FIRST 1000 DAYS

Director of Public Health Annual Report 2021/22

By Rachel Spencer-Henshall

Foreword

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There is a well-established evidence base (1) demonstrating the importance of the first 1000 days to outcomes in adulthood. It is a period of development unmatched at any other time in life. Beginning with parental preconceptual health and wellbeing, throughout the journey of pregnancy and birth and during infancy and toddlerhood, a person's outcomes are shaped. Experiences during this time can support or hinder development.

In Kirklees, at the forefront of the council's plan for the future is to ensure that every child can experience the best start in life (2). Support for children, parents and families during this critical period improves the health, development and life chances of future generations and benefits society. Health and social inequalities among the youngest children were rising in the UK before COVID-19. The pandemic has only served to exacerbate disparities (3) and widen the gap further.

For this year's Director of Public Health report, I have chosen to explore key time periods in the first 1000 days to deliver a comprehensive insight into the early years, what is happening locally and how the council and wider partners can enhance the health and wellbeing of the next generations.

R. Spencer-Henshall

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Introduction

In my previous annual report (4) I wrote about health inequalities across Kirklees and how we are taking a district-wide approach to reducing them. This year, the focus is on the importance of promoting, enabling and modelling healthy behaviours and positive relationships throughout the first 1000 days.

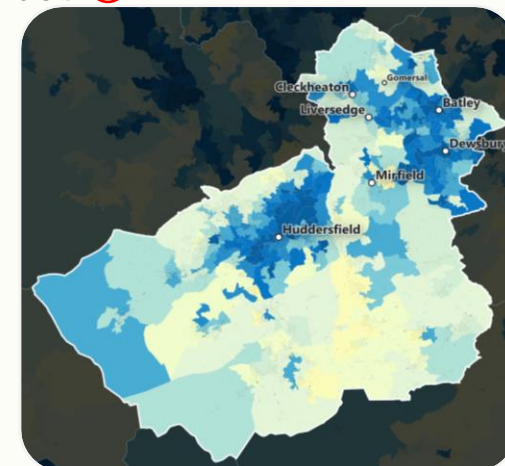
Summarising the factors associated with optimal child and maternal health outcomes, the report gathers narrative from Kirklees families and from those responsible for providing their care and support. I also examine some of our local data and insights and our post-COVID-19 strategies to tackling health and social disparities in the early years. The report presents perspectives of local families and the professionals who support them through pregnancy and having a new baby. I know that every pregnancy, birth and child is unique, and things don't always go to plan. Whatever happens, it's important to remember that what a happy and healthy child needs most is happy and healthy parents.

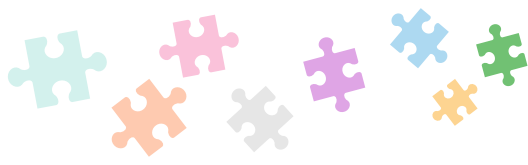
Health inequalities are observed across a range of dimensions and between many different groups. This report concentrates on maternal and infant demographics and related health disparities, denoted with the following symbol: .

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England (5). The map shows the distribution of deprivation across Kirklees. Each small area is ranked from the most deprived decile to the least deprived decile.

I have used the IMD throughout to highlight the social gradient in some of our local health outcomes.

IMD Decile 1 (most deprived 10%)	12.0%
IMD Decile 2	18.1%
IMD Decile 3	12.4%
IMD Decile 4	8.9%
IMD Decile 5	10.0%
IMD Decile 6	7.3%
IMD Decile 7	8.5%
IMD Decile 8	12.0%
IMD Decile 9	6.9%
IMD Decile 10 (least deprived 10%)	3.9%





Working together in Kirklees

Public health is the function within the council which oversees health protection, health improvement and links in with the clinical sector. Public Health is the speciality that helps co-ordinate work across the council and with other outside agencies and the voluntary sector in order to improve population health, using an intelligence-led approach.



Home-Start is a local community network of trained volunteers and expert support helping families with young children through their challenging times.

West Yorkshire and Harrogate
Health and Care Partnership
Local Maternity System



West Yorkshire and Harrogate Local Maternity System (WY&H LMS) is a partnership of Maternity and Neonatal Service Providers, Commissioners, Local Authorities and Maternity Voices Partnerships working closely with, women and their families to make sure they experience care that is safe and responsive.

**Thriving
Kirklees**

Thriving Kirklees is a partnership of local health and wellbeing providers all working together to support children, young people and their families to thrive and be healthy.



Calderdale and Huddersfield
NHS Foundation Trust
The Mid Yorkshire Hospitals
NHS Trust

Kirklees is served by two NHS trusts; CHFT and MYHT. They provide maternity care throughout pregnancy, during labour and birth, and after birth for up to six weeks.

Locala
Health & Wellbeing

Locala provides a variety of NHS community healthcare services to people in Kirklees, working closely with the Local Authority, GPs, Social Services and other local NHS organisations to deliver a co-ordinated approach to care and support.

**Auntie
PAM's**

Auntie Pam's has volunteer-run centres in Dewsbury and Huddersfield. They provide information and support for local women and their families about a range of issues including pregnancy, health, housing, relationship issues and benefits.



**Families
Together**

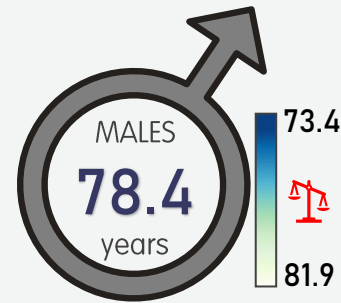
The "Families Together" hubs bring communities and services together to realise and develop their strengths, so that families can get early support that meets their needs, in the right place and at the right time. There are four across Kirklees; Dewsbury and Mirfield, Batley and Spen, Huddersfield, and Kirklees Rural.

Yorkshire Children's Centre provides early interventions and medium to longer-term support for children and those in a child's circle of influence who are facing challenges with their social, emotional, and mental health, empowering individuals to make positive life choices.

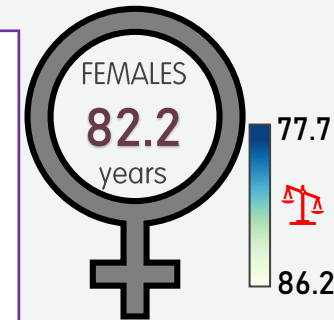
Yorkshire
Children's Centre

Being born in Kirklees

The general fertility rate in Kirklees has been steadily declining over the past 10 years whilst life expectancy for both males (78.4 years) and females (82.2 years) has remained stable (6).



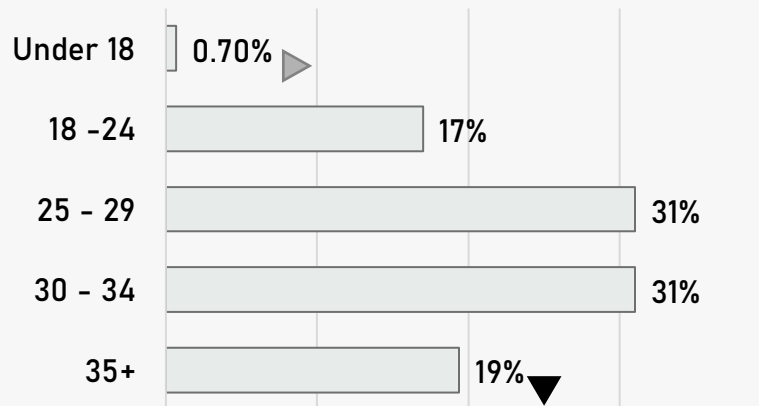
Male life expectancy is significantly lower in the most deprived areas, at 73.4 years compared to the least deprived areas, at 81.9 years. The male life expectancy for England is 79.4 years.



Female life expectancy is lower in the most deprived areas, at 77.7 years compared to the least deprived areas, at 86.2 years. The female life expectancy for England is 83.1 years.

Our teenage pregnancy rate has also been in steady decline whilst the proportion of babies born to older mums has been increasing, both of which mirror what is happening nationally (7).

Age of mothers of babies born (2020/21)



The national average for deliveries to teenage mothers is 0.8% while the national average for deliveries to mothers aged 35+ is 22.8%

Locally, we have a higher rate of babies born to mothers of Black, Asian and Minority Ethnic (BAME) groups than nationally (7).

Ethnicity of mother (births in 2020/21)	%
White British	55.1%
Asian	31.0%
Mixed ethnicity	5.4%
Other White ethnicity	4.1%
Black	2.4%
Other ethnicity	2.0%

The table shows that in Kirklees, a total of **44.9%** of babies in 2020/21 were born to mothers from BAME groups, compared to **21.6%** nationally.

We have a diverse population which makes Kirklees the unique place it is. However, there are disparities in health and social outcomes between some groups, many of which have been exacerbated by the COVID-19 pandemic.

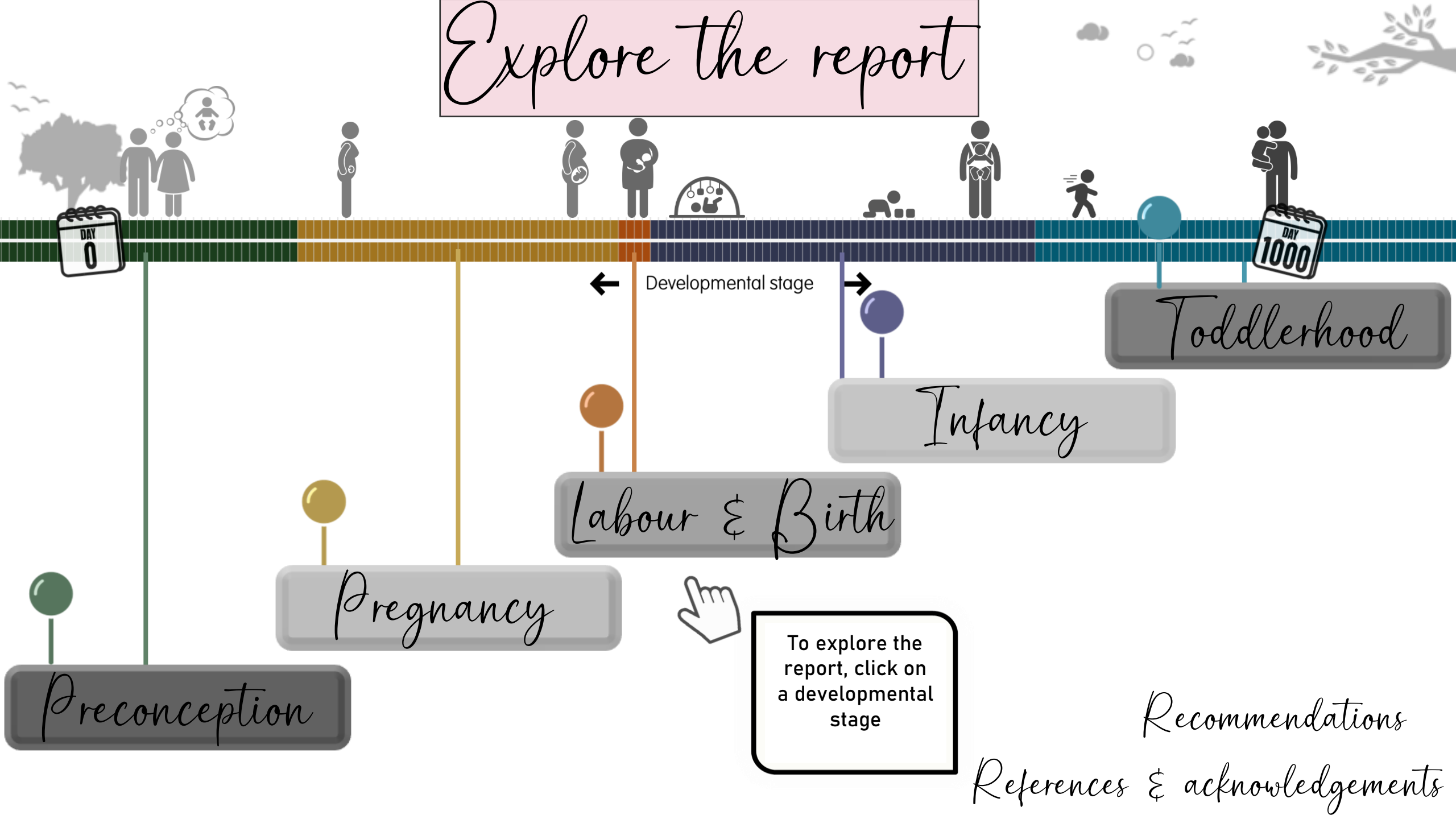
A higher proportion of babies born to Asian mothers live in the most deprived IMD deciles.

Overall, in Kirklees in 2020/21, **46%** of babies were born to mothers living in the most deprived 20%.

For babies born to mothers of White British ethnicity, this proportion was **33%**.

For babies born to mothers of Asian ethnicity, the proportion was **65%**.

Explore the report



Preconception

Parental health in the preconception period can influence the risk of future chronic disease in children. Interventions during this period are correlated with improved maternal and neonatal outcomes. More infants will have the best start in life regardless of socio-economic background if the health of all men and women are addressed at the pre-conception stage.

What does “good” look like?



Accessing professional advice to manage any pre-existing physical or mental health conditions or medications.



Taking folic acid every day to reduce the risk of developmental problems during early pregnancy.



Both parents choosing wholegrain, high fibre and fresh foods and avoiding saturated fats.



Doing regular, moderate exercise to reduce the risks of developing gestational diabetes and pre-eclampsia.



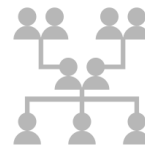
Reducing alcohol consumption to improve fertility (for both men and women) and lower the risk of miscarriage.



Stopping smoking to avoid damage to eggs and sperm and to make physical activity easier



Checking benefit and parental leave entitlements to ensure financial security.



Checking family history for any genetic diseases or screening disorders so that healthcare providers can plan the best care.



Both parents remaining at, or getting to, a healthy weight to improve fertility and mobility.



Ensuring that home environments are safe, secure, comfortable, and affordable and well connected to communities.



SEE DATA INSIGHTS



PARENT



CHILD



PROFESSIONAL



Preconception: What do we know?

20.5%



of women in Kirklees use folic acid supplements before pregnancy (6)

England average 27.3%



Although local data isn't available, national data demonstrates **significant inequalities** in folic acid uptake relating to both age and IMD.

7.5% of mothers under 18, compared with **47.3%** of mothers aged 35 and over, took folic acid supplements before pregnancy.

14.9% of mothers living in the most deprived IMD decile, compared with **40.5%** of those living in the least deprived decile, took folic acid preconception.

During 2018, a survey targeted towards women across Kirklees gathered intelligence about their health before pregnancy.

Pre-conception, mothers were most likely to cease or reduce unhealthy behaviours while their partners were most likely to increase healthy behaviours.

When asked what actions they had taken to improve their health in preparation for pregnancy:

- **70%** of mothers and **16%** of partners said they had **stopped or reduced drinking alcohol**;
- **1 in 2** mothers and **1 in 3** partners said they had **become more active**;
- **61%** of mothers and **41%** of partners said they had **eaten more healthily**;
- **68%** of mothers and **17%** of partners who were smokers said they had **stopped or reduced smoking**.

Historically, Kirklees has a higher proportion of maternal obesity than nationally. Local data recorded at booking appointments shows that, over the past three years, the rate of obesity in early pregnancy has increased dramatically (7).



Year

2018/19

2019/20

2020/21


% overweight

23.6%

27.8%

35.9%

England average 22.1%




I don't feel ready for a baby just yet, but I know I definitely want a family of my own at some point soon. I want to make sure I'm financially secure and that I can get everything I'll need for my baby. I know how important it is to have a good support network around me. What's that saying...? It takes a village to raise a child. Some of my friends have little ones and they've told me about Healthy Start vouchers and which vitamins to take before I get pregnant. It makes me feel better knowing that I can ask them questions.

My partner and I are expecting our second baby in a few weeks. When she was pregnant with our first, we didn't really know much about the importance of a healthy pregnancy; we were both overweight and I was a smoker.

Towards the end of the pregnancy she found it difficult to stay active and she had a few complications which meant she didn't have as many options for her labour and birth.

When our health visitor came to see how our little girl was getting on last year, she talked to us about the benefits of being healthy before pregnancy. Before we started trying for baby number two, we made the decision to start making better choices with food and walking our daughter to nursery instead of driving. I also quit smoking with the help of my GP as I know my health is just as important as my partner's.

We've stuck with the changes and we both feel much more confident this time round. My partner is feeling great and she's happy she can have the water birth that she wants. It also makes us feel as though we are setting a good example for our children.



The pregnancy charity Tommy's has a 'Planning for pregnancy' tool on their web site. I answered a few questions about me, my health and lifestyle and it gave some suggestions for what I can do to improve my chances of conceiving and having a healthy pregnancy and baby.

I ask my Mummy, 'when will I be a big Brother?' She says, not just yet hopefully soon. Mummy says that I'll make a brilliant big brother.

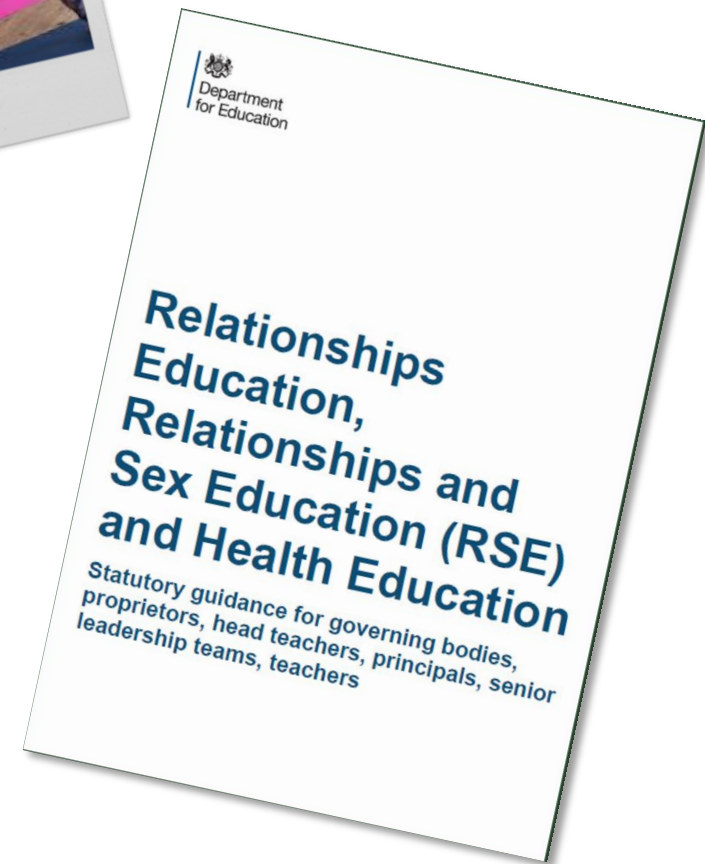
We've started going to family yoga at the village hall. My mum said it will help keep us fit and healthy and it's lots of fun too. She said that it's going to be hard work growing a baby!

We go to Auntie Pam's, I play and have so much fun and my Mummy picks up her vitamins; she told me that she needs them to be healthy.



I've learnt about relationships, sex and contraception at school in PSHE lessons and our teacher explained where else we can go to get information. I've also talked to my mum and dad about it.

I'm not in a relationship at the moment and I haven't decided if I want to have a family when I'm older yet. But I do understand about making sure both parents are physically and emotionally healthy before they try for a baby and I feel like I have the knowledge and confidence to make the right choices for me.





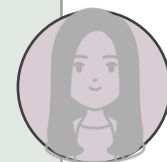
I have supported many parents to access the Healthy Start scheme. For example, I have recently been through the application process with a parent and explained which food and vitamins she was entitled to. Her card came in the post and she is eligible for £8.50 per week, in addition to her other benefits. This parent has mental health problems and without a nudge of support would have really struggled. She is delighted. Also, she is now registered with two-year funding. From my experience the parent really needed support with this.

Family Support Worker – Kirklees Early Support and Inclusion Team



As part of my work with West Yorkshire and Harrogate Local Maternity System, I have been involved with the Public Health Recommendations for some time. One strand of this work has always had a specific focus upon rare genetic disorders and consanguinity*. More recently, action has been underway around the development of a national steering group and strategy around this issue. As part of the National Maternity Transformation Programme we will receive funding in Kirklees to better support the genetic literacy of local families.

Cathy Munro – Kirklees Public Health Improvement



West Yorkshire and Harrogate Local Maternity System developed a set of Public Health Recommendations launched in 2020 to be implemented at Place and also across the system, preconception is a key element of this work. It is not about the creation of a new service, it is around supporting health improvement for individuals across their reproductive life-course, ensuring that local services are able to provide universal support, as well as targeted support where it is most needed. It is also about ensuring that services can take a forward view to promote healthy behaviours and support early interventions to manage emerging risks across the life course, prior to first pregnancy, and then looking ahead to the next baby and beyond.

Lucy Wearmouth – Acting Head of Improving Population Health



*consanguinity | noun

Close relative marriage – often marriage between cousins – is common around the world. It is also preferred among some families and communities in the UK. Since blood relatives are more likely to carry the same gene variants than unrelated people, a higher incidence of autosomal recessive genetic disorders ensues. This manifests as higher population rates of congenital abnormality, infant and child mortality. The risk of any congenital abnormality is around 6 per 100 births, compared to 3 per 100 births for unrelated couples. This increased risk is similar to that associated with older age childbearing. It is important to note that genetic risk clusters in families, around 8 out of 10 cousin couples are therefore not at any increased risk.

Pregnancy

Pregnancy is a unique and life-changing experience and maternal health is crucial to ensuring a healthy baby. Early and regular care can reduce the risk of pregnancy complications. Following a healthy diet, getting regular exercise, taking care of emotional wellbeing and avoiding harmful situations and environments can promote foetal health and development.

What does “good” look like?



Accessing timely care, including an appointment with a midwife before 10 weeks and antenatal screening and vaccinations.



Attending antenatal classes or online courses to prepare for parenthood.



Maintaining a healthy diet, reducing caffeine intake and avoiding alcohol and certain foods.



Staying active and adjusting to gentler activities like swimming or yoga, if necessary.



Talking and singing to the baby to help them feel safe and secure and to bond with them.



Accessing stop smoking services where necessary to quit smoking and to maintain smoke-free environments.



Understanding rights to maternity leave and benefits and ensuring that work-related risks are minimised.



Understanding birthing options and creating a flexible birth plan, considering personal circumstances and preferences.



Staying mentally healthy, sharing concerns and accessing the right support to cope with emotional changes, stress or anxiety.



Getting to know baby's normal movement patterns and seeking medical advice if they change.



SEE DATA INSIGHTS



PARENT



CHILD



PROFESSIONAL



Pregnancy: What do we know?

Pregnant women have a number of antenatal appointments during pregnancy to check their health and the health of their baby. They include ultrasound scans, screening for diseases and conditions, and discussions around care pathways, lifestyle, physical and mental health, breastfeeding, maternity benefits and labour and birth. Access to timely care is strongly associated with positive maternal and child health outcomes.



Smoking during pregnancy...



In Kirklees, 14.1% of pregnant women are smokers at the time of their booking appointment, compared to 12.8% nationally.

Kirklees has a higher rate of smoking at delivery than nationally. 11.4% of mothers are smokers when they deliver their baby compared with a national proportion of 9.6%.

There are significant disparities in smoking rates between groups; younger mums, those living in the most deprived areas and those of Mixed or White ethnicity are much more likely to smoke when their babies are born (6):

- 26.9% of mothers under 18, compared with 7.9% of mothers aged 35 and over;
- 15.3% of mothers living in the most deprived IMD quintile, compared with 4.4% of those living in the least deprived quintile;
- 19.5% of mothers of Mixed ethnicity, 19.2% of non-British White ethnicity, 16.9% of White British and 12.2% of other ethnic groupings were smokers, compared with 3.4% of mothers of Black ethnicity and 2.2% of those of Asian ethnicity.

When a baby is born too soon, they may need special care because they are not quite ready for life outside the womb. This means that some premature babies may have some medical problems. The earlier a baby is born, the more vulnerable they are. In 2020/21, 8.2% of Kirklees babies were born before 37 weeks gestation. This is similar to the national figure of 8.1%.

Around 7.5% of babies whose mothers do not smoke during pregnancy are born too soon (before 37 weeks gestation).

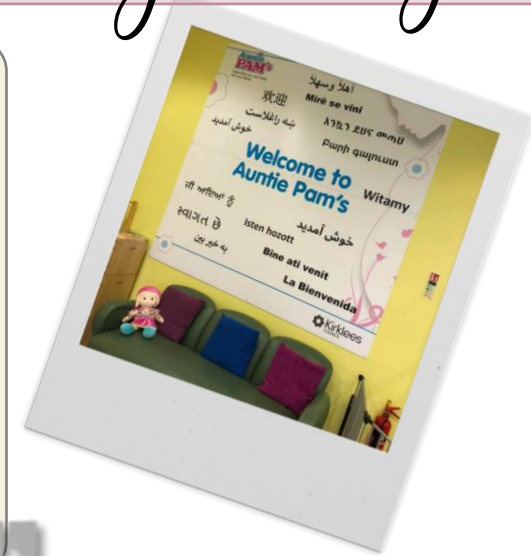
This proportion is greater for babies whose mothers are smokers at the time of booking (12.0%) and more so for those whose mothers are smokers at delivery (15.4%).

I moved to Huddersfield in September 2021. I'm seven months pregnant with my first baby. I have a few friends but none of them are pregnant or have babies and my family live in London. I feel very nervous and apprehensive about my pregnancy and I don't know where to start when the baby is born.



My midwife signposted me to Auntie Pam's in Huddersfield in January 2022. I chatted with the staff about the services they offered and how they could support me. They encouraged me to take one step at a time, offered me practical support and showed me how to bath my baby. They put together an equipment list for me and explained about the "swap shop" facility on offer.

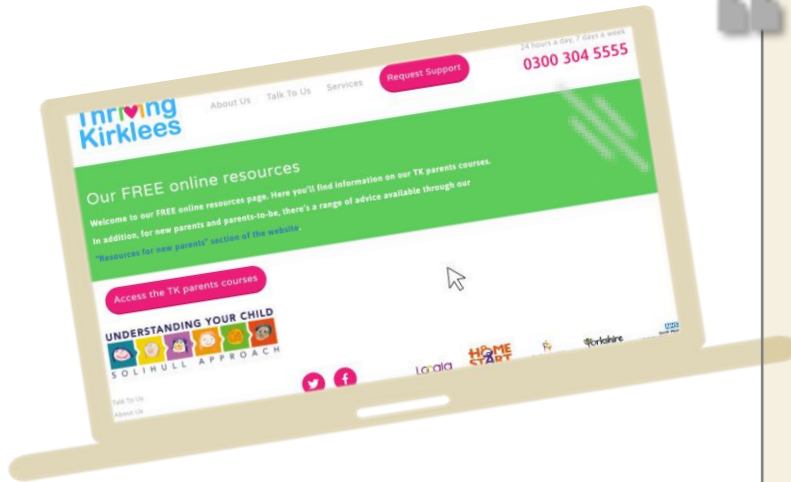
I explained that I would like to make friends and was reassured that Auntie Pam's was a great place to do this. I felt better after my visit and I'm happy I have found this service.



I had my third baby in August 2021 so most of my pregnancy was during the lockdown or under COVID-19 restrictions. I had some complications so I needed a few extra appointments for check-ups and scans.

I appreciated that, under the circumstances, things were going to be a little different. I had some appointments over the phone, some in the clinics and some in hospital. I was lucky enough to have the same midwife throughout apart from one appointment. I felt like I was listened to, well looked after and any concerns I had were dealt with.

I was worried that I would suffer with postnatal depression again. I have recovered well though, I very thankfully haven't experienced postnatal depression this time and both me and my baby are thriving. I am and always will be thankful for our NHS and the care me, my baby and family have received.



I'm nearly ready to be born and it's getting cramped in here! My mum is resting a lot now which is when I usually want to play. I can hear her voice when she talks to me and she is always rubbing my back. She has done a great job of giving me a nice warm home for the last nine months and I can't wait to meet her and practice using my new voice.



My mummy had identical twins which means they look the same. When she was pregnant she went to hospital a few times so they could scan her big belly to check that the babies were doing okay. She always brought a photo back for me so that I could see them and she even let me help her choose their names. She told me that when they were born they would get their milk from her which I thought was a bit magic!

Mummy's already talked to me about where babies come from but she said I'll learn more about it at school when I'm a bit older too.



I'm home-schooled which means I learn at home with my mum and two younger siblings. I've been learning in more detail about sex and relationships, particularly around reproductive health and how important leading a healthy lifestyle is. I've learned a lot more this year about contraceptive choices and my choices around pregnancy. I want to make sure I've done all the things I want to do before I have a baby and I think it's just as important to learn about these things as it is to learn about English and Maths.



As an Auntie Pam's peer support volunteer for Smoking Cessation in Pregnancy, my caseload includes a variety of ages, backgrounds, cultures and nationalities. I ensure that I am non-judgemental and here to help support them to stop smoking. My role is to call my clients and build a relationship with them, asking questions about their pregnancy and about their smoking history. We discuss their triggers, barriers to them stopping smoking and their support networks. When I have got this information, we work together to decide which pathway will be best for them.

We arrange follow-up appointments to talk about their progress and whether they require changes to their prescription or additional support. I am available to contact directly and I reiterate this to my clients. When a client hasn't had a cigarette for 4 weeks, they are classed as a non-smoker and we will send them a certificate to congratulate them on their achievement.

Volunteer - Auntie Pam's



The Healthy Start scheme entitles some families to vitamins throughout pregnancy and early childhood as well as financial help to buy healthy food and milk. In Kirklees, expectant mums are signposted to apply at Yorkshire Children's Centre's online portal at their booking appointment. YCC have been working with local Nurseries (that offer 2 year old funding) to embed Healthy Start in to their induction process for new starters.

Kirklees currently has over 40 distribution centres providing Healthy Start Vitamins, all localised to areas of high need. A new debit card system will replace all vouchers, and the digital scheme has been synced with the DWP system to ensure eligible families continue to receive their entitlement. Two bilingual Community Champions are working remotely across North and South Kirklees, targeting BAME and marginalised communities (where there are other barriers preventing uptake, such as language). Healthy Start uptake is slowly starting to increase month on month across Kirklees.

Katie Lockwood - Thriving Kirklees Service Manager



Labour and Birth

A good birth goes beyond having a healthy baby. Every labour and birth is unique; individualised, compassionate care is key to a positive childbirth experience. Understanding what to expect and feeling supported and relaxed are crucial. It is the beginning of an exceptional journey where the foundations of strong, loving attachments are laid.

What does “good” look like?



Planning for birth with care providers based on personal circumstances and preferences.



Knowing what to expect if baby is preterm or poorly and needs extra medical support.



Monitoring baby's movements through the progression of labour.



Understanding options for pain relief and the associated advantages and disadvantages.



Staying supported and active during labour and giving birth in an optimal position where possible.



Placing baby skin-to-skin as soon as possible and not being separated from them, irrespective of delivery method.



Initiating breastfeeding as soon as possible with access to immediate and ongoing support.



Ensuring baby has newborn blood spot and hearing screening and physical examination.



Understanding the importance of maternal postnatal care, both physical and emotional, and how to access it.



Following the most appropriate, family-centred care pathway and receiving timely early contacts with relevant HCPs.



SEE DATA INSIGHTS



PARENT



CHILD



PROFESSIONAL



Labour and Birth: What do we know?

In Kirklees, in 2020/21:

...around **6 in 10** babies were born via spontaneous vaginal delivery

(a delivery that happens on its own, without requiring doctors to use tools to help deliver the baby),

...around **1 in 10** were born via assisted vaginal delivery

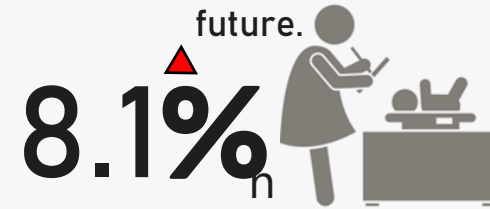
...around **3 in 10** were born via caesarean section (30.1% compared with 30.4% nationally)

Caesarean sections are often required for a number of maternal and infant reasons. By their very nature (i.e. they are used when there are complications), they are likely to be associated with an increased risk of problems.



Low birth weight (less than 2500g) is an enduring aspect of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life.

There are social inequalities in low birthweight which are likely to affect childhood and adult health inequalities in the future.



of babies have a
low birth weight (7)
England average **7.4%**

Over the past decade, Kirklees has consistently had a significantly higher rate of low birth weight babies than nationally.



The data demonstrates that there is a social gradient; **10.3%** of babies born to mothers living in the most deprived IMD decile have a low birth weight compared with **4.8%** born to mothers living in the least deprived decile.

27.9% of babies receive a new birth visit before they are 14 days old.



England average **88.0%**

Year	2018/19	2019/20	2020/21
% completed after 14 days	96%	97%	97%



The rate of stillbirth in Kirklees is **▲5.1** per 1000 births.

England average **4.0/1000**

Labour and Birth

“With my first baby I had a planned C-section because my son was breech and stubborn! The obstetrician said it was the safest option because of baby's position. I was really disappointed at first because I wanted a natural birth at the birth centre. I had a conversation with my midwife about my feelings and concerns and she did everything she could to reassure me. We talked about making it as natural as possible and she helped me write my birth plan so the medical team knew my wishes.

When the time came it ended up being a really positive experience; I was able to have skin-to-skin with my son as soon as he was born and he had his first breastfeed within 15 minutes which helped us to bond. The postnatal team were fantastic too. They showed me a few comfortable feeding positions that didn't put pressure on my tummy and did everything they could to help us get breastfeeding off to a good start.

I'm expecting my second baby soon and am planning to have a VBAC (vaginal birth after caesarean). I'm going into it feeling a little nervous but positive and hoping for another great experience!



“I'd never really considered having a home birth before; my daughters were both born in hospital and I didn't know much about giving birth at home. After speaking to my midwife about my options I decided early on in my pregnancy that I'd prefer not to go into hospital to have baby number three, as long as my pregnancy went smoothly.

My midwife helped me to feel confident and explained how to prepare and what would happen when I went into labour. We discussed my pain relief and when I was around 36 weeks pregnant she brought round a small medical kit and asked the doctor to prescribe some Pethidine. I also packed a hospital bag just in case.

I couldn't have wished for a better labour and birth. I started having contractions early in the morning so my partner called work to let them know he'd not be in. It was the school holidays so my daughters were at home too. Knowing that I didn't have to get in the car and go to hospital really helped me to stay relaxed. It felt great being able to move around in my own environment and my midwife was fantastic.

Having the girls there too made it even more special as they got to see their little brother being born. They were so excited and proud to have been part of the experience.”



“I've just arrived in the outside world, and I'm not sure I like it! Everything was nice and cosy inside, but now I've got all these people doing all kinds of tests to make sure I'm okay. First there was the prodding and poking, then the strange sounds to check my hearing and then a scratch on my heel where they took some blood. At least I get to spend lots of time cuddling up to my mummy.”



“Daddy woke me up in the middle of the night and helped me to get dressed. I didn't really know what was going on, but he explained the baby was on her way and nana was coming to collect me. I'm spending the day with my nana and daddy's going to come and pick me up and take me to the hospital to see my new sister later.”

We've learnt a bit at school about how our bodies change as we grow up, but there's still lots I don't know about having a baby.

I'm going to ask mummy what it's like!



“The national curriculum covers everything about the human reproductive system so I know what happens when you go into labour and give birth. It sounds pretty gross and I know things can go wrong, but the 7.9 billion people alive in the world today all went through it so I guess the system works!”



When parents are supported to feed their baby responsively from the very beginning of life, whether breastfed, bottle fed or both, a baby learns about trust and love and this has profoundly positive implications for a baby's brain development and future life chances, as well as the public purse.

The Baby Friendly Initiative transforms healthcare for babies, their mothers, and families in the UK, as part of a wider global partnership between the World Health Organization and UNICEF. Locala Kirklees is a fully accredited Baby Friendly 0-19 service since 2016. Achieving the BFI standards enables us to better support families with feeding and developing close, loving relationships, ensuring that all babies get the best possible start.

Nicola Duncanson – Infant Feeding Lead, Locala



It is a devastating loss when a baby dies before they are born and at CHFT we work hard to support families through their grief. We also do everything we can from a clinical perspective to reduce the risk and prevalence of stillbirth.

From July 2020 to June 2021, CHFT carried out a review into stillbirths due to an increase in poor perinatal outcomes. As a result, the agreed priorities included coordination with Public Health regarding consanguineous marriage, raising staff awareness of health inequalities (especially the increased risk of poorer outcomes for those of Black, Asian and Mixed ethnicities), and ensuring that all midwives and obstetricians refer women with a previous poor outcome to the Rainbow Clinic.

Kathy Kershaw – Ex-Clinical Governance Midwife, CHFT



The Office for Health Improvement and Disparities (OHID) stipulate that the mandated new birth visit (NBV) should occur within 14 days of a child's birth. This visit is important in identifying any development issues with the infant (including early referral to a specialist team where needed), to promote sensitive parenting, to provide safe sleeping advice, to support feeding and to discuss concerns and worries.

At the outset of the Thriving Kirklees contract, based on feedback from families, it was agreed that there would be a flexible offer in terms of when the birth visit occurred which has consequently led to a lower OHID figure. Practitioners were aware that many women were still being seen by the midwifery team at the time of the NBV so, with agreement from commissioners, the decision was made to offer the NBV by day 14 but be flexible as to when it occurred.

Angela Ladocha – Children's Lead Nurse, Locala



Infancy

Whilst having a baby can be an exciting time, it can also be overwhelming. The physical, emotional and lifestyle changes can present challenges for families and it is important that they have quality and timely support. The interactions between babies and their caregivers are the building blocks of their future experiences so it is a crucial life stage in terms of healthy development.

What does “good” look like?



Living in a safe, comfortable and smoke-free home.



Access to quality infant feeding support to enable responsive breastfeeding or bottle feeding for as long as necessary.



Following safe sleep practices including rooming-in, recommended positioning and room temperature.



Timely and holistic care for mother and baby to support and monitor health and development.



Supporting baby's development by providing nurturing and stimulating environments.



Following the routine childhood immunisation schedule to protect against serious diseases.



Creating secure attachments through positive interactions such as eye contact, smiles, cuddles and responsiveness to needs.



Timely introduction of solid foods, ensuring a varied, healthy diet to complement breastfeeding or bottle feeding.



Recognising the signs and symptoms of mental health issues and accessing the appropriate support where necessary.



Having a strong, reliable support network and feeling empowered and able to make good decisions.



SEE DATA INSIGHTS



PARENT



CHILD



PROFESSIONAL



Infancy: What do we know?



- **71.0%** of women in Kirklees initiate breastfeeding.



A significant social gradient is evident; **85.5%** of mothers living in the least deprived IMD decile initiated breastfeeding in 2020/21, compared with **64.8%** of those living in the most deprived decile.

- **65.4%** are still breastfeeding when their postnatal care is transferred to the community midwifery team.



- **46.8%** of babies are breastfed at 6 to 8 weeks old. **▼England %: 47.6%**



Disparities continue along the breastfeeding path as **58.3%** of mothers living in the least deprived IMD decile breastfeed (at least partially) at 6 to 8 weeks, compared to **44.3%** of those living in the most deprived decile.

The 6 to 8 week review is an opportunity for support with breastfeeding if required, and allows an assessment of the mother's mental health, as well as reinforcing the discussions and messages from the new birth visit.

Kirklees data shows that the proportion of infants receiving a 6 to 8 week review has declined slightly, however this has been impacted by the COVID-19 pandemic.



Year

% infants receiving their 6 to 8 week review

2018/19

52.9%

2019/20

52.6%

2020/21

42.7%

England %

85.4%

85.1%

80.2%



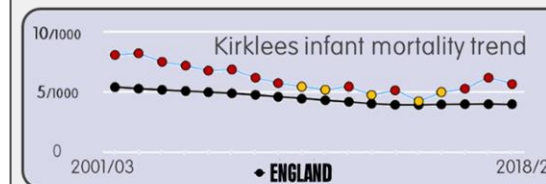
% infants receiving their review after 8 weeks

62%

62%

57%

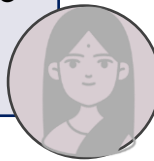
Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions.



The rate of Infant Mortality **▲** in Kirklees is **5.6** per 1000 births.

England average 3.9/1000

“It was really important to me to try to breastfeed my baby, but I was struggling to get her to latch on properly. After 9 days of trying and not getting it quite right, I went to Auntie Pam’s in Dewsbury. I spoke to a volunteer and she showed me some different feeding positions, which made things much easier. I came away feeling really impressed with the help I had received. 10 months in and breastfeeding is second nature now. I really value that early support from Auntie Pam’s.”



“My health visitor has pointed me towards the Start 4 Life website which has lots of useful information about when and how to start my baby on solid food (11). After 6 months of just breast milk, I think she’s ready to get messy and add some proper food to her diet.”



As well as looking after my baby and making sure she has what she needs, I’m also trying to look after me. Being physically active makes me feel happier and is helping me to get back in shape and feel more like myself. I had a C-section so I had to take it very steady at first, but my health visitor has encouraged me to listen to my body to find the right level of activity for me. It turns out looking after a baby is a workout in itself!”



“For me, the hardest bit about having a young baby was the lack of sleep. My baby was wakeful during the evenings and early mornings and I worried that I’d accidentally fall asleep while I was holding him. It’s just me and my baby at home so I didn’t have anyone to take the pressure off during the night. I was up and down all night. I felt like I was doing something wrong and it started to affect my mental health.”

I spoke to my Health Visitor about how it was making me feel. She was amazing. We talked about what was normal for a baby of his age and she reassured me that frequent waking was very common. She mentioned a couple of local baby groups where I could keep my baby entertained, chat with other parents and have a well-deserved coffee. I discovered it wasn’t just my baby who refused to sleep!



She talked to me about how to sleep safely and things I could do to avoid falling asleep with him. She also talked to me about getting some additional support with my mental health and about using mindfulness to relax my mind, think more clearly and help me focus on the wonderful bits that I love about being a mum.”

Mummy and daddy hold me close to talk to me and play games like copying, which make me happy. I have tummy time which lets me move in my own space. We go outside in my pram as a family where we listen for new sounds together. I love it when my dad tickles my feet, makes faces and sings with me at bath time. I join in too, wriggling and making faces back. I feel safe and loved around them.

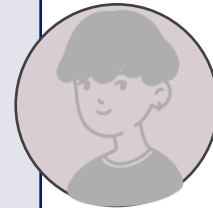


I play with my little sister by singing songs and playing peekaboo. It always makes her giggle and babble. She can't eat the food I eat just yet, instead she breastfeeds with my mum. It is their quiet time so I sometimes read a book or help dad to make tea.

Once a week mum takes her to a group with other mums and dads and she said the babies there will grow up to be her school friends! I went once and met a friendly lady who said she knew me when I was my sister's age!



I help my mum to look after my little brother; he has just started to get teeth which makes him cry a lot so I cut up bits of cucumber for him to suck on. Mum said she found breastfeeding really hard and she had a lot of help at the start from the community baby café. She said she won't need to do it as much once my brother starts to eat our food. I like to read to him - we got some books given to us from the health visitor and they have finger puppets which make him smile and want to hold them.





As with new birth visits, the Thriving Kirklees contract incorporates a flexible offer of when the 6 to 8 week visit occurs, taking into consideration the family's needs and wishes. The 0-19 service have recently undertaken a survey to find out whether the flexible approach is still preferred by families. The survey findings showed that the flexibility of the timings of the visits for families were still the preferred option, and therefore this approach will be continued.

The 6 to 8 week contact visit may be delayed due for a number of reasons relating to both practitioners and families. For example, absence and periods of isolation or shielding related to COVID-19 have contributed to a backlog of work.



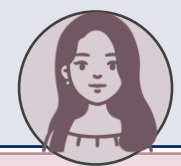
Angela Ladocha – Children's Lead Nurse, Locala



The purpose of the Child Death Overview Panel (CDOP) is to consider any learning or factors that could prevent future deaths of children, including identifying modifiable factors that may have prevented the deaths for the cases under review. Of the 46 cases reviewed in 2020/21, 20 cases had modifiable factors (41%, compared to 34% England average). Emerging modifiable factors in recent cases include poverty and maternal obesity.

Collaborations across larger geographical areas, including Kirklees, Calderdale and Wakefield (KCW) and the West Yorkshire and Harrogate Local Maternity System (LMS) enable the sharing of resources and good practice. The implementation of the LMS recommendations at Place, which include preconception and reproductive health, alcohol in pregnancy, smoking in pregnancy, infant feeding, maternal nutrition, parenting, physical activity, rare genetic disorders, immunisation and vaccination and screening will have significant health and wellbeing benefits for women and their families, including but not limited to: better start in life for all children, reduction in maternal mortality and morbidity and reduction in stillbirth and neonatal deaths.

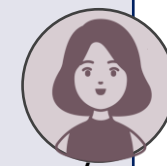
Vicki Stadnicki – Kirklees Public Health Manager



Support and advice for families about safe sleep is offered via a range of services and organisations. The 'Every Sleep a Safe Sleep' Multiagency Risk Minimisation Guidance, Tool and Training has now been launched with Kirklees organisations set to pilot and evaluate the resources before being rolled out widely throughout the area in Autumn 2022.

Through increasing the scope of agencies trained to discuss and identify safe sleep risks with families (such as police, social services and substance misuse services) it is hoped that there will be a greater awareness and understanding among professionals and families to minimise risk for infant sleeping.

Abi McKenzie – Kirklees Public Health Improvement



Toddlerhood

By the time babies reach their first birthday, their brain has doubled in size. Their personalities are emerging, their temperament is reflected in their approach to life and they are ready to master the art of independence. The second year is a steep learning curve for parents and children, filled with the joys and challenges of communication, behaviour, routines, diet and understanding the world.

What does “good” look like?



Having a consistent routine and day-to-day structure including sleeping, dressing, playing and eating.



Eating and experiencing a range of healthy foods, including independent feeding, along with breastfeeding or other milk feeds.



Having at least three hours of active play time daily, developing gross motor skills, having fun and learning about capabilities.



The ability to access timely and appropriate support, information and guidance for the whole family.



Providing stable boundaries with love and understanding and promoting independence and choice.



Learning about oral health, personal hygiene, toileting, hand washing and germs.



Creating an environment compatible with exploring identity; knowing their name and what they look like are important.



Communicating as frequently as possible including conversations, reading, games, singing and mirroring.



Ensuring a safe and non-hostile home with age-appropriate freedoms and barriers.



Encouraging creativity and sensory exploration, enhancing fine motor skills and self-directed learning.



SEE DATA INSIGHTS



PARENT



CHILD



PROFESSIONAL



Toddlerhood: What do we know?

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases.

Population coverage %



Vaccination type

Single dose MMR

[Measles, mumps, rubella]

% uptake

Kirklees:

93.7%

England:

89.8%



Dtap/IPV/Hib

[Diphtheria, whooping cough, tetanus, polio, Haemophilus, influenzae B]

Kirklees:

95.8%

England:

93.8%



Hib/MenC (booster)

[Haemophilus influenzae B, Meningitis C]

Kirklees:

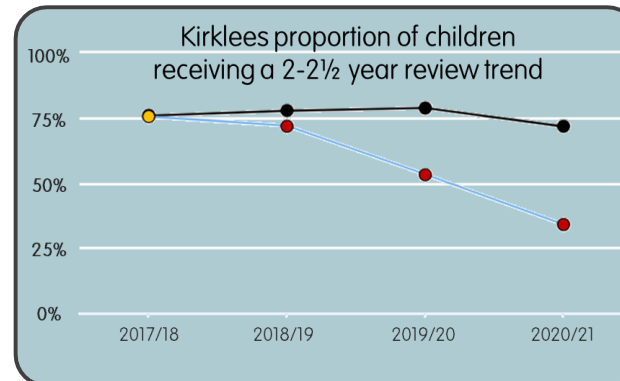
93.7%

England:

89.8%



All children and families should receive a review when the child reaches around 2 to 2 ½ years which presents an opportunity to discuss preconception health with parents before any future pregnancy, and an opportunity to support the parents with issues such as access to a nursery place (including free provision), and a reminder of the importance of the pre-school immunisation booster. Due to the COVID-19 pandemic, the proportion of children receiving their review has been declining. **34.0%** of children received their review in 2020/21 compared with **71.5%** nationally.



Around half of children receive the Ages and Stages Questionnaire (ASQ-3) as part of their review, which monitors five domains of child development.

Domains of Child Development	% achieving a good level of development at age 2-2½
Communication	Kirklees: 89.1% ▲ England: 88.6%
Gross Motor	Kirklees: 93.3% ► England: 91.8%
Fine Motor	Kirklees: 96.2% ▲ England: 92.0%
Problem Solving	Kirklees: 93.6% ► England: 91.9%
Personal-Social	Kirklees: 92.1% ► England: 90.2%
All Domains	Kirklees: 82.2% ► England: 82.9%



The support I received from Home-Start was better than any support I have had in the last 10 years. They helped me gain confidence to believe in myself and always told me how well I was doing raising my two children. They were brilliant with my children and created a good bond with them.

They also helped me get into college and, if it wasn't for them, I wouldn't have known about the course. In the space of a year, I've gone from never leaving the house due to anxiety and depression to studying at college. I've also been discharged from the mental health team. The referral to this service has turned my life around.



I downloaded a Kirklees app called '50 things to do before you're five' (12) – it's got lots of creative ideas for fun things to do with young children, whatever the weather!



I have two children that have benefitted from funded hours at nursery. My 2-year-old was able to access 15 hours and my 3-year-old had 30 funded hours. I can honestly say that having this provision has boosted their confidence, pushed them in hitting their milestones and given them a whole new lease of life. My children's social and communication skills have blossomed, their gross and fine motor skills have improved, they have become more independent and self-sufficient. They have learnt how to build friendships and about the world around them. It has helped to prepare them for the next stages in their education

Having access to the 15-hour funding allowed me to work part-time and to volunteer without having to worry that my wage would only just cover my childcare costs. Now my son is able to use the 30-hour funding, I have been able to go back into full-time work.



I've just started going to nursery which is loads of fun, just like my daddy said it would be! I get to play in the mud kitchen and make lots of mess. There is a pet turtle in a tank called Timmy and I learnt a song about him which I sing to mummy. My favourite thing is building and driving the dumper truck. Me and my friend have the same name but we have different hair. I like being a big boy and I can wash my hands before snack time all by myself.



I live at home with my dad and my little brother. We've been learning about families at school and how different they can look. Some children live with both their parents, they might have two mums or two dads or live with foster parents. My best friend lives with his grandma and grandpa. It doesn't matter what my family looks like as long as we love each other and look after each other!



At school we've have RSE lessons each week. We've done loads of work around safe and healthy relationships. At the moment we're learning about the roles and responsibilities of parents and what good parenting looks like. It has been really interesting to find out about attachment and learn how babies develop into children.

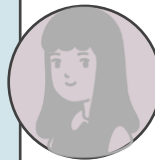


Home-Start Kirklees' core offer of support is around the enhancement and encouragement of positive childhood experiences. Our ability to upskill parents, build their knowledge and assist in their coping abilities and resilience in a person-centred approach is unique. The school readiness grant has assisted us to enhance the delivery of our core services to the families we are supporting.

Our School Readiness volunteers are trained to deliver key messages around the Early Years Foundation Stage Framework, to engage parents with their children's homebased early learning to allow them to fully participate in nursery and/or school life with enjoyment and positivity.

We are able to provide families with school readiness packages which include books for parents and children, coloured stacking beakers, crayons and craft items, a fabric ball and 'top tips' sheets. The contents were carefully selected to promote messages over key areas of development including speech, communication and language, turn-taking, interaction, dexterity, weighing and measuring, messy play, counting, colours, creativity, routines, hygiene, toilet-training and self-care.

Kerri Flanagan - Director of Home-Start Kirklees

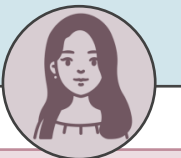


Two-year-old children in Kirklees should receive a joint health and learning review from a health or early years professional. The review is in place to ensure that any additional needs are fully identified and supported before starting school.

Parents and carers have the opportunity to discuss their child's oral health, sleep, sight and hearing. As part of the Healthy Child Programme, they are also requested to complete an 'Ages and Stages' questionnaire (ASQ-3) prior to the meeting to facilitate a discussion about their child's development, covering communication, gross and fine motor skills, problem solving skills and personal-social development.

Currently, not all settings have engaged with the process, but this is being followed up with early years settings to identify potential barriers for engagement. We are working closely with Locala and the Council early years outcomes team to develop a process and IT system to enable robust data collection. This will allow health and Local Authority services to target resources more specifically and identify the long-term impacts of early interventions.

Vicki Stadnicki - Public Health Manager

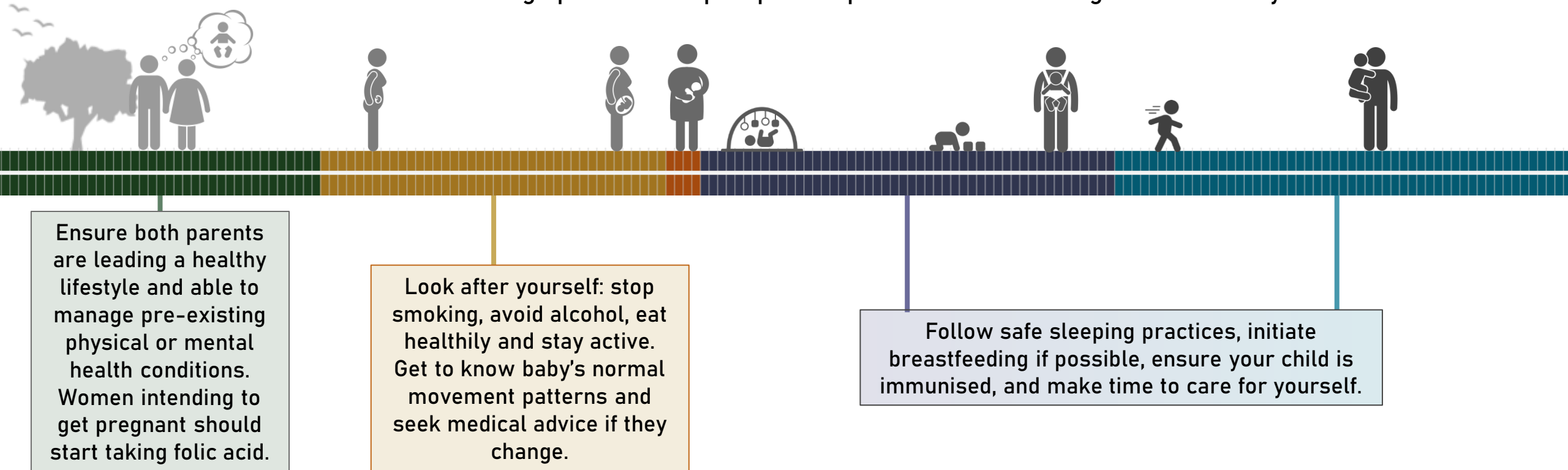


Recommendations



Kirklees has a fantastic system in place to support those starting or expanding their family. The first 1000 days, from conception up to the age of 2, are crucial for ensuring the best outcomes in life, and dedicated professionals across a host of organisations are here to help.

There are lots of things parents and prospective parents can do during those 1000 days...



Whatever stage you are at, draw on the expertise of healthcare professionals, support organisations and your own informal networks to ensure everything goes as well as possible on your journey into parenthood. This is an exciting, complicated process, and things don't always go according to plan. If you wanted a natural birth but have to have a caesarean, or if you wanted to breastfeed but are unable to, don't worry. The most important thing is that your child has happy and healthy adults around them.

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10. Thriving Kirklees (2022) *Free online resources.*
11. NHS (2022) *Free online resources.*
12. '50 things to do before you're five' (2022) *Free online resources.*

Acknowledgements

I am extremely grateful to the following people for their contributions to my report this year:

Kirklees Public Health

Abi McKenzie
Cathy Munro
Vicki Stadnicki
Lucy Wearmouth

Kirklees Intelligence Team

Helen Jessop
Owen Richardson

Kirklees Early Support and Inclusion Team The Family Support Workers

Auntie Pam's
Lisa Akester
Volunteers & Service Users

Thriving Kirklees

Katie Lockwood
Nicola Duncanson
Angela Ladocha

Home-Start Kirklees

Kerri Flanagan
Volunteers & Service Users

CHFT

Kathy Kershaw
Data and Intelligence Team

MYHT

Data and Intelligence Team