

Manchester Reducing Infant Mortality Strategy (Final Draft)

1. Introduction

1.1 Our aim

We want to reduce the rates of infant mortality in Manchester, improve the physical and mental health and wellbeing of pregnant women and babies and provide compassionate support to families who are bereaved following the loss of a baby.

1.2 Our approach

In order to have the greatest impact we have identified ten principles which will underpin our priorities and programmes and the way we deliver services.

1) Providing system wide leadership and coordination

Chaired by the Population Health and Wellbeing Team, the 'Reducing Infant Mortality Steering Group' will oversee the delivery of the strategy, regularly report progress to Children's Board, Children's Safeguarding Board and Health and Wellbeing Board and act as champions for this agenda across services and networks in the city. System wide leadership will come through key partners in the city who are in a position to support maternal and infant health and wellbeing. Reducing infant mortality is everyone's business and partners will consider how different settings and services can contribute and develop their own delivery plans.

2) Commissioning services to support infant mortality strategy

We will ensure that the commissioning of existing and future services supports our reducing infant mortality strategy.

3) Providing high quality and safe services

Providing high quality and safe services is crucial to reducing infant mortality. This applies not just to maternity and specialist services such as Neonatal Units but to other services that support the health and wellbeing of pregnant women, mothers and infants such as Stop Smoking Services, Perinatal Mental Health Services, and Weight Management Services.

4) Raising awareness and knowledge of mums / partners / family about issues impacting on maternal and infant health and wellbeing.

Increasing health and wellbeing knowledge and literacy about keeping mothers and babies healthy and safe is a core feature cutting across the priority themes of our strategy. We will look for opportunities to educate families through resources, campaigns, training and strengths-based conversations.

5) Ensuring the wider workforce is equipped and knowledgeable

We will ensure that training / education needs relating to reducing infant mortality are reflected in workforce development plans and that key messages are developed and disseminated.

6) Targeting the most vulnerable and at risk to reduce health inequalities

As well as working universally we will target those most vulnerable to the risk factors. For example, people in poor quality or unsuitable accommodation, refugees and asylum seekers or with no recourse to public funds, teenage parents and other communities.

7) Working at a neighbourhood level to tailor programmes of work to the needs of the population and supporting local assets

We will work at neighbourhood level to ensure that approaches are co-produced with communities and reflect local needs and concerns and draw on local assets.

8) Thinking 'family' in everything we do

Rather than just focusing on mothers, we will 'Think Family' in our services and approaches and ensure that messages are targeted to wider family - fathers, partners, older siblings and grandparents. Evidence has shown that issues relating to safe sleeping, accidental injuries, abusive head trauma, smoking can occur where infants are in the care of those other than mums.

9) Safeguarding children and keeping them safe from harm

Good safeguarding practices should underpin all work with families and children and will contribute to efforts to reduce infant mortality.

10) Learning and evaluation - from Serious Case Reviews (SCRs), CDOP and national data.

We will ensure that of focus and priorities are informed in a dynamic way by learning from national and local research, CDOP and serious case reviews. We will evaluate the effectiveness of our approach and monitor performance.

2.0 Priority themes, objectives and actions

- 2.1 We have set out actions to reduce infant mortality, improve maternal and infant health and support those bereaved under five priority themes. We recognise the complexity and interrelatedness of work required and we will co-ordinate activities across all the key objectives.

1. Quality, safety and access to services

OBJECTIVES	ACTIONS
<p>Increase engagement with antenatal services and promote the benefits of antenatal care</p>	<ul style="list-style-type: none"> ● Increase awareness of the benefits of antenatal care starting from preconception, for example through open days and roadshows in Children's Centres ('under one roof') ● Increase early booking and attendance into antenatal care, for example researching new ways of booking sessions - including use of IT ● Find out where and how antenatal health education is delivered, identify gaps and develop a targeted approach ● Maximise opportunities to deliver key communications when antenatal services are delivered, such as providing information on flu vaccinations. ● Ensure appropriate assessment of mother and child where there is a concealed / denied pregnancy to ensure any additional needs are identified ● Explore the feasibility of a 'Pregnancy Circle' pilot in different neighbourhoods linked to GP practices - local antenatal groups that include health care, education, peer support and building social networks.
<p>Appropriate assessment and referral during pregnancy and support during birth</p>	<ul style="list-style-type: none"> ● Investigate feasibility of implementing the Saving Babies Lives Care Bundle across all hospitals ● Ensure National Institute of Clinical and Health Excellence (NICE) guidelines and Greater Manchester (GM) maternity spec are implemented ● Consider the contribution of specialist midwives to ensure the most vulnerable get continuity of care e.g. refugees and asylum seekers, women with no recourse to public funds. ● Ensure transient and traveller population receive consistency of care and don't miss out on important messages such as safe sleeping for example through Early Help Assessment. This will include providing information in different languages. ● Ensure swift and appropriate referral to weight management, stop smoking services and genetics services
<p>Improving take up of flu vaccinations for pregnant women</p>	<ul style="list-style-type: none"> ● Ensure more health professionals in contact with pregnant women are able to promote the importance of and administer flu vaccinations.

Genetic counselling / genetic literacy for individuals and communities with a need	<ul style="list-style-type: none"> • Swift referral and clear pathways for genetic counselling where family history is identified • Training for midwives and obstetricians to improve knowledge of genetics and consanguinity • Pilot a place based community focused genetic literacy project • Explore how genetic literacy can be taught in schools
Improving access to IVF and Raising awareness about IVF treatment outside UK	<ul style="list-style-type: none"> • We will work with the Human Fertilisation and Embryology Authority to develop and disseminate key messages about risks of IVF abroad to the public. We will also communicate to health care professionals working with women looking into IVF to ensure that women have an informed choice • We will find out more about the experiences of women who have sought IVF treatment abroad
2. Maternal and infant wellbeing	
OBJECTIVES	ACTIONS
Supporting women to stop smoking and promote 'smoke free homes'	<ul style="list-style-type: none"> • We will implement the Baby Clear programme across Manchester to support smoke free pregnancies • We will actively promote stop smoking services to women and their families. • We will support staff to have conversations about smoke free homes with clear, constructive and supportive messages and communications
Supporting maternal mental health and wellbeing	<ul style="list-style-type: none"> • We will build on the success of services offered in south and central parts of Manchester and increase access to specialist perinatal mental health support • We will investigate ways to reduce social isolation in new mums and dads / partners • We will embed the "Manchester University Hospitals NHS Trust (MFT) Health Visiting Service Perinatal and Infant mental health Pathway" with leadership from specialist Health Visitor.
Reducing maternal obesity and improving nutrition	<ul style="list-style-type: none"> • We will take a fresh look at maternal obesity through a dedicated task group focusing on prevention and earlier intervention • We will raise awareness of the importance of healthy weight for a healthy pregnancy • We will ensure that maternal obesity is treated as a priority and that referrals to appropriate services take place as early as possible, at family planning and

	<p>booking stages, for example. This will involve training more health professionals to confidently identify, provide consistent advice and refer where required.</p>
<p>Encouraging and supporting breastfeeding</p>	<ul style="list-style-type: none"> ● We will build on the strength of the successful breast pump loan scheme and expand across the city ● We will take a collaborative approach to breastfeeding and nutrition, ensuring the benefits of breastfeeding and maternal Body Mass Index (BMI) are understood. ● We will ensure that conversations about infant feeding decisions take place as early as possible with consistent advice provided by all health professionals to ensure women are able to make an informed choice. ● We will explore options for increasing the provision of peer support.
<p>Alcohol and substance misuse support in pregnancy and postnatally</p>	<ul style="list-style-type: none"> ● We will ensure that available alcohol and substance misuse services are communicated more effectively to health professionals and other relevant agencies to help improve referral pathways. ● We will ensure that health professionals are vigilant to safeguarding risks associated with drug and alcohol use
<p>3. Addressing the wider determinants of health</p>	
<p>OBJECTIVES</p>	<p>ACTIONS</p>
<p>Support efforts to reduce and mitigate against poverty (the most important determinant of a child's health)</p>	<ul style="list-style-type: none"> ● We will make sure that services and organisations that can help people are properly promoted. ● We will continue to highlight the links between deprivation and infant mortality ● We will produce guidelines on what the basics are that a new baby needs and work with charities and community organisations to ensure the most vulnerable are able to access them.
<p>Housing - focus on the private rented sector to ensure housing is safe and warm and meets basic standards for mother and baby</p>	<ul style="list-style-type: none"> ● We will work with housing sector bodies to influence provision - particularly in the private rented sector. ● We will devise a set of minimum housing standards for a mother and baby (covering safe sleeping, safe appliances, warm and dry etc.) ● We will ensure everyone working with families has up to date knowledge about housing options and feasible actions
<p>Identifying and</p>	<ul style="list-style-type: none"> ● All professionals working with a family to consider

addressing inappropriate environments	<p>housing conditions including overcrowding during assessments</p> <ul style="list-style-type: none"> ● We will work with partners, such as GPs and Early Help team, to help identify families who may be living in overcrowded or unsuitable homes. ● We will ensure that agencies working with families understand the mental health impacts associated with moving (and the lack of choice that can occur) and living in temporary accommodation.
Working with Homeless Families Services to support vulnerable mothers and infants	<ul style="list-style-type: none"> ● We will agree a set of standards required for safe temporary accommodation and support their implementation ● We will ensure families have the basics for safe sleeping and breastfeeding in temporary accommodation.
4. Safeguarding and keeping children safe from harm	
OBJECTIVES	ACTIONS
Continuing to educate on safe sleeping and supporting those most vulnerable with additional help	<ul style="list-style-type: none"> ● We will continue to work with partners to educate and promote clear messages and consistent messages on safe sleeping. This will include visuals and leaflets to aid required training. ● We will instigate targeted work with vulnerable families at risk from alcohol and drug use. ● We will produce specific guidance for families in temporary accommodation to ensure safe sleeping standards are met for the most vulnerable. ● We will target messages to the wider family, not just parents, as incidents often happen when babies are away from home
Helping parents to keep a safe home environment	<ul style="list-style-type: none"> ● We will work with families in poor living conditions to support them to make improvements recognising issues that may impact on this such as poverty, mental health problems, drug and alcohol use
Preventing unintentional injuries (e.g. scolds and falls)	<ul style="list-style-type: none"> ● Improve the flow of information between Accident & Emergency and Health Visitors following an accident ● We will work with partners who enter people's home to increase awareness of potential accidents and raise awareness amongst families as a means of their prevention. ● We will work with partners to understand and share amongst agencies potential patterns of injuries.

	<ul style="list-style-type: none"> • We will support the development and delivery of the emerging Child Accident Prevention strategy for Manchester.
Reducing the damage of abusive head trauma	<ul style="list-style-type: none"> • Implement the 'ICON' Programme to reduce abusive head trauma across the city (see description below).
Supporting pregnant women / mums experiencing domestic abuse	<ul style="list-style-type: none"> • Continued support for specialist maternity Independent Domestic Violence Adviser (IDVA) services to support pregnant women experiencing domestic abuse • We will ensure that investigating potential signs of domestic abuse forms part of health care assessments as standard • We will strengthen links to organisations who provide essential basic items for babies and children to women in need
5. Providing support to those bereaved and affected by baby loss	
OBJECTIVES	ACTIONS
A system-wide approach to making things as easy as possible for bereaved families	<ul style="list-style-type: none"> • We will train more staff across our partnership in bereavement care and support. • We will work with partners, such as death registrations, to ensure support is provided to those in need. • We will ensure staff are equipped provide support during antenatal period to help reduce anxiety for those who have previously lost children. • We will offer support to extended family and siblings. • We will work with local groups so that bereavement support can continue in the community. • We will promote Baby Loss Awareness week during October every year.
Increase knowledge about bereavement services to improve signposting	<ul style="list-style-type: none"> • We will build on the positive work from partners in Manchester and will work together to compile a directory of services to which agencies across the city can signpost.
Strengthening pathways to ensure people who have had a loss get enhanced support for the next	<ul style="list-style-type: none"> • We will work with families to improve the way that information is shared between services.

pregnancy	
Increasing the skills and confidence of wider workforce to talk about bereavement	<ul style="list-style-type: none"> ● We will disseminate a training and awareness resource available to organisations and businesses across the city to improve understanding, support and signposting outside of clinical settings.
Minimum standards of care for bereavement support	<ul style="list-style-type: none"> ● We will strengthen the work already taking place across the city and work with partners to develop standards for use across agencies ● Work with employers to develop guidance on supporting employees following baby loss

3.0 Where are we now?

3.1 As already described, the prevention of infant mortality is delivered through key statutory health and social care services e.g. Maternity Services, Neonatal Units, Health Visiting, Children’s Social Care as well as wider public and voluntary services and society as a whole. There are also a number of established and emerging programmes/services directly supporting this strategy – four are highlighted below.

1) Vulnerable Babies Service (see case study, Appendix 1)

This service, provided by MFT was established in 2004 to address rising numbers of sudden infant deaths. It provides targeted case planning to meet the needs of individual families, involving them in their package of support. The service works with and takes referrals from all professionals and volunteers who work with parents and babies. It facilitates a multi-agency approach so that families do not have to keep repeating their story and to improve communication between professionals.

The criteria for referrals are:

- Substance misuse which raises concerns around safe and consistent parenting and/or has the potential to place the baby at risk
- A previous unexplained death of a child in the family
- A violent criminal history against a child, partner or animals
- Parents who have experienced a difficult childhood
- Late booking for antenatal care (no proof of care before 22 weeks gestation) plus movement in to Manchester or poor engagement with antenatal care
- A previous child not living with a parent
- Homelessness/transient lifestyle/inappropriate housing **plus** any one of the following: mental illness, domestic abuse, drug/substance user (including alcohol), contact with the probation service or criminal justice team (including drug treatment and testing orders), hearing impaired.

- Other Additional Needs that may impact upon ability to parent

2) Midwifery Domestic Abuse Support (MiDASS) / Pathway: Specialist IDVA support based in maternity services

In recognition of the increased risk of domestic abuse during pregnancy (30% starts in pregnancy and existing abuse may get worse), a specialist Independent Domestic Violence Adviser (IDVA) service is located in Maternity Services of the three Manchester hospitals (St Mary's, Wythenshawe, North Manchester General Hospital). The service offers training and advice to midwives and provides individual support to women experiencing violence.

3) Baby Clear Programme

Baby Clear is a key part of the Greater Manchester Strategy to make smoking history. The programme is being implemented across GM in three phases:

- Cluster one: Rochdale, Bury, Oldham and North Manchester (Pennine) (in delivery phase)
- Cluster two: Bolton, Salford
- Cluster three: Tameside, Manchester (MFT) and Trafford (target start date for MFT by March 2019)

The overall aim of the programme is to reach a target of no more than 6% of women smoking at delivery in any locality by 2021 *and ultimately for no woman to smoke during her pregnancy*. Key programme elements are Carbon Monoxide (CO) monitoring of all pregnant women at booking (all midwives specially trained), referral to specialist stop smoking support within 24 hours for ongoing support to quit and risk perception interview for those who have not quit at the first scan.

4) ICON Programme

ICON is a new programme based on research of programmes in Canada and North America to address the damage of abusive head trauma through a simple four point message delivered by health professionals through strength based conversations to parents.

I= Infant Crying is normal and it will stop

C= Comfort methods can sometime soothe the baby and the crying will stop

O= it's OK to walk away if you have checked the baby is safe and the crying will stop

N= Never ever shake or hurt a baby.

The programme has been piloted in South Manchester and dependant on endorsement by the Manchester Safeguarding Children Board (MSCB) in January will be expanded to all babies in Manchester.