

# Children and Young People JSNA

**DRAFT**

Pregnancy and Birth Chapter Summary

January 2024

# Contents so far (for context)

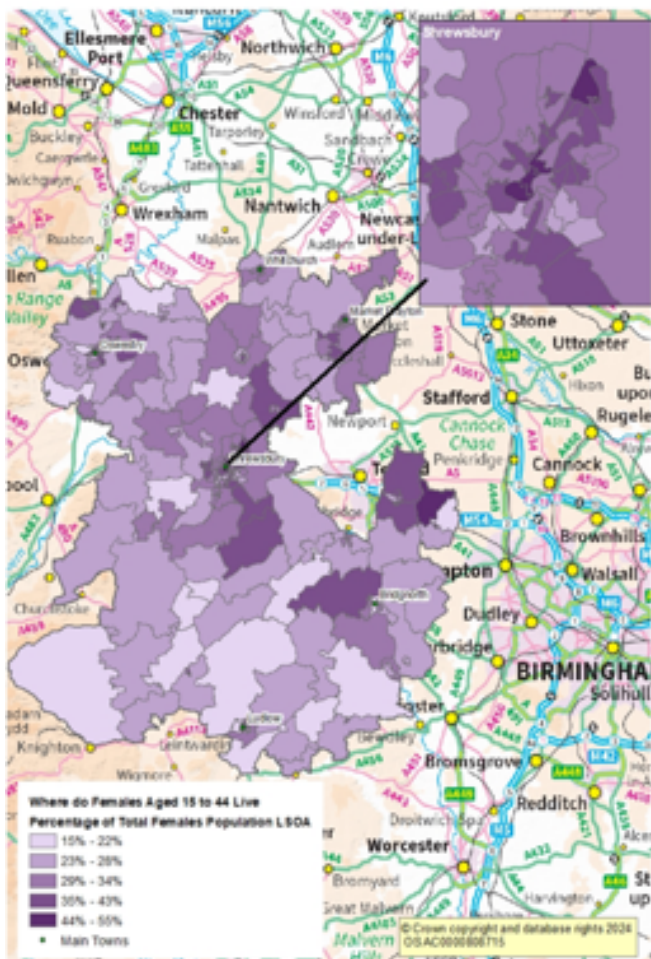
The pregnancy and birth indicators offer information about the health of pregnant women and babies including:

- Fertility rates
- Teenage conception rates
- Lifestyle factors in early pregnancy
- Smoking at time of delivery
- Birth outcomes
- Breastfeeding
- Life expectancy
- Domestic violence

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## Where do Females Aged 15 to 44 Live? Shropshire



**49,755**

Females in Shropshire  
aged 15 to 44 years (2022)  
a 3.4% fall from 2011

(England 3.5% increase  
since 2011)

**30%**

of all Females in Shropshire  
are aged 15-44 years  
(15% of the total  
population Male and  
Female combined)

(England 38% of the total  
female population)



**2,567** live births  
Shropshire (2022)



**51.6** General Fertility  
Rate Shropshire (2022)  
England 51.9



**2.2%** Under 18s  
birth rate per 1,000  
births Shropshire  
(2022)

(England 3.4%)



**12.5%** Under 18s  
Conception Rate per  
1,000  
(2021)

(England 13.1%)



**66.2%** Under  
18 Conceptions leading  
to abortion  
(2021)

England (53.4%)



**11.4%** of expectant mothers  
were smoking at time of  
delivery in Shropshire  
(2022/3) (England 8.8%)



**14.2%** of expectant mothers  
were smoking in early  
pregnancy (2018/19) (England  
12.8%)



**24.1%** of pregnant  
women were obese in  
early pregnancy (2018/19)  
(England 22.1%)



**51.2%** of expectant  
mothers had early access to  
maternity care (2018/19)  
(England 57.8%)



**2.1%** of term babies had  
a low birth rate (2022)  
(England 2.9%)



**36.4%** of deliveries were by  
Caesarean (2022/23)  
(England 37.8%)



**68.3** of babies per 1,000 live  
births, were born premature  
(before 37 week's gestation  
(2019 - 21) (England 77.9%)



**2.8** per 1,000 births were  
stillborn (2020-22)  
(England 3.9)



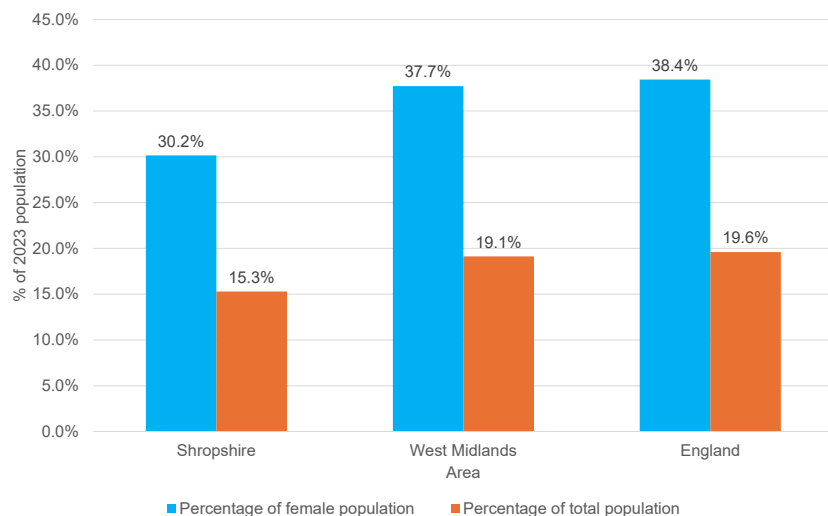
**70.3** Ectopic pregnancy  
admission rate per 100,000  
female population aged 15 -  
44 (2022/23)  
(England 89.0)



**15.3** Multiple Births per  
1,000 births (2021)  
(England 13.7)

# Population profile and projections

Female population aged 15-44 as a percentage of the total population, by area, 2023 mid-year population estimates. Source: 2023 Mid-year population estimates, ONS



The Office for National Statistics (ONS) population projections predict that the female 15 to 44 years population in Shropshire would increase by 5.5% (2,693) between 2023 and 2033 and by 4.6% between 2023 and 2043 (2,236). However, as a percentage of the total population, the 15 to 44 years population for Shropshire would fall from 15.2% in 2018 to 13.4% by 2043

Shropshire female population aged 15-44 by 5 year age group, 2023 mid-year population estimates. Source: 2023 Mid-year population estimates, ONS

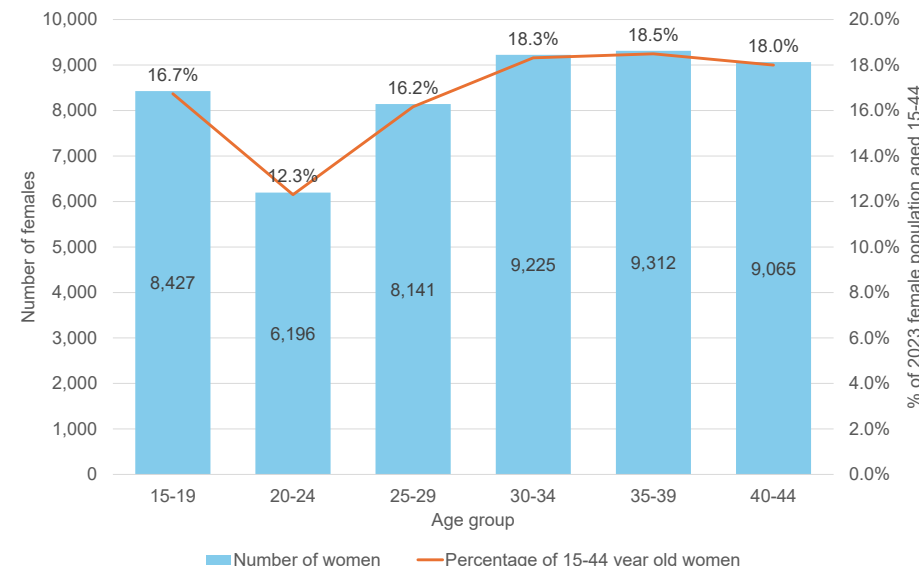
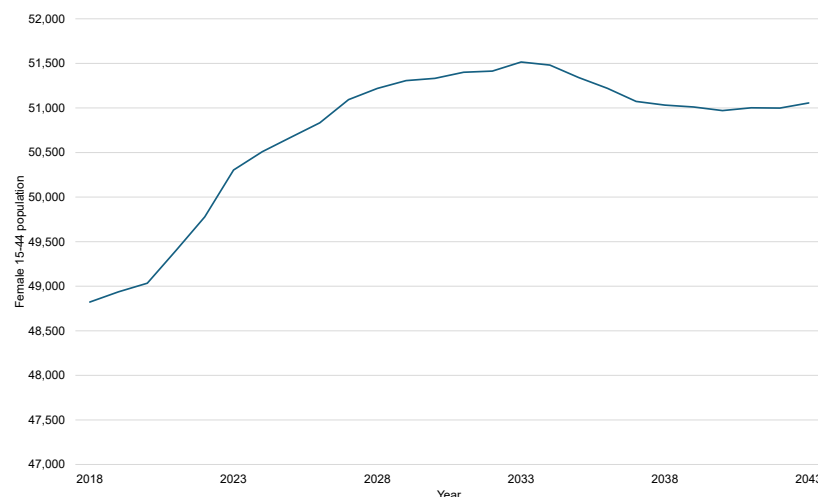


Chart showing ONS population projections for 15-44-year-olds in Shropshire, 2023-2043, Source: Population projections for local authorities, ONS



# Pregnancy and Birth

Targets are the national average.

See the full report document for trends and comparator information for each of these metrics.

Indicator	Period	Shropshire			West Midlands	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Percentage of deliveries to women from ethnic minority groups	2022/23	→	10	3.6%*	31.1%	25.3%	2.1%		
General fertility rate	2022	→	2,567	51.6	55.4	51.9	32.2		37.1
Under 18s conception rate / 1,000	2021	→	65	12.5	15.2	13.1	31.5		1.1
Under 18s conceptions leading to abortion (%)	2021	→	43	66.2%	51.4%	53.4%	26.0%		
Early access to maternity care <span>New data</span>	2023/24	→	1,515	58.6%	61.2%	63.5%	16.6%		84.7%
Early access to maternity care (previous method)	2018/19	→	1,425	51.2%	56.8%	57.8%	16.0%		79.1%
Folic acid supplements taken before pregnancy <span>New data</span>	2023/24	↓	40	1.5%	8.0%	19.7%	0.5%		
Folic acid supplements before pregnancy (previous method)	2018/19	→	-	31.6%	17.0%	27.3%	-	Insufficient number of values for a spine chart	
Smoking in early pregnancy <span>New data</span>	2023/24	→	420	18.4%	13.0%	13.6%	-	Insufficient number of values for a spine chart	
Smoking in early pregnancy (previous method)	2018/19	→	-	14.2%	14.5%	12.8%	29.1%		2.1%
Obesity in early pregnancy <span>New data</span>	2023/24	→	-	*	28.7%	26.2%	-	Insufficient number of values for a spine chart	
Obesity in early pregnancy (previous method)	2018/19	→	-	24.1%	25.4%	22.1%	30.5%		
Drinking in early pregnancy (previous method)	2018/19	→	-	-	-	4.1%	-	Insufficient number of values for a spine chart	
Drug misuse in early pregnancy (previous method)	2018/19	→	-	-	-	1.4%	-	Insufficient number of values for a spine chart	
Smoking status at time of delivery	2023/24	→	231	9.9%	7.8%	7.4%	17.5%		2.8%
Teenage mothers	2022/23	→	-	*	0.8%*	0.6%*	1.9%		0.0%
Caesarean section %	2022/23	↑	100	36.4%*	37.6%	37.8%	60.0%		26.8%
Multiple births <span>New data</span>	2022	→	34	13.4	13.1	14.6	7.6		
Low birth weight of term babies	2022	→	50	2.1%	3.0%	2.9%	5.0%		1.8%
Low birth weight of all babies <span>New data</span>	2022	→	165	6.4%	7.8%	7.2%	10.7%		5.1%
Very low birth weight of all babies <span>New data</span>	2022	→	35	1.4%	1.3%	1.0%	2.0%		%
Premature births (less than 37 weeks gestation)	2019 - 21	→	534	68.3	85.9	77.9	109.8		55.5
Stillbirth rate	2020 - 22	→	22	2.8	4.4	3.9	6.3		2.1
Admissions of babies under 14 days	2022/23	↑	-	*	92.9	84.8	269.9		30.4
Baby's first feed breastmilk <span>New data</span>	2023/24	↑	1,720	81.7%	69.7%	71.9%	41.3%		4.3%
Baby's first feed breastmilk (previous method)	2018/19	→	1,675	70.8%	62.5%	67.4%	43.6%		
Breastfeeding prevalence at 6 to 8 weeks - current method	2023/24	→	1,076	*	*	52.7%*	-	Insufficient number of values for a spine chart	
Healthy life expectancy at birth (Male)	2018 - 20	→	-	62.8	61.9	63.1	53.5		
Healthy life expectancy at birth (Female)	2018 - 20	→	-	67.1	62.6	63.9	54.3		71.2
Life expectancy at birth (Male)	2020 - 22	→	-	79.8	78.1	78.9	73.4		82.5
Life expectancy at birth (Female)	2020 - 22	→	-	83.9	82.2	82.8	79.0		3
Infectious Diseases in Pregnancy Screening: HIV Coverage	2022/23	→	-	-	99.8%*	99.8%*	-	Insufficient number of values for a spine chart	
Sickle Cell and Thalassaemia Screening: Coverage	2016/17	→	-	-	99.1%	99.3%	-	Insufficient number of values for a spine chart	

The full report will go into depth for the 'amber' and 'red' indicators. Some of these are old data, but we have been able to get more up to date data

# Doing well for pregnancy and birth (better than national average)

- Low birth weight of term babies - 2022
- Premature births (less than 37 weeks gestation) - 2019-21
- Baby's first feed breastmilk - 2023/24
- Baby's first feed breastmilk (previous method) - 2018/19
- Healthy life expectancy at birth (Females) - 2018-20
- Life expectancy at birth (Male) - 2020-22
- Life expectancy at birth (Female) - 2020-22

More detail  
can be  
found in the  
full report.

# Doing ok for pregnancy and birth (similar to the national average)

More  
detail can  
be found  
in the full  
report.

- General fertility rate – 2022
- Under 18s conception rate / 1,000 – 2021
- Caesarean section % - 2022/23
- Under 18s birth rate / 1,000 – 2022
- Multiple births – 2022
- Low birth weight of all babies – 2022
- Very low birth weight of all babies – 2021
- Stillbirth rate – 2020-22
- Healthy life expectancy at birth (Males) – 2018-20
- Ectopic pregnancy admission rate / 100,000 – 2022/23

# Areas of need for pregnancy and birth

More detail can be found in the full report.

- Early access to maternity care – 2023/24 Shropshire's performance is lower than the national average
- Early access to maternity care (previous method) – 2018/19 Shropshire's performance is lower than the national average
- Folic acid supplements taken before pregnancy – 2023/24 Shropshire's performance is lower than the national average
- Smoking in early pregnancy (previous method) - 2018/19 Shropshire's performance is higher than the national average (new method for this indicator had a data submission error)
- Obesity in early pregnancy (previous method) - 2018/19 Shropshire's performance is higher than the national average (new method for this indicator had a data submission error)
- Smoking status at time of delivery - 2023/24 Shropshire's performance is higher than the national average

# Low birth weight of term babies

Low birth weight of all full-time live births in Shropshire including regional and statistical neighbours, with West Midlands and England comparisons, 2022. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

2.1% of all live full-term births had a recorded birth weight under 2500g (low birth weight) in 2022. **Significantly below** England's rate of 2.9% and the West Midlands regional figure 2.8%. Lowest in the West Midlands region and second lowest among its statistical neighbours.

The trends show that Shropshire has been significantly below England for the last 3 years and hasn't been above England since 2010.

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	14,982	2.9	2.8	2.9
West Midlands region (statistical)	↓	1,759	3.0	2.9	3.2
Birmingham	→	539	4.1	3.8	4.4
Sandwell	→	139	3.5	3.0	4.1
Walsall	→	108	3.4	2.8	4.0
Coventry	→	120	3.3	2.8	4.0
Dudley	→	100	3.1	2.6	3.8
Stoke-on-Trent	→	84	3.0	2.5	3.8
Wolverhampton	→	91	3.0	2.4	3.6
Solihull	→	50	2.7	2.1	3.6
Telford and Wrekin	→	47	2.6	1.9	3.4
Warwickshire	→	124	2.3	2.0	2.8
Staffordshire	→	170	2.3	2.0	2.7
Herefordshire	→	32	2.3	1.6	3.2
Worcestershire	→	105	2.1	1.8	2.6
Shropshire	→	50	2.1	1.6	2.7

Source: OHID, based on Office for National Statistics data

[Indicator Definitions and Supporting Information](#)

## Low birth weight of term babies

Proportion - %

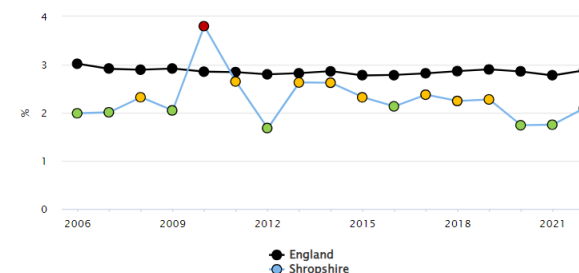
[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	→	-	14,982	2.9	2.8	2.9
Neighbours average	-	-	-	-	-	-
Dorset	→	3	55	2.3	1.8	3.0
Herefordshire	→	2	32	2.3	1.6	3.2
Somerset Cty	→	5	103	2.3	1.9	2.8
Devon	→	1	118	2.1	1.8	2.5
Shropshire	→	-	50	2.1	1.6	2.7
Wiltshire	→	4	84	2.0	1.6	2.5

Source: OHID, based on Office for National Statistics data

[Indicator Definitions and Supporting Information](#)



Recent trend: → No significant change

Period	Count	Value	95% Lower CI	95% Upper CI	West Midlands	England
2006	52	2.0%	1.5%	2.6%	3.3%	3.0%
2007	54	2.0%	1.5%	2.6%	3.4%	2.9%
2008	62	2.3%	1.8%	3.0%	3.5%	2.9%
2009	55	2.0%	1.6%	2.7%	3.4%	2.9%
2010	103	3.8%	3.1%	4.6%	3.3%	2.9%
2011	71	2.6%	2.1%	3.3%	3.3%	2.8%
2012	45	1.7%	1.3%	2.2%	3.2%	2.8%
2013	69	2.6%	2.1%	3.3%	3.2%	2.8%
2014	69	2.6%	2.1%	3.3%	3.4%	2.9%
2015	60	2.3%	1.8%	3.0%	3.3%	2.8%
2016	58	2.1%	1.7%	2.7%	3.2%	2.8%
2017	61	2.4%	1.9%	3.0%	3.1%	2.8%
2018	56	2.2%	1.7%	2.9%	3.3%	2.9%
2019	55	2.3%	1.8%	3.0%	3.3%	2.9%
2020	41	1.7%	1.3%	2.4%	3.1%	2.9%
2021	43	1.8%	1.3%	2.3%	3.0%	2.8%
2022	50	2.1%	1.6%	2.7%	3.0%	2.9%

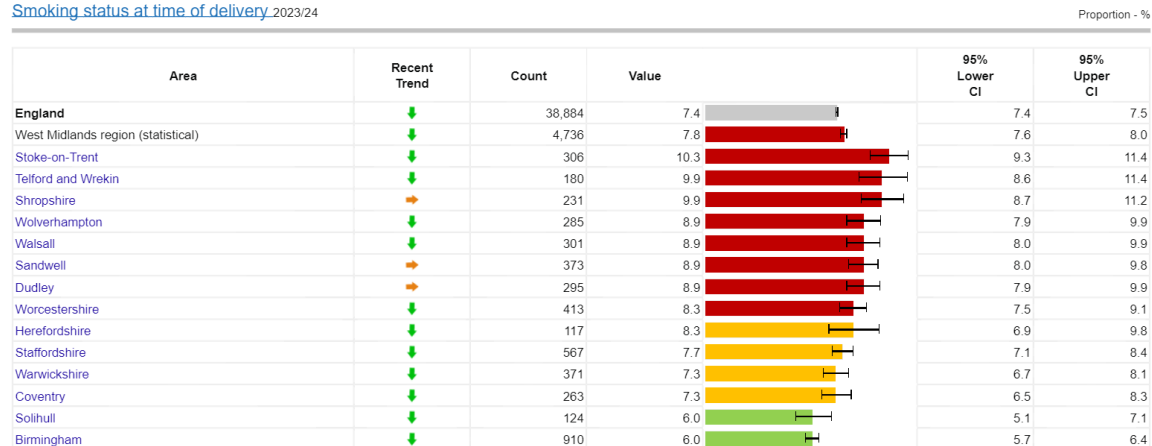
Source: OHID, based on Office for National Statistics data

[Indicator Definitions and Supporting Information](#)

# Smoking status at time of delivery

Percentage of women smoking at the time of delivery in Shropshire including regional and statistical neighbours, with West Midlands and England comparisons, 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

Smoking status at time of delivery 2023/24



9.9% of pregnant women were smoking at time of delivery in 2023/24. **Significantly above** England's rate of 7.4% and the West Midlands regional figure 7.8%. 3<sup>rd</sup> highest in the West Midlands region and highest among its statistical neighbours.

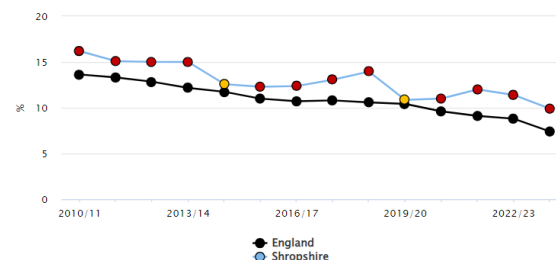
The trends show that Shropshire has been consistently above the England rate going back to 2010-11, although this year's figure is lowest on record

Smoking status at time of delivery

[Show confidence intervals](#) [Show 99.8% CI values](#)

Proportion - %

[More options](#)

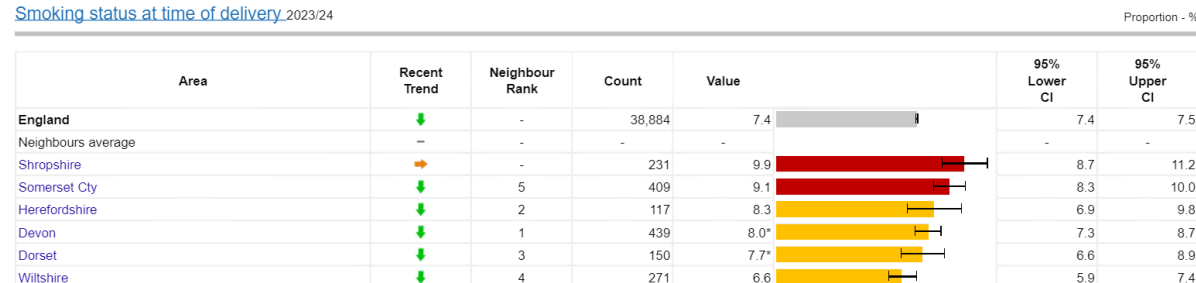


Recent trend: → No significant change

Period		Shropshire				West Midlands	England
		Count	Value	95% Lower CI	95% Upper CI		
2010/11	●	405	16.2%	14.8%	17.7%	16.0%	13.6%
2011/12	●	372	15.1%	13.7%	16.6%	15.6%	13.3%
2012/13	●	379	15.0%	13.7%	16.5%	14.4%	12.8%
2013/14	●	364	15.0%	13.6%	16.5%	13.3%	12.2%
2014/15	●	289	12.6%	11.3%	14.0%	12.9%*	11.7%
2015/16	●	297	12.3%	11.0%	13.7%	11.9%*	11.0%
2016/17	●	305	12.4%	11.1%	13.7%	11.8%	10.7%
2017/18	●	289	13.1%	11.7%	14.5%	11.9%	10.8%
2018/19	●	347	14.0%	12.6%	15.4%	11.9%*	10.6%
2019/20	●	273	10.9%	9.7%	12.1%	12.1%*	10.4%
2020/21	●	264	11.0%	9.9%	12.4%	10.6%	9.6%
2021/22	●	308	12.0%	10.8%	13.3%	9.8%	9.1%
2022/23	●	283	11.4%	10.3%	12.8%	9.1%	8.8%
2023/24	●	231	9.9%	8.7%	11.2%	7.8%	7.4%

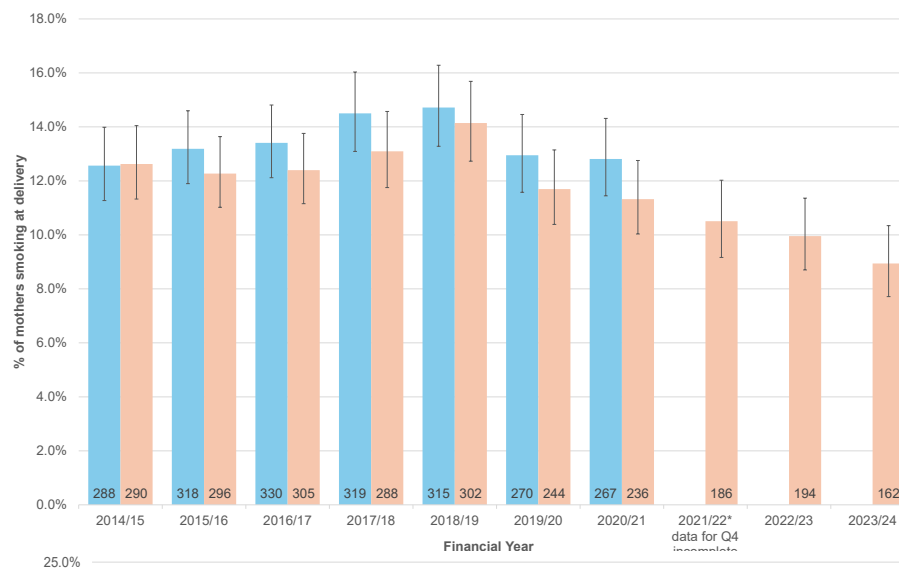
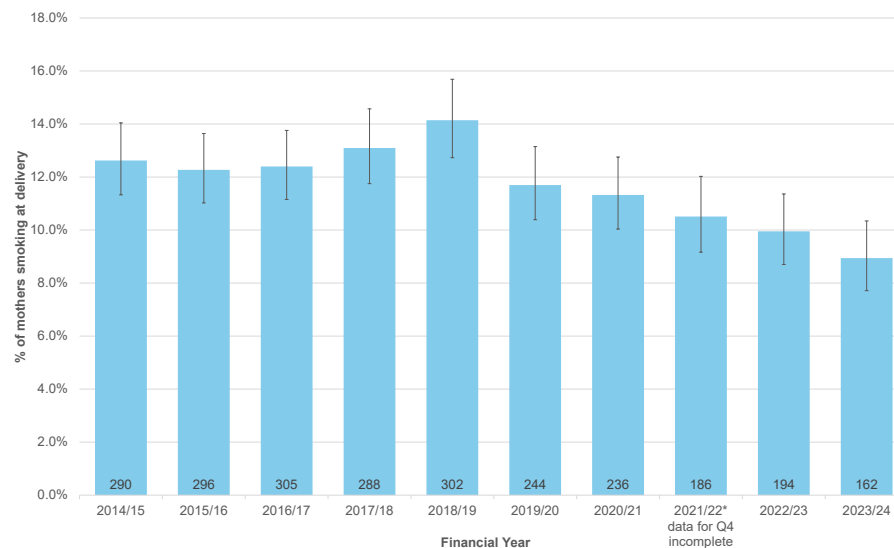
Source: OHID, based on NHS England data

Smoking status at time of delivery 2023/24



# Smoking status at time of delivery – deep dive analysis

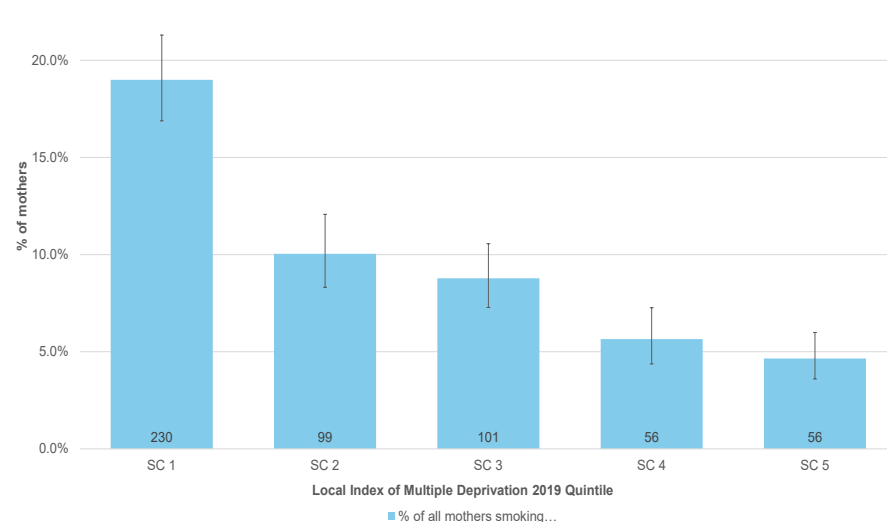
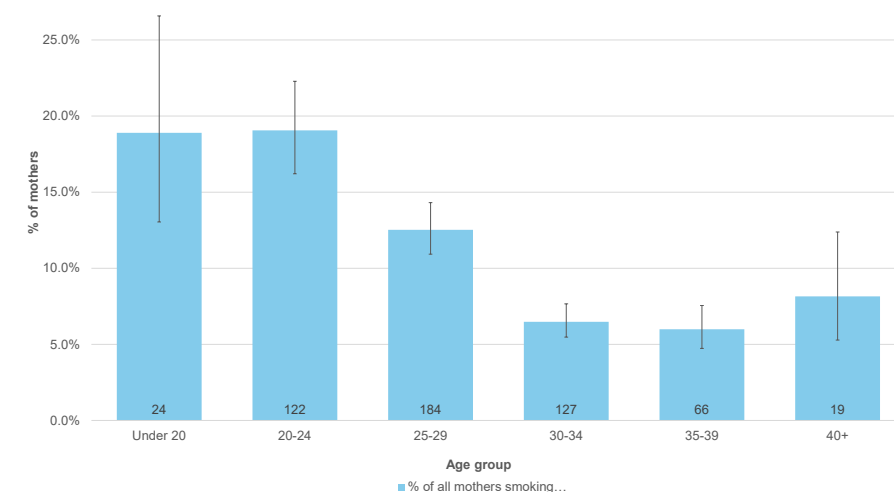
Smoking at the time of delivery for Shropshire mothers who delivered at SATH, 2014-15 to 2023-24. Source: Maternity Database, SATH



There had been a steady rise in smoking at delivery levels from 2014-15 to a high of 14.1% (302 women) in 2018-19, but rates have fallen, with 2023-24 being 8.9% (162 women).

In the 2020-21 where smoking at booking data was available (same cohort), there was a drop in the numbers smoking between booking and delivery - in 2020-21, 12.8% (267 women) smoking at booking, while smokers at delivery was 11.3% (236 women).

In the three-year period 2021-22 to 2023-24, there were a total of 542 smokers at the time of delivery. The smoking rates were significantly highest in the mothers aged under 20 (18.9%, 24 smokers) and the 20-24 age group (19.1%, 122 smokers), while rates in those aged 30 or over were just 6.2%.



There are also significantly higher smoking rates in the most deprived Shropshire quintiles (19%), compared to all other quintiles, with the smoking rates in the least deprived quintile being under 5%.

Stakeholder survey closed 6<sup>th</sup> December, 18 professionals responded,

Over half of respondents felt services were collectively supporting pregnancy well, with 56% reporting a score of 4/5

- Majority of the respondents rated availability of maternity services and information as fair to good. Strengths particularly in home visits and face to face provision. A fifth of respondents reported preconception advice and information was poor. 33% of respondents reporting availability and information relating to parenting support groups as poor and 17% as excellent.
- Majority of stakeholders reported accessibility of services and information as fair-good in Shropshire. 59% reported home visits and face to face provision as good.
- Accessibility and connecting through social media with pregnant people and their partners was reported as very poor or poor by a quarter of respondents (24%).
- Accessibility of parenting support programmes was reported as poor by 30% of respondents. 18% of respondents reported community-based activities and drop in support accessibility as very poor or poor.
- Views on engagement and co-production were more mixed, strengths reported were around actively engaging teenage parents in co-production and access to data, having the data we need as a system. But areas for improvement were around engaging with dads/partners, people from diverse and minority communities and those with additional needs (learning disability) in co-production of services. Collating and using service user feedback was rated mostly as fair but some improvement was also highlighted by stakeholders.
- Views around organisation development and workforce were mostly fair to good. Strengths include partnership working, supervision of workforce, continued CPD. Communication across services was reported as good by 53% of stakeholders however 24% reported this as poor. Other areas of improvement included accessibility to spaces where pregnant people, their partners and families access e.g. community centres; Co-location of services/multiagency support; Integrated services
- Majority of stakeholders reported that communication and quality of care were operating very effectively. Referral processes, waiting times and location of services also reported by the majority as effective.
- 70% of stakeholders reported that they'd like to work more closely with Primary Care, and almost half reported they'd like to work more closely with the voluntary sector and Shropshire Council.

*"We have nothing but positive feedback for the specialist safeguarding midwifery team in Shropshire, ... are amazing and so easy to contact and always offer support to us and our clients whenever we need it. They are always happy to attend MDT meetings and attend appointments with clients. Quote from Drug and Alcohol team- Third Sector/Voluntary Community Sector Enterprises/Charities:*

# Recommendations

More detail can be found in the full report.

1. To continue to monitor and reduce teenage conception rates further
2. To increase the number of women who are booked by midwifery within the first 10 weeks of pregnancy
3. To continue to ensure that throughout pregnancy and giving birth parents receive personalised care for their individual needs and we are responsive to equality, diversity and inclusion.
4. To improve data collection of modifiable risk and vulnerability factors during pregnancy – to include excess weight, smoking status at booking, alcohol consumption, drug use, folic acid supplement use, healthy start vitamins, mental health, domestic abuse and neurodivergence and physical and learning disabilities.
5. To increase the rates in pregnant women of vaccination against influenza and pertussis
6. To increase access to services to support healthy pregnancy within local communities
7. To look into and address concerns regarding levels of repeat pregnancies where children become looked after within the same family unit
8. To support partners / family members of **pregnant women to stop smoking** and to reduce the rates of pregnant women smoking at time of delivery.
9. To increase breastfeeding initiation rates, to achieve World Health Organisation Baby Friendly Initiative (BFI) accreditation
10. To continue to monitor and improve **infant mortality and stillbirth rates**, by addressing modifiable factors such as maternal obesity, smoking, safer sleeping, parenting support etc.
11. To monitor levels of referrals for early help from midwifery to ensure appropriate early support is provided to reduce the risk of escalation to statutory children's social care.

For feedback and queries, please contact Jess Edwards, Public Health Intelligence Manager,  
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