Maternity Joint Strategic Needs Assessment

November 2024

Author information

Title: Maternity Joint Strategic Needs Assessment

Prepared by: Bridget McGlinchy

Contributors: Georgia Ramirez, Emma Foord

Approved by: Katie Cole

Suggested citation: Tower Hamlets Maternity JSNA. Tower Hamlets Council: London. 2024.

Date of Publication: November 2024

Introduction

This Joint Strategic Needs Assessment (JSNA) covers the maternity journey from preconception, the antenatal period, birth and up to 28 days postpartum. The aim is to both highlight areas of success and identify ongoing areas of need to inform our future work. A summary is provided after each section to highlight key points.

The Population

This JSNA focuses on people from preconception, until 28 days postpartum who reside in Tower Hamlets and use local maternity services. Within the borough the fertility rate is 1.11 with over 4,000 births in Tower Hamlets each year, this is the second highest number out of all inner London boroughs.

What is being done locally?

Many local interventions and services aim to improve maternity care and outcomes for parents and babies. These include Family Hubs, the Baby Feeding and Wellbeing Service (BFWS) and many local voluntary, community and charitable organisations such as Toyhouse and Sister Circle.

What is the local picture?

Tower Hamlets is served by Barts Health NHS Trust with the Royal London Hospital (RLH) providing tertiary maternity care. There is limited data about preconception care in the borough. Those who have given birth in Tower Hamlets have varying experiences in the maternity system. More babies are born prematurely, and more full-term babies have low-birth-weight in Tower Hamlets.

Considerations

All the key takeaways and recommendations are included at the end of this JSNA. A large issue is that data for many crucial maternal health indicators is missing or of poor quality. This means for many indicators regional or national data is used as a proxy which limits our ability to identify specific areas of need within our local population.

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- Setting the scene: Demographic information
- Regulatory context: International, national and local
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Caveats

- In some cases, data is not available at a borough level. In this instance Trust level, regional or national data may be used as a placeholder.
    - Data from Barts Health NHS Trust will include data from the Royal London Hospital (RLH) in Tower Hamlets but also contains data from neighbouring hospitals in North East London (NEL).
- We acknowledge the use of language such as mother, women, and breastfeeding are not terms that accurately represent all pregnant and birthing people. Care has been taken to use inclusive language where possible however, when referencing other pieces of work, the language in the original work will be used in the JSNA for consistency. Terms such as mother or woman should be taken to include those who are pregnant or have given birth but do not identify as a woman.

Acronyms

BFI – Baby Friendly Initiative
BFWS – Baby Feeding and Wellbeing Service
CFC – Children and Family Centre
ED – Emergency Department
FGM – Female genital mutilation
FNP – Family Nurse Partnership
GBS – Group B streptococcus
GBV – Gender based violence
GP – General Practitioner
ICB – Integrated care board
JSNA – Joint Strategic Needs Assessment
LARC – Long acting reversible contraception
LBTH – London Borough of Tower Hamlets
LMNS – Local maternity and neonatal system
NEL – North East London
NHS – National Health Service
PPH – Postpartum haemorrhage
PTSD – post traumatic stress disorder
RLH – Royal London Hospital
SDH – Social Determinants of Health
SRH - Sexual and reproductive health
STI – Sexually Transmitted Infection
SUDI – Sudden unexplained death in infancy
T1DM – Type 1 Diabetes mellitus
TB - Tuberculosis
UN – United Nations
UNICEF – United Nations Children's Fund
VAWG - Violence Against Women and Girls
WHO – World Health Organization

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Setting the scene: Demographics – general population

Figure 1: Demographics of Tower Hamlets

Setting the scene: Demographics – general population

In 2021 Tower Hamlets had a population of 325,789 of whom 49.8% were women.[1]

Tower Hamlets is the most densely populated area in England with an average of 15,703 people living in each square kilometre (Figure 2).[1,2]

Evidence about the health consequences of living in an area with high population density is mixed.[3] Some studies have shown living in a high population density area increases risk of some cancers, chronic obstructive pulmonary disease (COPD), and asthma.[3] Interestingly those living in a high population density area may have a decreased risk of Type 1 Diabetes Mellitus (T1DM) (an autoimmune condition affecting your ability to control blood sugar levels).[3] Living in an area with high population density is often associated with greater exposure to air pollution.[3] Exposure to high levels of air pollution when trying to conceive increases the risk of miscarriage and infertility.[146] While exposure during pregnancy is associated with premature birth, low birth weight, maternal high blood pressure, and infant death.[146]

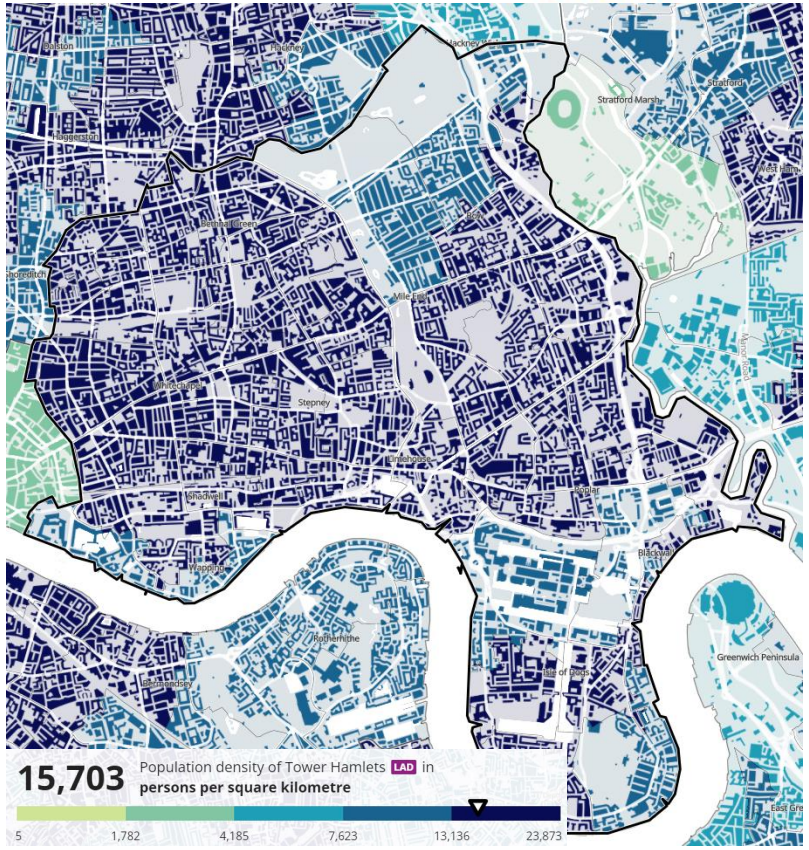


Figure 2: Population density map of Tower Hamlets.[2]

Setting the scene: Demographics – births

In 2023 4,151 babies were born in Tower Hamlets, this is a relatively high number compared to neighbouring areas.[4]

The fertility rate (number of births per 1,000 females in a population) in Tower Hamlets is lower than the London average (Figure 3). For the period 2016-2020 the fertility rate was 50.9 live births per 1000 females aged 15-44 years old.[4]

In keeping with the global trend, fertility rates in Tower Hamlets have been decreasing over the past 10 years.[5,6] This is, in part, due to changing social norms, financial constraints meaning childbearing is delayed, improved access to contraception, female reproductive education and increasing male and female subfertility.[5,6]

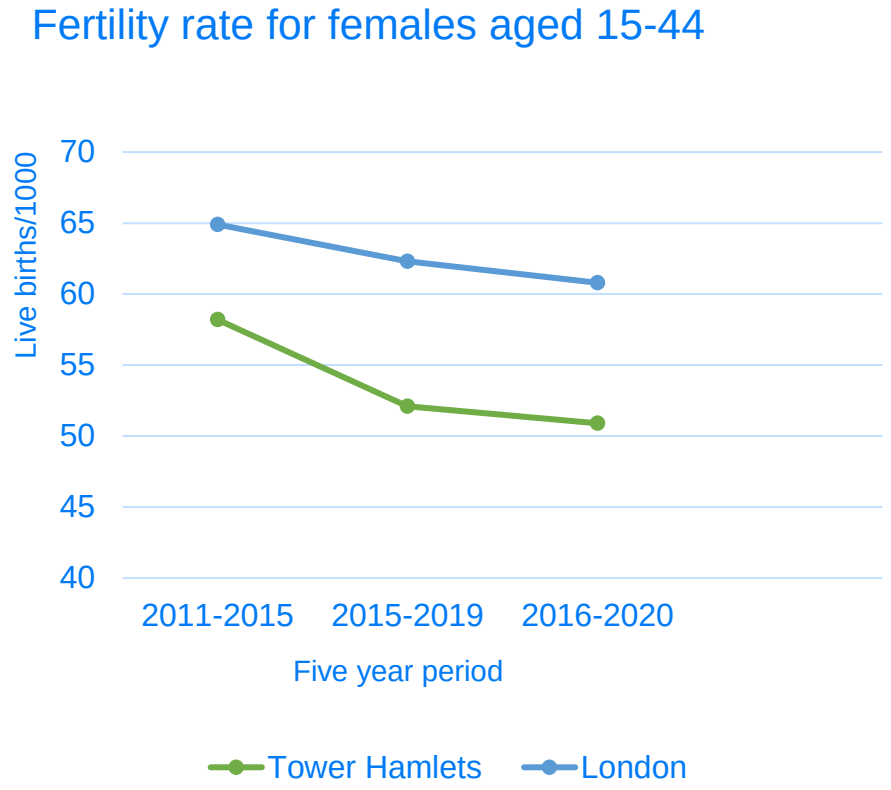


Figure 3: Fertility rate in Tower Hamlets and London.[4]

Setting the scene: Demographics – ethnicity

The largest proportion of pregnant women and people in Tower Hamlets are of Asian ethnicity (Figure 4).[7] Just over 20% of pregnancies are to those of White ethnicity.[7]

Data collected from the Royal London Hospital is unable to be examined by more specific ethnic groups used in the Census, such as Bangladeshi.

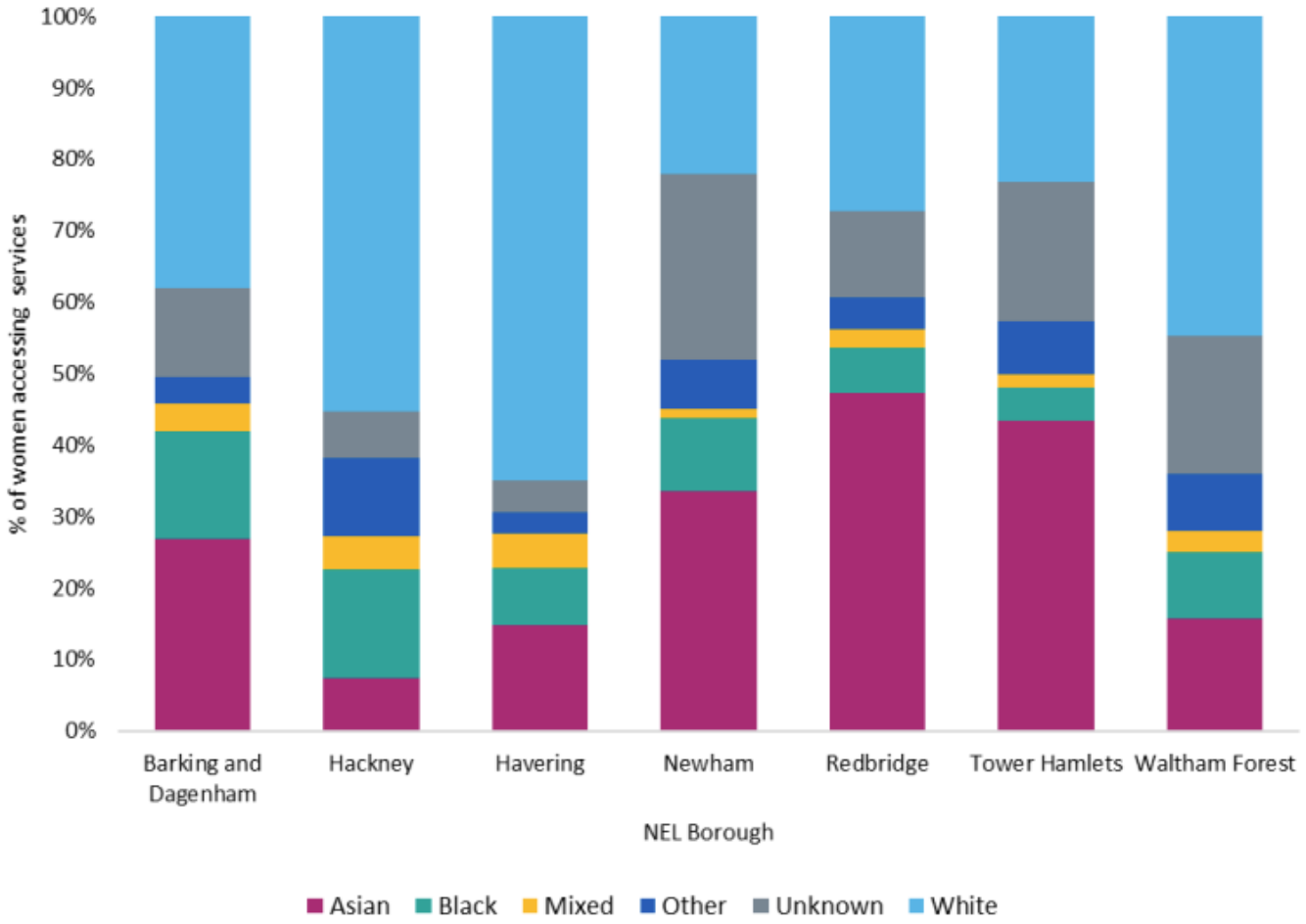


Figure 4: High level ethnicity of those accessing maternity services 2020-2021.[7]

Setting the scene: Demographics – ethnicity

As shown in Figure 5, parents with non-White ethnic backgrounds* account for the largest proportion of births in Tower Hamlets, and is a substantially greater proportion than London overall, and the national average.[8]

**for this dataset this includes any ethnicity other than White British, White Irish, White other or unknown*

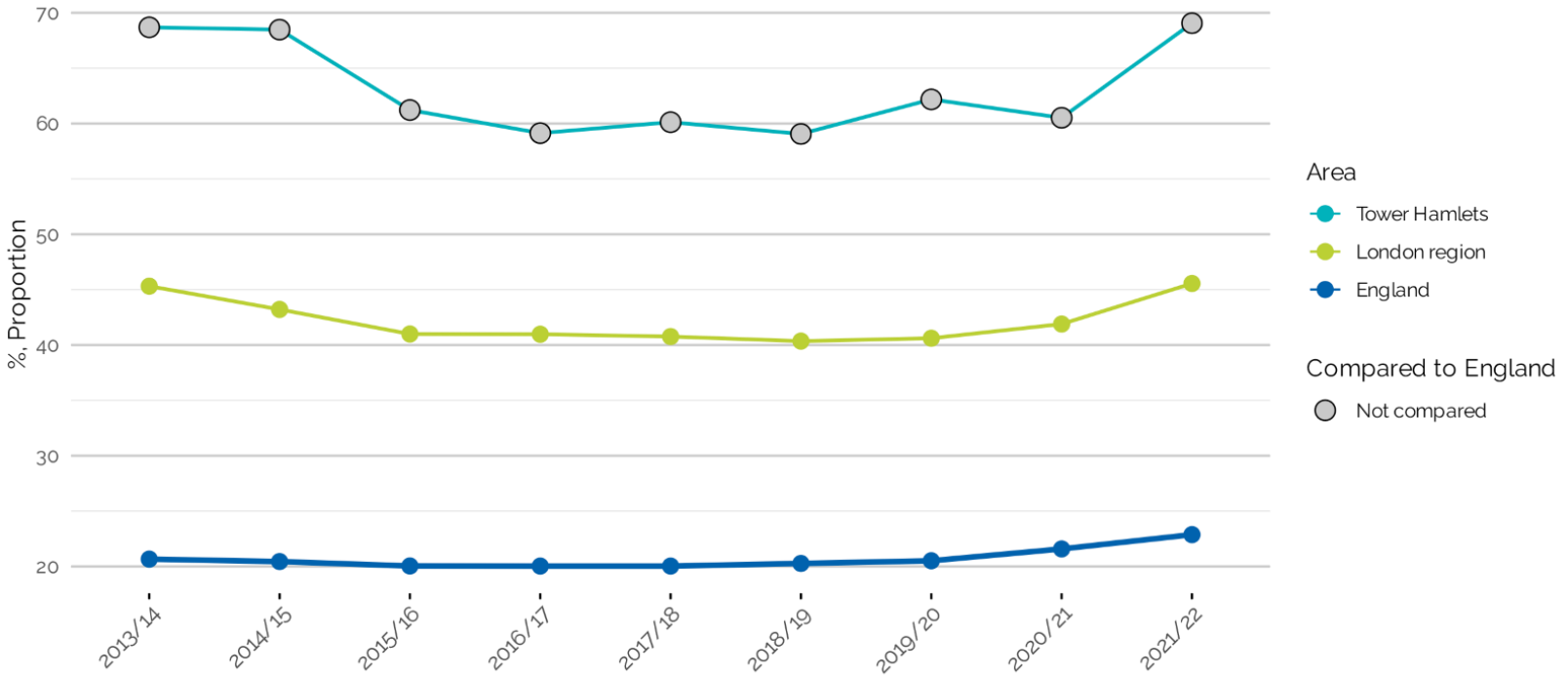


Figure 5: Deliveries to people from non-White ethnic backgrounds.[8]

Setting the scene: Demographics – age

The majority of people accessing maternity services in Tower Hamlets are aged between 25 and 35 (Figure 6), accounting for around 60% of all pregnancies in the Borough.

This is age profile is similar to neighbouring boroughs of Hackney, Newham and Waltham Forest, however it is different to Barking and Dagenham, Havering and Redbridge where a greater proportion of people are under 19.

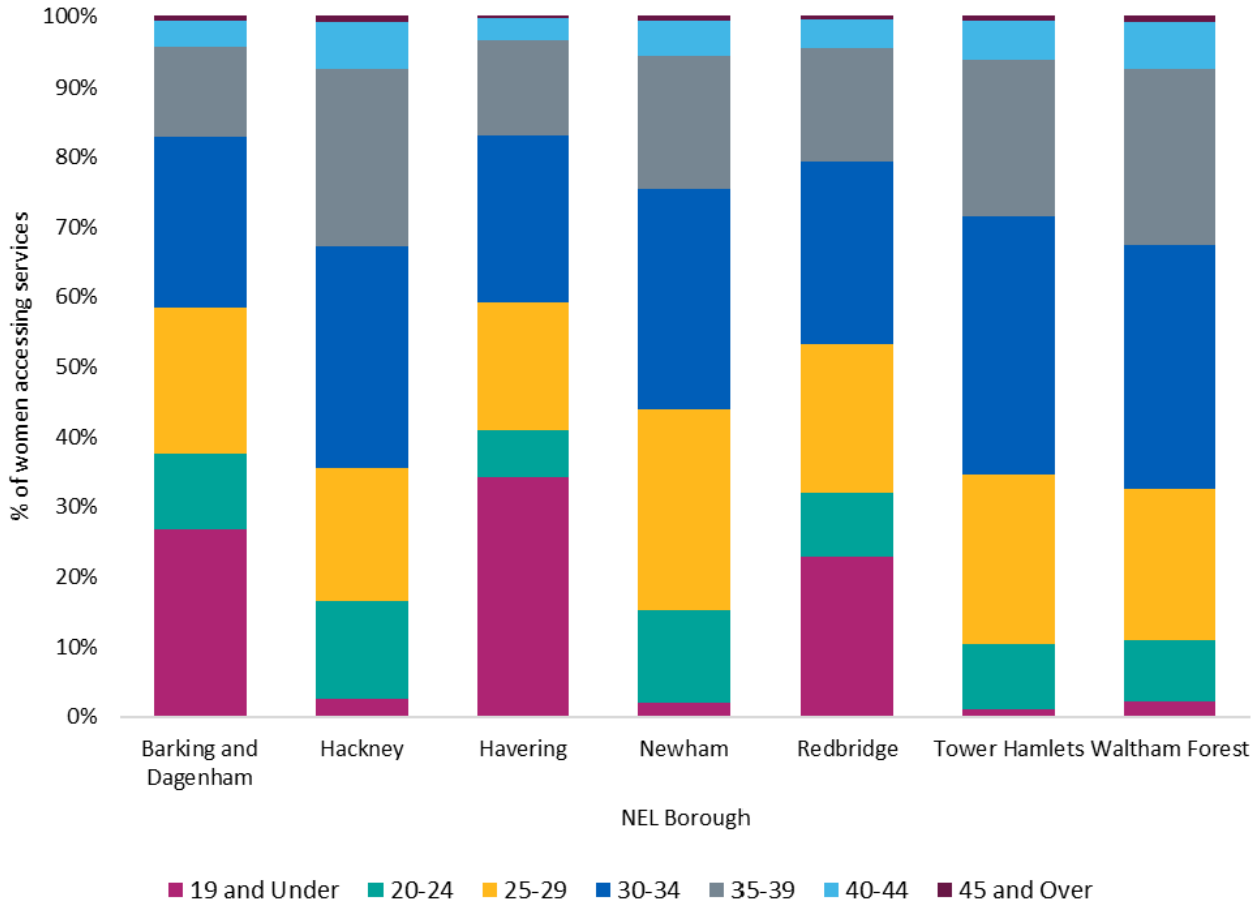


Figure 6: Maternal age in Tower Hamlets 2020-2021.[7]

Setting the scene: poverty

Tower Hamlets residents experience higher rates of poverty compared to other areas in London and England.[9] Figure 7 shows the distribution of poverty is unequal across the borough.[10]

Experiencing poverty has negative impacts on both parents and young babies.[9] Of households captured by the local LIFT dashboard (a tool that allows identification of families with low incomes who could be missing out on benefits);

33% are living in relative poverty

39% are experiencing fuel poverty

13% are experiencing food poverty

Experiencing poverty during pregnancy significantly increases the likelihood of adverse outcomes such as maternal death, infant death, still birth, preterm birth and low birth weight.[11]

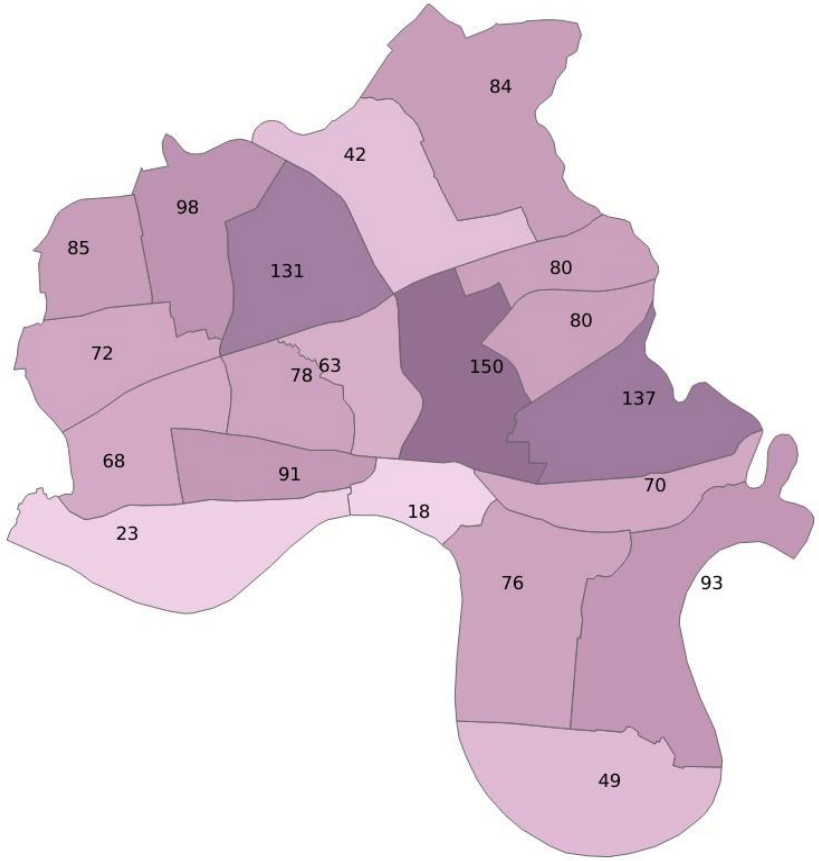
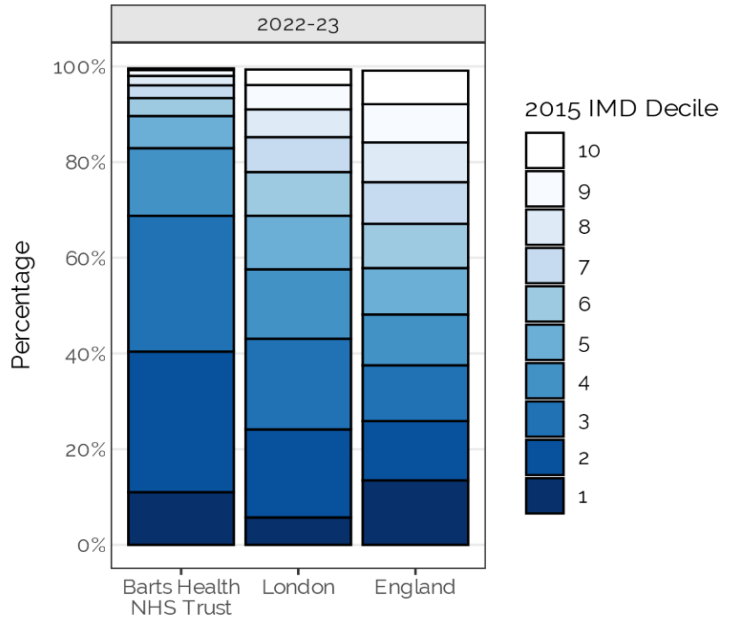


Figure 7: Heat map of Tower Hamlets showing households, with at least one child aged 0-4, living in relative poverty (LIFT dashboard data).[10]

Setting the scene: poverty

Within Barts Health NHS Trust (which covers five local hospitals, including the Royal London Hospital in Tower Hamlets) greater numbers of women live in more deprived areas compared to London and England (Figure 8).[12] Areas in decile 1 represent the 10% most deprived areas in England, and those in decile 10 are the 10% least deprived local areas.

Generally, those living in poverty experience greater difficulty accessing healthcare, increased stress, struggle to afford fresh healthy foods and have difficulty heating their homes.[13]
Mothers living in areas with higher deprivation may have decreased engagement with antenatal care and be more likely to have perinatal mental ill-health both of which can negatively impact the baby's health.[14,15]



Source: Maternity Services Data Set

Figure 8: Decile of mother's postcode at time of booking.[12]

Setting the scene: Focus areas

The JSNA will explore the following six high level areas across the maternity life course. This will cover the preconception period through to post-birth outcomes for both babies and parents.

Preconception	Antenatal	Maternal health	Birth	Postnatal maternal outcomes	Neonatal outcomes

• Pregnancy planning
• Access to sexual health care
	• Early booking
	• Antenatal care: health visiting
	• Screening
	• Vaccination
		• Maternal weight
		• Diabetes
		• Mental health
		• Gender based violence
		• Smoking and other substance use
		• Female genital mutilation (FGM)
		• Complex social factors
			• Method of delivery:
			  • Vaginal delivery
			  • Elective Caesarean Section
			  • Emergency Caesarean Section
			  • Assisted vaginal delivery
			• Obstetric history
			• Low birth weight
			• Premature birth
				• Maternal mortality
				• Obstetric complications
				  • Postpartum haemorrhage (PPH)
				  • Postpartum trauma
				• Postpartum hospital admissions
				• Maternal mental health
					• Still birth
					• Neonatal mortality
					• Neonatal hospital admissions
					• Breastfeeding

Setting the scene: Summary

- Tower Hamlets is the most densely populated area in the country and has high numbers of births compared to other local authority areas.
- The majority of births in Tower Hamlets are to parents with Asian ethnicity.
- Significant numbers of residents in Tower Hamlets are experiencing poverty which can have negative health consequences for parents and babies.
- The focus areas for this JSNA are grouped into six categories:
  - Preconception
  - Antenatal
  - Maternal health
  - Birth
  - Postnatal maternal outcomes and;
  - Neonatal outcomes.

Regulatory context: Legislation, policy and guidelines

Global

- Universal Declaration of Human Rights 1948.[16]
- International Covenant on Economic Social and Cultural Rights 1966, ratified in the UK 1976.[17]
- UN Convention on the Rights of the Child 1990, ratified in the UK1991.[18]
- WHO Global Strategy for Women's, Children's, and adolescents' Health 2015.[19]
- WHO Recommendations on Maternal Health 2017.[20]
- WHO Perinatal mental health service guide 2022.[21]

National

- Equality Act 2010.[22]
- Health & Social Care Act 2012.[23]
- Children & Families Act 2014.[24]
- Better Births Four Years On 2020.[25]
- Supporting public health: Maternity High Impact Areas 2020.[26]
- The Best Start for Life 2021.[27]
- Women's Health Strategy for England 2022.[28]

Regional

- LMNS Equity and Equality Strategy 2022.[29]

Local – Tower Hamlets

- Accelerate! Children and Families Partnership Strategy 2024-2029.[30]
- Tower Hamlets Health & Wellbeing Strategy 2021-2025.[31]
- Strategic Plan 2022-2026.[32]
- Tower Hamlets Early Help Strategy 2023-2025.[33]
- Tower Hamlets For All Partnership Plan 2023-2028.[34]

Regulatory context: Legislation, policy and guidelines

The Accelerate! Strategy is a five year plan developed by the Tower Hamlets Children and Families Partnership that outlines our vision and specific ambitions for improving the health and wellbeing of children in Tower Hamlets.[30] The eight ambitions are summarised below. The first ambition 'A great start in life' covers the first 1,001 days of life starting from conception until a child is two, the Maternity and Early Years Working Group is leading on this work.

Accelerate! Strategy Ambitions	Key Outcomes
Ambition 1: A Great Start in Life	Increased rates of breastfeeding, improving immunisation coverage, optimising maternal health and maternity care, increasing uptake of free early education entitlements, introduce Family Hubs, increase the percentage of children achieving a good level of development in reception.
Ambition 2: A healthy childhood	Increase rates of childhood immunisation coverage, increase the percentage of children with a healthy weight in reception and year 6, tackle social determinants of health (air quality, overcrowding)
Ambition 3: Supporting Good Mental Health and Wellbeing	Perinatal mental health and wellbeing, decrease wait times for mental health support services, improvement in self-reported happiness in the Pupil Attitude Survey
Ambition 4: The right support for children with special educational needs and disabilities and their families	Early detection through antenatal and newborn screening programmes, develop a new SEND strategy, reduce waiting times for diagnosis
Ambition 5: Safe and secure	Improve collaboration with local partners to safeguard children from harm such as neglect, bullying and violence.
Ambition 6: Achieve their best in education and opportunities to develop a career	Reduce school absence and increase educational attainment after 16, increase the percentage of children with SEND or who are care experienced in education employment or training.
Ambition 7: Support families in the cost of living and child poverty crisis	Increase the percentage of families receiving the support they are eligible for, address the impacts of overcrowding, implement 'poverty-proofing' in services.
Ambition 8: Champion co-production, equality and anti-racism	Ensure all services collect data about protected characteristics in order to tackle inequities.

Wider context: Evidence, reviews and delivery plans

- Ockenden Report: Findings, conclusions and essential actions for maternity services nationwide from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust.[35]
- MBRRACE-UK Reports: Various reports investigating maternity care in the UK including maternal morbidity, mortality and inequity.[36]
- NICE guidelines:
  - Antenatal care[37]
  - Women's and reproductive health guidelines[38]
  - Intrapartum care[39]
  - Foetal monitoring in labour[40]
  - Antenatal and postnatal mental health: clinical management and service guidance[41]
- Three year delivery plan for maternity and neonatal services NHS England plan produced following the Ockenden Report.[42]
- Relevant research is continuously published in journals. It is important to keep up to date with evidence to ensure we can provide best practice care.
  - An example of recent research can be found here: An interactive childbirth education platform to improve pregnancy-related anxiety[43]

Effective interventions: Wider determinants of health

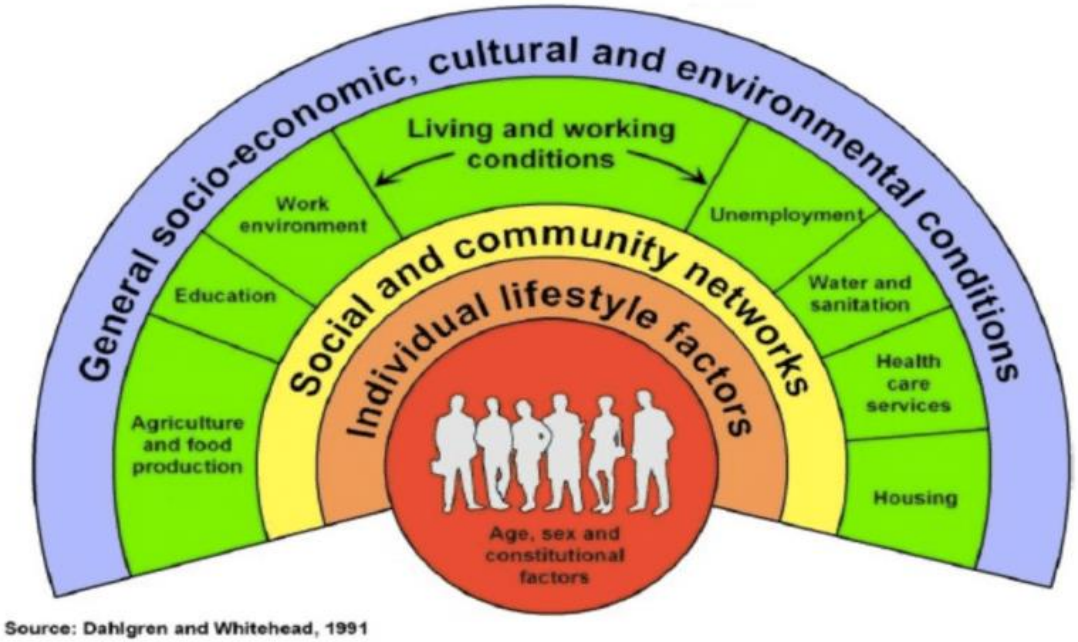


Figure 9: Social determinants of health.[45]

The social determinants of health (SDH) (Figure 9) are a wide range of complex factors that influence health.[44,45]

These determinants of health play an important role in wellbeing during pregnancy and can impact pregnancy outcomes.[44] The influence of the determinants of health can exacerbate existing health inequity between different groups during pregnancy.[44]

Exposure to racism, poverty and food or housing insecurity may increase the risk of premature birth, miscarriage and preeclampsia.[46]

Women and pregnant people who are experiencing negative consequences due to the influence of the SDH are often underrepresented in research. Therefore, meaning the true impact of the SDH on pregnancy are likely unknown.[46]

Effective interventions: Wider determinants of health

Achieving maternal wellbeing is multifactorial. The Lancet identifies "eco-social forces" (Figure 10) that influence health and identify determinants that contribute to the risk of maternal mortality:[44]

Social:[44]

- Racism, discrimination
- Low maternal education
- Sociocultural factors that perpetuate gender bias
- Disinformation

Individual:[44]

- Marital status and level of involvement of partner in pregnancy
- Low socioeconomic status of partner
- Lifestyle factors driven by the powerful commercial determinants of health: physical activity, diet and substance use.[47]

Health factors:[44]

- Low levels of health knowledge
- Lack of autonomy to independently seek healthcare
- Difficult access to healthcare
- Substandard care

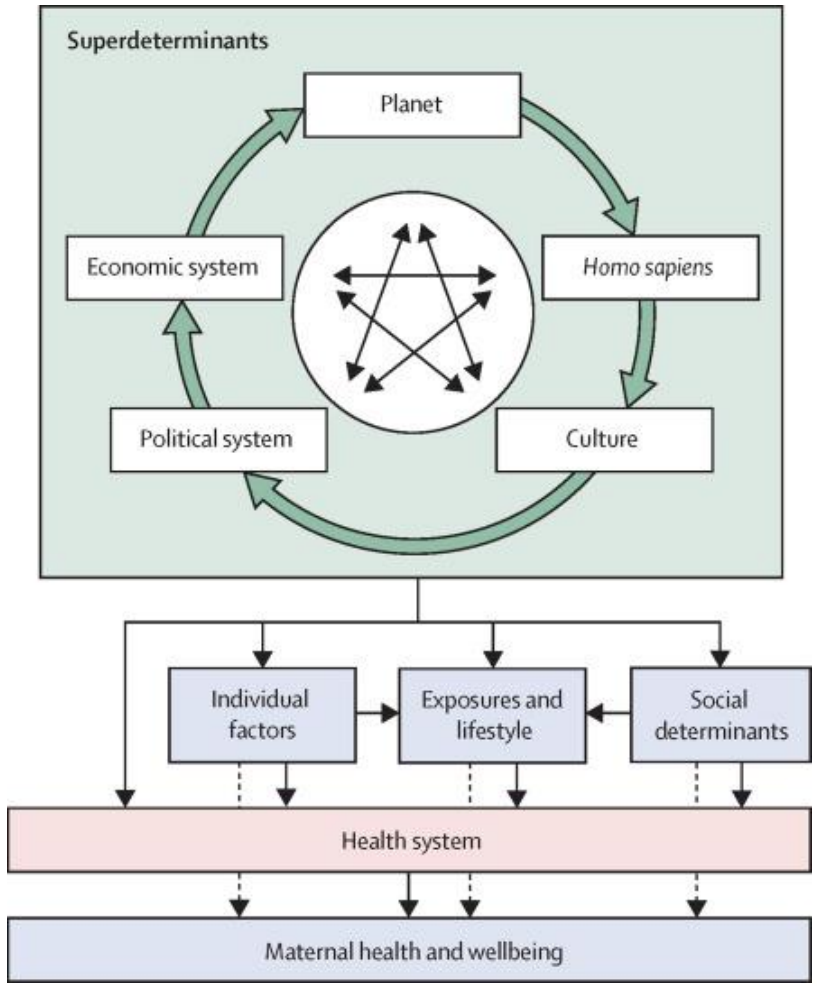


Figure 10: Factors influencing maternal health.[44]

Effective interventions: Best practice guidelines

Optimise preconception health[37]

- To have the healthiest pregnancy and baby, it is recommended that parental health is as good as possible before trying for a baby. This includes being a healthy weight, being smoke, drug, and alcohol free, taking folic acid and vitamin D supplements, and having good control of any chronic health conditions.

Personalised maternity care[37]

- Outcomes are improved when families are informed, and lead decision making around their pregnancy care and birth plan.
- Continuity of carer including midwives and health visitors also improves outcomes for parents and babies.

Effective perinatal mental health support[37]

- Many people experience mental health difficulties when adapting to pregnancy and life as a new parent, this includes both mums and dads.
- Parent-infant relationships can be impacted if parents have unmet mental health needs. It is therefore important that all parents who need support are be identified early.
- Support should be offered in multiple forms, such as group sessions or online platforms, to increase accessibility of services.

Early access to antenatal care[37]

- Evidence shows early access to antenatal care improves outcomes for parents and babies. It allows for any issues to be identified early and managed appropriately.
- Parents have time to get adequate antenatal education.
- Families who may have additional needs can be linked with support services early.

Making Every Contact Count[37]

- Each contact before, during, and after pregnancy offers an opportunity to check the health of parents and babies and provide health promoting advice.
- Allows for early detection of additional needs, potentially preventing things from becoming more serious.

Skilled and adequately staffed workforce[37]

- Safe staffing levels where capacity meets care demand
- Staff who engage in regular multidisciplinary training are safer and work more effectively as team.
- Staff should know about and follow standard protocols for monitoring in labour to identify foetal distress or maternal illness as early as possible.

Context and interventions: Summary

- Both international and national law provides the legal framework for maternity services in England. These include requirements about equality, the rights of service users and the minimum services that are required.

- Guidelines about providing safe maternity care exist from a global to local level. The World Health Organization (WHO) provides global strategic guidance, with more localised guidelines developed by Government departments, the Local Maternity and Neonatal System and within Tower Hamlets Council.

- Reviews, such as the Ockenden Report and MMBRACE-UK Reports, into maternity services provide objective overviews of issues and areas of need at a national level. While NICE guidelines and published research provide current guidance and evidence for safe and equitable maternity care.

- There are many interventions that are effective at improving pregnancy outcomes such as personalising maternity care and optimising preconception parental health. These effective interventions in part address the social determinants of health and aim to reduce health inequity.

The local picture: Preconception

Planning a pregnancy

There is no local data about the numbers of people planning a pregnancy. When trying to conceive there are many behaviours that are recommended to optimise maternal health, these include;

- Take folic acid and vitamin D daily.[48, 49]
- Abstain from drinking alcohol or consuming illicit substances
- Don't smoke
- Eat recommended levels of fruit and vegetables
- Get at least 150 minutes of exercise per week

Research undertaken in the UK suggests that adherence to this advice is low nationwide,[49] with only 44% of people trying to get pregnant reporting taking folic acid supplements;[49] 21.7% continuing to smoke;[49] 49.1% continuing to drink alcohol;[49] 54.1% meeting fruit and vegetable consumption guidelines and 42.6% getting less than 150 minutes of exercise per week.[49]

- Smoking during pregnancy increases the risk of miscarriage, stillbirth, foetal growth restriction, and premature birth.[50]
- Taking folic acid preconception reduces the risk of the baby having a neural tube defect (caused by abnormal development of the brain and spinal cord).[51]
- Drinking alcohol during pregnancy increases the risk of miscarriage, stillbirth, premature birth, foetal growth restriction and can cause foetal alcohol spectrum disorder which can cause learning and behavioural difficulties, and a lifelong increased risk of mental illness.[52]
- Maternal diets lacking nutrients such as iron, iodine, calcium and zinc can cause anaemia, preeclampsia, and stillbirth.[53]
- Engaging in regular moderate physical activity during pregnancy decreases the risk of preeclampsia, premature birth, and gestational diabetes and can assist in pain management and weight management during pregnancy.[54, 55]

The local picture: Preconception

Access to sexual health care

Contraception:

In 2023;

- 3.17% of women aged 15-44 in Tower Hamlets are on Long-Acting Reversible Contraception (LARC), the most reliable form of reversible contraception. This is lower than the England average of 4.41%.[56]
- 8.03% received short acting combined contraception from a GP and 1.02% from sexual and reproductive health (SRH) services.[56]
- 5.34% receive progesterone only pills from a GP and 0.66% from SRH services.[56]
- 6 women out of 1,000 received injectable contraception from a GP and 1.7 per 1,000 from SRH services. This is significantly less than the national average of 25.8 women per 1,000 receiving injectable contraception from a GP.[56]

In all measured statistics available on Fingertips, excluding for those receiving short acting combined contraception from SRH services, women in Tower Hamlets had significantly lower rates of contraception prescription compared to England.[56]

The local picture: Preconception

Sexually Transmitted Infections (STI)

In 2022 the rate of all new STI diagnosis in Tower Hamlets was 2,344 per 100,000 people, this is nearly twice as high as the London average and over three times as high as the England average (Figure 11).[56] However, this may also be a reflection of high STI testing rates in the borough (Figure 12). [56] This may suggest messaging about the importance of STI screening is effectively reaching the population.

Rates of admission for pelvic inflammatory disease (a complication of some STIs) are similar to the national average at 220 per 100,000 women. [56]

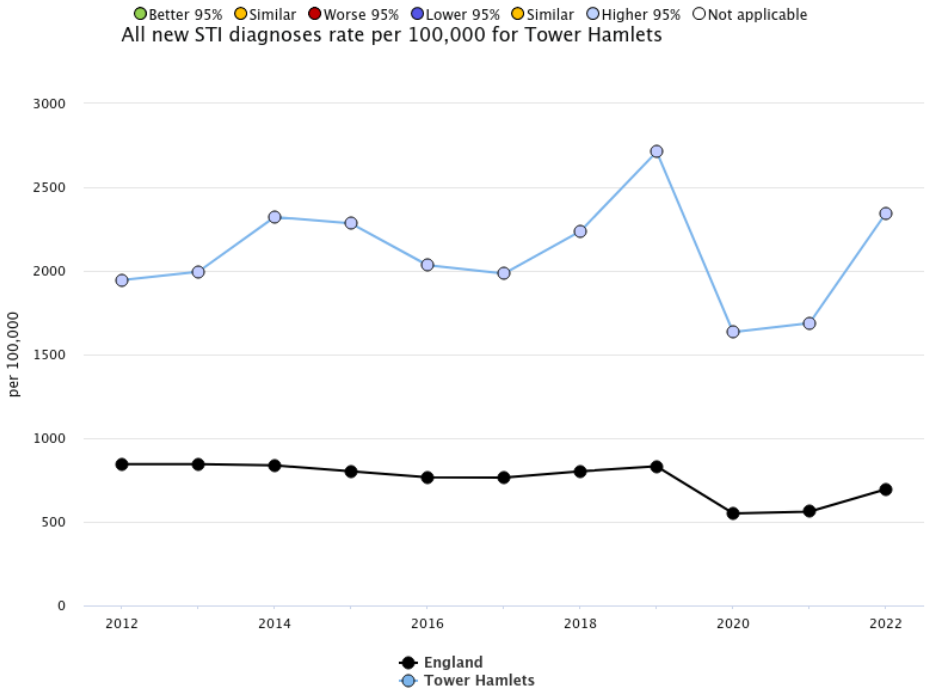


Figure 11: STI diagnosis rate.[56]

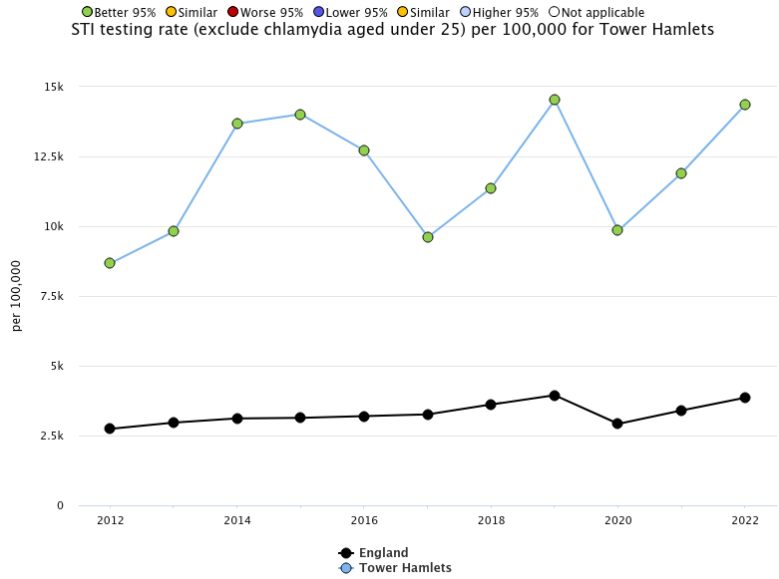


Figure 12: STI testing rate.[56]

The local picture: Preconception

Access to abortion services

In 2022 16.6 out of 1,000 pregnancies in Tower Hamlets are aborted. This is lower than neighbouring boroughs in NEL, and lower than the national average.[56]
Since 2012 abortion rates have generally been decreasing and became lower than the England average for the first time in 2018 (Figure 13).[56]

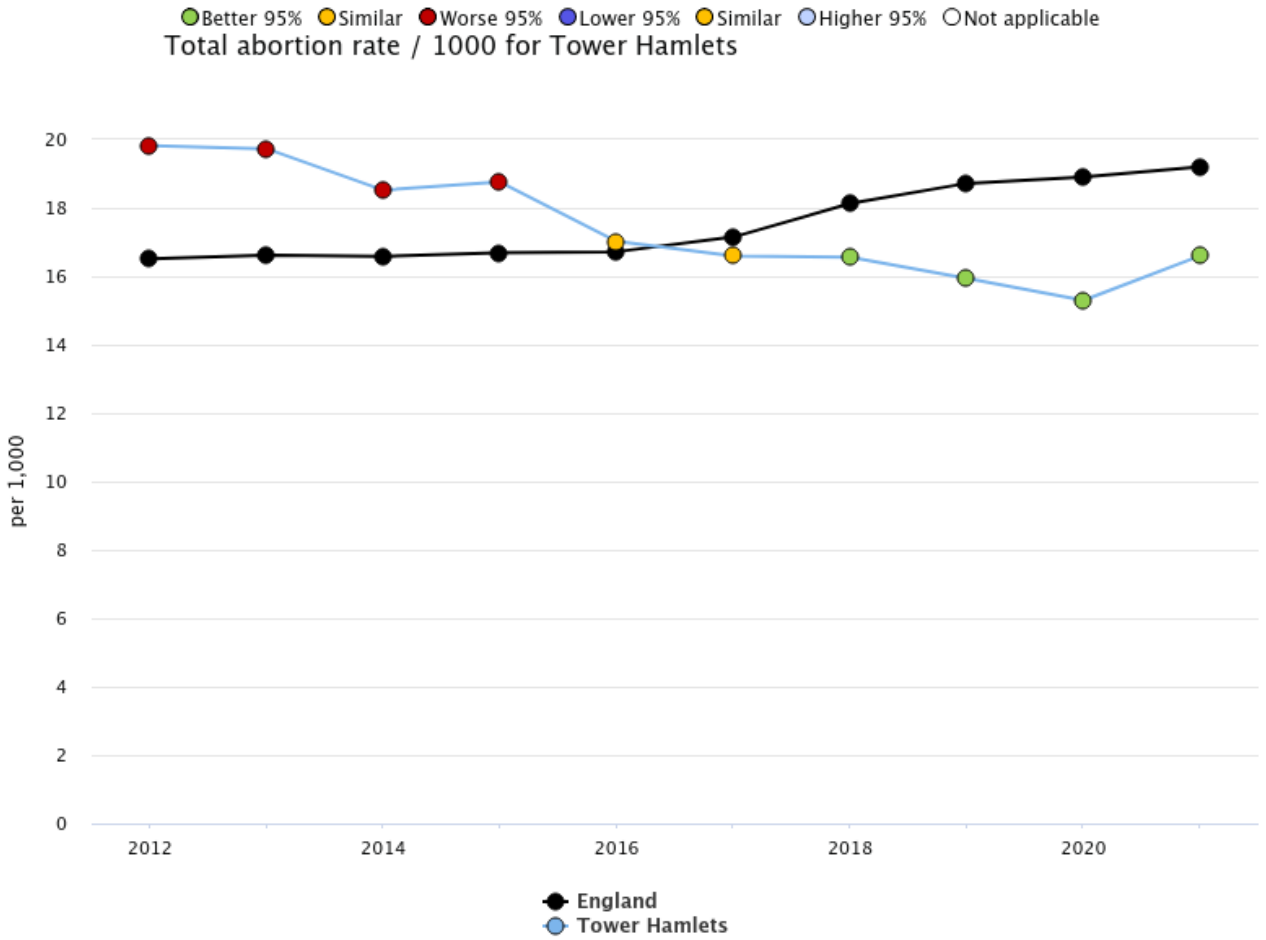


Figure 13: Abortion rate over time in Tower Hamlets compared to England.[56]

The local picture: Antenatal

Early booking

Early access to maternity care is defined as booking* at or before 10 weeks gestational age. As shown in Figure 14 a smaller proportion of women access early maternity care in Tower Hamlets compared to London and England.[12]

Fewer women book within 10 weeks in Tower Hamlets even when compared to Barts Health NHS Trust overall where in January 2024, 53% of pregnancies in the Trust were booked within 10 weeks, 26% within 12 weeks, 12% within 20 weeks and 7% later than 20 weeks.[12]

Earlier antenatal care can address health inequities and minimises pregnancy risk through; initiation of supplementation, early education, and screening tests, and allows women to have greater choice about their pregnancy care.[37, 57, 58]

Improvement is needed to ensure women in Tower Hamlets understand the benefits of booking early and are supported to do so.

Improvements such as including ethnicity data, when collecting gestational age at booking information is needed to enable long term trends and inequities to be examined.

**booking refers to how many weeks pregnant someone is at their first midwifery appointment*

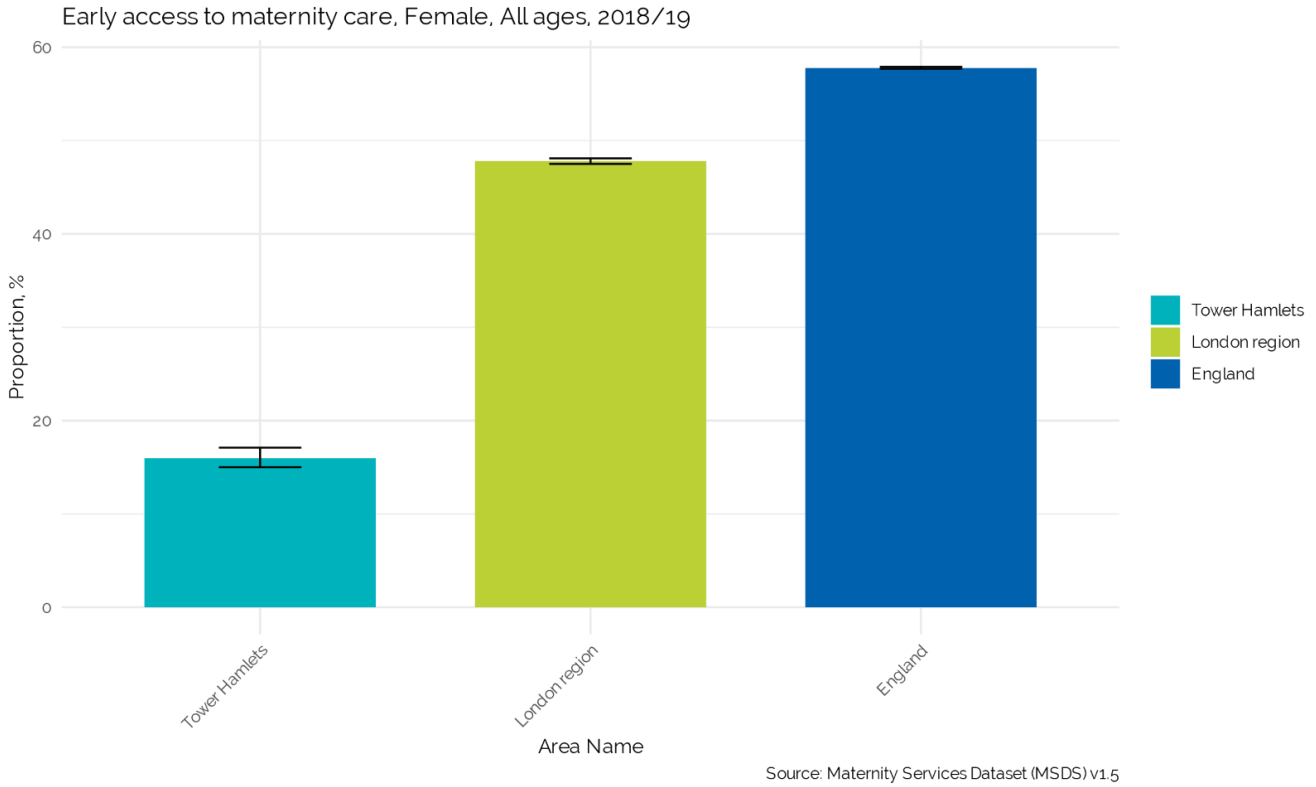


Figure 14: Percentage of pregnancies booked before 10 week's gestation in 2018/2019.[12]

The local picture: Antenatal

Health Visiting

All families are entitled to an antenatal Health Visiting review. In Tower Hamlets during 2023-2024 52% of expectant parents received an antenatal Health Visiting contact (either virtual or face to face).[59]

In contrast 85% of newborn babies and new parents received the new birth visit within 14 days of birth, with a further 11% of babies receiving this after 14 days of age.[59]

Health Visiting services are struggling across the country due to severe workforce pressures, with the number of Health Visitors reducing by nearly 40% since 2015.[60] This is further compounded by increasing workloads related to increasing inequity and levels of need within the community.[60]

The local picture: Antenatal

Screening

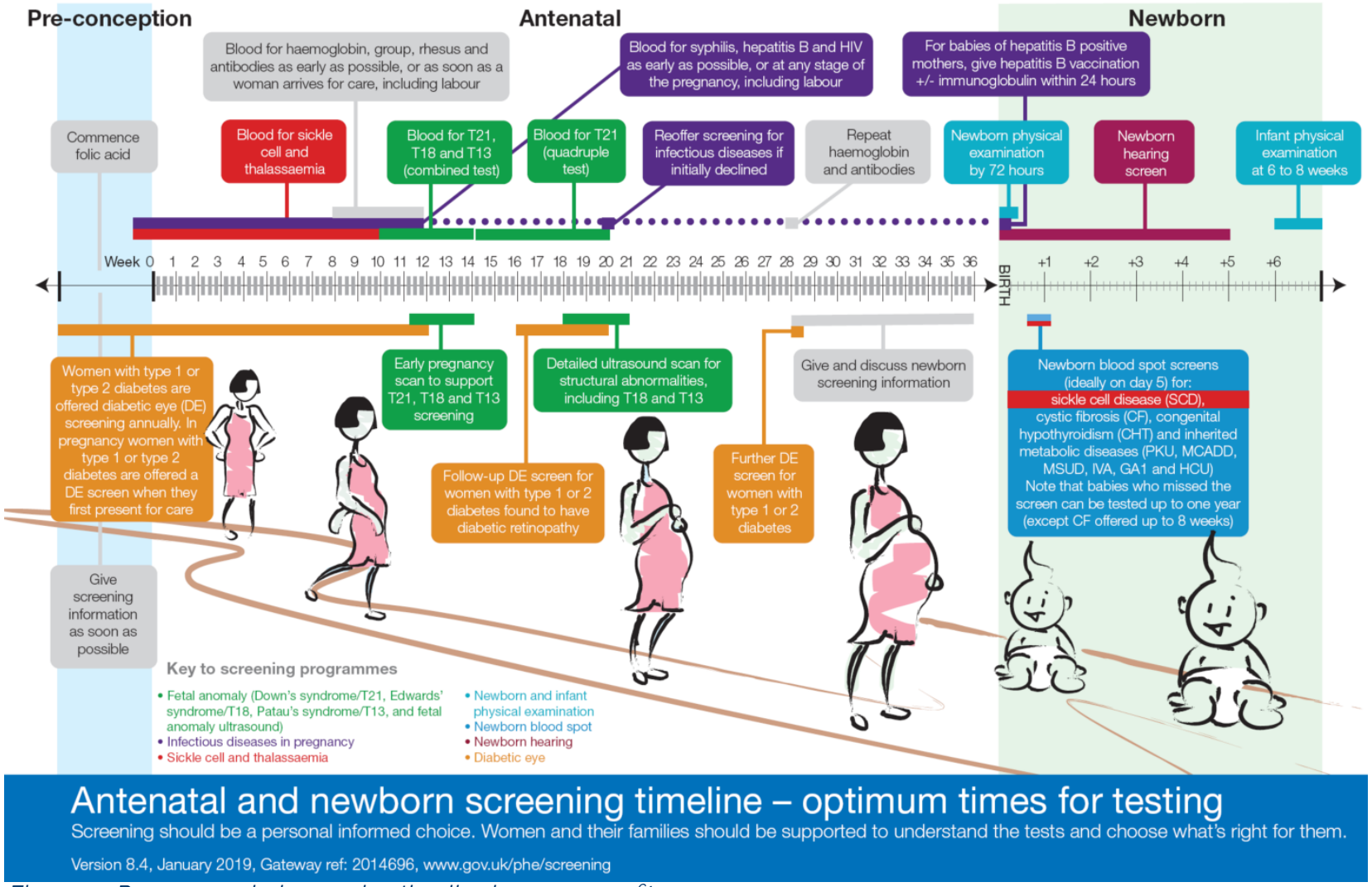
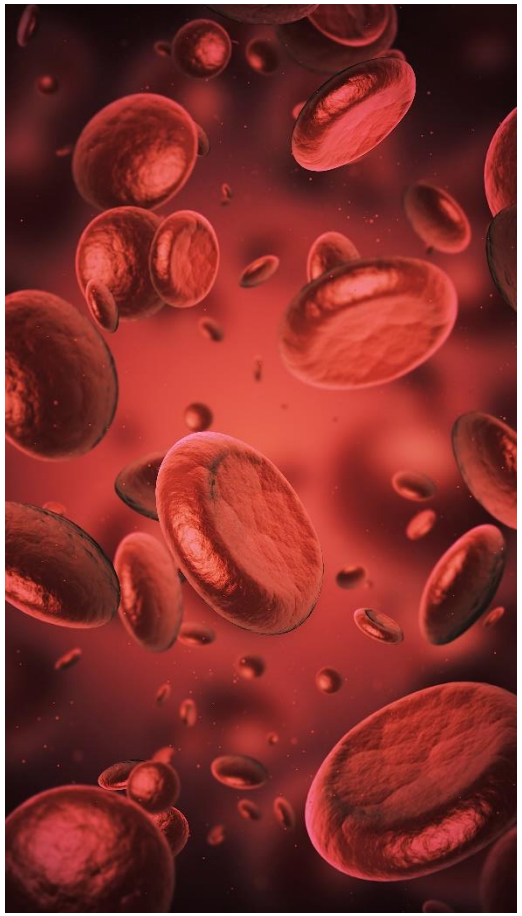


Figure 15: Recommended screening timeline in pregnancy.[61]

The local picture: Antenatal

Screening

- During pregnancy, everyone should be offered routine screening tests as shown in Figure 15.[61-63] These are to check for infectious diseases such as hepatitis, chromosomal disorders of the baby and a scan at 20 weeks' gestation to check the growth and development of the baby.[62,63] Within Tower Hamlets the uptake of screening tests for infectious diseases is high.[63]
- Some genetic conditions, including haemoglobinopathies (such as sickle cell anaemia and thalassaemia), are more prevalent in different ethnic groups.[61] Haemoglobinopathies are inherited conditions which impact haemoglobin formation. Haemoglobin is a component in red blood cells that is important for transporting oxygen around the body.[61] These conditions are more prevalent in people with Middle Eastern, African and Asian ethnicity, these ethnic backgrounds account for a significant proportion of the Tower Hamlets population.[1,61,63]
- There are varying severities of haemoglobinopathy with long term consequences ranging from mild anaemia, reliance on blood transfusion, to a decreased life expectancy, and in the case of alpha thalassaemia major, the death of the baby during pregnancy.[61]
- Screening for haemoglobinopathies needs to occur at 9 weeks gestation or earlier.[63] In the last quarter at the Royal London Hospital only **22.3%** of pregnancies had screening before 9 weeks.[63] This limits parents' reproductive choices and access to prenatal diagnosis and genetic counselling services.[61,64]
- Screening for the presence of bacteria Group B streptococcus (GBS) occurs in some women during the late stages of pregnancy however is not routine.[63] Hospital staff have raised concerns that midwives cannot access women's GBS results. GBS can have serious consequences for newborn babies, however the risk of transmission is significantly reduced by giving antibiotics during labour .[65]



The local picture: Antenatal

Vaccination

Antenatally everyone is offered vaccinations against three diseases; influenza, COVID-19 and pertussis (commonly known as whooping cough).[66] Vaccinating during pregnancy allows for transfer of immunoglobulin to the unborn baby, therefore providing them some immunity immediately after birth.[66] This is important as babies have immature immune systems and are susceptible to infection in the neonatal period.[66]

In September 2023 for the whole NEL region (Barking & Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest) prenatal pertussis vaccination coverage was only **28.4%.**[67] At a London level vaccination rates have been decreasing over the past four years, and are significantly below the rest of England (Figure 16).[67] Pertussis is a serious illness which can result in the death of young babies, vaccination during pregnancy is the best protection against this.[66,67]

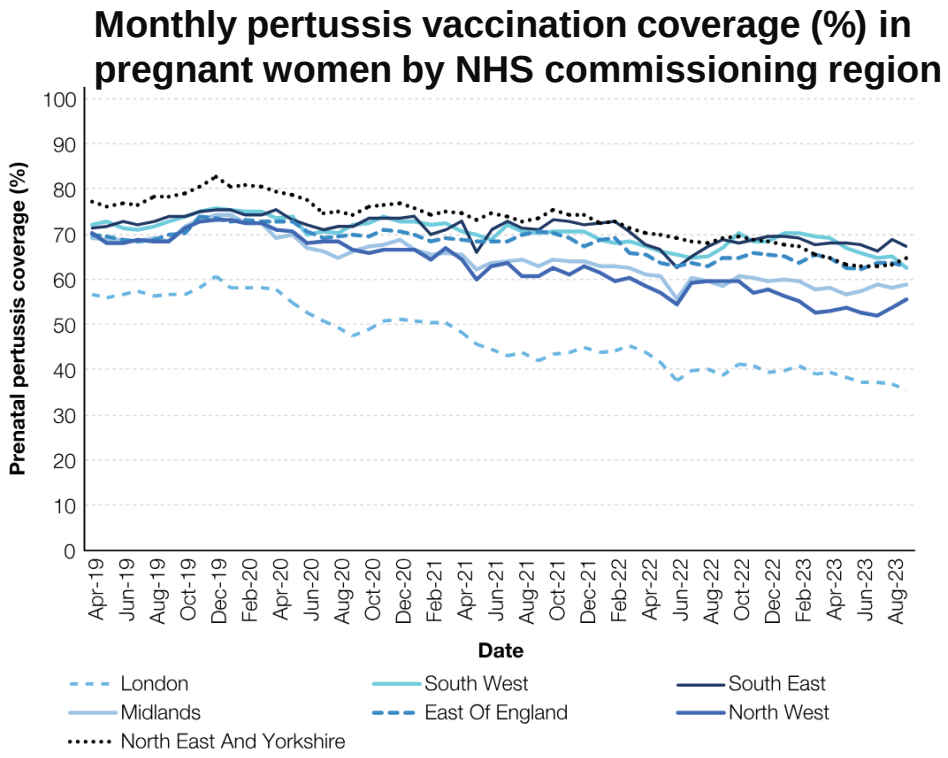


Figure 16: Pertussis vaccination coverage nationally.[67]

The local picture: Maternal health

Maternal weight

Data about maternal weight is not easily available at a borough level. However, within Barts Health NHS Trust over **50%** of pregnancies are to mothers that are overweight or obese (Figure 17).[12]

Maternal obesity increases the risk of multiple conditions including;[14]

- pre-eclampsia,
- gestational diabetes,
- miscarriage,
- having a prolonged or difficult labour,
- slower wound healing and
- experiencing greater difficulty with breastfeeding.

Babies born to obese women are at higher risk of being large for gestational age, stillbirth, and developing obesity in later life.[14]

Being physically active and having a healthy weight are two of the ways people can optimize their health when planning to get pregnant.[14] In Tower Hamlets more work should be done to support maternal healthy weight and physical activity given over half of pregnancies are complicated by maternal excess weight.

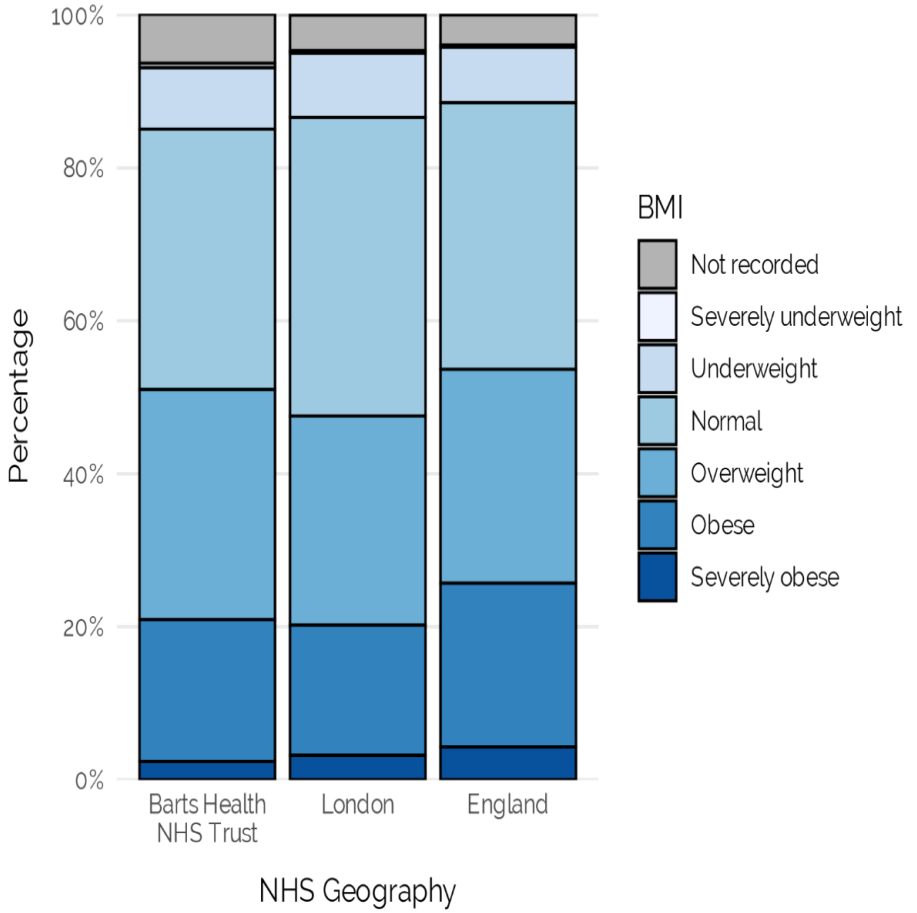
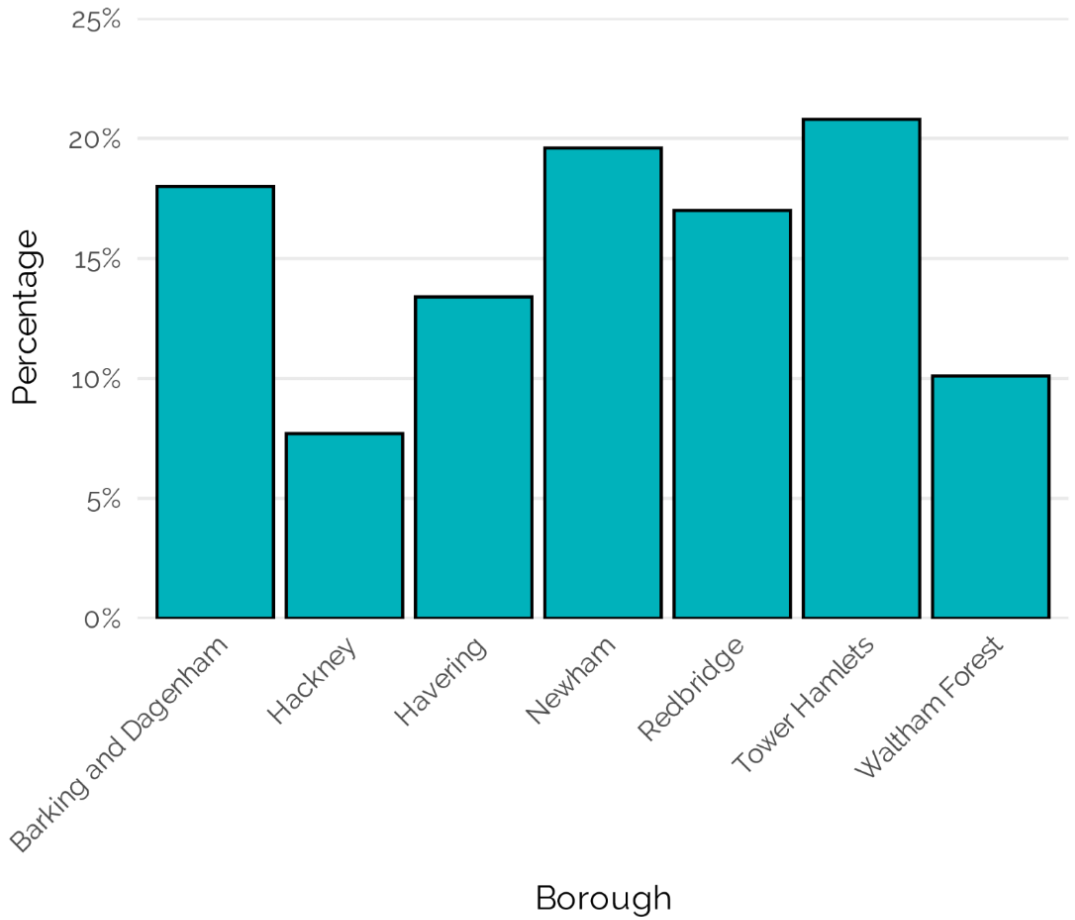


Figure 17: BMI of mother at 15 weeks gestation.[12]

The local picture: Maternal health



Source: NEL Maternity Services Equity and Equality needs assessment Nov 2021

Figure 18: Percentage of pregnancies to women with diabetes.[7]

Diabetes

Similar to maternal weight, data about diabetes in pregnancy is limited locally and nationally. Figure 18 shows the percentage of pregnancies in NEL complicated by any type of diabetes* in a single year.[7] This suggests Tower Hamlets has higher rates than surrounding boroughs with over **20%** of pregnancies complicated by diabetes.[7]

It is important to improve data collection about gestational diabetes as this can have lifelong consequences.

- Mothers with gestational diabetes have an increased risk of having a large baby that requires assistance during delivery, pre-eclampsia, premature birth and developing Type 2 diabetes.[68]
- Babies of mothers with gestational diabetes have an increased risk of needing admission to a neonatal unit and a lifelong increased risk of developing obesity and Type 2 diabetes.[69]
- In the UK those with Asian ethnicity or Black ethnicity are significantly more likely to be diagnosed with Type 2 Diabetes, compared to those with White ethnicity.[70]

** Includes: Type 1 diabetes mellitus (autoimmune condition usually diagnosed in childhood), Type 2 diabetes mellitus (insulin resistance leading to high bloods sugars, usually diagnosed in adulthood) and Gestational diabetes (high blood sugar that develops during pregnancy)*

The local picture: Maternal health

Gender based violence

Gender based violence (GBV) includes sexual, physical, emotional harm and controlling behaviour.[71] Research suggests 1 in 5 mothers in England experience GBV within 10 years of their child's birth.[72] Pregnancy is a particularly vulnerable time, especially for those who have already experienced GBV prior to pregnancy.[73] Pregnancy itself may increase the risk of experiencing GBV for the first time, especially when a pregnancy is unplanned.[73,74]

Experiencing GBV during pregnancy has negative consequences for pregnant women including a risk of death, mental illness, decreased engagement with antenatal care, and inadequate nutrition and weight gain.[75] Babies are also impacted with those who experienced GBV at higher risk of premature birth, being small for gestational age (SGA) and neonatal death.[75]

Pregnancy offers a unique opportunity for health care providers to screen for GBV given the frequency of contact with services during the antenatal period. Screening at least once in every trimester increases the likelihood of GBV being disclosed and subsequently the appropriate support being provided.[71]

In Tower Hamlets the rate of domestic abuse offences that are notified to the police is **14.3 per 1,000** people, this is higher than the rate in London as a whole. Although this data isn't specific to people who are pregnant, it provides evidence that GBV is an issue within Tower Hamlets.[76]

- A particular challenge within Tower Hamlets is the frequent use of family members and partners as translators during appointments, meaning women are unable to safely disclose GBV.

The local picture: Maternal health

Complex social factors

Slightly higher numbers of women in Barts Health NHS Trust have complex social factors present at booking appointments compared to England (Figure 19).[12,15] These factors include:

- substance misuse
- refugee, or asylum seeker status
- aged under 20-years-old
- homelessness
- experience of domestic violence

Presence of these factors can impact the health and wellbeing of the mother and baby and therefore require additional support during pregnancy.[15,77,78] It is important to note that nearly 20% of the data is missing for our trust, which could mean the true number of women is even higher.[12]

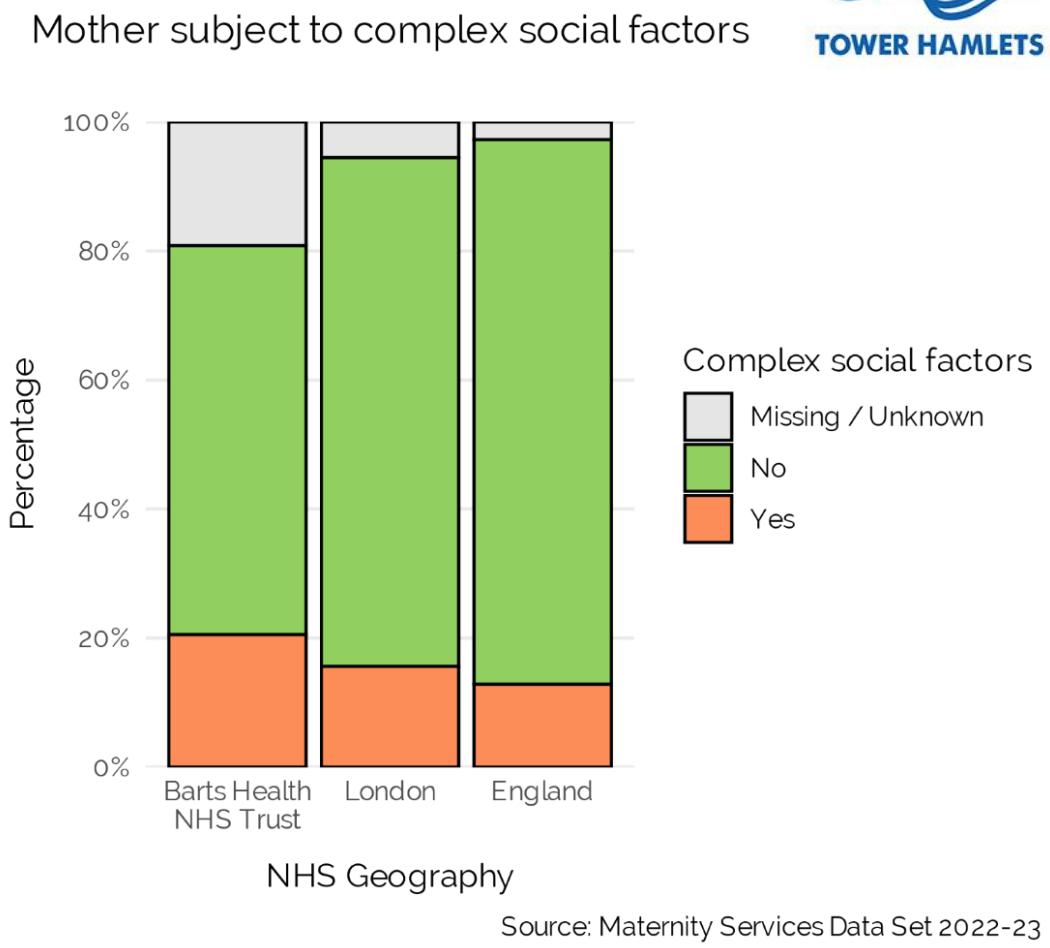


Figure 19: Percentage of pregnancies with complex social factors.[12]

The local picture: Maternal health

Alcohol and smoking

Both alcohol consumption and smoking can have negative impacts on a baby exposed during pregnancy.[79] Alcohol can cause foetal alcohol spectrum disorder, low birth weight and increases the risk of premature birth.[79] Smoking during pregnancy is also associated with a higher risk of premature birth as well as miscarriage, stillbirth and placental abruption (separation of the placenta from the uterus before the baby is born, this is an emergency and can risk the life of bother mother and baby).[79]

In Tower Hamlets 4.8% of people were smoking at the time of delivery in 2023 (Figure 20).[56] It is important to note that the trend has been increasing in the past 3 years from a low of 3.5% in 2021.[56] Although Tower Hamlets is performing better than England, we should strive for no one to be smoking during pregnancy by providing effective and evidence based smoking cessation support.

It is also important to consider the emerging issue of vaping during pregnancy. Although literature suggests rates are low, there is very limited evidence regarding the consequences of vaping during pregnancy and therefore the precautionary principle should be applied.[80] As with smoking status, vaping status during pregnancy should be collected routinely.

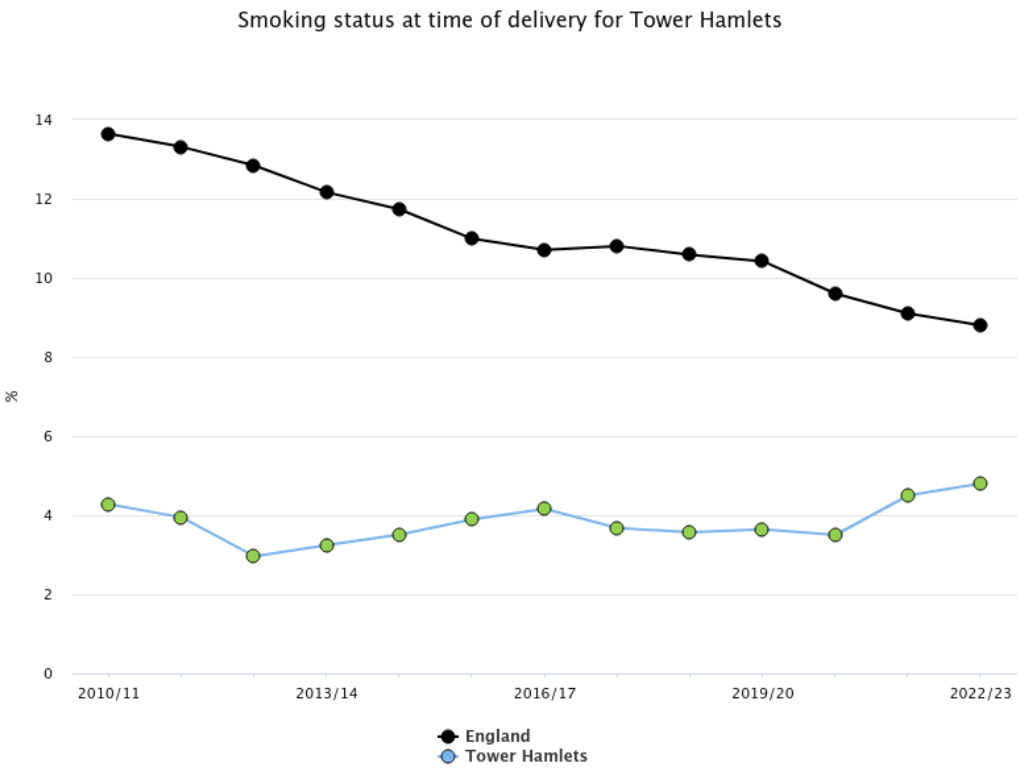


Figure 20: Smoking at time of delivery in Tower Hamlets and England.[56]

The local picture: Maternal health

Female genital mutilation (FGM)

Globally FGM continues despite international calls for cessation of the practice. FGM is more prevalent in African, Asian and Middle Eastern countries including Somalia, Guinea and Iraq.[81] FGM may increase the risk of PPH, episiotomy, perinatal death, prolonged labour and delivery by Caesarean section.[82,83]

FGM is illegal in the UK, however the practice continues in some communities. Data collection about prevalence of FGM in the borough is poor and does not appear to be collected routinely. The NEL equity and equality assessment carried out in 2020/2021 found that for some indicators as much as 85% of data was missing.[7]

Compared to neighbouring boroughs Tower Hamlets has relatively high numbers of women with FGM, with 760 identified in the period 2015-2021 and 75 of those receiving treatment.[7] Nearly 70% of women were under 34 years old at the time of identification. As seen in Figure 21 fewer women experience Type 1 FGM in Tower Hamlets, with a greater proportion experiencing the more severe Type 2,3 or 4.[7]

In Tower Hamlets the majority of FGM cases were identified through self-report, with only 5% being on examination.[7]

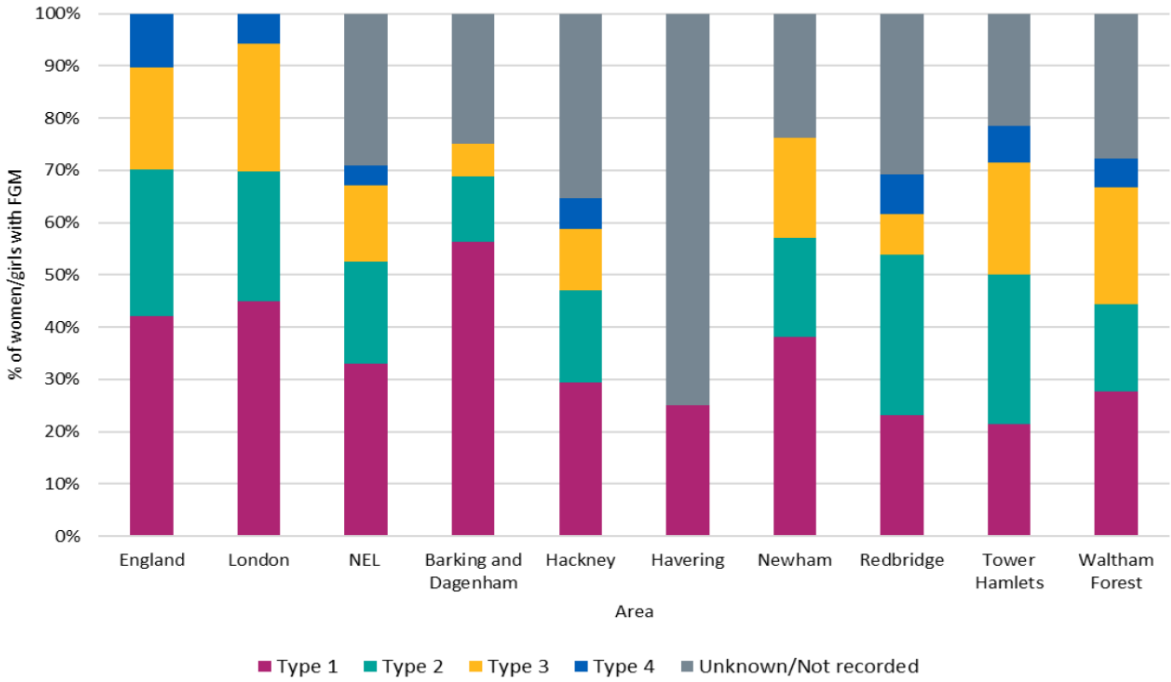


Figure 21: Proportion of FGM in NEL boroughs by type 2020/2021.[7]

The local picture: Birth

Method of delivery

- Method of delivery plays a large role in long term physical and mental wellbeing of mothers and parents.[84] Deviations to birth plans during labour can cause significant harm, particularly when communication from staff is poor.[84] Parents report struggling due to a loss of control, grief around the loss of the planned birth experience and feelings of failure.[85] Giving birth by emergency caesarean section or forceps is a **risk factor for developing post traumatic stress disorder (PTSD)** and other mental health conditions after birth.[84,86]
- Regionally in NEL over the past 5 years the proportion of spontaneous vaginal deliveries have been decreasing from an average of around 60% in 2019 to 50% in January 2024 (Figure 22). In Tower Hamlets in 2021 57% of births were vaginal deliveries.[7]
- Fewer numbers of births in Barts Health NHS Trust were via elective caesarean section and slightly more by emergency caesarean section compared to the national average. In Tower Hamlets in 2021 8.8% of deliveries were elective caesarean sections compared to 25.9% in Hackney; 16% of deliveries were emergency caesarean sections compared to 23.7% in Havering and 3.9% in Hackney.[7]
- Similar numbers of births required an instrumental delivery, in 2021 8.9% of births needed forceps delivery.

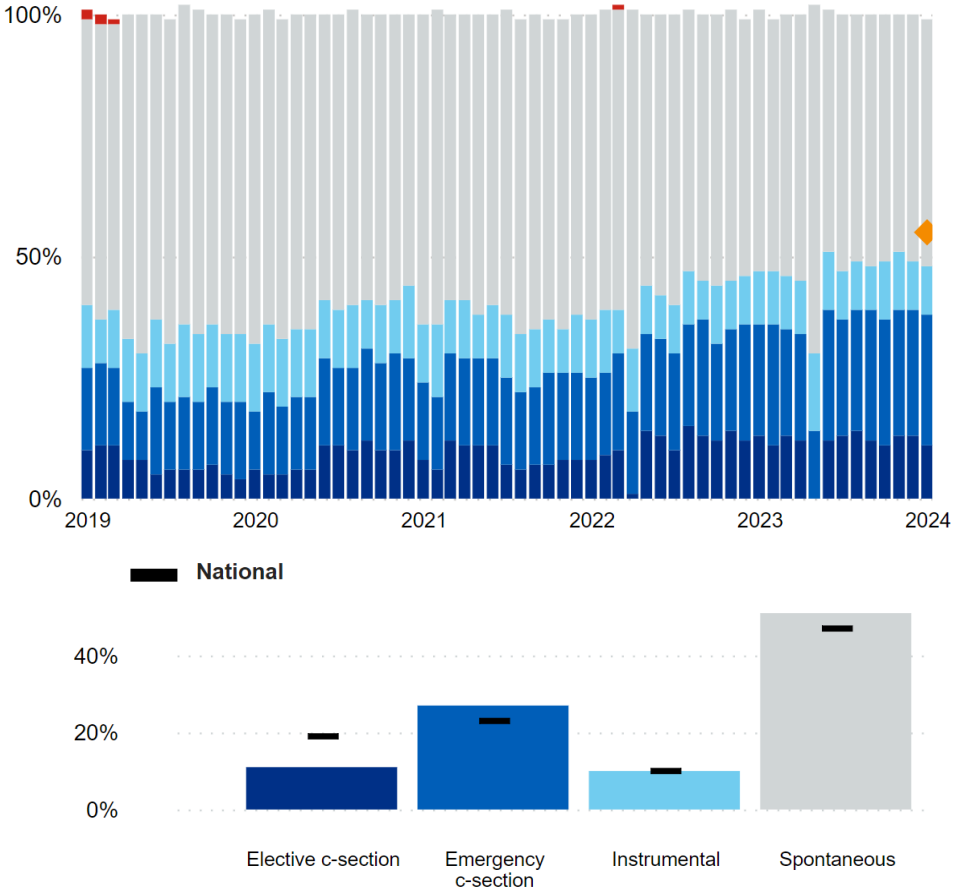


Figure 22: Method of delivery at Barts Health NHS Trust.[12]

The local picture: Birth

Obstetric history

The majority of babies born in Barts Health NHS Trust are the first baby for parents (Figure 23).[12] Small numbers of births are to those who already have two or more children, this trend is also seen at a national level.
It is important to note the data collection prior to 2022 was poor with almost 50% of data missing.

It would be useful to have this information broken down by borough to see if there are any differences from the regional rate.

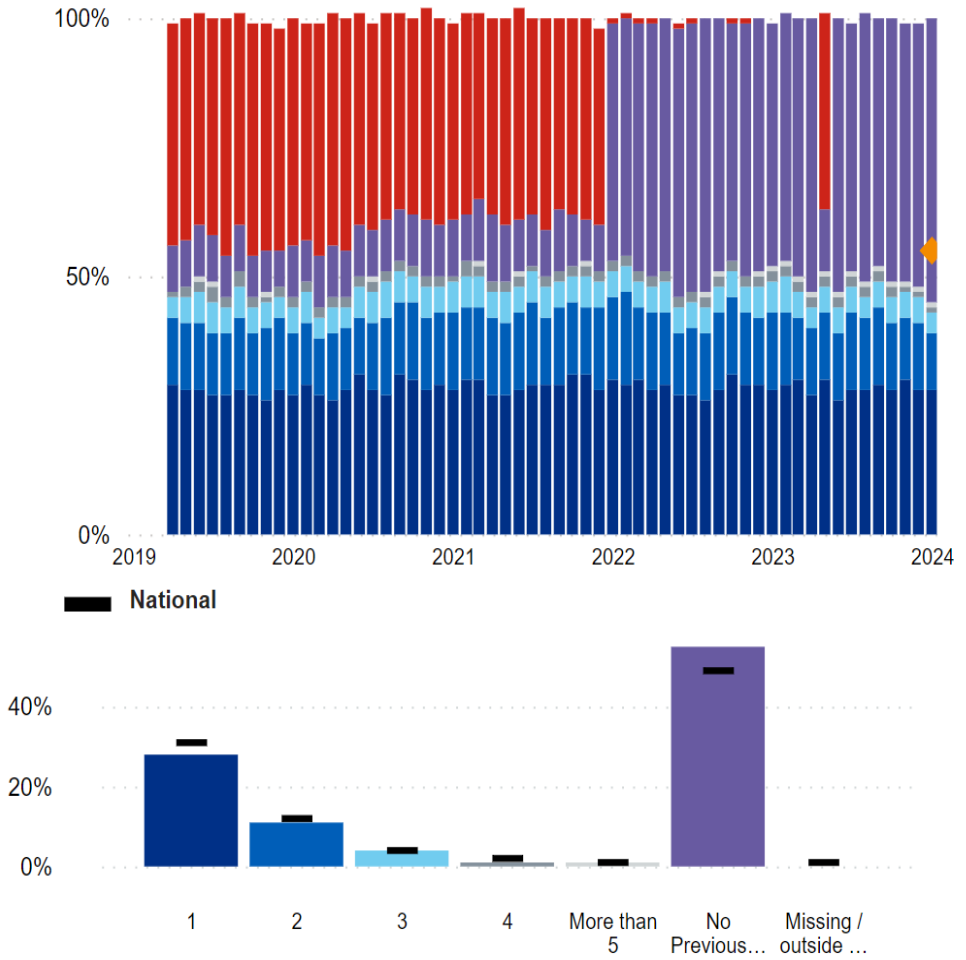


Figure 23: Numbers of previous live births Bart Health NHS Trust.[12]

The local picture: Birth

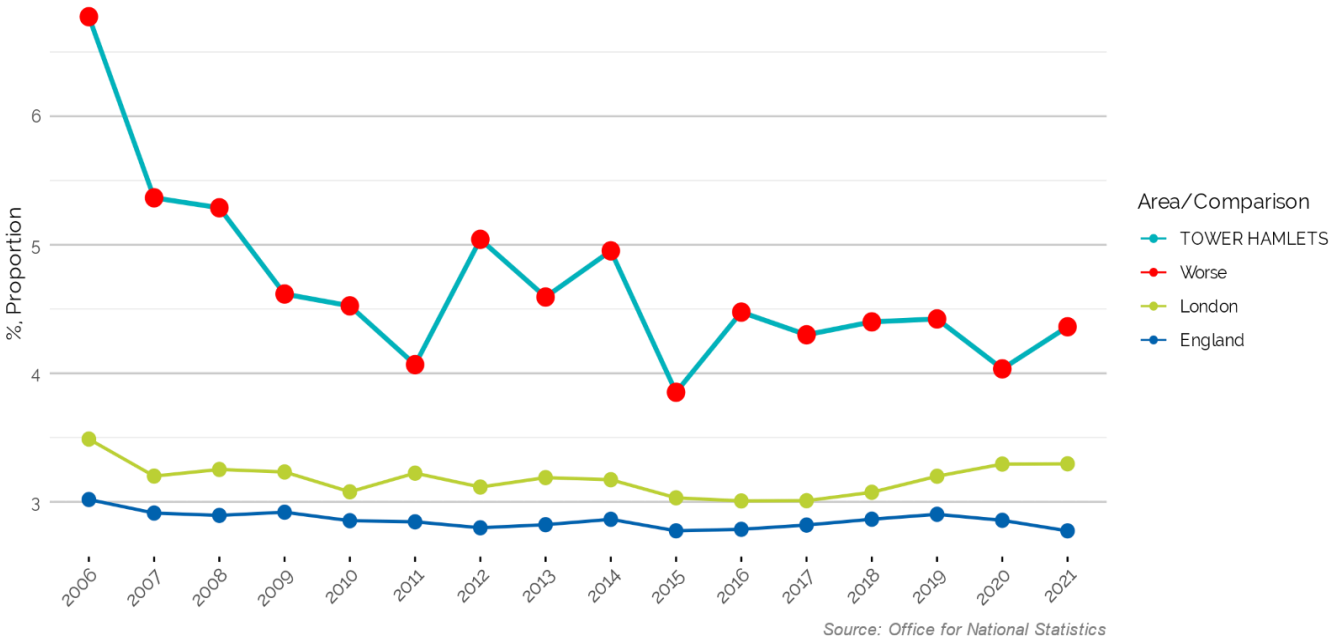


Figure 24: Term babies with low birth weight in Tower Hamlets.[87]

Low birth weight

Tower Hamlets has the **fourth highest** rate of low birth weight in **England** with **4.7%** of term babies having low birth weight compared to **2.9%** nationally.[87] Despite a decrease in rates since 2005, rates have remained relatively static since 2008 (Figure 24).[56, 87]

Many factors contribute to the risk of having a low-birth-weight baby including experiencing poverty, smoking during pregnancy, maternal infection, and intergenerational health.[8] Rates of poverty may partially explain why a greater proportion of babies in Tower Hamlets have low-birth-weight.

Babies with low-birth-weight experience higher perinatal mortality and morbidity rates and are more likely to experience long term growth delay and neurodevelopmental delay.[89,90]

The local picture: Birth

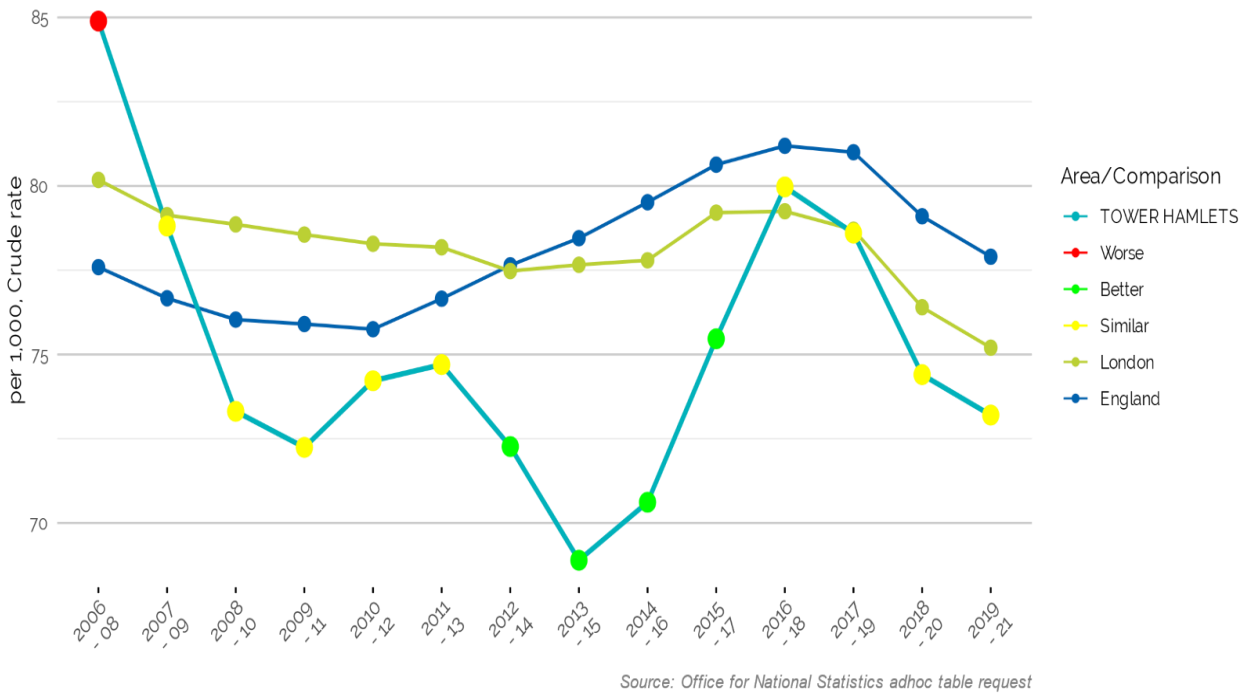


Figure 25: Babies born prematurely in Tower Hamlets.[87]

Premature birth

In Tower Hamlets between 2007 and 2021 similar numbers of babies were born prematurely compared to the England average (Figure 25).[87] Prematurity increases the likelihood of a child developing many conditions including asthma, chronic kidney disease, heart disease, diabetes, and is associated with greater mortality rates even into later childhood.[91]

In 2023 in Tower Hamlets 340 babies were born prematurely (between 28 and 37 weeks) and 49 were extremely premature (born before 28 weeks).[87,92] National estimates suggest 0.55% of births are extremely preterm.[93] Using the total number of births from 2023 of 4,151, and the 49 babies extremely preterm in 2023, this gives a Tower Hamlets an approximate rate of **1.18%**, double that of the national rate.[93]

The local picture: Postnatal maternal outcomes

Obstetric complications

Postpartum haemorrhage (PPH)

- Significantly fewer women giving birth in Barts Health NHS Trust services experienced a severe PPH compared to the national average (Figure 26).[12]
- Evidence suggests there is significant variation in the accuracy of PPH measurement, with objective measurement of blood loss being the most accurate method.[94] Studies have shown that using objective measurements results in greater numbers of PPH being recorded.[94] Given the estimated global rate of severe PPH is 2.8%, which is close to the national rate, it is possible that data collection method explains why rates appear so low in Barts Health NHS Trust.[94] A recent study in Wales found that changing measurement to an objective method resulted in an increase in PPH rates of around 160%.[95]
- PPH can result in acute consequences including fatigue, hypovolaemic shock, difficulty establishing breastfeeding, and maternal death.[96,97] There are also long-term consequences with an increased risk of cardiovascular disease and PTSD. Partners of those who experienced PPH are also at higher risk of PTSD and long-term emotional distress. [96,97]

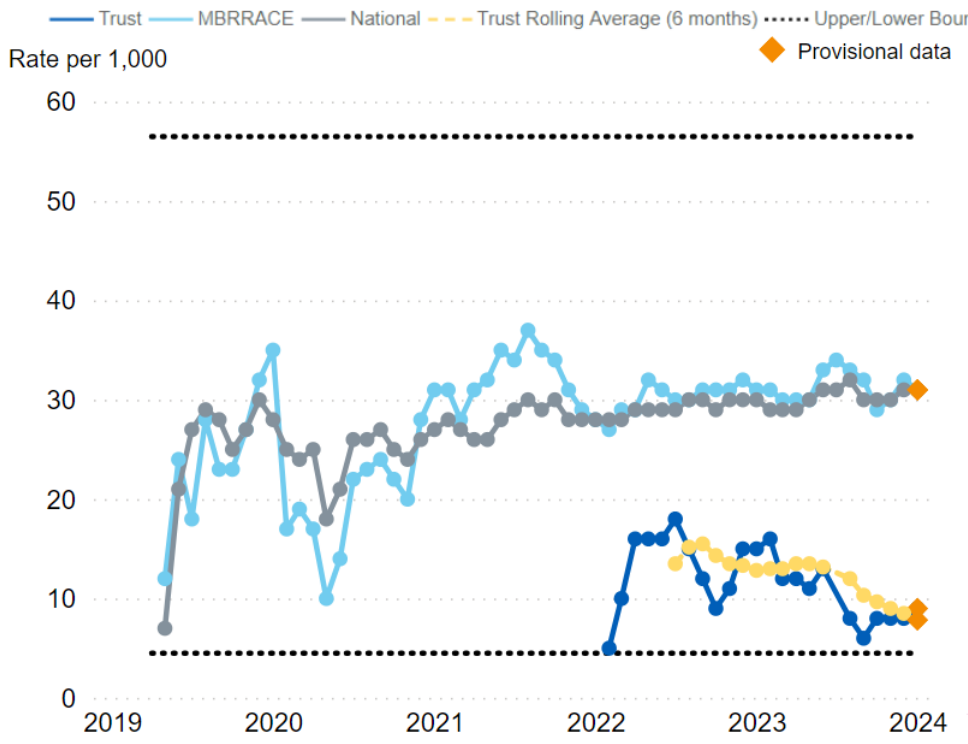


Figure 26: Rate of PPH greater than 1500mL within Barts Health NHS Trust.[12]

The local picture: Postnatal maternal outcomes

Obstetric complications

Postpartum tearing

During birth it is possible to sustain a perineal tear. Some tears are minor and only involve skin, others involve muscle and require stitching, and some are more severe and spread to the muscles around the rectum and require surgery.[98] The more severe tears are classified as 3rd and 4th degree tears, the Royal College of Obstetricians and Gynaecologists estimates that 3rd or 4th degree tears occur in 6% of births.[99] Those who are having their first baby, have a large baby or require an instrumental delivery are at higher risk of severe tearing.[100] Barts Health NHS Trust has lower rates of 3rd of 4th degree tears compared to the national average (Figure 27).[12]

In 2021 **11.5%** of deliveries resulted in 1st degree tears, **28.1%** in 2nd degree tears and **2.1%** in 3rd degree tears.[7] In Tower Hamlets those with Asian ethnicity were found to have higher rates of 2nd or 3rd degree tears compared to other ethnicities.[7]

Data about wider birth trauma is limited at borough level, however studies in England estimate nearly 1 in 3 mothers experience a traumatic birth, and 15% of those met the criteria for PTSD.[101]

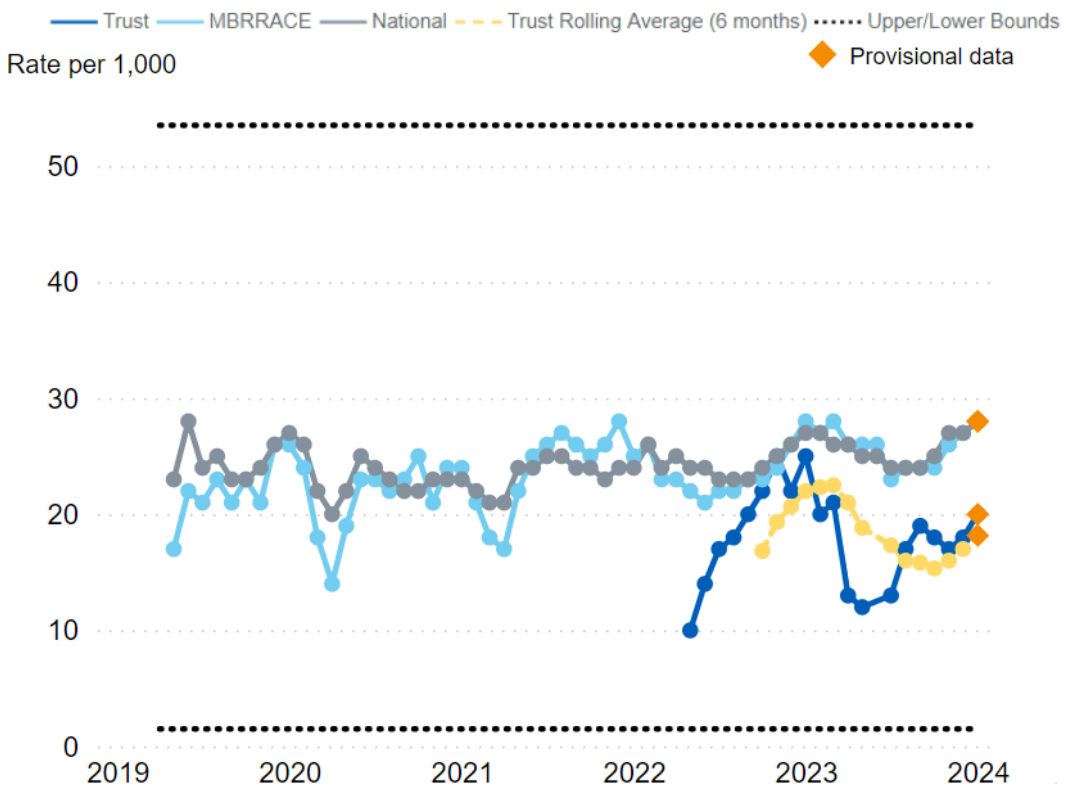


Figure 27: Rate of 3rd of 4th degree tears for those who delivered within Barts Health NHS Trust.[12]

The local picture: Postnatal maternal outcomes

Post partum hospital admissions

In Tower Hamlets in 2021 7% of mothers presented to an Emergency Department (ED) with concerns about their own health within 6 weeks of giving birth.[7] This is the highest rate out of other NEL boroughs with only 2% of those in Havering presenting to ED in the same timeframe. Across NEL those living in the most deprived areas were twice as likely to present to ED than those living in the least deprived areas.[7]

In 2021 5% of post-partum mothers were admitted to hospital within 6 weeks of delivery.[7] This is similar to the other NEL boroughs, aside from Hackney which has a much higher rate at 13% (Figure 28). There was no significant difference in rates when examined by ethnicity or deprivation.[7]

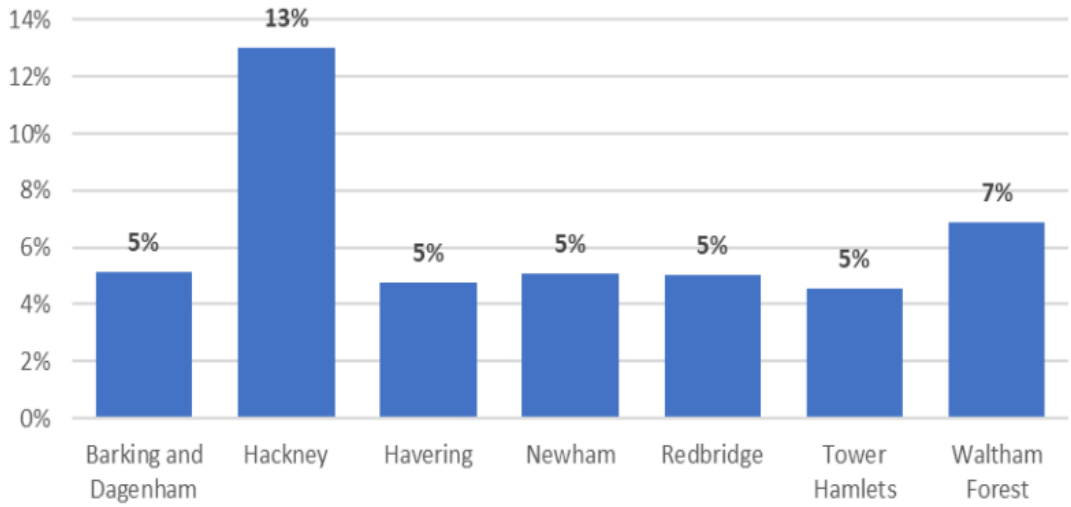


Figure 28: Rate of admission to hospital within 6 weeks of delivery.[7]

The local picture: Postnatal maternal outcomes

Maternal mortality

There are relatively small numbers of maternal deaths each year, therefore we have used national data to highlight the key points. In the three-year period from 2020-2022 there has been a statistically significant **increase in the maternal death rate**, even when accounting for deaths related to COVID-19.[102] The current maternal mortality rate is higher than it has been since 2004.[102] The most common causes of maternal death in 2020-2022 were:[102]

1. Thromboembolism or thrombosis
2. Complications directly related to COVID-19
3. Maternal suicide and sepsis (equal numbers)

When examined by ethnicity significant inequities in the maternal mortality rate are apparent (Figure 29).[102] This is especially relevant to Tower Hamlets given the ethnic breakdown of the maternity population (Figure 4).[7] Women with Black ethnic backgrounds experience nearly a **three times greater risk** of maternal death compared to White women, while women with Asian ethnicity experience nearly **twice the risk** of maternal death compared to White women.[102] Women experiencing greater levels of deprivation have a higher maternal mortality rate compared to those who are not experiencing material deprivation.[102]

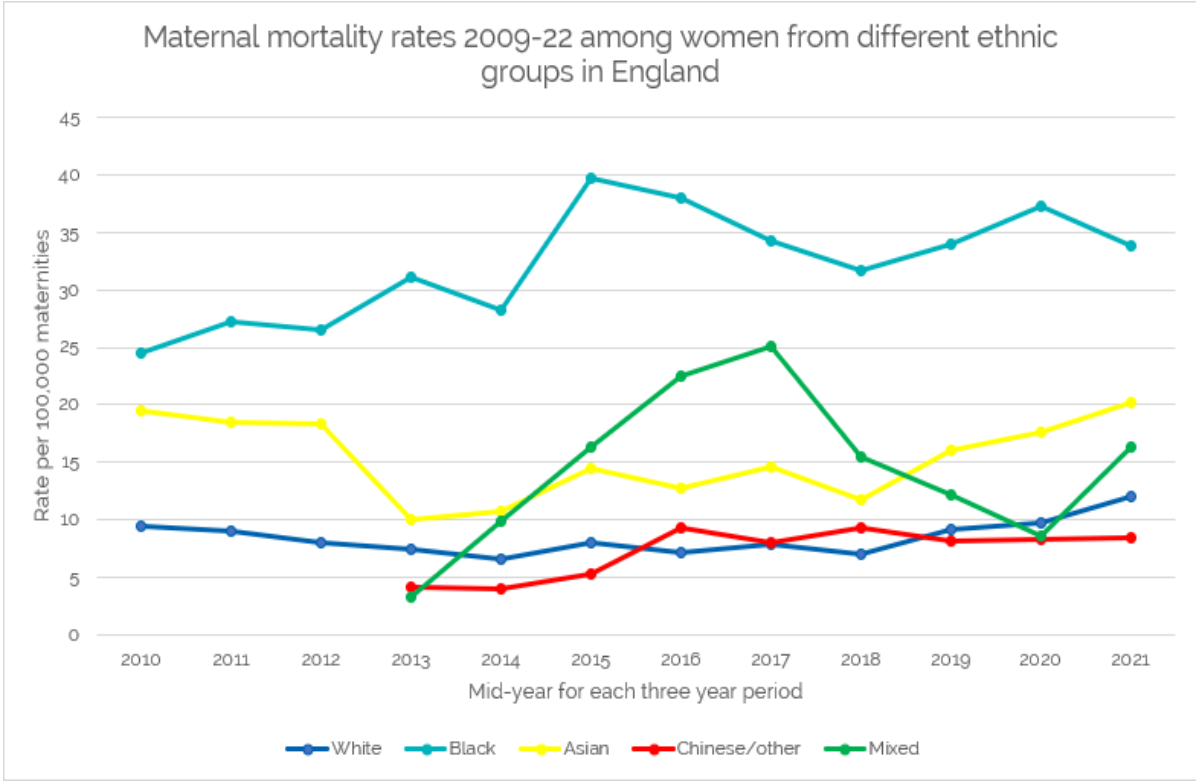


Figure 29: Maternal mortality rates in England by ethnicity.[102]

The local picture: Postnatal maternal outcomes

Maternal mental health

There is no local data about access to specialist perinatal mental health services, however at a national level, younger parents, those experiencing greater deprivation and certain ethnicities have greater contact with perinatal mental health services (Figures 30, 31).[103] The perinatal mental health service support parents with moderate-severe mental ill-health; however, we have no information about numbers of parents with mild-moderate needs despite estimates suggesting **1 in 4 parents** may experience mental ill-health.[15] Perinatal mental health issues can cause difficulty bonding with a new baby which can impact the baby's attachment and development.[26]

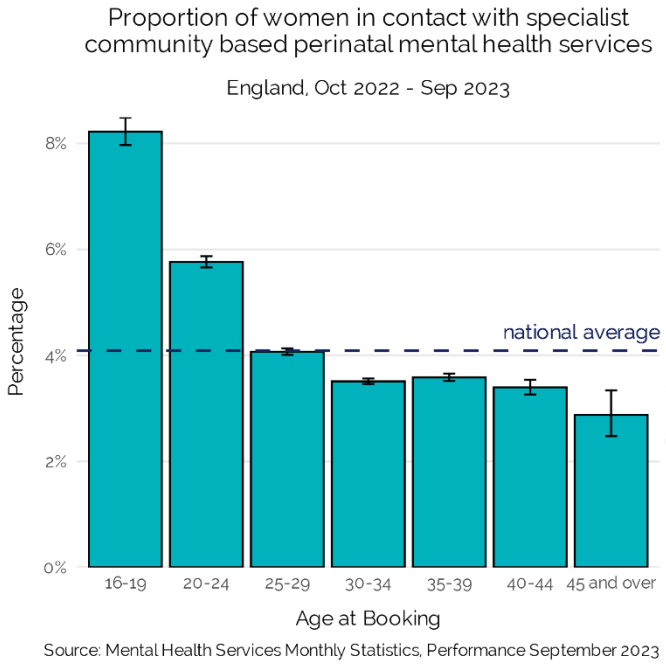


Figure 30: Perinatal mental health service use by age.[103]

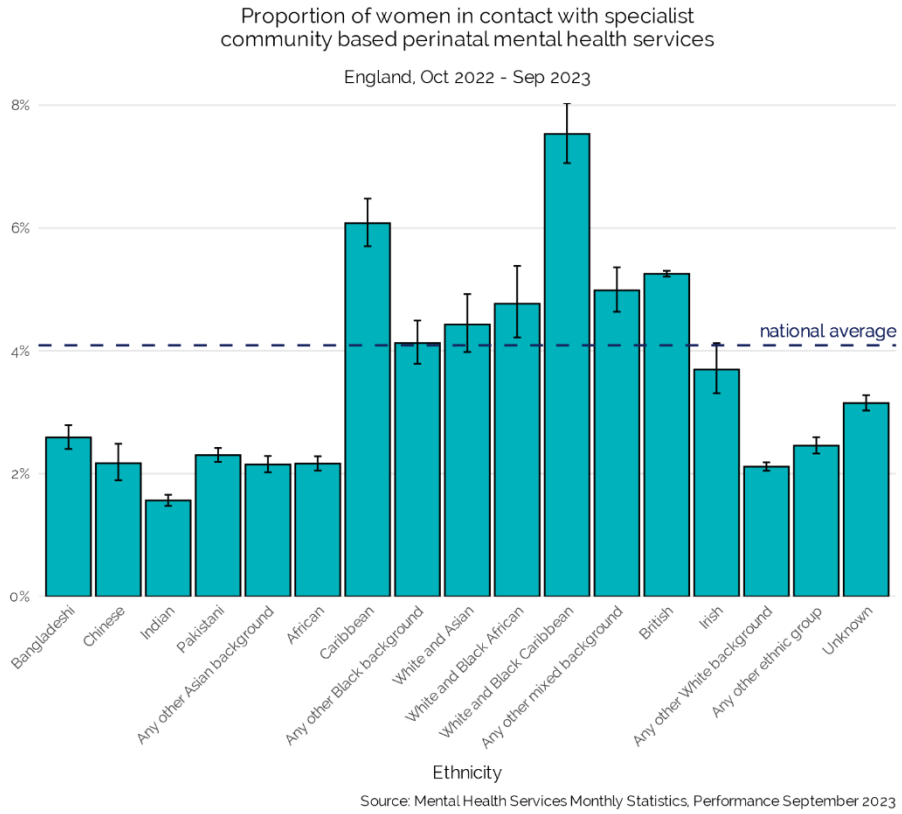


Figure 31: Perinatal mental health service use by ethnicity.[103]

The local picture: Neonatal outcomes

Breastfeeding

As published by the Office for Health Improvement and Disparities, in 2021 98.5% of babies in Tower Hamlets had breastmilk as their first feed (Figure 32).[56] This was the second highest rate in the country, with only Newham achieving a higher rate of 98.6%.[56] However reports from the RLH in 2023 report only 76% of babies had breastmilk as their first feed.[59]

Having a baby's first feed being breastmilk is beneficial for establishing long term breastfeeding and ensures a baby gets the protective benefits of colostrum.[56,104] Colostrum is the concentrated milk first produced when starting breastfeeding. It is high in protein, has immunoglobulins that provide immunity to babies and provides transfer of bacteria and prebiotics that assist in gut development.[56,104]

Breastfeeding also provides maternal benefits as it decreases the risk of some cancers, assists in post-partum weight loss and assists with bonding and attachment with the baby.[56,104]

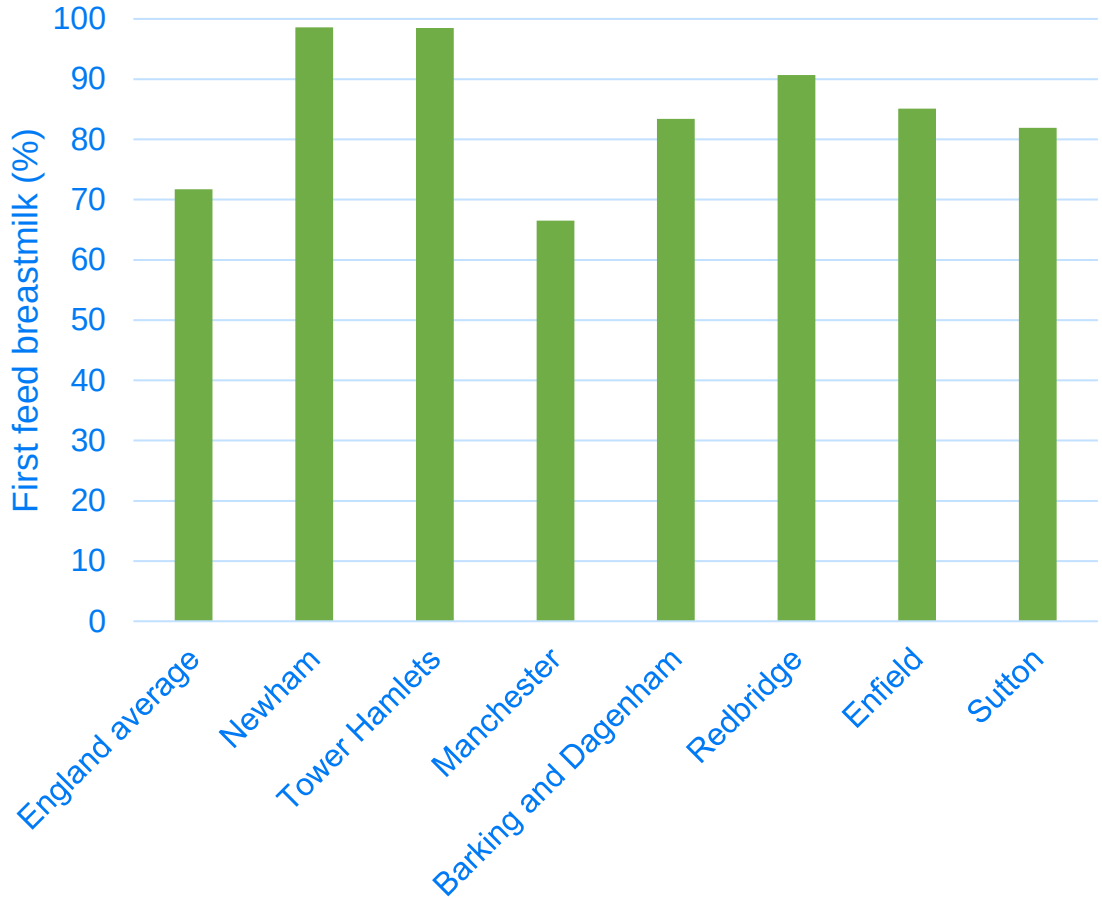


Figure 32: Prevalence of first feed breastmilk in different areas of England.[56]

The local picture: Neonatal outcomes

Breastfeeding

Figure 33 shows the percentage of women partially or fully breastfeeding their baby at 6-8 weeks old.[56] Tower Hamlets rates are significantly better than England, however the data sharing is poor with the last published data being from 2020 despite our health visiting service providing quarterly updates meaning the Council is aware the rate for 2023-2024 was 80%.[59]

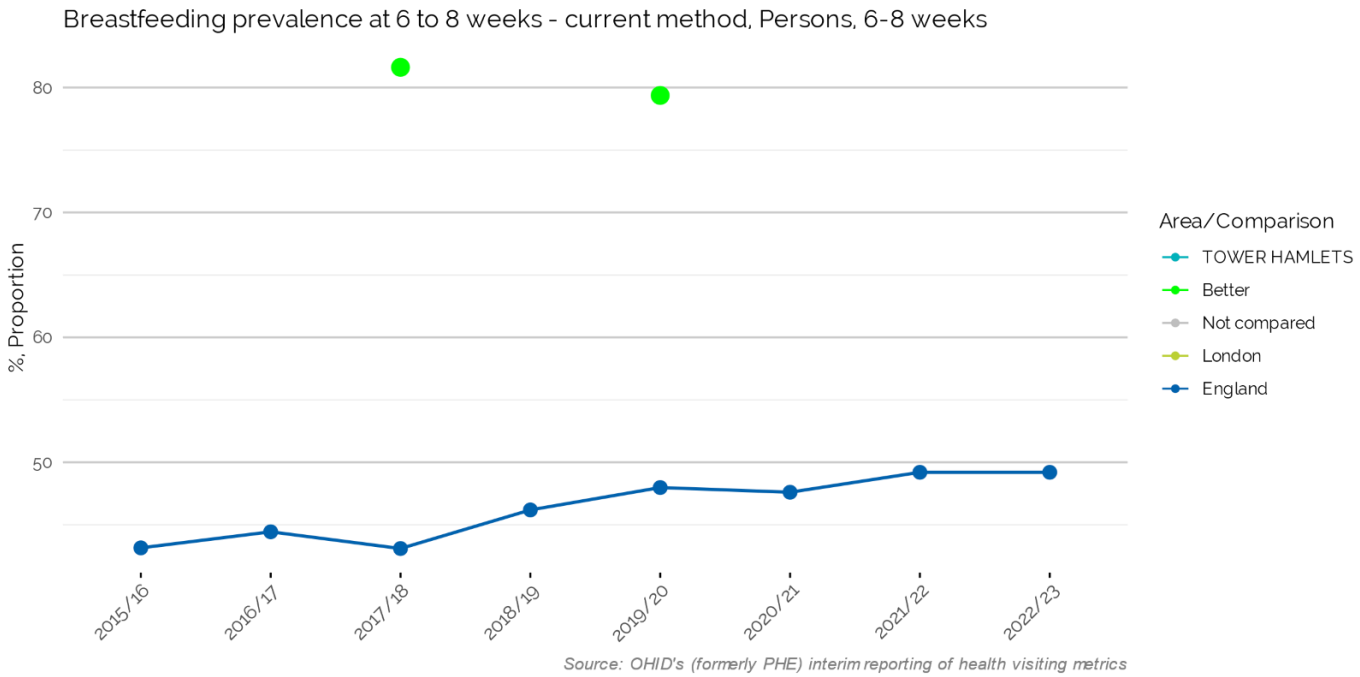


Figure 33: Prevalence of any breastfeeding at 6-8 weeks.[56]

The local picture: Neonatal outcomes

Breastfeeding

The WHO and UNICEF recommend **exclusive** breast feeding until 6 months old.[104] Currently we do not have data about breastfeeding status at 6 months. Although our exclusive breastfeeding rates at 6 weeks are comparatively high in Tower Hamlets (Figure 34), there is significant **room for improvement**.[59]

Over the past year at 6 weeks of age;[59]

- Around **40%** of babies were exclusively breastfed
- **20%** were not breastfed
- **40%** of babies were mix fed

In England in 2023 33% of babies were exclusively breastfed and 20% partially breastfed at 6 weeks old .[59] Although rates in Tower Hamlets are higher than the national average, we should continue to support all babies to be exclusively breast fed given the benefits of breastfeeding to parents and babies.

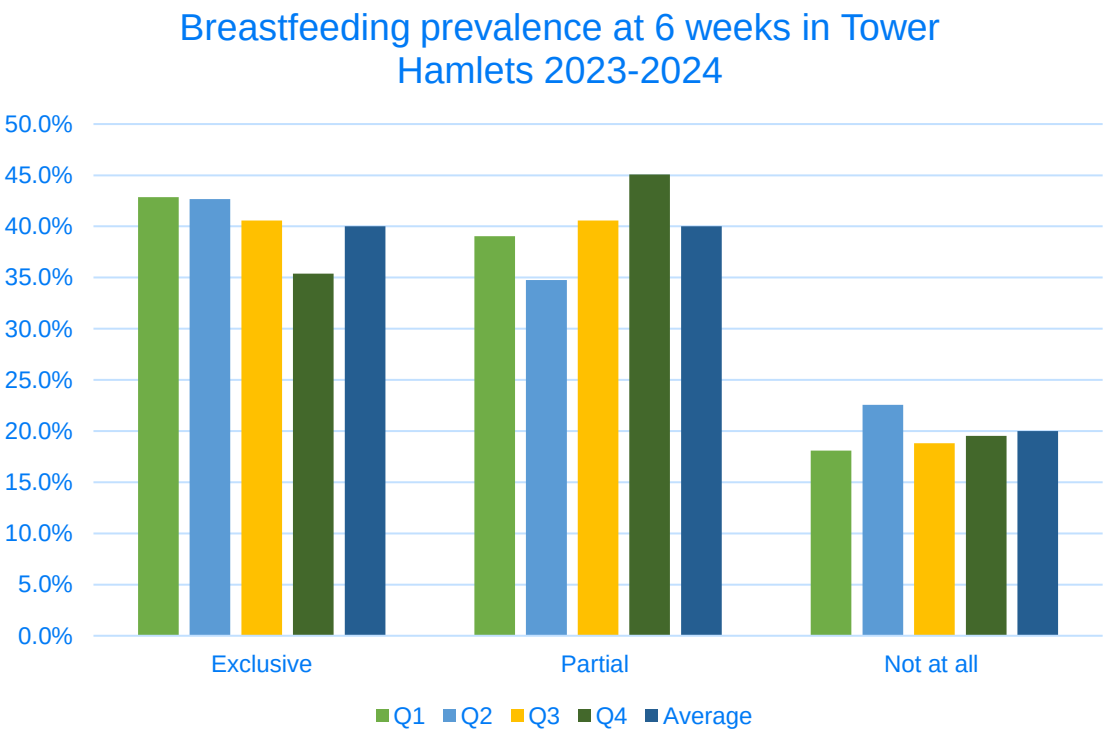


Figure 34: Feeding status at 6 weeks in 2023-2024.[59]

The local picture: Neonatal outcomes

Admissions of newborn babies

More babies in Tower Hamlets are admitted to hospital under 14 days of age compared to England (Figure 35).[8] Previously Tower Hamlets had lower or similar numbers of babies admitted under 14 days old compared to England.[8] However, the rate has been rising every year since 2014/2015 (aside from 2020/2021 which may reflect decreased admissions related to COVID-19 lockdowns and hesitancy seeking healthcare during this period)[105] and is now worse than London and England.[8]
Evidence suggests, nationally, many of these admissions are for jaundice and feeding difficulties which can often be managed in the community.[106] Babies under 14 days old are more susceptible to infection than older children, admission to hospital for non-infectious issues in this age group is a risk for developing infection.[107]

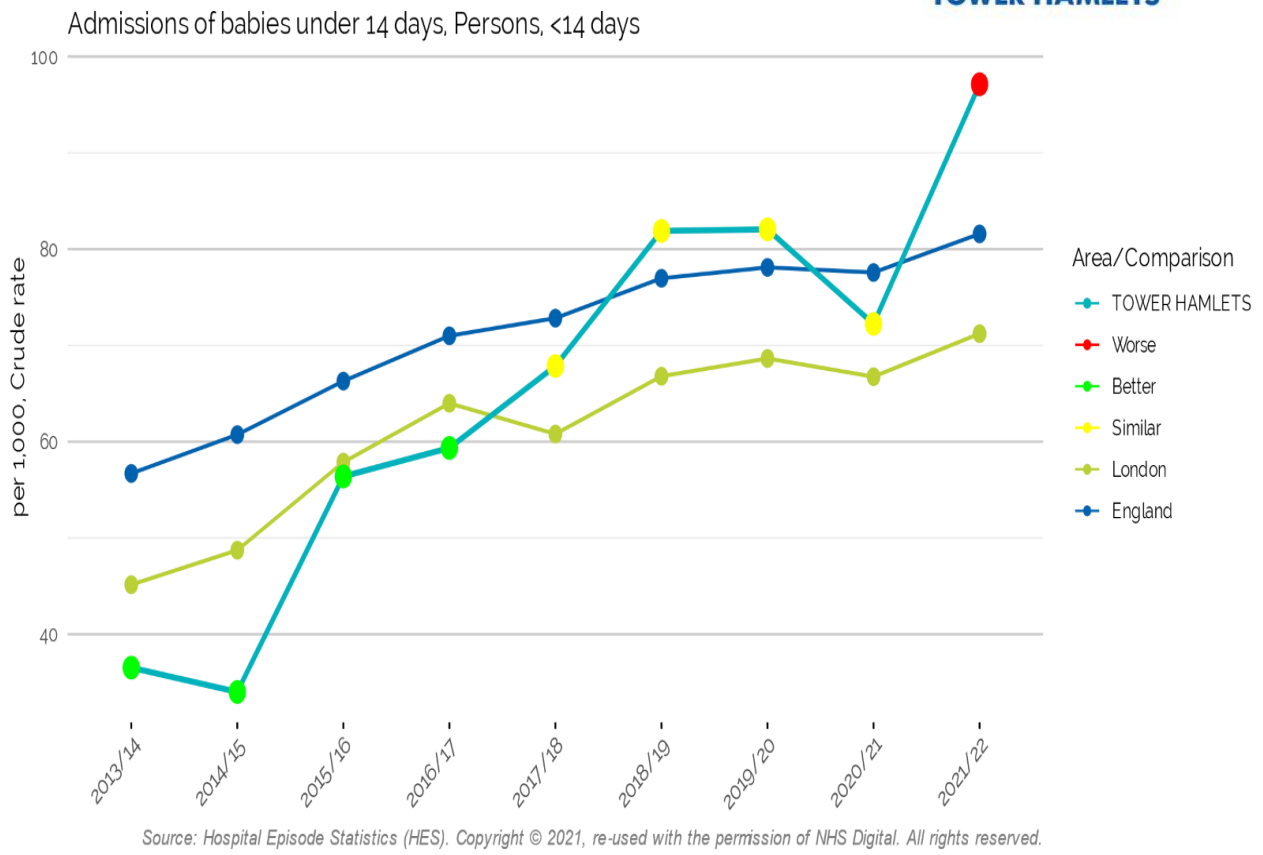


Figure 35: Rate of admission for babies under 14 days old.[8]

The local picture: Neonatal outcomes

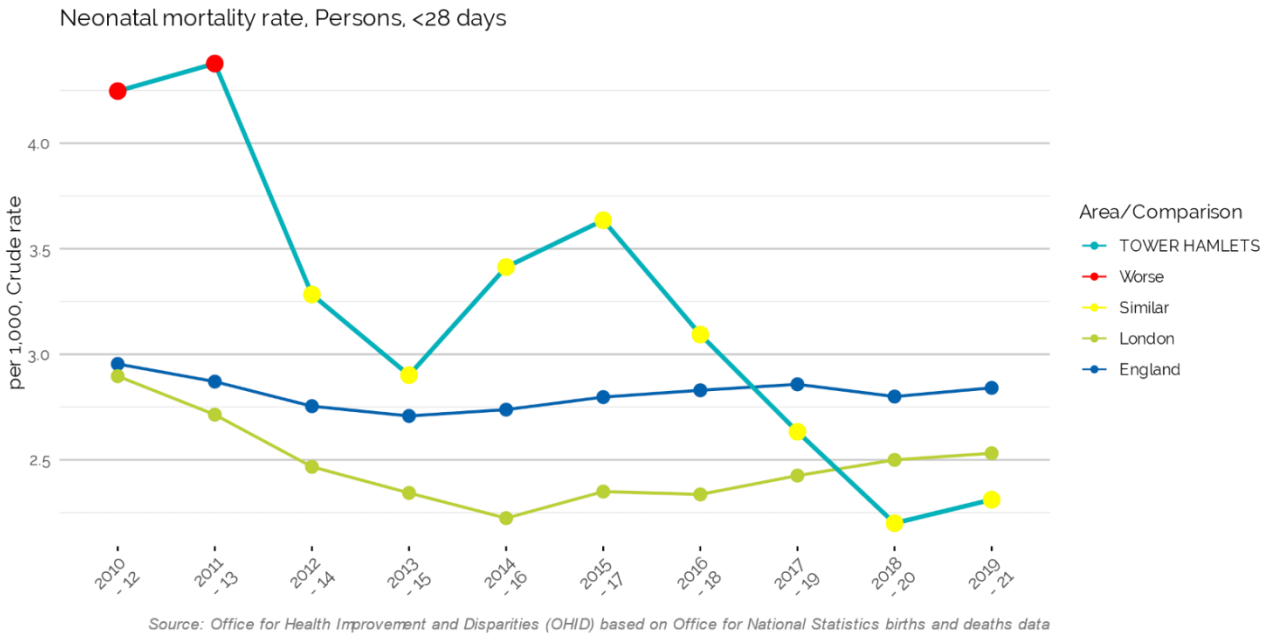


Figure 36: Neonatal (under 28 days old) mortality rate.[108]

Neonatal mortality

The overall neonatal mortality rate has been decreasing from 2015-2021 and is now similar to the England average (Figure 36), data from 2021 –2023 is not yet available as investigation is ongoing.[108]

This data is unable to be broken down by ethnicity, however it is known at a national level that babies with Black or Asian ethnicity are more likely to experience neonatal death compared to White babies.[109] Given nearly 70% of births in the borough are to women from global majority ethnic groups (Figure 5)[8] there may be inequities that are not identifiable when only the overall neonatal mortality rate is given.

The local picture: Neonatal outcomes

Still birth

Similar to the neonatal mortality rate, stillbirth rates have been falling in the borough (Figure 37).[108] At a national level, babies with Asian or Black ethnicity have a greater likelihood of still birth compared to White babies,[109] but we do not have this detail at a local level. Babies born to mothers living in deprivation also experience higher rates of both neonatal mortality and stillbirth, and figures from 2021 suggest this inequity may be worsening, again we are unable to assess this at borough level.[109].

Between January and June 2023 Tower Hamlets experienced the highest number of stillbirths and neonatal deaths out of all areas in NEL.[7] In NEL overall during this period;[7]

- 25% of babies had White ethnicity
- English was not the first language of 46% of mothers, of which 35% required an interpreter.

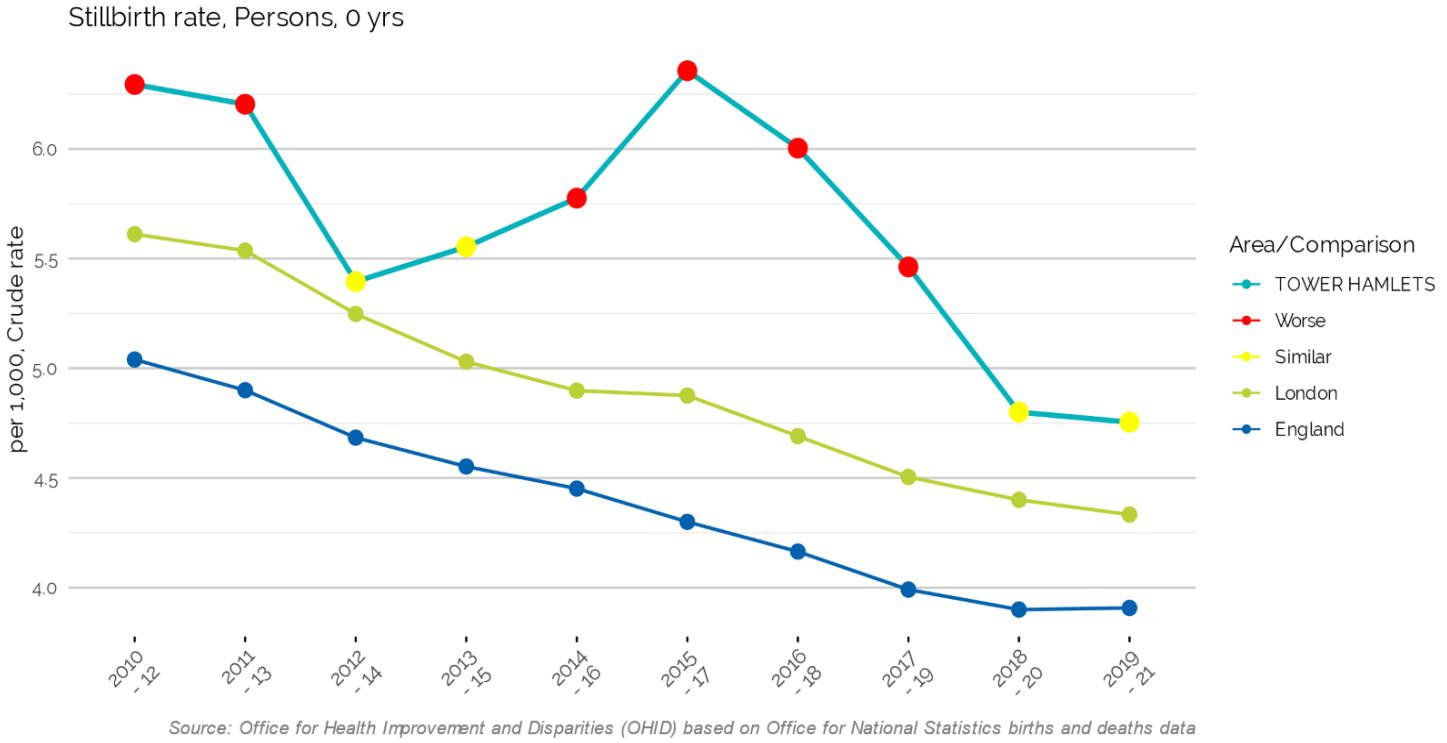


Figure 37: Stillbirth rate.[108]

The local picture: Neonatal outcomes

Still birth and neonatal death in NEL

Between January and June 2023 Royal London Hospital had the highest number of stillbirths and neonatal deaths out of all hospitals in NEL.[110]
In NEL overall during this period;[10]

- 25% of babies had White ethnicity
- English was not the first language of 46% of mothers, of which 35% required an interpreter.
- More stillbirths occurred in term babies in NEL (36%) compared to the national average (25%).
- 30% of neonatal deaths were term babies, similar to the national average.
- 24% of pregnancies booked later than 10 weeks gestation.
- 29% of women had a BMI over 30.
- Safeguarding concerns were documented in 10% of cases. However it is important to note the current Barts Health NHS Trust safeguarding guidance does not meet the national guidance of asking at least twice during pregnancy.
- At the RLH 76% of women were risk assessed at every antenatal contact. The Ockenden Report recommends that risk assessment occurs at every antenatal appointment, for every person.[35]

The local picture: Neonatal outcomes

Postnatal neonatal screening

Bloodspot: screening test done at 5 days of life to test for 10 disorders including sickle cell disease, cystic fibrosis, congenital hypothyroidism, severe combined immunodeficiency and a variety of inherited metabolic conditions.[111]

Within NEL 94.5% of newborn blood spots are collected and have results within the first 17 days of life.[63]

However for babies who were born out of the borough but live within Tower Hamlets only 72.8% are having a blood spot within required timeframes. It is important to note that contributing factors in this lower number are limitations of the database application in being able to detect duplications of patient data or inaccurate immigration data meaning patients appear in lists before they have arrived in the country.[63]

Hearing: All babies are offered neonatal hearing screening, for babies born in hospital this should occur before discharge and for those born in the community within 5 weeks of age. In the last quarter 98.5% of babies at the Royal London Hospital received this screening.[63]

Babies who have an abnormal screening result are referred for formal audiology assessment. In the previous quarter (2023-24) 100% of babies referred received an audiology assessment within an acceptable timeframe. Although the previous quarter is an example of excellent performance, rates over the past two years have been as low as 87.5% in Q1 22-23. This is largely due to people declining the test, or not attending the appointment.[63]

The local picture: Summary

TOWER HAMLETS

Preconception	Antenatal	Maternal health	Birth	Postnatal maternal outcomes	Neonatal outcomes
• There is no data about the numbers of residents planning a pregnancy and therefore there is limited information about how many people are following recommended preconception health advice such as taking folic acid and stopping smoking. One national study suggests low numbers of people planning pregnancy are engaging in these behaviours, suggesting more work could be done in advising the community about preconception health. • There are high STI rates in the borough, however this may be a reflection of high STI testing rates, suggesting messaging about the importance of testing is reaching residents. • Fewer numbers of pregnancies are aborted in Tower Hamlets compared to the national average; however rates have been increasing since 2020.	• Significantly less people book in for maternity care early in Tower Hamlets, this is an area that needs improvement to ensure all pregnancies receive timely and effective antenatal care. • Screening rates for infectious diseases are good, however screening for haemoglobinopathies needs improvement. • Antenatal vaccination rates are very low, and urgent action is needed to prevent neonates from rising pertussis (whooping cough) cases.	• Data collection needs to improve for many indicators in this section as much of the data is not Tower Hamlets specific and is only providing proxy measures. • In general pregnancies in Tower Hamlets have high rates of maternal raised BMI, diabetes and complex social factors. • It is suspected rates of GBV during pregnancy are high given the general trends in the borough. It is recommended screening is introduced routinely into antenatal and postnatal checks. • Fewer people in Tower Hamlets smoke during pregnancy, however data about alcohol consumption is limited and has not been updated for some years. • It is recommended data collection about maternal health improves.	• Most babies born in Tower Hamlets are the first child for their parents. • Fewer babies are born by elective caesarean section in Tower Hamlets compared to England. • The rate of premature birth in Tower Hamlets is similar to the national average, however significantly greater numbers of term babies have a low birth weight in Tower Hamlets.	• Evidence suggests that PPH rates are significantly lower than the national average. It is possible this relates to the accuracy of blood loss measurement rather than a genuine lower rate. • Rates of postpartum admission and tearing are similar to the national average. • Perinatal mental health data doesn't exist at a local level, and this should be addressed to ensure local services are meeting demand. • Maternal mortality data, although only available at a national level, is important given rates are rising and significant inequities exist between ethnicities.	• Breastfeeding rates in Tower Hamlets are high compared to the national average. However, we should continue to encourage **exclusive** breastfeeding as although local rates are higher than the national average, they remain low compared to other countries. • More neonates are admitted to hospital in Tower Hamlets which warrants some investigation. • Neonatal mortality and stillbirth rates are similar to the national average, however are unable to be examined by ethnicity. Therefore, it is possible inequities exist which are masked by the aggregated rate.

Local actions: Preconception

Physical activity and weight management

Free and discounted leisure activities Leisure for Women and girls.
Free swimming for women and girls Free swimming announcement.
Weight management strategies Healthy weight in adults.
Free to access weight management programmes Managing your weight.

Sexual Health

There are many free sexual health services in the borough including STI testing, HIV testing, free access to condoms, contraception and emergency contraception.

Supplementation

Although it is recommended folic acid is taken when trying to conceive there are no specific programmes in Tower Hamlets that offer free preconception folic acid. The government announced plans to mandate folic acid fortification of flour in 2021, however this is yet to be introduced into legislation.[112] Some companies have voluntarily added folic acid to products such as breakfast cereals.

Smoking and alcohol

Free smoking cessation services are available through QuitRight Tower Hamlets. There are no vaping cessation services currently available.

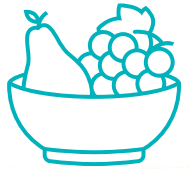
There is no specific alcohol cessation service for those trying to get pregnant, however there is some alcohol advice on the council website advising those who are trying to conceive to abstain from alcohol.

Healthy Eating

Although not designed specifically for those trying to conceive, there are many programmes in the borough supporting families struggling with rising cost of living.

- For example free Fruit and veg vouchers for some residents from the Alexandra Rose Charity.

The local Food for Health Awards encourage local food outlets to make products healthier with less salt, sugar, and fat.



Local actions: Antenatal

Barts Health NHS Trust

Provides medical care during pregnancy in Tower Hamlets. There are options for people to birth at home, in midwife led units, or on the labour ward. Maternity - Barts Health NHS Trust

- **Midwifery - NHS**

Midwives provide antenatal healthcare checking the health of parent and baby, providing health education and advising families on upcoming appointments and explaining the rationale for these. People who are pregnant for the first time have more frequent appointments. Optional monthly online sessions are also run for parents to ask any questions.

- **Screening – NHS**

For infectious diseases, chromosomal disorders, haemoglobinopathies, physical conditions and monitoring growth

- **Perinatal physiotherapy - NHS**

A newly established service offers specialised women's health physiotherapy sessions.

- **Gateway midwifery team**

Additional support for those with vulnerabilities during pregnancy such as GBV, safeguarding concerns, mental illness, or substance misuse.

Health visiting

Families receive their first contact from a Health visitor around 28 weeks gestation. This is usually a virtual appointment.

Family Hubs

There are many support services available at local Family Hubs including midwife appointments, health visiting and antenatal breastfeeding education. More information is available on the Tower Hamlets Family Hubs website

Family Nurse Partnership

Provides additional support with a family nurse for young first-time parents from pregnancy until their baby is at least 1 year old Family Nurse Partnership for Young Parents

Maternity Mates

Provide peer support during pregnancy for those who are vulnerable or isolated. Can attend appointments and birth.

Mellow Bumps

Six-week antenatal parenting course offered by Toyhouse specifically designed for families with additional vulnerabilities

Baby Buddy app

Free to download app that provides information to parents covering the antenatal to early childhood period.

Seacole Clinic

Provides antenatal care for those who are concerned about substance misuse.

TOWER HAMLETS

Breastfeeding

The Tower Hamlets BFWS alongside the Breastfeeding Network provide antenatal workshops at Children and Family Centres (CFC)s and online in both Bengali and English

Vaccination

Influenza, COVID-19 and pertussis (whooping cough) vaccination is offered during pregnancy. There is currently a local campaign to increase the uptake of the pertussis vaccination.

Local actions: Maternal health

Gender based violence

Please see here for details of all Support services for domestic abuse in Tower Hamlets.

Solace: provides support for victims and can refer to counselling services.

Hestia: Have a refuge and provide support aimed at South East Asian women.

LBTH Sanctuary Project: Partnership with the Council and housing providers to prevent homelessness amongst victims of domestic violence.

Women's Inclusive Team: Provide support (in English or Somali) for women experiencing domestic violence.

Healthy Start

In Tower Hamlets all pregnant women and pregnant people can access free vitamins (C,D and folic acid) whilst pregnant, breastfeeding or up to 1 year postpartum. For those receiving certain benefits this is funded through the national Healthy Start Vitamin Scheme, with Tower Hamlets providing additional funding for those who do not qualify for the national scheme.

Those who qualify for the national Healthy Start scheme are also eligible for £4.25 per week from the 10th week of pregnancy on a Healthy Start card, This can be used to buy fruit, vegetables and milk from any store that accepts card payment. Find out more about Healthy Start and apply.

Maternal mental health

Perinatal mental health services are provided through the East London NHS Trust.

Specialist perinatal mental health services are for people with moderate to severe mental illness.

Tower Hamlets Talking Therapies provides care to those with mild to moderate mental illness. You can even self-refer to the service using this form.

FGM support

Reporting processes and support services for FGM, forced marriage and honour based violence are summarised here. Walk in cervical screening clinics for women with FGM, and deinfibulation procedures are available at Whipps Cross Hospital

Maternal weight

Those receiving antenatal care at the Royal London Hospital can access free yoga sessions at Whitechapel Sports Centre.

Smoking

Free smoking cessation services are available through QuitRight Tower Hamlets.

Maternal medicine – NHS

Specialised care for pregnant women and people who have a medical condition. In some instances, they can provide preconception advice and support people to optimise their health prior to becoming pregnant.

Local actions: Birth

Barts Health NHS Trust
Provides medical care during birth in Tower Hamlets. There are options for people to birth at home, in midwife run units, or on the labour ward. Maternity - Barts Health NHS Trust.
Midwives support women and birthing people and babies. Families are able to choose their preferred location of birth, ranging from a home birth or midwife led unit or a hospital with a neonatal unit attached.

- **Surgery**: The NHS also provides surgical care including Caesarean sections and perineal repair.

Healthwatch
Collect resident feedback about their experience accessing healthcare in the borough. They provide general quarterly reports but also produced a Maternity services feedback report in 2023.

Maternity Mates
Provide peer support during pregnancy and if the mother wishes they can attend and support during labour.

Local actions: Postnatal care

Health Visiting
All new babies should receive a home visit between 10 and 14 days of life. This should include a check on the wellbeing of parents and baby and provide information about feeding, sleeping and adjusting to parenthood.

Maternity Action
A national charity that provides legal support to women and parents, particularly about parental leave and access to free maternity care Maternity and Parental Rights at Work.

Perinatal physiotherapy -NHS
A newly established service by Barts Health NHS Trust offers specialised women's health physiotherapy sessions which can assist people struggling with pelvic floor conditions postpartum. The service is currently struggling to find adequate clinic space to meet the community demand.

Screening - NHS
Blood spot screening tests for 10 rare but important disorders.
Hearing screening test provided to all babies, and formal audiology to those with an abnormal screening result.
There is no Tower Hamlets specific programme or communication campaign about newborn screening.
Hips all newborns have a hip check and are referred for a formal scan if the test is abnormal.

Mental health
There are multiple organisations within the borough that provide perinatal mental health support including:
- Specialist perinatal mental health services for moderate to severe mental illness.
- Tower Hamlets Talking Therapies for mild to moderate mental illness.
- Sister Circle offer conversation cafes, group peer support, counselling sessions and FGM support.

Breastfeeding
The Tower Hamlets BFWS alongside the Breastfeeding Network provide a variety of breastfeeding supports.
- Post natal ward visits to assist in establishing breastfeeding
- Contact all postnatal women and people in Tower Hamlets to introduce the service and offer ongoing support as required
- Run drop-in breastfeeding support sessions on weekdays at CFCs
- One-on-one support and home visits

Mellow parenting
A 14 week parenting course offered by Toyhouse specifically designed for new parents with additional vulnerabilities

Local actions: Postnatal care

Family Hubs and CFCs

Postnatally the Family Hubs continue to provide support to parents and newborns. They offer:

- Parenting courses
- Baby massage sessions
- Baby sensory sessions
- Drop in breastfeeding support

More information is available on the Tower Hamlets Family Hubs website.

Safeguarding

The Tower Hamlets Multi-Agency Safeguarding Hub assist when concerns about the safety of a child are raised. Contact details for safeguarding services are available here.

Safe sleep

Safe sleep education is essential to ensure all new parents are aware of the risks of Sudden Unexplained Death in Infancy (SUDI).

The Tower Hamlets GP Care Group provides safe sleep advice as does national charity The Lullaby Trust.

One of the best things parents can do to protect their newborn baby is to be smokefree and provide baby with a safe sleep space.

Vaccination

BCG vaccination protects against Tuberculosis (TB) and is offered to all at risk infants, usually at 28 days old. This includes babies who have a parent or grandparent born in a country with a higher incidence of TB, or if the baby will be travelling to a country with a high incidence of TB.

Healthy Start

Eligible families can receive financial support to buy fruit, vegetables, pulses and milk until their child is 4 years old.

In the first year of life a baby is eligible for £8.50 per week.

Anyone who is breastfeeding, under one year postpartum, and all children under 4 years old are able to collect free vitamins from CFCs. For those receiving certain benefits this is funded through the national Healthy Start Vitamin Scheme, with Tower Hamlets providing additional funding for those who do not qualify for the national scheme.

Local actions: Postnatal care

Addressing the cost of living and poverty crisis

Baby banks and parental support

Local charitable organisations providing support:

- Little Village provide clothes and equipment
- Wrap a Hug Sling Library East London Sling Library, Babywearing Consultancy and Parent Support
- Social Action for Health provide SureSTEPS programme, gestational diabetes support, coffee groups, walking groups and English language support.
- Sister Circle run maternity mates, FGM support, trauma counselling and group peer support and conversation cafes.
- Toyhouse run a toy library, play sessions, parenting courses, baby groups, and cooking classes.
- First Love Foundation support Tower Hamlets residents with difficult financial and housing situations.

Out of Tower Hamlets but provide services across London:

- Choices Boutique charity providing clothes and equipment
- PramDepot provide supplies for women with no recourse to public funds, fleeing domestic violence or leaving prison
- Sebby's Corner charity in Barnet that provide clothing, equipment and nappies for referred families.

Food banks

- Bow and Bethnal Green food bank
- Island gardens food bank parish pantry
- Tower Hamlets Council FOOD Stores for £3.50 membership fee you can collect food valued at £25-35. There are multiple sites across the borough.
- See locations and opening times of other local food banks in Tower Hamlets. These include schools, faith organisations, youth centres and cultural centres (Figure 38).

Other cost of living support

- Local warm hubs and financial support for heating your home.
- Residents Support Scheme provides payments to help with short term financial pressures such an energy bills or replacing broken essential household items.
- Help with housing costs including short and long term support.

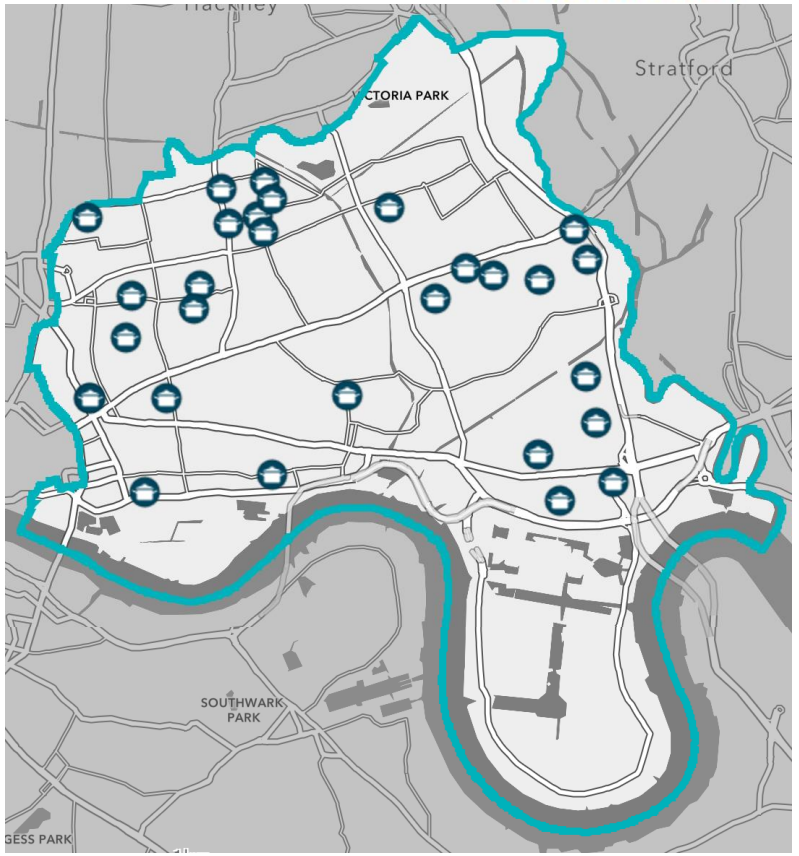


Figure 38: Locations of food banks across Tower Hamlets

Local actions: Summary

There are many local actions aimed at improving the health and wellbeing of residents during pregnancy, birth and in the postnatal period. However, there are some notable gaps in services;

- Leisure and physical activity support in pregnancy and postnatally.
- Lack of formal antenatal education classes for all pregnant women, pregnant people and birth partners.
- No specialised alcohol misuse in pregnancy support services.
- Limited nutrition and healthy eating support throughout pregnancy including the preconception and postnatal periods.
- Generally limited freely available support, such as folic acid, for people planning a pregnancy
- No clinical service within the borough to treat women affected by FGM
- Support for those with gestational diabetes

Feedback from residents should be used to inform future actions that would be beneficial for them in the perinatal period.

Resident and stakeholder perspectives

Input into this JSNA was sought from a wide range of organisations within the borough including health and social care, voluntary organisations and many teams within Tower Hamlets Council. A survey was sent to local voluntary and community sector organisations with the assistance of the Volunteer Centre Tower Hamlets.
While every effort was made to contact relevant organisations within the borough some may have been missed. If you are aware of any other organisations that could contribute to future JSNAs please contact us using the details in the Feedback section.

In this section information gathered from stakeholders will be summarised around four themes;

- What is going well?
- What could be improved?
- Are there any new or emerging issues?
- Any resident feedback collected by the organisation

Please note that in some instances information gained through this collaboration is unable to be published and therefore has been excluded from the JSNA however is still used to help inform priorities and recommendations.

Resident and stakeholder perspectives

Voluntary and Community Sector

	What is going well?	What could be improved?	New or emerging issues	Resident feedback
Sister Circle	• Targets support to groups (refugee status or asylum seeking largely) that need it most • Have connections with the community to raise awareness of available support. • Were able to continue supporting women in person during the COVID-19 pandemic. • Car seat provision to new parents to safely transport the baby home.[113]	• Working on a new feedback mechanism to ensure their service is continuously improving. • Cultural safety within the labour ward and wider maternity system could be improved. • Communication with residents about entitlement to interpreting services. • How social services are introduced and interact with families, currently women often feel very defensive and protective.[113]	• Increasing level of complex needs within service users. Many women need support with housing, immigration and finances. • Women with limited social support need assistance with childcare while in labour.[113]	• Women report negative experiences with maternity services, particularly around not feeling listened to and spoken to in belittling or negative ways. Others highlight the need for cultural differences to be considered, such as differing expressions of pain and the importance of staff gender in some circumstances.[113]
Women's inclusive Team	• Gathering input from a variety of sources in order to improve maternity care in Tower Hamlets. • Have regular input from residents about what is important to them.[114]	• Improve health literacy with better antenatal education and effective communication to residents. • Care being responsive to needs.[114]	• Some women with uncertain immigration status are being charged for maternity care. Leaving vulnerable women with a newborn and a large debt.[114]	• Women consistently report their desire to be listened to about their own health. • Some women report feeling discriminated against by some staff members.[114]
Toyhouse	• Provide services aimed at addressing the most pressing needs in the community. • Productive partnerships with other organisations in the borough.[115]	• Sustainable funding models would improve ability to plan services longer term. • Increased awareness and appreciation of the skills and expertise the local voluntary and community sector offer. • Address long term issues within the borough such as poverty, overcrowding, low health literacy, domestic abuse and disability support.[115]	• A wide range of adverse effects of the pandemic have been noticed: heightened levels of fear, anxiety, loneliness, isolation, greater housing insecurity, increased need for full time parents to generate income despite caring for children.[115]	• Not a week passes that at least one service users says, "This is the best session/service I have been to in Tower Hamlets" Recently a service user said, "The Toyhouse Centre is a life saver - I don't know what I would have done without being able to come here and be supported and cared for".[115]

Resident and stakeholder perspectives

Voluntary and Community Sector and resident feedback

	What is going well?	What could be improved?	New or emerging issues	Resident feedback
Healthwatch Maternity services review July 2021-June 2023 Maternity Equity and Equality in Tower Hamlets 2023	• Regularly collect feedback from service users and are able to develop recommendations for improvement. For example it has been recommended that maternity staff undertake cultural competency training and provide trauma informed care.[29,116]	• Response rates, particularly for demographic questions. Communication with residents and staff interaction with residents could be more personalised.[116,117] • 57% of residents surveyed gave birth in a different location or in a different way to their original birth plan.[116] • Community awareness of all antenatal screening tests and understanding what these are for. Just under half of respondents said they didn't know if they had, or didn't know how, to access infectious disease and haemoglobinopathy screening compared to 90% reporting they had 12 and 20 week scans.[116] • Awareness of ability to self refer to maternity services, 89% of women surveyed were referred by a GP adding to delays in accessing antenatal care.[116] • Residents from low-income backgrounds, and residents with Asian or Black ethnic groups felt they were not treated with respect in the maternity system. Other residents reported not being listened to or treated with respect.[117]	• Some inequity in experience of the maternity system is evident from resident responses with people with White ethnicity more likely to report positive experiences in the maternity system compared to those with Black, Asian or other minority ethnicities.[116,117] • Improved communication is required from Barts Health with primary care if there has been a pregnancy loss. Only 19% of respondents that had experienced a pregnancy loss stated their GP was notified of this on their behalf.[116,117]	• Only 8% of respondents felt maternity care was easily accessible and 51% felt negatively about maternity services overall. Similar numbers of residents provided positive and negative feedback about the attitude of staff. 28% of respondents felt they were not treated with dignity or respect while in labour.[116] • 30% of those who had experienced pregnancy loss did not talk to anyone about their grief.[116] • More people felt negatively about their experience at the RLH than those that felt positively about their experience.[116,117] • All procedures, treatments and decisions need to be explained clearly and information provided in community languages.[116,117] • The majority of residents felt positively about GP services whilst pregnant, however some did report difficulty in making appointments.[117]

Resident and stakeholder perspectives

Voluntary and Community Sector and resident feedback

	What is going well?	What could be improved?	New or emerging issues	Resident feedback
Social Action for Health	• Provide SureSTEPS programme for people who are having financial difficulties while pregnant or have children under 5. • Have good relationships with Bangladeshi community.[118]	• Longer funding cycles would improve security of programmes for residents and referrers. • Responses to safeguarding referrals need to improve to ensure disproportionate reactions are avoided. • Cultural competency within the healthcare system needs to improve. • Communication to residents and partner organisations.[118]	• Health education needs to improve, women report not feeling they have the ability to make informed choices about birth plans, feeding and vaccination. • Increasing perinatal mental health issues within Bangladeshi and Somali communities, however, there remains significant stigma around seeking support.[118]	• Some residents report not understanding what a CFC is and why they would go there. They also don't understand why they need to provide so much information to sign up. • Women diagnosed with gestational diabetes have a limited understanding of what this is and what short and long term follow up they need.[118]

Resident and stakeholder perspectives

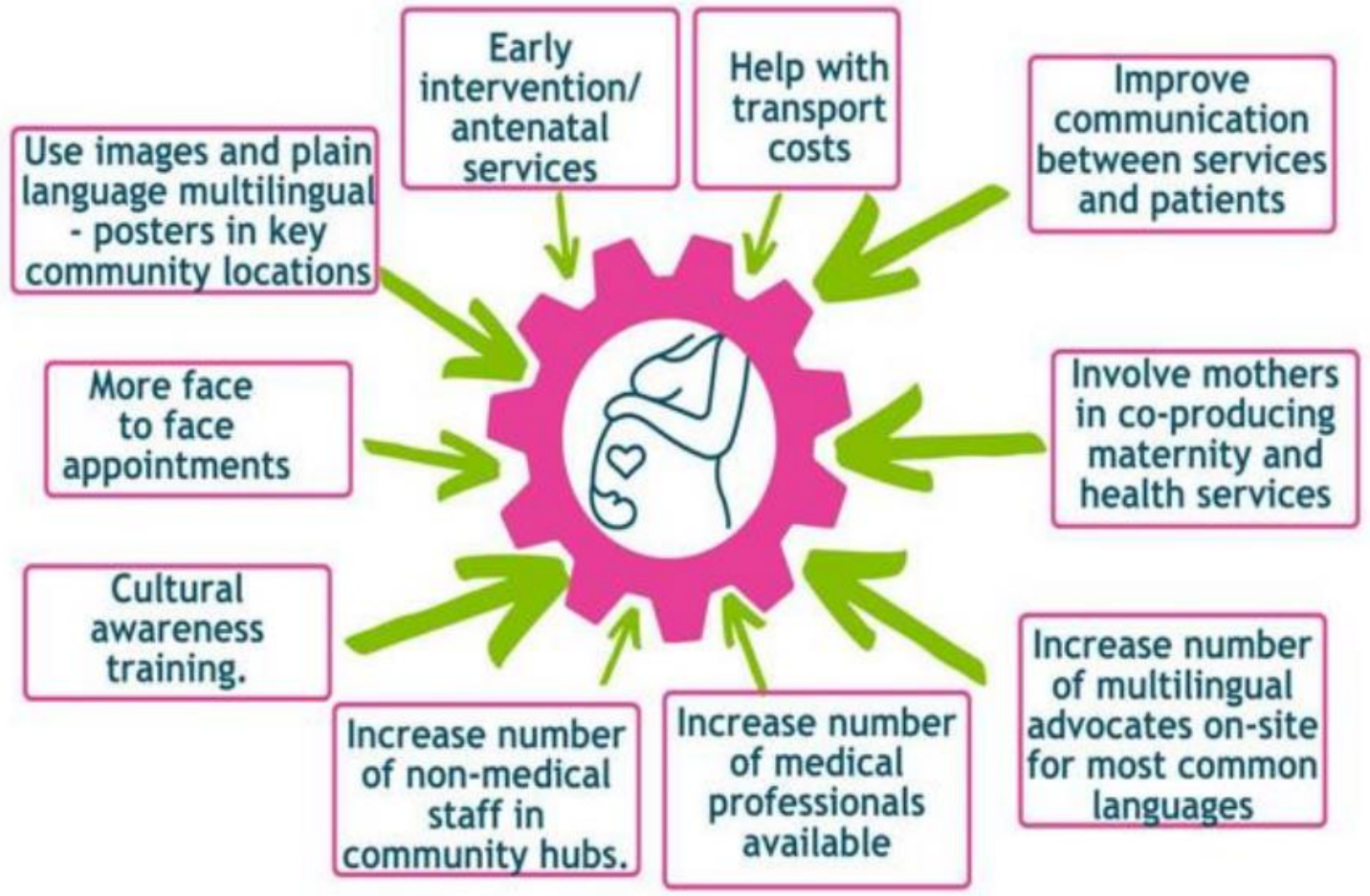


Figure 39: Maternity advocates perspectives on what needs to be improved in the NEL maternity system.[29]

Resident and stakeholder perspectives

NHS Services

	What is going well?	What could be improved?	New or emerging issues	Resident feedback
NEL ICB & Local Maternity and Neonatal System	• Published the NEL LMNS Equity and Equality needs assessment and subsequent Equity and Equality Action Plan in 2022.[7,29] • Regular feedback is sought from residents through the Maternity Voices Partnership. • Advice offered through a midwifery triage line during COVID-19.	• Inequity in outcomes for Black and Asian babies and new parents. • Continuity of carer throughout pregnancy. • Access to preconception genetic testing for consanguineous couples. • Cultural competency and safety training staff. • Trauma informed care training for staff. • Increase social prescribing. • Develop accessible information and improve health communication to residents. • Work is underway to develop group antenatal midwifery sessions.	• Poor communication and assessment in early labour leading to patients being sent home inappropriately. • Digital exclusion of some groups impacts their care. • Ongoing impact of trauma related to accessing maternity services during the COVID-19 pandemic. • Inconsistent detection of gestational diabetes and poor management of those with diabetes during pregnancy.	• Ongoing language and cultural barriers in maternity care. The community would like to co-produce services. • Clearer communication between patients, the hospital and primary care. • A staff member responsible for communication to patients would be helpful to decrease anxiety and confusion around discharge. • Multilingual advocates on maternity wards would be useful.
UNICEF BFI	• Baby feeding specialists are an excellent resource. The borough has relatively high rates of breastfeeding compared to the national average. • Partnership with the Breastfeeding Network. • The baby friendly initiative helps settings to identify gaps and make improvements. • Digital information improves accessibility for some groups, however need to ensure it is accurate and always updated.[119]	• Prioritise antenatal education about infant feeding, and ensure it is discussed in all antenatal appointments. • Neonatal guidelines should highlight and support the importance of breastfeeding for infants in the neonatal unit. • Bottle feeding should not be offered as a routine solution overnight on the maternity ward. Staff should support women to breastfeed at all hours. • Staff education about tongue tie, as many parents are told a baby has tongue tie and they then won't even try to breastfeed. In reality most of these babies will be able to successfully be able to breastfeed without the need for frenulotomy. • Need to consider the societal normalisation of bottle feeding, for example encouraging early childcare settings to not have toy bottles for feeding dolls. • Work is underway to improve the recording of breastfeeding data as currently we are unable to examine data by ethnicity.[119]	• Within the population mixed feeding (including with expressed breast milk) is common with only around 40% of babies being exclusively breastfed. • Many new parents feeling unprepared and unaware of what is normal for a newborn. For example, not expecting them to wake every 2-3 hours, that they will likely lose weight in the first week of life.[119]	• Culturally appropriate education is appreciated, in particular the Bengali breastfeeding group. • Parents report not feeling like they have talked about breastfeeding enough in the antenatal period. Don't feel able to say no to suggestions of bottles on the postnatal ward.[119]

Resident and stakeholder perspectives

NHS Services

	What is going well?	What could be improved?	New or emerging issues	Resident feedback
Neonatal infant feeding service	• This is a unique service that many neonatal units do not have, around 70% are breastfeeding at time of discharge. • The donor milk bank allows babies to have donor breastmilk if needed. • Staffing rates have improved, and more specialist staff have been employed following the Ockenden Report.[120]	• Antenatal education for parents needs to be improved. • The unit has not yet achieved full UNICEF baby friendly accreditation however they report challenges with some criteria such as using no formula and not limiting visitors. As babies in neonatal units are so vulnerable this is often not practical or safe.[120]	• Staff feel language barriers are increasing and prevent them from providing the best care. • In general the age of mothers is increasing which means pregnancy and labour is higher risk for complications. • There is a high level of poverty in the borough.[120]	• No formal feedback process
Gateway midwifery	• The service provides continuity of care for some of the most vulnerable residents during pregnancy. The team is very experienced and skilled.[121]	• Relationships with social care and health visiting have been challenging to form, the team would like to collaborate effectively and improve care.[121]	• Domestic violence appears to be becoming increasingly violent and severe.[121]	• No formal feedback process, currently working to address this.
Screening	• High uptake of infectious disease screening. • High uptake of newborn hearing screening, and good uptake of formal audiology testing if screening is abnormal.[63]	• Increase residents' awareness of the importance of booking before 10 weeks in order to get sickle cell and thalassaemia screening at the ideal time. • National data systems need improvement to prevent new arrivals to the borough from appearing on screening recall lists before they have even arrived in the country.[63]	• Low levels of health literacy impact the ability of clinicians to gain accurate family history which impacts decisions about additional screening tests. • Low rates of attendance for hip checks if the newborn physical exam is abnormal. • Newborn blood spots are frequently taken incorrectly meaning babies need a repeat sample taken.[63]	• No formal feedback process
Infant mortality	• Have a Child Death Nurse who reviews all child deaths, this is a new post and has been very effective at improving collaboration.[122]	• Some staff do not feel confident to give safe sleep advice. • Education for parents about neonatal emergencies and when to call an ambulance rather than transport a child to hospital in a private vehicle.[122]	• The system is struggling to meet capacity especially with the increased need and complexity of care required for patients.[122]	• A new patient advocate has started and will be collecting feedback when there are care concerns.

Resident and stakeholder perspectives

NHS Services

	What is going well?	What could be improved?	New or emerging issues	Resident feedback
Talking therapy	• Have relatively broad acceptance criteria. Currently have good staffing capacity and could provide additional services. • Good collaboration with other perinatal mental health services to ensure people are seen by the most appropriate service. Wait times are shorter compared to other mental health services. • Have a wide range of support including prerecorded webinars, group sessions and individual counselling therapy. While people wait for individual therapy they can access the webinars.[123]	• Talking Therapy do not get many referrals from midwives or health visitors. The service has been advertised on maternity wards however there hasn't been a notable increase in referrals. Improved collaboration with voluntary organisations that also provide perinatal mental health support. • Improved connections to primary care to ensure that GPs are aware of who and how to refer. • Need for counselling support for victims of GBV, this is not provided by talking Therapy specifically but is an identified gap in services.[123]	• Increasing need for pregnancy loss and stillbirth support. • High numbers of vulnerable mothers with no local support networks. Ongoing challenge to ensure the service meets cultural needs, where possible the service tries to use native language speaking staff rather than relying on interpreting services. • Increasing comorbidity of long-term physical health conditions and mental health conditions. • Getting people to know about and attend group sessions. • Group workshops can be delayed while waiting for enough people to sign up. Of those who attend group sessions many do not complete the whole programme.[123]	• Positive feedback about group sessions as they made people feel less isolated and validated their experiences as normal.[124] • Talking Therapy support was particularly appreciated during the COVID-19 pandemic. • People who had individual therapy reported staff were kind, positive and that therapy provided was incredibly helpful.[123]
FNP	• FNP is a well-established service in the borough providing additional support to young first-time parents. Due to decreasing teenage pregnancy rates the acceptance criteria widened to include parents 21 years old and under (or up to 24 with additional vulnerabilities). FNP have a more holistic approach and develop long term relationships and are more flexible to meet the needs of parents compared to other services. FNP have good relationships with other local services including Safe East (sexual health), the Gateway team and perinatal mental health team. Staff are well supported with regular supervision and opportunities for professional development.[125]	• Improve capacity of other core services such as midwifery and health visiting. • Babies are being looked after by FNP for longer as they have to wait for Health visiting to have the capacity to take over care. This has led to a small waitlist for FNP developing. • Breastfeeding rates and uptake of LARC within the FNP cohort. • Work to decrease smoking in this cohort – 22% were smoking at time of intake into FNP in 2023.[125]	• Interpreting service availability often does not meet increasing need for the service. Building rapport and trust is more challenging when using interpreters. • There has been an increase in young mothers arriving from Bangladesh. • Increasing need for housing support, some new parents are being sent out of the borough which is generally inappropriate for this cohort. • Increasing neurodevelopmental needs however the wait times for speech and language therapy assessment are increasing. No feedback once a referral is sent leaving FNP staff wondering if it has been received. • Increasing reliance on technology for entertaining children.[125]	• Parents appreciate the continuity of care and ability to develop a trusted relationship with one professional.[125,126] • Parents feel listened to and empowered by the support from FNP. Some report they couldn't have been a successful parent without their support. • Parents appreciate that family nurses can link them in with other services.[125]

Resident and stakeholder perspectives

NHS Services

	What is going well?	What could be improved?	New or emerging issues	Resident feedback
Primary care	• Clinical leads have improved the connections between primary, secondary and tertiary care and ultimately have assisted in improving patient care. • Family Hubs offer a great opportunity for improving access to care however the website is challenging to navigate. • Having a low-risk matron has been excellent for improving the links between primary and secondary care.[127,128]	• High numbers of women with gestational diabetes who are subsequently at risk of developing T2DM. Many are not coded correctly in primary care systems and therefore do not get recalled each year for review. • Transition to secondary care providing all antenatal care isn't working effectively for GPs or for women. Particularly with regard to prescriptions, iron infusions and follow up of test results. • Better communication to primary care about available services at Family Hubs, many GPs aren't aware of what is on offer. Being able to have Family Hub updates in the GP intranet would be very useful. • Residents generally accept Vitamin D when offered in primary care, however, most don't have a good understanding of why it's important. • Antenatal education should be improved and include information about breastfeeding and other important public health messages earlier in pregnancy. • Some GPs have vast experience with new parents and babies and will opportunistically ask questions about maternal mood or breastfeeding even when presenting for unrelated issues. However many GPs are not confident in this area and in a time pressured situation aren't able to provide this screening. Further training for GPs in this area may be helpful.[127,128]	• Increasing misinformation about vaccination is a challenge. • The ability to self-refer to maternity services is good at increasing accessibility; however, a downside is that people no longer see their GP in the early stages of pregnancy meaning opportunities for safeguarding and assessing maternal medical conditions are missed. • Maternal mental health referral pathway can be difficult for GPs to navigate and referrals can be declined as they don't meet the threshold for the Perinatal Mental Health Team. A single point of referral for all mental health services would be useful for GPs.[127,128]	• Difficulty with wait times and ability to make appointments.

Resident and stakeholder perspectives

London Borough of Tower Hamlets services

	What is going well?	What could be improved?	New or emerging issues	Resident feedback
Baby Feeding and Wellbeing Service	• The BFWS in Tower Hamlets is unique and provides more flexible and comprehensive care compared to other boroughs. • The service is universal and provides longitudinal care beginning in the antenatal period. Breastfeeding rates in the borough are much higher than the national average. • Within the community word has spread about the utility of the drop-in breastfeeding groups, with some parents attending from out of borough.[129]	• Recording of ethnicity and other demographic data. • Staff education, particularly on the maternity ward, about breastfeeding and being baby friendly. Decrease the use of bottles on the ward. • Improving communication and IT systems for notification of people who have given birth out of borough to ensure that all new parents who live in Tower Hamlets are contacted by the service.[129]	• Capacity and staff workload is an issue with concerns raised about increasing requirements of staff potentially meaning the focus on baby feeding is lost. • Some people are using Healthy Start vouchers to buy formula and are then on-selling the formula to make a profit. • Increasing numbers of families are being told their child has tongue tie. There seems to be increasing misinformation about tongue tie causing issues with eating and speech. Parents can often become fixated on frenulotomy as the only solution when many babies with tongue tie are able to breastfeed without intervention. • Increasing demand for colostrum harvesting from low-risk women which prevents access to the service to those who need it most.[129]	• Residents appreciate that the BFWS has more time than other services and they can be someone to talk to. • Residents appreciate the ability to have home visits, especially in the first few weeks after birth when getting out of the house may be challenging. • Some residents wished that their midwife had told them about the BFWS.[129]
Early education	• Good relationships with local early years settings. • Some settings use a trauma informed approach and can support children in a more holistic way.[130,131]	• Accessibility of Healthy Early Years London (HEYL) scheme for smaller settings and childminders, currently it is very labour intensive with unclear benefit to settings. • Remove barriers to accessing early intervention. Currently staff feel some families have to wait for situations to escalate before they are eligible to access support. • Poverty remains an issue within the borough which was exacerbated by COVID-19.[130,131]	• Increases in children with additional needs post COVID-19 and increases in numbers of children with communication, behavioural and emotional regulation challenges. • Staffing in the early education setting is a concern, particularly with increased access to free hours meaning more children will be able to access care. Consistency in staff training is required to ensure all early years settings provide high quality education.[130,131]	• Settings consistently report that HEYL is too much work and doesn't provide tangible enough benefits to encourage them to achieve higher awards.[131]

Resident and stakeholder perspectives

London Borough of Tower Hamlets services

	What is going well?	What could be improved?	New or emerging issues
Tackling poverty team	• The team is responsive and adaptive to meet needs of residents. They run community cupboards, food pantries and supply food to local food banks. They run community outreach assisting people with applications and advice and provide financial support (for heating, furniture or whiteware etc.) for families in crisis. Children eligible for free school meals can access free school holiday programmes.[132]	• Short term funding cycles are challenging as projects often feel uncertain. • Communication within the council could be improved so that teams who are expected to deliver outcomes are more involved in funding and planning decisions.[132]	• Housing crisis meaning some residents are sent out of borough and away from support networks. The waitlist for council housing is years long. Residents don't want to move away from their home meaning overcrowding is an increasing issue. • Cost of living and increasing poverty. There is increasing demand for support through resident crisis support grant despite restricting the application criteria. Families who were previously financially secure are now struggling.[132]
Violence Against Women and Girls (VAWG)	• Collaborate with multiple teams and external organisations including Faith leaders to ensure that VAWG is seen as everyone's issue to address.[133]	• Tower Hamlets has the second highest rate of GBV in London.[133]	• Unable to publish this information
Early Help, Family Hubs, CFCs	• Centralisation of services through Family Hubs will hopefully improve the accessibility for families.[130,134]	• Work with social services to improve interactions with residents and work to decrease the fear and stigma about social services involvement.[130,134]	• Impact of COVID-19 on parental isolation and children's development, mental health, behavioural and emotional regulation. • Increased consumption of high calorie, nutrient poor foods leading to oral health issues and obesity. Cost of living particularly price of fresh fruit and vegetables. • Having enough physical space in Family Hubs/CFCs to run all the programmes that services have capacity for. Health rooms are in particularly short supply meaning residents are missing out on services.
Healthy Start Vitamins	• Universal provision within Tower Hamlets for all pregnant and breastfeeding people. • Parents appreciate the free vitamins, although some prefer to self-fund vitamins that contain a greater range of vitamins.[135]	• The online ordering system for vitamins is ineffective and vitamins are often delivered close to expiry dates. • Poor data collection about vitamins dispensed. • Consideration of preconception vitamin provision. • Staff education about vitamins and what they are for.[135]	• Since the digital transition for Healthy Start many residents don't bring their card when collecting vitamins. This means that we cannot claim back funding for those who have collected vitamins who are eligible under the national scheme. • The Healthy Start website needs improvement as it can reject eligible families.[135]

Resident and stakeholder perspectives: Summary

TOWER HAMLETS

Key themes

- Communication – to residents, within health and social care organisations needs to improve.
- Improved antenatal education – to empower parents by increasing health literacy about topics such as pregnancy, breastfeeding, birth, postnatal recovery, newborn sleep and feeding patterns and what services are available.
- Staffing – capacity is stretched in many services particularly interpreting services, health visiting and early education.
- Training – cultural safety and cultural competency training for all staff, vitamin education for staff who give out Healthy Start Vitamins particularly those in CFCs.
- Improve collaboration between organisations – make it easy to refer to services and have regular collaboration between organisations to consolidate communications to residents.
- Comorbidity – increasing complex health and social care needs within the maternity population including GBV and need for pregnancy loss support.
- Continuity of care – is important to residents and professionals. Residents appreciate services that are responsive, flexible and have more time.
- Consanguinity – residents need timely access to prenatal genetic counselling, and once pregnant need to be aware of the importance of early booking to access screening tests.

Gaps in knowledge and services

What are we doing well?

- The Royal London Hospital and Health Visiting service accredited by UNICEF as being baby friendly. Breastfeeding rates in the borough are high however we need to continue to support families to exclusively breastfeed their babies rather than mix feed.
- The BFWS provide an excellent service not available in other boroughs.
- Family Hubs act as a central point of access for families and they offer a wide range of services.
- The local voluntary and community sector provide targeted and universal services to our residents.
- Screening rates for STIs are high
- Women's health physiotherapy has recently started in the borough.
- Tower Hamlets provides universal vitamins to supplement the national Healthy Start Vitamin offer.
- More babies are born by spontaneous vaginal delivery.
- The tackling poverty team provide services addressing the cost of living crisis.
- Many services can be accessed virtually including appointments, classes and parenting apps.

What do we need to know?

- Most indicators cannot be examined by ethnicity or age meaning inequities are unable to be examined.
- Why fewer women have planned caesarean sections in Tower Hamlets?
- What is the prevalence of alcohol consumption during pregnancy?
- How many women are vaping during pregnancy?
- Why are maternal vaccination rates low?
- Why are greater numbers of newborn babies admitted to hospital within 14 days of life in Tower Hamlets?
- How can we improve pregnancy loss communication to primary care and health visiting?

What are the gaps?

- Timely collection of accurate data.
- Clear, consistent and accessible communication from health and social care providers.
- Improved antenatal education particularly for first time parents or new arrivals to the borough.
- Screening, pregnancy, birth management, and long term follow up of gestational diabetes.
- Support for pregnant people to access fresh healthy food.
- Access to pregnancy and post-partum leisure activities.
- Alcohol and smoking cessation support during pregnancy,
- No freely available preconception vitamins,
- Low numbers of pregnancies booked earlier than 10 weeks, leading to flow on consequences with missed screening tests.
- Low maternal vaccination rates,
- Ongoing high levels of poverty and deprivation within the borough.
- High rates of term babies born with low birth weight and high numbers of admissions for newborns.
- Interpreting service struggles to keep up with demand.
- Tongue tie education for staff and parents.
- GBS screening results aren't communicated to midwives.

Summary

- More work is required to ensure all pregnant women and pregnant people have the safest, healthiest pregnancy possible to give all babies the best start in life. Inequities in outcomes for Asian and Black parents and babies are unacceptable and urgent action is required to investigate local barriers to care. Increasing numbers of pregnancies are complicated by maternal comorbidity, services need to adapt to meet this need.
- Residents and stakeholders agree that antenatal education should be improved, to empower new parents to feel prepared for pregnancy, birth and the transition to parenthood. There are many freely available services that residents can access; however many do not know what is on offer to them.
- Improving access to early antenatal care will assist in improving maternal and neonatal outcomes by ensuring screening tests, vaccinations and scans are all delivered at the optimum time.

Priorities: what are the priorities for improvement for the next 12 months?

Data	• Improve data collection and quality particularly ethnicity data. Data sharing and interagency collaboration should also improve to ensure all current information is shared in a timely way to allow for appropriate resource allocation and intervention design. Data that is collected, must be shared effectively to ensure issues, such as those with GBS screening, are not repeated.
Communication	• Residents are asking for clear and consistent messaging from providers across the maternity care system. Consistent messaging will assist in rebuilding residents' trust. It will require improved collaboration and communication between partner organisations to develop approved resources that can be shared with residents.
Address ongoing inequity	• Black and Asian parents experience inequitable outcomes with higher rates of maternal death, gestational diabetes, birth trauma and obesity. Families living in more deprived areas also face inequity. Demographic data is lacking for many other indicators meaning there are likely more inequities within the borough that we do not know about.
Antenatal education	• A recurring theme throughout the JSNA has been the lack of antenatal education, with new parents feeling unprepared and unempowered. Effective antenatal education will assist with earlier booking, addressing maternal health issues, identifying and managing issues early, allowing time for any necessary genetic counselling and ultimately, improve outcomes for parents and babies.
Increase resident voice	• Residents provide powerful and crucial feedback about the efficacy, safety and accessibility of local services. While some organisations have established pathways for receiving feedback, there is still room for improvement. Regular resident feedback will help Tower Hamlets to provide the best services possible for our community.
Staff training	• Another common theme was the need for improved staff training across multiple areas. Residents, and some partners, report a need for cultural safety, cultural competency and anti-racism training particularly within the healthcare system. All staff working with residents should have access to ongoing professional development to ensure they are providing evidence based, safe and effective care.
Future planning	• Increasing morbidity during pregnancy means greater numbers of pregnancies are higher risk. The system is already facing immense pressure and not able to provide continuity of carer (as recommended by the Ockenden Report). As a borough we need to ensure ongoing staff recruitment and planning to enable the provision of safe maternity care. Consideration must also be given to developing a workforce that is representative of the community.

Recommendations

- In this section the recommendations for action are displayed. These have been developed in consultation with stakeholders and reflect the collective input into this JSNA.
- The recommendations are presented in three sections based on the estimated timeframes for implementation:
  - Short term: These recommendations are either easier to act upon or are urgent with respect to risk to health and wellbeing of parents and babies.
  - Medium term: These recommendations are for things such as evaluation and removing barriers to care that will take a longer period of time to act upon.
  - Long term: These recommendations are complex problems such as addressing health inequity and will require prolonged commitment and systems change from all stakeholders.

Recommendations

Short term

Recommendation	Rationale	Responsibility	Timeline
Increase maternal vaccination rates	Maternal vaccination is safe and offers the best protection to newborns against serious infections such as pertussis (whooping cough). Maternal vaccination rates are very low, meaning the majority of newborns are susceptible to illness. This is particularly important given pertussis (whooping cough) cases are rising nationally.	LBTH Public Health: Raise awareness with partners, communication campaign with residents. Midwifery, Health Visiting, RLH: Have a responsibility to inform all parents about the safety, efficacy and importance of maternal vaccinations and offer these at every appointment from 20 weeks gestation. Primary care: Have a responsibility to encourage any pregnant person (even if seeing for a non-pregnancy related concern) to receive vaccinations.	This is an urgent priority and work should begin immediately. Increased vaccination rates should ideally be seen within 6 months. Given how low rates within the borough are, although effort needs to be concentrated now, a long term strategy also needs to be implemented.
Staff training about healthy start vitamins	Vitamins are provided free of charge to anyone who is pregnant or breastfeeding in the borough. However there is variation in the confidence of staff to provide advice and education about the importance of the vitamins. All staff who provide vitamins should be able to discuss and answer questions from families	LBTH Public Health: Provide training to staff, particularly those in CFCs about healthy start vitamins.	Training should be provided within the next 3 months.
Improve communication between partners, and to the community	Communication between partners allows for greater collaboration, resource sharing and should ultimately improve services for residents. Effective communication to residents addresses differing levels of health literacy, cultural competency and language barriers. Consistent messaging improves trust in the message.[136,137]	All organisations providing pregnancy and postnatal care.	Establishing improved communication processes will take time, however the process has already started during the research for this JSNA.

Recommendations

Short term

Recommendation	Rationale	Responsibility	Timeline

Improve antenatal education to ensure expectant parents learn about:
• screening tests in pregnancy
• scans during pregnancy
• Maternal health during pregnancy
  • Supplementation (folic acid, vitamin D)
  • Substance use
  • Physical activity
  • Nutrition
• breastfeeding
• safe sleep
• risks of smoking or consuming alcohol during pregnancy
• preparation and options for birth
• vaccinations
• normal newborn behaviours (such as the frequency of feeding, sleeping and dirty nappies)
• perinatal mental health
• recovery after birth
• information about available services such as CFCs, Toyhouse
• post-natal contraception
	A recurrent theme throughout this JSNA has been a lack of cohesive antenatal education within the borough. For example, some new parents reported accepting bottle feeding on the maternity ward, as they didn't know they could ask for help to establish breastfeeding. Other parents report not knowing what the CFCs are for. During the accreditation process, UNICEF identified the need for improved antenatal breastfeeding education in the borough.[138] Parents have the right to make informed choices about their healthcare. Having a healthy pregnancy is the best start for new babies, and improving antenatal education is one step in improving pregnancy outcomes and health literacy.	Partners involved in updating the antenatal care pathway
		- LBTH Public Health
		- Midwifery Royal London Hospital
		- Maternity services Royal London Hospital
		- Health Visiting
		- NEL ICB
		
		LBTH: Increased promotion of Family Hubs and CFCs to ensure families understand their function and available supports.
			Work on the updated antenatal care pathway has commenced should aim to be completed within the next 12-18 months.
			
			Promotion of Family Hubs and CFCs is underway with a new Family Hubs social media presence being launched this year.

Develop process for alerting midwives about GBS results	Currently GBS test results are not seen by midwives, meaning treatment can be missed and babies put at risk.	RLH	Work to improve this process should start immediately and be completed within the next 6 months.

Recommendations

Medium term

Recommendation	Rationale	Responsibility	Timeline
Support further organisations to achieve UNICEF BFI accreditation	Our goal is to be a Baby Friendly borough, however only two organisations have achieved accreditation. This recommendations is also supported by the NEL infant feeding strategy.[139]	All partners can support the goal of becoming Baby Friendly. The CFCs and Family Hubs should be priority organisations to achieve accreditation.	CFCs and Family Hubs should register and begin the process toward becoming accredited.
Evaluate equity and equality action plan	The action plan was published in 2022, and the initial equity and equality needs assessment was published in November 2021. An evaluation should be conducted to monitor the impacts of recommendations.	Local Maternity and Neonatal System	Data collection and work to monitor the impact of recommendations should start within 12-18 months.
Review impact of Family Hubs	Evaluation is required to ensure that changes in services are meeting the needs of residents.	LBTH Public Health and Early Help	This JSNA has partially evaluated outcomes, however more specific evaluation should commence within the next 12 months.
Increase capacity within the interpreting service	A significant proportion of residents communicate in languages other than English. The interpreting service struggles to meet demand subsequently impacting patient care. This is a risk as family members and partners may be used as interpreters which impacts safety and means women cannot disclose GBV.	GP Care Group Barts Health NHS Trust	Increased capacity should be available within the next 12-24 months.

Recommendations

Medium term

Recommendation	Rationale	Responsibility	Timeline
Responsive services	Residents and stakeholders provided feedback that flexible services that can respond to the needs of individuals are preferred. This allows for responsive, and appropriate care to be provided.	All organisations providing services to residents.	This may partially be addressed with the updated antenatal care pathway due in 2024. Ongoing professional development of health care staff should further develop these skills.
Listen to residents	Although the voices of residents have been included throughout this JSNA, there are areas where more feedback could be gathered. It is recommended that all services develop systematic ways of regularly collecting resident feedback.	All organisations providing services to residents.	Work to improve feedback collection should ideally be in place by the end of 2024.
Make every contact count (MECC)	Making every contact count ensures healthcare providers opportunistically give health promotion advice and signpost to other available supports. It is an evidence-based intervention that improves health and wellbeing.[140] Feedback from this JSNA suggests that using a MECC approach sometimes feels burdensome for staff, especially when under time pressure. Staff training about how MECC can be used in conversations with residents in a less burdensome way.	All organisations providing services to residents. LBTH Public Health to provide guidance about rationale and evidence for MECC.	This may partially be addressed with the updated antenatal care pathway due in 2024. Ongoing professional development of health care staff should further develop these skills.
Continuous professional development and training: clinical, cultural, anti- racism	The Ockenden report recommended that staff who work together train together. Clinical staff must have access to appropriate clinical training, such as identifying and managing tongue tie, to ensure ongoing professional development, while all staff within the maternity care system should have access to anti-racism and cultural safety and competency training.[141,142]	All organisations providing should ensure staff have access to appropriate training and development tools.	All staff should already have access to professional development tools, however the need for cultural training and anti-racism training should be introduced within the next 12 months.

Recommendations

Medium term

Recommendation	Rationale	Responsibility	Timeline
Workforce planning: • Futureproof planning to ensure safe short- and long-term staffing levels. • Develop a workforce which is reflective of the community	Ensuring a long term workforce plan is another recommendation made in the Ockenden Report and supported by this JSNA. Having a diverse workforce increases trust, innovation and assists in creating a culturally competent workforce.[143] A strategy to increase diversity in the workforce needs to start with reaching local young people to raise awareness of different career pathways.	All organisations should have an equity, diversity and inclusion strategy, and be monitoring to ensure workplace diversity improves and reflects the community.	This will require long term change. All organisations should have a strategy in place and be monitoring workplace diversity within the next 12 months.
Address prevalence and increasing severity of gender-based violence	Residents in Tower Hamlets experience high rates of GBV. This can have lifelong consequences for mothers and babies. In accordance with the Government Tackling Domestic Abuse Plan, GBV "is everyone's responsibility" and collective action is needed to prevent abuse and support victims. Routine screening for GBV during the perinatal period may increase identification of victims and allow for earlier safeguarding.[144,145]	All organisations providing services to residents.	This may partially be addressed with the updated antenatal care pathway due in 2024. Ongoing professional development of health care staff should further develop these skills.
Improve bereavement care for families who have experienced pregnancy loss	Experience of pregnancy loss is a risk factor for developing perinatal mental health issues. Given the stillbirth and neonatal mortality rate in the borough, bereavement care is an important service that we need to get right. The Ockenden Report recommends bereavement care services are available daily. Further, communication about pregnancy loss to primary care and health visiting needs to improve.	RLH: responsibility to provide immediate care after a pregnancy loss, and ensure this care is safe, and culturally appropriate. Primary care: responsibility to support patients and refer to services as required. LBTH Public Health: improve communication to residents about available supports. Other partners: have an awareness of available supports.	This may partially be addressed with the updated antenatal care pathway due in 2024.

Recommendations

Medium term

Recommendation	Rationale	Responsibility	Timeline
Ensure perinatal mental health services: • meet demand • are accessible • are culturally safe	The Ockenden Reports also identifies the importance of perinatal mental health support, not only for mothers but for their partners and wider family. Screening for perinatal mental health issues needs to be routine, and timely support offered to those who need it. The referral process for mental health services needs to improve as currently refers spend significant time referring to multiple different places, and patients get delayed access to care. Ideally a centralised perinatal mental health referral platform should be developed. Patients are then triaged by a mental health professional and sent to the appropriate service, reducing unnecessary admin for referrers and unnecessary delays for patients.	Specialist perinatal mental health services and Talking Therapy have a responsibility to improve the referral process. If a patient does not meet the criteria for either service, to signpost which other organisations may be more appropriate. Voluntary and community sector organisations including Sister Circle need to ensure the referrers including GPs are aware of their service and referral criteria. All frontline staff caring for new parents need to screen for perinatal mental health issues and refer appropriately. LBTH Public Health team has a role to play in educating staff and public about perinatal mental health issues, available support services and work to reduce the stigma of perinatal mental illness.	All frontline staff should receive perinatal mental health training within the next 12 months. An improved referral process should be developed within the next 12 months in partnership with primary care. Wider communications about available services and reducing stigma should begin within the next 12 months. Perinatal mental health awareness will also be picked up in the updated antenatal care pathway due in 2024.
Improve preconception care	The chances of conception and having a healthy pregnancy are increased if maternal health is optimised. Quality preconception care will reduce risks of neural tube defects and foetal alcohol spectrum disorder, as well as minimise risk factors for premature birth and having a term baby that is small for gestational age. The Ockenden Report specifically recommends that those with pre-existing conditions, such as epilepsy and diabetes, have access to specialist preconception medical care.	RLH: responsibility to provide preconception care to those with pre-existing conditions. Primary care: ongoing responsibility to support patients requesting preconception advice. LBTH Public Health: improve communication to residents about preconception health and consider possible improvement of the local offer. Other partners: all frontline staff should be able to have conservations with families about the importance of preconception health.	This may partially be addressed with the updated antenatal care pathway due in 2024. Development of new local offers should be started within the next 12 months. Appropriate workforce training should occur within the next 12 months.

Recommendations

Medium term

Recommendation	Rationale	Responsibility	Timeline
Improve early access to antenatal care	Evidence shows that early access to antenatal care improves outcomes for parents and babies. Fewer pregnancies are booked before 10 weeks gestation compared to other boroughs, therefore this is an area that needs improvement.	LBTH Public Health: Communication campaign to residents about the importance of early booking, including where and how to do this. RLH, Midwifery: Identify barriers in accessing antenatal care and work to remove these.	This may partially be addressed with the updated antenatal care pathway due in 2024. Communications should aim to be completed following the updated antenatal care pathway. Identifying and removing barriers in the current antenatal booking system should start within the next 12 months and be ongoing.
Improve gestational diabetes screening, treatment and long term follow up	There is limited local data about gestational diabetes, meaning interventions cannot be targeted at the appropriate populations. In Tower Hamlets a significant proportion of pregnancies are to mothers with Asian ethnicity, and those with Asian ethnicity are more likely to be diagnosed with gestational diabetes. Currently some women report not understanding the significance of gestational diabetes, and are not aware of the need to have long term follow up. Primary care staff report not being informed of gestational diabetes diagnoses and therefore are unaware they need to recall patients for annual reviews.	RLH: Review gestational diabetes screening rates, suggest an audit to assess coverage of screening in high-risk populations. Consider the utility of universal screening. Improve discharge communication to primary care to ensure long term follow up is arranged. LBTH Public Health: Consider commissioning gestational diabetes support and education.	This may be partially addressed in the updated antenatal care pathway due in 2024. Review of current screening processes should commence within 6 months. Work to improve discharge communication should being immediately. Public health to consider gestational diabetes support and education within the next 12 months.

Recommendations

Medium term

Recommendation	Rationale	Responsibility	Timeline
Antenatal and postnatal screening tests: • Improve timely access to haemoglobinopathy screening • Increase uptake of newborn screening and diagnostic tests.	The majority of families who may benefit from antenatal haemoglobinopathy screening are not able to access this by the required 9 weeks. Attendance for post-natal screening is lower than for antenatal screening, and drops significantly for those attending diagnostic hip checks. Improving awareness of these tests may assist in increasing the uptake.	Those who have responsibility to improve access to early antenatal care. RLH: Improve communication with parents about rationale for post-natal screening tests.	This may partially be addressed with the updated antenatal care pathway due in 2024. Work to raise awareness and improve uptake of screening should start within the next 12 months. With increased uptake data seen within the next 24 months.
Postpartum haemorrhage data collection	Although rates of PPH appear low in the Trust, evidence suggests the method of measuring can significantly influence the detection of significant PPH. It is recommended an audit into the measurement of PPH is conducted to ensure the data is not falsely masking PPH rates.	RLH, Midwifery	It is recommended an audit is undertaken within 12-24 months.
Sexual health education including increasing the use of contraception.	There are high rates of STIs in Tower Hamlets. Although STI testing rates are also relatively high, all residents should have access to sexual health care and education. Contraception rates are relatively low in the borough and therefore this could be an area for improvement, particularly in the post partum period.	Health Visiting, Midwifery, RLH, Primary care: Ensure women know about the importance of post-partum contraception and provide contraception or referrals to contraception providers such as All East.	This may partially be addressed with the updated antenatal care pathway due in 2024. More specific changes should occur over the 12-24 months, ideally reflected with increasing rates of contraception in the borough.

Recommendations

Long term

Recommendation	Rationale	Responsibility	Timeline
Data	Data collection is needed to monitor the effectiveness of interventions, identify emerging areas of need and ensure inequities are being addressed. Currently there are large gaps in data about: • Ethnicity, age and SES in nearly all collected maternity data • Presence of complex social factors • Consumption of alcohol in pregnancy • Rates of FGM and subsequent complications • Gestational diabetes • Premature births - there is a large difference between a baby born at 24 weeks versus 34 weeks. • Perinatal mental health	All organisations that collect data within Tower Hamlets need to improve. However, given a large amount of maternity data comes from the RLH, Health Visiting and other NHS services improvement in these services is a priority. LBTH to work with partner organisations to establish formal data sharing agreements.	Data quality and collection improvement will be a continuous process. It is recommended improvement starts immediately.
Address inequities	Those with different ethnic groups and socioeconomic status face different experiences and outcomes in the maternity care system. It is unacceptable that Black mothers experience nearly a three times greater risk of death compared to white mothers.	All organisations providing pregnancy and postnatal care are responsible for actively addressing inequity. LBTH: to advocate at a national level on issues that will impact equity, such as folate fortification.	Eliminating inequity will take a prolonged period of time and a commitment to improvement.
Address high rates of maternal excess weight	Maternal excess weight increases the chance of complications for both mother and baby. It is suspected there are high rates of maternal excess weight within the borough, however data is currently only collated at Trust level.	LBTH Public Health: Ongoing work to promote healthy weight and the importance of preconception health. Support parents to be physically active during pregnancy by increasing leisure offers. Health Visiting, Midwifery, RLH and Primary care: Encourage physical activity during pregnancy. Appropriate monitoring and screening for pregnancies complicated by maternal excess weight.	Work in this area is occurring but requires ongoing systems change to address the complex nature of the issue.

Acknowledgements

Thank you to residents who provided feedback through surveys, directly to services, and through the Maternity and Neonatal Voices Partnership. We value your expertise, generosity, and time taken to share your experiences. Your insight is invaluable at helping us to improve local services.

Many organisations within the borough have contributed to this piece of work. Thank you for your time and for the knowledge you have shared. This JSNA aims to collate the experiences of the relevant stakeholders

Thank you to teams within the Council who provided data, advice, and shared perspectives about priority issues.

- Violence against women and girls
- Early Help
- Family Hubs
- Public Health
- Early Education
- Tackling Poverty

Feedback

We welcome your feedback.

If you would like to provide feedback on this JSNA please leave your comments by clicking or scanning the QR code or following this link to the online form.

Tower Hamlets Maternity JSNA 2024

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