

## Report to Newcastle under Lyme

### Infant Mortality in the Borough

1. What is the latest position in terms of the level of infant mortality in the Borough?

The rate for Newcastle in 2010 was 7.7/1000 - infant deaths per 1000 live births. This is a downward trend after a peak of 11.4/1000 in 2012.

2. What are the trends in terms of levels of infant mortality in Newcastle Borough?

This is a downward trend after a peak of 11.4/1000 in 2007.

3. What are the identified causes behind infant mortality, and what is the situation in Newcastle in terms of the reasons for the levels of infant mortality at the present time?

Infant mortality, and particularly the early neo-natal component, may be associated with the quality of care (antenatal, intrapartum and neonatal) but the main variations are associated with the characteristics of the population (the mothers). This includes ethnicity, place and age. There is a known association between infant mortality and deprivation. In addition in Newcastle obesity and smoking are important factors.

4. What work is being done by different agencies to combat infant mortality?

A joint committee is being reconvened with to cover Stoke and North Staffordshire with this (draft) remit:

- i. To examine trends in perinatal and infant mortality and provide an analysis of key issues, with particular reference to geographical variations.
- ii. To examine the evidence for effective interventions in all relevant stages of the life course, and of the care pathways, including lessons from investigations and reviews of maternity services by the Healthcare Commission.
- iii. To advise the CCGs commissioning maternity care and other commissioners on all aspects of maternity and early years services provided for its residents, including:
  - Strategy for service development
  - Progress on implementing quality standards
  - Service specifications for maternity service contracts
  - Configuration of services



NHS North Staffordshire  
South Staffordshire PCT

Clinical governance, audit and guidelines for clinical care

- iv. To ensure that maternity and child health services commissioners and the provider units take account of the views of women and families using the service.

Membership will include Local Authority and CCG commissioners, Public Health and key providers

5. What barriers are there to this work?

The main barrier is timely data, in order to understand the current factors influencing outcomes.

6. Are any opportunities being missed?

It will be important to be able to commission any prioritised new interventions in-year, so that option should be available despite committed budgets and commission plans for 2012/3.

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Staffordshire Public Health Team