

Healthy Lives

Maternity and First 1,001 days

August 2024

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Healthy Lives Introduction

Our behaviours, personal circumstances and illnesses hugely affect our life expectancy and health. Influences on our health are particularly important before birth and during early childhood. These influences and risk factors continue to accumulate, and their effects build as we move into adulthood. Preventing exposure to these risk factors and reducing inequalities in how these risk factors are distributed among our population, can have a positive impact on our health.

Local public health teams work to both prevent and reduce people's exposures to risk factors across all stages of life. We commission services which help people reduce their risk factors (for example, smoking), as well as work alongside other organisations to provide people with the support they need to make healthy decisions and prevent exposure to negative risk factors in the first place.

This chapter focuses on the risk factors, causes and protective factors which influence our health, the health inequalities which are evident and the potential impact COVID-19 has had.

Data in this written summary are correct as of August 2024. The data in this report can be explored further by smaller geographies in the [JSNA Healthy Lives data report](#). The data report will be updated continuously, as new data are available.

Further information on the impact of COVID on our local population has been discussed in the [Hampshire COVID-19 Health Impact Assessment](#).

The health outcomes of our population and how these impact different population groups are discussed in more detail in the accompanying [JSNA reports](#).

Teenage pregnancy

Most teenage pregnancies are unplanned and around half end in a termination of pregnancy.¹ The under 18 abortion rate has been reducing in line with the reduction in overall conceptions in this age group. While for some young women having a child can be a very positive experience, for many bringing up a child results in poor outcomes for both mother and child. These outcomes include higher infant mortality rates, poorer child health, a higher risk of poor maternal mental health, lower maternal education and a higher risk of poverty. A 2016 paper found that by age 30, women who were teenage mothers are 22 per cent more likely to be living in poverty than mothers giving birth aged 24 or over. Compared with older fathers, young fathers are twice as likely to be unemployed, even after taking account of deprivation.² As seen in Figure 1, teenage pregnancy rates in Hampshire have continued to decrease and currently are 10.9 per 1,000 children under 18 years old, which is below the England average of 13.1³ and equates to 246 teenage pregnancies in 2021. Rates are higher in areas of deprivation, and this is reflected

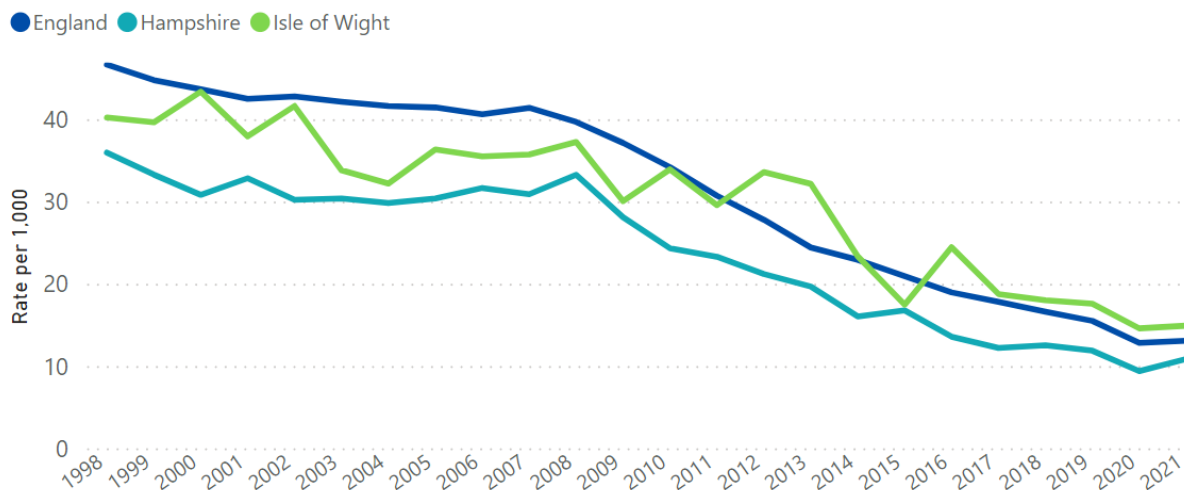
¹ [Hampshire Teenage Pregnancy Partnership | Health and social care | Hampshire County Council \(hants.gov.uk\)](#)

² [Good progress but more to do: Teenage pregnancy and young parents](#)

³ [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

locally in Havant, where teenage pregnancy rates are significantly higher than the England average (21 per 1,000 compared to 13.1 per 1,000 in England). Hart has the lowest teenage pregnancy rates in Hampshire, at 4.5 per 1,000.⁴

Figure 1: Under 18's conception rate (per 1,000), 1998 to 2021



Source: Fingertips, Office for Health Improvement and Disparities

Termination of pregnancy

The total abortion rate in Hampshire in 2021 was 16.3 per 1,000 which has been increasing since 2015. On the Isle of Wight the total abortion rate in 2021 was 16.7 per 1,000. The abortion rate in Hampshire for over 25s was 15 per 1,000 which is lower than England at 17.9 but has been increasing since 2016. The abortion rate for over 25s on the Isle of Wight is comparable to Hampshire, at 15.6 per 1,000 in 2021.

National data show inequalities in the abortion rate, with higher rates in the more deprived areas and lower rates of abortion in less deprived areas.⁵ The opposite is true however for under 18's conceptions leading to abortion, where the abortion rate is higher in the less deprived areas.

The under 18s abortion rate has been declining in Hampshire and was 4.9 per 1,000 in 2021, compared to 7.9 per 1,000 on the Isle of Wight and 6.5 per 1,000 for England. It should be noted that the numbers are low on the Isle of Wight causing large changes in the rate.

First 1,001 days

The first 1,001 days, that is from pregnancy to age two, is a period of uniquely rapid growth, when babies' brains, their sense of self, and their understanding of the world are shaped by their experiences and environments. Sensitive, responsive caregiving including early attachment and bonding during the earliest years of life lay the foundation for later health and wellbeing, the benefits of which last a life time.

⁴ [Fingertips | Department of Health and Social Care \(phe.org.uk\)](https://www.fingertips.org/department-of-health-and-social-care)

⁵ [Fingertips | Department of Health and Social Care](https://www.fingertips.org/department-of-health-and-social-care)

The Marmot Review report (2010)⁶ reported that maternal health, including stress, diet, drug, alcohol and tobacco use during pregnancy, has a significant influence on foetal and early brain development. Social and economic circumstances can also have an impact, with babies born to mothers living in the poorest areas more likely to have a low birth weight. This impacts brain development and is associated with poorer long-term health outcomes. A child's physical, social, and cognitive development during the early years strongly influences their school-readiness and educational attainment, economic participation and health.

Breastfeeding

Breastfeeding has numerous health benefits for both mother and baby. Breastfed babies have stronger immune systems, lower rates of illness and a lower risk of infant death. Also, later in life, they have a lower risk of many diseases including diabetes, obesity and heart disease. Breastfeeding can also help promote mother-baby bonding and lowers a mother's risk of breast and ovarian cancer. It is recommended that babies should be exclusively breastfed (breast milk only) for around the first six months of a baby's life. Breastfeeding prevalence at 6 – 8 weeks is higher in the less deprived areas, and lower in more deprived areas.⁷ The same pattern exists in the baby's first feed being breastmilk; 82.8% in the least deprived decile compared to 55.8% in the most deprived decile in England in 2020/21. Baby's first feed being breastmilk is also lower in subsequent pregnancies compared to first pregnancies, in the White ethnic group and in mothers of younger ages (40.1% in mothers under 18).⁸

In 2020/21, 75.5% of Hampshire babies had breastmilk as their first feed, above the national average of 71.7%. 72.8% of babies on the Isle of Wight had breastmilk as their first feed.⁹ The importance of first feed breastmilk is twofold; the establishment and continuation of breastfeeding begins with initiation and first feed, and the feeding of colostrum in the first hours and days of life confers sophisticated protective benefits. Colostrum contains immunologic components and several concentrated properties which provide a protective coating to the lining of the gut preventing bacterial transfer.

In Q2 of 2021-22 The proportion of babies who are partially or totally breastfed 10-14 days after birth is currently 66.9% in Hampshire. This proportion drops to 59.4% by 6-8 weeks after birth. Both indicators have remained stable over the last two years. However, there is notable variation in breastfeeding levels across different districts in Hampshire, with levels highest in East Hampshire (76.6% at 10-14 days) and lowest in Gosport and Havant (48.4% and 53% at 10-14 days).

⁶ [fair-society-healthy-lives-full-report-pdf.pdf \(instituteofhealthequity.org\)](#)

⁷ [Fingertips | Department of Health and Social Care](#)

⁸ [Fingertips | Department of Health and Social Care](#)

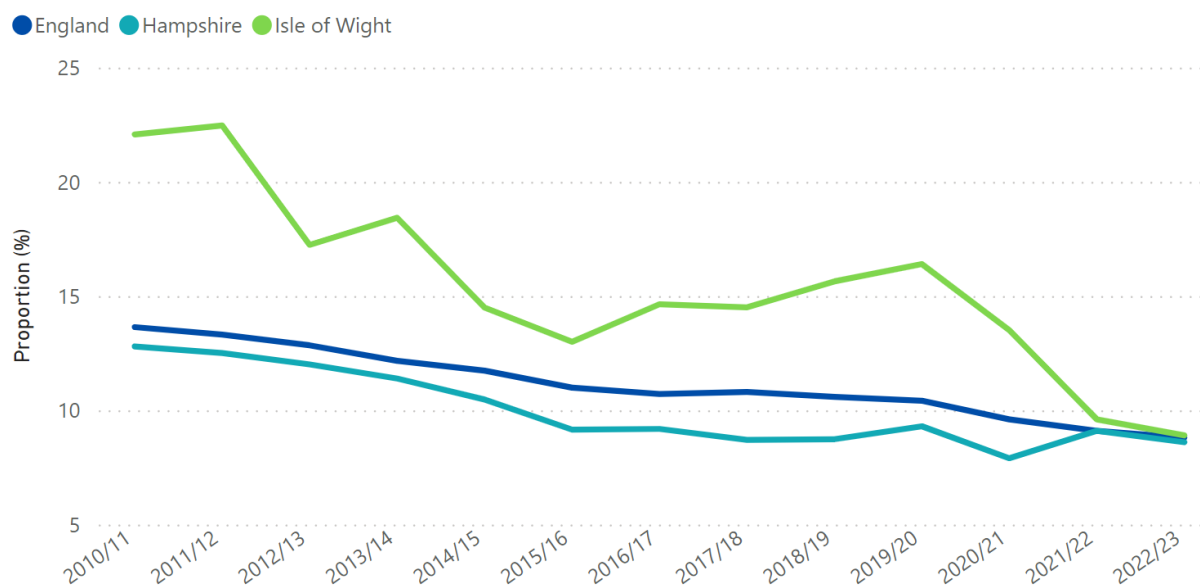
⁹ [Public health profiles - OHID \(phe.org.uk\)](#)

Smoking, alcohol and obesity in pregnancy

Smoking, obesity and alcohol use in pregnancy can have health impacts on both mother and child. Smoking is detrimental to the health of the developing child and increases the risk of premature delivery, miscarriage, stillbirth and sudden infant death. It also increases a woman’s risk of complications during pregnancy.

In 2018/19 11.6% of mothers in Hampshire were smoking in early pregnancy, during the time at which they booked an appointment with a midwife. This is significantly lower than the England average of 12.8%. The proportion of mothers smoking at time of delivery in Hampshire has stagnated since 2015/16 and has increased since 2020/21, from 7.9% to 8.6% in 2022/23. Hampshire is now comparable to the England average of 8.6%. The Isle of Wight has seen improvements with the proportion of mothers smoking at the time of delivery decreasing over recent years, from 13.5% in 2020/21 to 8.9% in 2022/23. Both Hampshire and the Isle of Wight missed the national target of 6% at the end of 2022.¹⁰

Figure 2: Smoking status at the time of delivery, 2010/11 to 2022/23



Source: Fingertips, Office for Health Improvement and Disparities

Smoking during pregnancy is higher in areas of deprivation. Rushmoor remains as the district with the lowest prevalence in Hampshire (6.7%) and is the only district to be significantly lower than the England average. Hampshire’s Community Stop Smoking Service prioritises pregnant smokers to try and address these inequalities.

Mothers who are overweight and obese have higher risk of complications and death during pregnancy, as do their babies. Obesity in early pregnancy data from 2018/19 suggest that over one in five mothers (21.2%) in Hampshire are obese,¹¹ this is comparable to England (22.1%).

¹⁰ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

¹¹ [Obesity Profile - Data | Fingertips | Department of Health and Social Care](#)

Alcohol and drug use are toxic to the developing child, potentially leading to birth defects or complications during pregnancy which are highly preventable. Data on parents with problem alcohol and drug use is included in the Inclusion Health Groups JSNA Report.¹²

Foetal alcohol syndrome (FAS) is the most common single cause of learning disabilities, resulting in mental and physical problems in the baby from damage to the brain, spinal cord, and other parts of the body. Using figures on the European prevalence of alcohol use during pregnancy (25.2%) from a recent [Lancet study](#), it is estimated that approximately 56 children are born with FAS in Hampshire per year.¹³

Fertility Rate

The general fertility rate in Hampshire has decreased over the last five years and is currently 52.9 per 1,000 women aged 15-44 (2022 data).¹⁴ Over the last two time periods the rate has been statistically higher than the England average. The general fertility rate is statistically lower than the England average on the Isle of Wight, at 48.3 per 1,000 women in 2022.

Low birth weight and pre-term delivery

Low birth weight (defined as under 2.5kg) and very low birth weight (under 1.5kg) are associated with deprivation and often result from smoking in pregnancy, unhealthy maternal diet, babies being born prematurely and multiple births. These babies are at a higher risk of poor health, developmental issues, and dying prematurely. In Hampshire, the proportion of babies with low birth weight has remained fairly constant and, at 2.2%, is significantly lower than the England average (2.9%).¹⁵ The Isle of Wight is comparable to Hampshire, at 2.3% in 2022.

Preterm births are those before the 37 weeks of pregnancy and are the single biggest cause of neonatal mortality and morbidity in the UK. Babies born preterm have high rates of early, late and post neonatal mortality and the risk of mortality increases as gestational age at birth decreases. Babies who survive have increased rates of disability. Preterm births as a proportion of all live births are lower than the national average in Hampshire (70 per 1,000 compared to 77.9 per 1,000), whereas the Isle of Wight has a higher rate of preterm births at 90.2 per 1,000.

Local variation of the different fertility rates, low birth weight and premature births across Hampshire and the Isle of Wight can be explored further in the JSNA [Births and Deaths report](#).

¹² [JSNA Inclusion Health Groups | Health and social care | Hampshire County Council \(hants.gov.uk\)](#)

¹³ [Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis - The Lancet Global Health](#)

¹⁴ [Public health profiles - OHID \(phe.org.uk\)](#)

¹⁵ [Public health profiles - OHID \(phe.org.uk\)](#)