

Better Births: Every Baby Matters Workstream Charter

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Problem Statement

- The first 1001 days, including pregnancy and the first two years of a life, is a significant and influential phase in development. There is clear and compelling evidence that during this period we can lay a foundation of life-long health and wellbeing.
- National data indicates that 1/3 of pregnancies are unplanned. This may lead to a reduced focus on preconception health in many pregnancies, and adverse health impacts for mother & baby, as well as the wider family.
- By focusing on the preconception stage and first 1001 days of life we aim to promote prevention and early interventions that improve pregnancy outcomes and health benefits to carry into the next generation.
- Lifestyle factors such as diet, exercise, alcohol consumption and smoking influence the health of mother and baby throughout pregnancy. Improving perinatal mental health, and reducing social and economic adversity are essential, as well as developing supportive home and community environments.
- The Every Baby Matters programme has, for some years, focused on public health priorities to support women and their families and help babies have the best start in life. This will now support the Act As One Better Births programme in collaboration with many partners. Through this we hope to develop a common ambition for healthier populations, and to reduce health inequalities.

Project Objectives

- **Education and access:** Families are supported to understand the importance of being fit for pregnancy and the services available to them.
- **Smoking cessation:** reduction in smoking at the time of delivery. Long-term smoking cessation and equitable access to support.
- **Drug and alcohol use:** reduction in the number of pregnant women using alcohol and other substances. Focus on cessation and management
- **Enhancing genetic literacy:** Increased genetic literacy at a community, professional and patient level. Equitable access to genetic services
- **Breastfeeding and nutritional health:** Increase in breastfeeding rates after hospital discharge. Consistency of nutritional messages and support.
- **Perinatal & Infant mental health:** Increase provision of accessible early intervention and acute services SMABS, IAPT; and increase bonding and attachment between babies and caregivers
- **ACES:** increase in awareness of the importance of adverse childhood experiences (and the ACES strategy).

Delivery Approach

- Partnership working (with statutory, VCS & community sectors) to reduce risk factors for poor pregnancy outcomes, and to influence the wider determinants of health.
- Raise awareness and increase resources of Perinatal & Infant Mental Health services across all systems
- Implement attachment monitoring questions for antenatal and postnatal periods.
- Work with infant feeding specialists to increase Breastfeeding rates and collaborative BFI (*Baby Friendly Initiative*) accreditation
- Review how Antenatal education classes are offered across place
- Implement WY&H LMS Public Health recommendations

Workstream Membership

Lead: Duncan Cooper

Members: Aliya Fazil, Ashley Beaumont-Thomas, Cath Dew, Carolyn Sadler, Claire Wiseman, Dawn Lee, Eve Remington, Holly Black, Jane Dickens, Joanna Howes, Kathleen Graham, Kerry Bennett, Kirsten Foster, Lisa Brett, Lisa Milne, Maryanne Naylor, Matthew Price, Peter Horner, Rachael Loftus, Rea Halstead, Ruth Shaw, Sara Hollins, Sarah Simpson, Tilly Rathmell, Zakkiya Ansari, Zoe Ludgate

Programme measures

Infant mortality rate	Smoking at time of delivery
Breastfeeding uptake	Perinatal MH access
Genetic awareness training	Access to healthy start scheme
Alcohol consumption during pregnancy	



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