



Stockport JSNA

joint strategic needs assessment

JSNA Digest – Birth and Early Years

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JSNA – Impacts of Demographic Drift – Birth and Early Years

Past Trends in Births for Stockport

TRENDS IN LIVE BIRTHS AND FERTILITY RATES (PER 1,000 FEMALES AGED 15-44)		1998	1999	2000	2001	2002	2003	2004	2005	2006
Stockport	Number	3,234	3,158	3,066	2,903	2,956	2,941	3,154	3,151	3,280
	Rate	54.1	53.4	52.0	49.2	51.7	51.7	55.7	55.8	58.3
England & Wales	Rate	59.0	57.6	55.7	54.8	55.0	57.0	58.4	58.5	60.2

Source: ONS Vital Statistics

Around 3,300 babies were born to mothers resident in Stockport in 2006.

In general numbers and rates of births in Stockport follow national trends. Births declined to a low in 2001 of 2,900 babies and then rose steadily returning to levels of a decade earlier. Nationally the total period fertility rate is the highest since 1980.

There are three hypotheses to explain this. Firstly, mothers who delayed first pregnancy in the 1990s are now starting their families. Secondly increasing numbers of babies are being born into families of BME ancestry or from other countries, where birth rates and family size are traditionally higher. Finally the effects of the post war and mid-1960's baby booms are still being felt, with the great-grandchildren of the post war and grandchildren of the mid-1960's baby booms now beginning to be born.

Anticipated Future Trends in Births for Stockport

TRENDS IN LIVE BIRTHS AND FERTILITY RATES (PER 1,000 FEMALES AGED 15-44)		2005	2006	2007	2008	2009	2010	2011	2012	2013
Stockport	Number	3,098	3,018	2,964	2,929	2,904	2,893	2,889	2,891	2,898
	Rate	55.1	53.8	53.2	53.1	53.1	53.6	54.0	54.5	55.2

Source: ONS 2004 Mid-year Estimate based Population Projections

Official population estimates, based on 2004 population estimates **do not reflect** the recent increases in birth rates.

It is not known at this time if this trend will continue. Therefore services targeted a young children must be flexible over the short to medium term. However analysis of the cyclical trend of births shows that for each period although the 'boom' is progressively diminishing as the peak in birth numbers reduces the length of time over which the boom period is evident is conversely increasing. We therefore could possibly expect this higher level of births to be sustained for next 5-10 year period.

Poverty Trends in Births for Stockport

16% (534) of births in Stockport in 2006 were to mothers resident in the most deprived areas of Stockport, despite the fact that only 12% of the total population live in these areas; this equates to an additional 121 births. Patterns of birth rates show a clear deprivation profile, as deprivation increases so do the numbers of births. General fertility rates in the

most deprived areas are 30% higher than the Stockport average and 65% higher than in the least deprived areas.

Small area analysis shows that parts of Brinnington and the town centre / Edgeley area have higher general fertility rates, with more than 100 live births per 1,000 females of child-bearing age.

Trend analysis shows that these differentials in fertility rates are enduring and have been evident for at least the last decade.

Ethnicity Trends in Births for Stockport

2006/07 ETHNIC GROUP OF BABIES DELIVERED IN HOSPITAL – RESIDENT IN:								
			White British	White Other	Mixed	Asian / Asian British	Black / Black British	Other Ethnic Group
Births	2006/07	(financial year)	89.5%	2.6%	1.3%	4.2%	0.8%	1.6%
Total Population	– 2001 Census		92.9%	2.8%	1.1%	2.1%	0.4%	0.7%

Source: Contract Minimum Dataset & ONS Census of Population 2001

Analysis of births in 2006/07 shows greater than 10% babies born in Stockport were of a non-White British ancestry, when the census shows 7.1% of the population is non-White British. Births of Asian and Asian British ancestries (chiefly Pakistani) were the most common.

Education services are already reporting increasing numbers of children from BME ancestry reaching school age along with increasing numbers of children with English as an additional language.

Mortality trends for children aged 0 5 years in Stockport

Infant mortality is rare, 20 infants aged under 1 year in Stockport die each year, and mainly occurs a result of problems associated with prematurity. Work needs to ensure that this number is minimised by encouraging mothers to give up smoking while pregnant, to initiate and sustain breastfeeding and to follow the “back to bed” guidance.

Death in the next four years of life (age 1 to 5 years) is even more rare with on average only 2 children in this age group in Stockport dying a year. 70% of the deaths over the last 5 years have been as a result of congenital conditions and prematurity, again causes strongly associated with maternal circumstance, smoking in pregnancy and breastfeeding. 3 deaths were due to accidental causes, causes which should be preventable.

Smoking in Pregnancy and Breastfeeding

Smoking during pregnancy is a key determinant of low birth weight, which in turn is the single most important risk factor in perinatal and infant mortality. Figures show that in 2006/07 12.4% of mothers in Stockport smoked whilst pregnant; although this rate is lower than the population average the level has been relatively stable and has not declined as projected.

Nationally there is focus on giving every child a healthy start in life and a key priority is the promotion of breastfeeding, which is accepted as the best form of nutrition for infants to ensure the best start in life. Breastmilk provides all the nutrients a baby needs. Figures show that in 2006/07 **68.9%** of mothers in Stockport initiated breastfeeding; and that **40.5%** of new mother sustained breastfeeding to at least 4 weeks; these figures represent a marked improvement in the long-term trend and by continuing investment in support it is hoped to continue this increase.

Causes of Admissions

The commonest reasons for admissions to hospital in the first year of life in Stockport are respiratory and digestion conditions (especially gastroenteritis). There are strong associations between smoking in pregnancy and the home and the risk of chest infections in children. Similarly breast feeding is known to be protective; reducing gastrointestinal disorders in babies and young children.

Infant mortality, accident rates, emergency admissions, A&E attendances, teenage pregnancy and poorer educational achievement in school are all associated with deprivation.

Summary

- More babies are being born in Stockport than were at the turn of the millennium – it is not known whether this trend will continue.
- A disproportionate number of babies in Stockport are born into areas of poverty.
- Births in Stockport are more ethnically diverse than the general population.
- Reducing levels of smoking in pregnancy and increasing breastfeeding rates are two of the most effective interventions to improve the health of children in their first year of life. Levels of breastfeeding initiation in Stockport are still not at the national average.