

Women of Childbearing age

Headlines

Women play a central role in shaping the health of their children and families, both during pregnancy and through behaviours which continue into later life.

Maternal behaviours such as alcohol consumption, diet, physical activity, and particularly smoking during pregnancy, profoundly affect the health of the unborn child.

Amongst women of childbearing age 1 in 5 smoke, 1 in 6 smoked during pregnancy (excluding south Asian women), 1 in 4 regularly binge drink, but the overwhelming majority (87%) are not concerned about their drinking, only 1 in 3 are active enough to achieve health benefits and 1 in 6 are obese.

The highest rates of smoking (including during pregnancy), alcohol consumption and obesity are in areas of higher deprivation.

Why is this issue important?

There are over 80,000 women of childbearing age in Kirklees i.e. aged between 18 and 44. Of those more than 5,000 will have a child in any one year (see pregnancy and childbirth section). The 2011 Census showed that there are nearly 140,000 households with dependent children.

Stress, diet, [drug](#), [alcohol](#) and [tobacco](#) use during [pregnancy](#) impact on maternal health and have a significant influence on foetal and early brain development¹. Women are usually the family shapers so their health and behaviour often has an impact on their families.

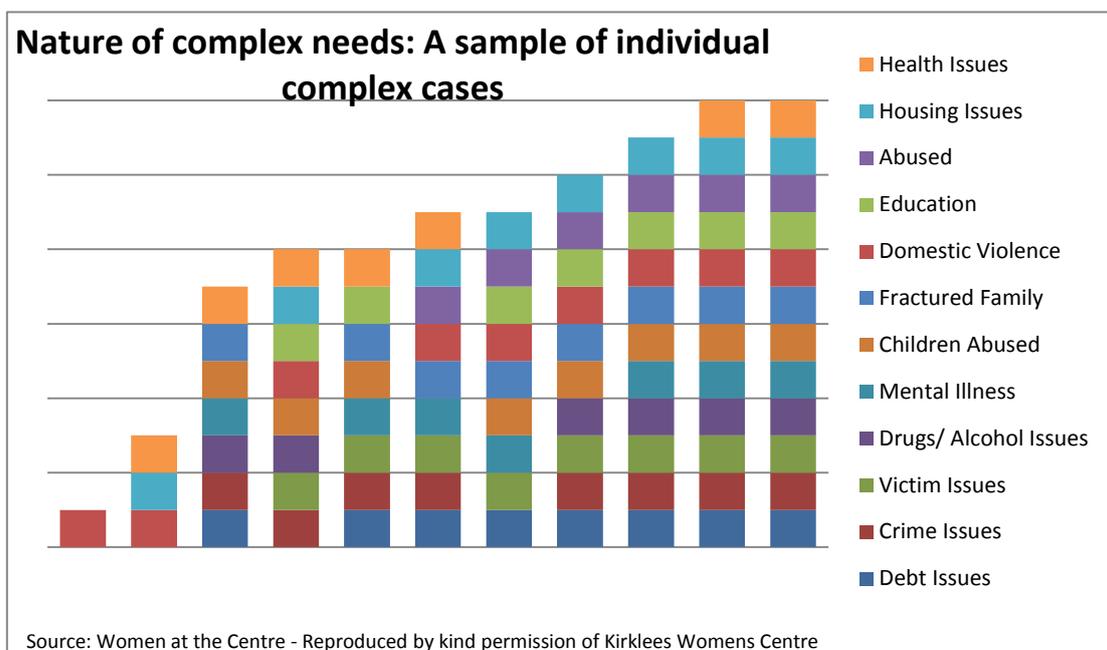
Maternal behaviours such as alcohol consumption, diet, physical activity, and particularly [smoking](#) during pregnancy, profoundly affect the health of the unborn child. The number of mothers with unhealthy behaviours varied across Kirklees but the highest rates of smoking were found in [Dewsbury](#) and [Huddersfield South](#), alcohol consumption in Dewsbury and [Birstall & Birkenshaw](#), and being overweight or obese in Birstall & Birkenshaw and [Denby Dale and Kirkburton](#). As well as impacting upon infant deaths, maternal [obesity](#) has been found to be a major factor in more than 1 in 3 (35%) maternal deaths nationally³.

In Kirklees, 61% of the infant deaths between 2002 and 2008 were in North Kirklees and there is considerable variation across the localities, with particularly high rates in [Batley](#)

and Dewsbury in 2011. Although numbers are small these areas show fluctuating rates whilst the general trend is reducing elsewhere. In Kirklees overall, more than half (55%) of the infant deaths were born prematurely, before 37 weeks gestation, especially white babies in north Kirklees (65%). Overall, nearly 6 in 10 (58%) were of low birth weight² (see children dying before their first birthday section).

Women with complex needs

Services, and to some extent this JSNA, group people under only one aspect of their lives, such as those who are unemployed, smokers, victims of crime and those with long-term conditions. However what is not often captured is the holistic picture of all aspects of an individual's life. People might be parents, grandparents, employed, in [poverty](#), drinking excessive amounts of alcohol, [carers](#), and eating a nutritionally poor diet all at the same time.



This chart aims to capture the range and complexity of needs that people have. These are people who have many aspects of their lives that are in turmoil and a crisis in one of these aspects can drastically affect every other.

If people have one simple problem or aspect of their life that they need support in, such as a [housing](#) problem that can be solved by one standard public service, then services can provide good solutions. But when people have many problems or problems that don't match pre-existing services the welfare state can struggle to help them effectively.

There are a proportion of women who are experiencing domestic violence, using drugs or alcohol, in trouble with the police, and unemployed. Often one issue seems to create

another problem or make related needs much worse. There are often not just the individual women who are experiencing problems; most are mothers and their children are often also suffering¹⁵.

These women are facing some unusually heavy burdens of fear, shame and misery. These burdens make solving day-to-day problems very hard and they make thinking positively about the future almost impossible. There is also a significant cost to society and public services because some fundamental issues are not deal with; rather presenting issues are addressed by each service or organisation in isolation.

What significant factors are affecting this issue?

Smoking in pregnancy

Smoking in pregnancy is a major cause and effect of avoidable differences in health between groups as it increases the risks of both prematurity, low birth weight and, thus, infant deaths. It contributes to other pregnancy complications such as placental insufficiency, high blood pressure, deep vein thrombosis and many others³.

While many women do stop smoking during pregnancy there is also a high relapse rate among them⁴. Nationally, 13% of women smoked at delivery during 2011/12. The promotion of a smoke free home can be a positive way in which the topic of smoking can be raised with a client. Research has shown that many families who make their homes smoke free later go on to stop smoking even where this was not their initial intention^{6,7}.

Antenatal care (see pregnancy and childbirth section)

In 2011 90% of Kirklees mothers booked in for antenatal care before 13 weeks of pregnancy. Although this is an improvement on 2008, the remaining 10% are a concern. These women may not have had access to vitamins necessary to support foetal development and maternal wellbeing. Locally, Healthy Start vitamins (including vitamin D) are promoted and distributed through maternity services and more accessible venues such as Children's Centres, and so is much wider than the national scheme.

Women planning a pregnancy are recommended to take folic acid supplements prior to conceiving and for the first 12 weeks of pregnancy⁸. This supplement can help to prevent neural tube defects in the foetus, protect against spina bifida and other malformations. For those women who do not book for maternity care, this simple but effective action can be missed. While there is no specific data on uptake of folic acid in pregnancy, a local study in

2008 suggested that less than 50% of pregnant women took this supplement¹². Overall around 1 in 3 women of childbearing age in Kirklees have insufficient levels of vitamin D. In 2010, 16% of women aged 17-44 in north Kirklees who had lab tests, and 18% in south Kirklees were vitamin D deficient. And just under 16% in north and 12% in south had insufficient levels of vitamin D i.e. below the recommended level. Women who do not access antenatal care also miss out on opportunities to receive advice on health behaviours during pregnancy.

Where is this causing greatest concern?

Locally in 2012¹³:

- Just over 1 in 5 (21%) of women aged 18-44 smoked, a reduction of 2% since 2008. However, although there was a reduction in Huddersfield North, levels in Dewsbury, [Spen](#) and Huddersfield South were all above the Kirklees average. Dewsbury continues to have the highest rate at 27%.
- Smoking rates were highest in women aged 18-44 in the most deprived IMD quintile (26%), compared with 16% in the least deprived quintile.
- 1 in 6 (16%) women of childbearing age (excluding south Asian women) smoked during pregnancy. This varied from 1 in 3 (32%) in Dewsbury to just 1 in 50 (2%) in Denby Dale & Kirkburton.
- 26% of women aged 18-44 reported they regularly binge drink, an increase since 2010 (11%). Dewsbury (34%) and Birstall & Birkenshaw (32%) had the highest levels of binge drinking.
- 83% of women aged 18-44 were not concerned about their drinking.
- Over 1 in 3 (34%) women aged 18-44 reported that they were active enough, i.e. did more than 30 minutes of physical activity five times per week, a slight increase since 2008. Denby Dale & Kirkburton had the lowest rate at 28%, followed by Birstall & Birkenshaw at 31% – both had reduced since 2008.
- Levels of obesity amongst women of childbearing age for the whole of Kirklees remained the same since 2008 (17%); however, some localities had seen a rise – in Birstall & Birkenshaw from 13% to 20%, Dewsbury from 17% to 21%, and Huddersfield South from 16% to 20%. Levels of obesity were higher in BME women aged 18-44 – 20% compared to white women at 16%.

- 2 in 5 (40%) women aged 18-44 were either obese or overweight, a slight reduction on 2008.
- Levels of obesity and overweight were highest in women aged 18-44 in the most deprived IMD quintile.

Views of local people

Local insight revealed that societal norms, expectations and influences of family and significant others have a major impact upon maternal health behaviours¹⁴.

“If I tell him I have stopped and then he has bought some, I am back on the habit again. It’s sometimes the other way round – he tells me he has stopped. Why can’t we both go through phases where we will try and give up?”

(18-25 year old smoker)

Women also trusted the experiences of their friends and family rather than professional advice.

“With everything now, just in case anyone sneezes they would sue the Government so I think it’s just wrap everyone up in cotton wool and they’ll be all right. We were all right when we were growing up.”

(18-25 year old mother)

Some of the barriers to achieving a healthy diet were identified as cost.

“I got my little girl a bag of grapes and it is £2.50. Not being funny, but I could go and buy a pizza, chips and four tins of beans for that price.”

(18-25 year old mother)

And also time.

“You have to prepare it [fresh vegetables] and then it takes 20 minutes to boil and you have to mash them. Then there is all the washing up to do...”

(26-40 year old)

Local research⁶ has uncovered some of the complex factors involved in women’s motivation regarding smoking.

“Yeah, we do smoke and we do feel guilty for it, it’s not easy for everybody to stop smoking like that. But that is disgusting how you want to make us feel that bad that we’re gonna stop smoking.”

(26-40 year old smoker)

What could commissioners and service planners consider?

Continue to use research findings, along with the demographic data to inform the development of targeted action across the linked programmes of food, tobacco, alcohol and physical activity.

Focus on Dewsbury, Batley, Birstall & Birkenshaw, Spen, Huddersfield North and Huddersfield South given the levels of unhealthy behaviours of women of childbearing age (WOCBA) and infant deaths in those localities.

Key actions include:

- Ensure all health professionals give consistent messages about food, physical activity, alcohol and tobacco, especially to women of childbearing age.
- Ensure all services in contact with women of childbearing age undertake brief interventions training.
- Support women to feedback to services to ensure that their needs are met.
- Enable further development of peer support delivery based on current insight and understanding of lifestyles, circumstances and choices of women of childbearing age. This will support women seeking solutions to issues, and offer personal development to volunteer peer supporters as they aspire to achieve, contributing to the building of individual and community assets.
- Target specific groups of women for specific activities according to identified needs:
 - o Stop smoking groups in antenatal settings and fast track referral for all pregnant women and support for relapse prevention.
 - o Place stop smoking advisers in Children’s Centres and other settings accessed by women.
 - o Create a smoke free home for the developing child.

- o Implement current Department of Health (DH) guidance about alcohol in pregnancy and screening of hepatitis.
- o Provide a physical activity programme for pregnant women.
- o Provide a programme of dance for teenagers.
- o Implement Healthy Start scheme more widely.
- o Provide “cook and eat” schemes for women and their families.
- Encourage professionals to act as advocates in relevant planning systems for the health behaviours of women of childbearing age. This should focus on preparing to be a parent, being pregnant and being a parent, and the effect of these behaviours. Professionals need to take a broad approach, targeting women of childbearing age before they become pregnant or even plan pregnancy as well as promoting healthy lifestyle choices for pregnant women and women who already have children¹⁰.
- Develop confidence for self-management of issues amongst women with complex needs.
- Encourage long-term support for change and self-improvement.
- Take a holistic approach and increase sharing of information and resources.
- Shift away from isolated and discrete project funding to a commission that would deliver an effective service across the target group, responding to multiple needs.

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