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. There is an urgent need to help women of childbearing age make healthier lifestyle choices, and to involve men in playing a role as healthy dads and in supporting their partners to be healthy mums. Women of childbearing age are those aged 18-44 years.

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

The highest rates of women of childbearing age smoking (including during pregnancy), alcohol consumption and being overweight or obese were found in all areas of north Kirklees and Huddersfield north.

Why is this group important?

Maternal health, including stress, diet, drug, alcohol and tobacco use during pregnancy, has significant influence on foetal and early brain development[3]

Women are the family shapers so their health and behaviour often has an impact on their families. In 2006 Batley and Dewsbury had twice the national rate of infant deaths and of the four localities across Kirklees that showed an upward trend, three were in North Kirklees[1]. Over half the infant deaths were among babies born prematurely (before 37 weeks of gestation) and in over half of the deaths the babies had a low birth weight (less than 2.5kg).

One of the key findings of the report was that maternal behaviours such as alcohol consumption, diet, physical activity and particularly smoking during pregnancy profoundly affected the health of the unborn child. The number of mothers with unhealthy behaviours varied across Kirklees but the highest rates of smoking, alcohol consumption and being overweight or obese were also found in North Kirklees and Huddersfield North. As well as impacting upon infant deaths, maternal obesity has been found to be a major factor in more than 1 in 3 (35%) of maternal deaths nationally[2].

What significant factors are affecting this group?

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 others[3]. Nationally, 17% of women smoked at delivery during 20105.

While many women do stop smoking during pregnancy there is also a high relapse rate among them. Offering relapse prevention and also creating a smoke free home for the developing child are also important areas for work with this population group[4].

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

1 in 4 of all north Kirklees mothers booked for antenatal care later than 16 weeks gestation[1]. So women could not take up early screening and referral to appropriate services or care pathways. NICE guidelines[8] recommended that women should be able to access maternity care at eight to ten weeks of pregnancy to ensure these early opportunities are not missed. Late booking could reflect rejection of the pregnancy, poor personal capacity or a perception that accessing care will not offer any positive benefits[9]. This presented challenges locally in the provision of services and the way in which they are offered to women and is reflected in national maternity strategies[10,11]. Early uptake has now improved since, (see Infant Deaths).

Early access to maternity care and maternal health behaviours both played a role in women's access to vitamins necessary to support foetal development and maternal wellbeing. Locally, Healthy Start vitamins (including vitamin D) were promoted and distributed in more accessible venues such as Children's Centres, 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 pregnancy[8]. 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 was missed. While there is no specific data on uptake of folic acid in pregnancy, a recent local study suggested that potentially less than 50% of pregnant women took this supplement[12]. Locally, vitamin D deficiency was greatest in women aged 17-44 in both north and south Kirklees, 16% and 18% respectively of all lab tests. Insufficient levels of vitamin D, i.e. below the recommended level is also highest for women aged 17-44, just under 12% in south and 16% in north.

Where is this causing greatest concern?

Locally in 2008[13]:

- Almost 1 in 4 (23%) of women aged 18-44 smoked. This had risen since 2005 from 24% to 28% in Dewsbury and 20% to 27% in Huddersfield North, but was unchanged at 14% in Denby Dale & Kirkburton.
- 1 in 5 (19%) white women smoked during pregnancy. This varied from 1 in 3 (33%) in Dewsbury to less than 1 in 10 (7%) in Denby Dale & Kirkburton.
- 1 in 6 (18%) women aged 18-44 were obese, with slightly higher levels in Dewsbury, Huddersfield North and Spen, unchanged since 2005.
- 1 in 4 (26%) women aged 18-44 were overweight, rising to more than 1 in 3 (39%) in Birstall & Birkenshaw and Mirfield, compared to 23% and 17% in 2005.
- So overall, 2 in 5 (42%) women aged 18-44 were either obese or overweight, rising to almost half (46%) in Birstall & Birkenshaw and Huddersfield North, compared to 1 in 3 (35%) and 2 in 5 in 2005.
- 1 in 26 women aged 18-44 were underweight compared to 1 in 10 in 2005. This rose to 1 in 14 in Denby Dale & Kirkburton.
- 1 in 3 (32%) women aged 18-44 reported that they were active enough, i.e. did more than 30 minutes of physical activity five times per week, unchanged since 2005. Only 1 in 20 reported doing none, similar to 2005. Mirfield and Huddersfield south were significantly worse than Kirklees overall.
- 3 in 10 (29%) of women aged 18-44 drank above sensible limits in the previous week, rising to 1 in 3 in Batley, Birstall & Birkenshaw and Huddersfield south, unchanged since 2005. 2 in 5 binged in the past week, especially in Birstall & Birkenshaw, Huddersfield south and Colne Valley, rising to 1 in 2 in Batley. The steep rise in bingeing since 2001 seemed to have stopped in this group.

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 behaviours[14].

"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 research[6] 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?

The research findings, along with the demographic data from the areas, is being used to inform the development of targeted action across the linked programmes of food, tobacco, alcohol and physical activity, working with other third sector and council partners. The focus is on Dewsbury, Batley, Spen and Huddersfield North, given the levels of health 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.
- Challenge services to ensure that women's needs are met.
- 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 children[10].
- Target specific groups of women for specific activities according to identified needs.
- Provide stop smoking groups in antenatal settings and fast track referral for all pregnant women.
- Place stop smoking advisers in Children's Centres and other settings accessed by women.
- Implement current DH guidance[8] about alcohol in pregnancy and screening of hepatitis.
- Provide a physical activity programme for pregnant women.
- Provide a programme of dance for teenagers.
- Implement Healthy Start scheme more widely.
- Provide 'cook and eat' schemes for women and their families.

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