

In this edition:

*Learning from Neonatal CDOP*

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- \*Immunosuppressed children with Chicken Pox- Sarah Steel
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- \**This year's Norfolk & Waveney CDR & CDOP figures in review*

\*BMI- Sonia Furness: In the Spring we took 15 neonatal cases to the Child Death Overview Panel. \* (CDOP).

*\*The function of CDOP's is to collect and collate information about each child death. Seeking relevant information from professionals and, where appropriate, family members. The panel analyse the information obtained to confirm or clarify the cause of death, to determine any contributory factors, and to identify learning arising from the child death overview process. Data is then inputted into the National Child Mortality Database.*

A reoccurring theme with the neonatal deaths was a raised maternal body mass index (BMI). Most women who are overweight have a straightforward pregnancy and birth and have healthy babies. However, being overweight or obese does increase the risk of complications to both mother and baby, and the higher the BMI, the greater the risks.

**Increased risks include** Thrombosis, Gestational diabetes, Pre-eclampsia, Induction of labour, Caesarean birth, Anaesthetic complications, large baby, Stillbirth.

We are aware that a woman who is healthy at the time of pregnancy is more likely to have successful pregnancy and a healthy child. This entails awareness of the importance of health before pregnancy, some level of pregnancy planning and the uptake of interventions before conception. It follows that unplanned pregnancies present a missed opportunity to optimise pre-pregnancy health. Currently, 45% and one third of births in England are unplanned and associated with feelings of ambivalence (Care of Women with obesity in pregnancy November 2022 and the NICE guideline Weight Management Before, During and After Pregnancy 2010).

A function of the Child Death Review team is to identify learning and to contribute to local and national initiatives to prevent future deaths.

Locally we have shared our findings with the local maternity and neonatal systems (LMNS). The local transformational leads will look at initiatives to address maternal BMI into their programmes of care.

To address good preconception health at a population level is more difficult but has the potential for long-term effects beyond pregnancy and early child health outcomes.

Adolescence could be an important time to address poor nutrition at a population level. However, very little is known about what adolescents eat and why and it is unlikely that adolescents and young adults will consider conception in the future as a motivator for healthy eating. Any intervention would need to provide healthy food that is cheap, easy to reach, and part of the social norm. A campaign for preconception health and care strategies could substantially improve maternal and infant outcomes, and thus optimise intergenerational health.

Identification of people contemplating pregnancy provides a window of opportunity to improve health before conception. As health professionals we have an ethical and professional obligation to promote health and wellbeing. If we can incorporate promotion of healthy lifestyles into all our interactions, we may be able to make a small difference.

Small changes are easier to make and to stick with and tiny habits can pile up quickly and result in a big difference.

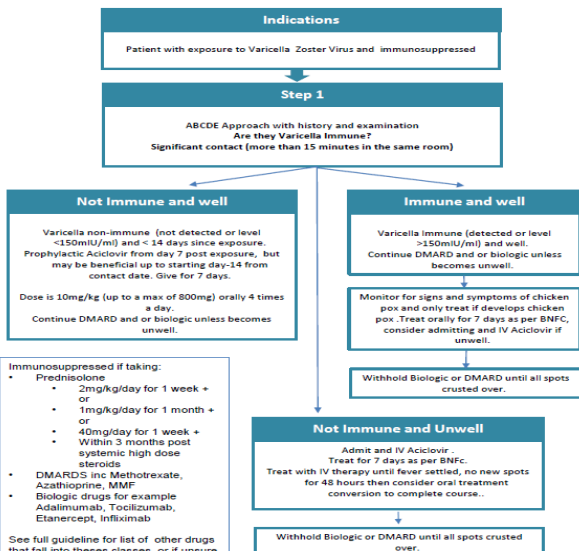
**Useful resources:**

Just one Norfolk <https://www.justonenorfolk.nhs.uk> – Tel; 03003000123

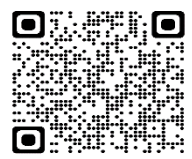
NHS- Eat well: [www.nhs.uk/livewell/healthy-eating/Pages/Healthyeating.aspx](http://www.nhs.uk/livewell/healthy-eating/Pages/Healthyeating.aspx)

NHS BMI calculator: <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

**Chicken Pox Contacts in Immunosuppressed Children on Methotrexate, Biologics or Steroids**



QR code



Many useful resources and tools can be found on the PIER website- scan the code or visit their website

<https://www.piernetwork.org>

## Reducing inequalities in outcomes for mothers and babies

The Office for Health Improvement EoE report focuses on **Core20PLUS5 Maternity** that summarises the evidence about key indicators for maternal and neonatal care and outcomes in the EoE. The report developed applies an infographic format setting out an overview of relevant data and a summary of the evidence. The summaries cover the scale of the challenge and suggest evidence-based actions for each indicator to support service development, improve health outcomes and reduce health inequalities. We hope that you find this helpful, do please share this with colleagues who will find the detail helpful.



Maternity  
Core20plus5 07 Jun 2



### \*Smoking cessation

In Norfolk, the main PH commissioned contract is Smoke Free Norfolk (SFN) [Smokefree Norfolk](https://www.justoneno.org.uk/healthy-lifestyles/making-change/stop-smoking/)  
This service provides level 3 support covering Norfolk and Great Yarmouth, receiving referrals from level 2 advisors, health and social care professionals and self-referrals. Level 3 support offers facilitated groups, intensive assistance to deprived and high priority, vulnerable populations. Supporting the specialist service, are level 2 advisors that are GP surgeries and Pharmacies registered with a Smoking Cessation and NRT Primary Care Contract. Level 2 advisors can receive referrals from level 3 advisors, health and social care professionals and self-referrals.

The service used to work with the school nurses, but this is no longer the case. Instead, there are awareness promotion sessions provided to schools in the form of workshops, especially regarding the use of vapes and risks of smoking etc. There is Norfolk wide training with a broader scope: SFN are required to deliver training to a variety of audiences from health professionals to schools. They vary their delivery on the audience and will speak of key points relating to that group, mixture of video conference and face to face delivery.

Smoke Free homes (building on a previous Public Health campaign of 7 Steps Out) There is an indicator for smoke free homes: *Activity: No. of successful 4-week quitters whose quit date falls within the reporting quarter and reported having a minor residing with them.*

There is a smoking in pregnancy incentive pilot starting in April in Great Yarmouth. £300 for someone who engages and £50 for a friend to support. Free vapes are being distributed. It is noted that tobaccos packaging needs changing - the message is not working. Eg have on packets where smokers can get help rather than medical pictures that don't seem to be having an impact.

A long-term plan is being led by the NHS (ICB (Integrated Care Board)) should be fully implemented by end of financial year 2023. All acutes should have a stop smoking advisor on site including one in each maternity unit. PH have offered financial support for this project. Stop Smoking with the NHS long term plan and links with Serious Mental Illness with 'Together' MH (Mental Health) (Mental Health) charity.

Norfolk vapes - 12-week pathway and free supply: Champix and Zyban have been withdrawn from use nationally.

As a commissioner (not a provider service) there is an expectation from PH that all our providers are fully engaged with the smoking cessation programme of work. Further work is going to be undertaken this year to make it a contractual/KPI target (the pandemic seemed to have put this work on hold)

The PH led group for smoking is the Tobacco Control Alliance – it was agreed that a Children & Young People subgroup would be set up to focus on these cohorts – it has not yet been set up and is still gathering members and TORs etc

Campaigns: SFN have their own programme and cover the key events eg Stoptober etc

There is wider info on the Ready to Change website [Help to quit smoking - Norfolk County Council](https://www.readytochange.org.uk/)

<https://www.justoneno.org.uk/healthy-lifestyles/making-change/stop-smoking/>



Or, QR scan code to the above page



### Meet the Team- Anne-Marie Freeman



Hello, my name is Anne-Marie and I am one of the deputy nurses for the child death review team. I have worked in this role since the team started in 2021. We are a small team working together and alongside wider multi agency teams including education, police, social care to implement the statutory guidelines for child death reviews. I am passionate about supporting bereaved parents and families.

Prior to this I started work as an adult nurse in London over 20 years ago and moved on to work in health visiting in Waveney. I am currently studying an MA Advanced Child Protection at Kent University. My spare time is shared between my husband, 3 daughters, 2 dogs, 4 cats, 2 guinea pigs, an allotment and beach hut!

If you have any questions relating to this issue, please contact:

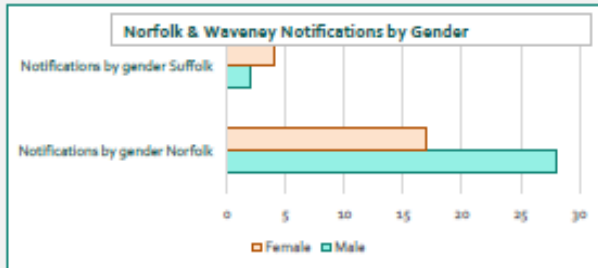
[nwicb.childdeathreviewteam@nhs.net](mailto:nwicb.childdeathreviewteam@nhs.net)

Please see our last page for details of data collation from April 2022 to March 2023



## Year End: Norfolk and Waveney Child Death Review Team

### Figures & Data on a Page from 01.04.2022 to 31.03.23



Child Death Notifications: 52  
(46 Norfolk, 6 Waveney)

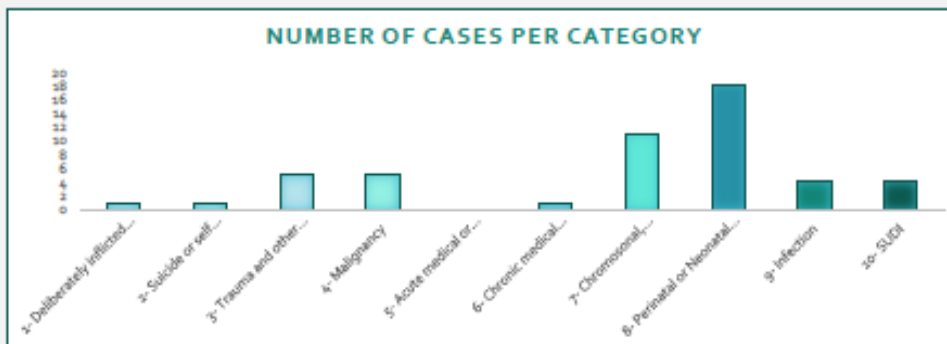
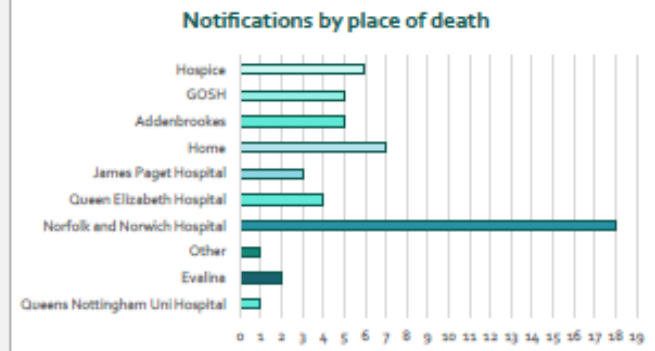
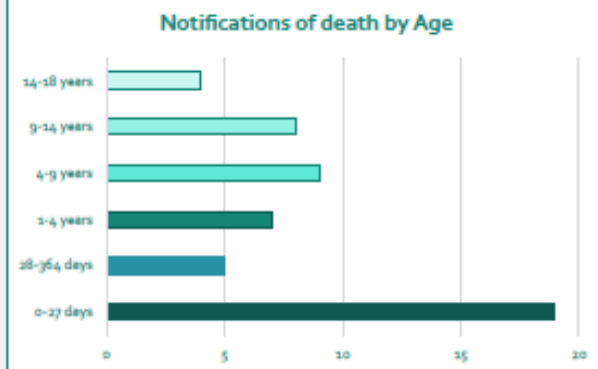
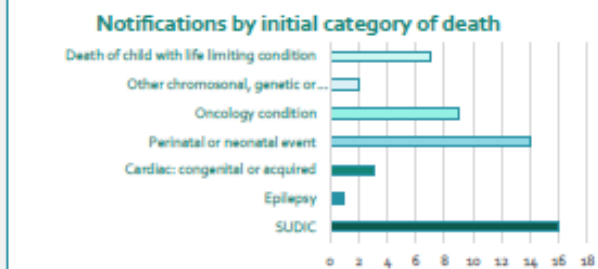
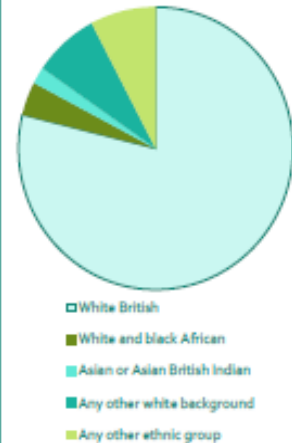
Of the 50 cases reviewed at CDOP in Norfolk & Waveney 14 were found to have modifiable factors

Joint Agency Responses: 9

Of the 10 categories of Death in CDOP- categories 5, 6 & 7 had no modifiable factors applied from the 50 cases reviewed at CDOP this year.

None of the cases in the year 01.04.22-31.03.23 involved any criminal element

Number of deaths by ethnicity



Inquests called for this years' cohort: 3

Child Death Review meetings held: 34 ICDRM or Strat Meetings

Cases reviewed and closed at CDOP: (47 Norfolk/ 3 Waveney) 50 in total

All information collated using the eCDOP system in association with:



Norfolk Safeguarding Children Partnership



Suffolk Safeguarding Partnership