



**Camden**



**ISLINGTON**

Working in partnership

# **Births and Maternal Health**



## **July 2013**

Public Health Intelligence



## About this profile

### PURPOSE

This public health intelligence profile describes the trends and patterns of births and maternal health in Islington and Camden. It aims to support further work across both boroughs to improve maternity services, the experience of women giving birth and outcomes.

This work will support and inform:

- Camden and Islington Councillors and public health teams, and clinical commissioning groups;
- individual general practices in Camden and Islington
- maternity services, neonatal care and children services in Camden and Islington

This profile can be found on the Evidence Hub:

<http://evidencehub.islington.gov.uk/wellbeing/Maternalhealth/Pages/default.aspx>

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### FURTHER INFORMATION AND FEEDBACK

This profile was created by Tanya Khera-Butler (Public Health Information Officer) with review by Alexandra Cronberg (Senior Public Health Information Analyst).

We would like to thank Caroline Coen, Alison Wall and Jennifer Gough for their input and assistance with this profile.

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**We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please do contact us with your ideas.**



## Recommendations and key messages

### OVERVIEW & RECOMMENDATIONS

- In summary, Camden and Islington have significantly lower general fertility rates compared to London and England. Generally, there have been improvements in both boroughs, with a higher proportion of mothers initiating breastfeeding and a decline in the rate of teenage conceptions over time. However, there has been an increase in the rate of infant mortality in Camden and a higher proportion of mothers smoking at the time of delivery in Islington.
- The teenage conception rate in Islington has remained higher than London, in contrast to Camden which is lower. Between 2000-02 and 2009-11, it has decreased at a similar rate in Islington and London, but at a faster rate in Camden. This emphasises that in Islington especially, a need for increased access to sex and relationships education, sexual health clinics and contraceptives. It is also important to provide support for young people at high risk of teenage pregnancy, for example by providing education and employment opportunities.
- The proportion of mothers smoking at birth is highest in Islington (9%) compared to Camden (5%) and London (6%), with 260 mothers smoking at birth in Islington and 130 in Camden. This means there is a need for NHS Stop Smoking Services to target pregnant women. GPs should also consider whether there are missed opportunities to advise pregnant women who smoke to quit.
- The infant mortality rate in Camden has increased since 2006-08, to 5 per 1,000 births in 2009-2011, which is higher than Islington, London and England. This suggests a requirement for continued promotion of healthy lifestyles during pregnancy including highlighting the risks involved with obesity, smoking, drug and alcohol use. In addition, it is essential to continue to monitor and promote early access into maternity services in order to improve pregnancy outcomes.
- GLA projections suggest a marked increase in the number of live births in Islington, an increase of 19% between 2012 to 2041 (from 3,000 births to 3,600 births). Therefore maternity services and neonatal care will need to plan for a growing service demand while council services will need to plan for a higher demand for housing, pre-school and school provision.

### KEY MESSAGES

#### FERTILITY

- Camden and Islington have significantly lower fertility rates compared to London and England, the total period fertility rate is 1.4 for both boroughs. In 2011, the number of births to women residing in Camden was 3,120 and 3,010 in Islington.
- The profile of mothers in Camden and Islington are similar, a higher proportion of mothers are aged 35+ years (34%, 1,060 and 31%, 920 respectively) compared to London and England (25% and 20% respectively). In addition, a high proportion of mothers are born in countries outside the UK (Camden; 62%, 1,920 and Islington; 51%, 1,540).
- There is a high variation in GFRs in Camden wards ranging from 20 per 1,000 women in Bloomsbury to 77 in Belsize. There is also a high variation in the general fertility rate (GFR) between Islington wards ranging from 32 in Clerkenwell to 62 per 1,000 women in Highbury East.
- From 2009-2011, in Islington women aged 15-44, the rate of conceptions has decreased from 76 per 1,000 women to 71 per 1,000 women. In comparison, the conception rate in Camden has increased from 63 to 67 per 1,000 women. Overall, in 2011, both boroughs had lower conception rates than London and England. However, the proportion of abortions in Camden was 27% (1,100) and in Islington was 31% (1,320) which was higher than London and England (26% and 21% respectively)



## KEY MESSAGES (CONT)

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### TEENAGE CONCEPTIONS AND ABORTIONS

- In 2011, the number of teenage conceptions (15-17 years) in Camden and Islington was 50 and 90 respectively, and the number of teenage abortions was 30 and 60 respectively.
- The teenage conception rate and teenage abortion rate (15-17 years) has decreased over time (2000-2011) in Camden and Islington. However the teenage conception rate and abortion rate remain higher in Islington throughout the time period compared to London and England.
- In 2008-2010, the teenage conception rate (13-15 years) is significantly lower in Camden (5 per 1,000 women) compared to London and England, however the percentage of abortions in this age group is 73%, this is not significantly different to London and England (68% and 62% respectively).

### PROJECTED FUTURE BIRTHS

- The GLA projected birth model from 2012 to 2041 suggests that births will increase by 4% to 3,200 births and 19% to 3,600 births in Camden and Islington respectively.

### ANTENATAL CARE

- The percentage of mothers smoking at the time of delivery is higher in Islington (9%) compared to Camden (6%) and London (6%). This equates to 260 mothers that smoke in Islington and 130 in Camden.

### BIRTHS IN NHS HOSPITALS

- The majority of births take place in NHS hospitals in Camden and Islington (>90%). However, Camden has a higher proportion of births that take place in non-NHS hospitals (8%) compared to London and England (1% and <1% respectively).

### LOW WEIGHT AND STILL BIRTHS

- Islington has a significantly lower proportion of low weight births (<2,500 grams) (6%, 190) compared to London and England (8% and 7% respectively), whereas Camden is similar (8%, 260).

### BREASTFEEDING

- In 2011/12 the proportion of women initiating of breastfeeding is higher in both Camden (91%) and Islington (90%) compared to London (87%) and England (74%). Similarly, the prevalence of breastfeeding at 6-8 weeks is higher in Camden (76%) and Islington (75%) compared to England (47%). Overall, 140 mothers in Camden and 190 mothers in Islington did not initiate breastfeeding.

### INFANT MORTALITY

- The crude infant mortality in Camden has increased to 5 per 1,000 births in 2009/2011, with an average of 15 infant deaths per year. Crude infant mortality in Islington has decreased over time to 3 per 1,000 births in 2009/11, an average of 10 infant deaths per year, lower than London and England.
- The proportion of neonatal mortality is highest for both Camden and Islington (44% and 45% respectively) compared to early neonatal and postnatal infant mortality.

## How to use these analyses

It is important to bear in mind the following when looking at this profile (or any other public health intelligence products):

- **It is the variation that is important**

In this profile, it is the variation between location and year that should be the main point of reflection rather than average achievement. It is the *unexplained variation* (defined as: *variation in the utilisation of health care services that cannot be explained by differences in patient populations or patient preferences*) as this can highlight areas for potential improvements. For example, it may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities.

The data alone cannot tell us whether or not there are good and valid reasons for the variation. It only highlights areas for further investigation and reflection. A perfectly valid outcome of investigations is that the variation is as expected. However, to improve the quality of care and population health outcomes in Camden and Islington, a better understanding of reasons behind the variation between years and location is needed with clear identification of areas for improvement.

- **Populations not individuals**

Epidemiology is about the health of the population, not the individual. In this profile this is either Camden's and Islington's registered population or registered births.

### **Beware of small numbers**

Some of the graphs have small numbers in them. They have been left in so that all GP practices can see what is happening in their practice (according to the data). In these cases, the wide 95% confidence intervals will signify the uncertainty around the percentages, but be careful when interpreting them.

- **Problems with data collection**

During the making of this profile the most recent ONS dataset for individual births in Camden and Islington was not available. The information for general fertility rate by location deprivation quintiles and birth weight by ward will be updated when the data are available.

## Understanding the data

### 95% confidence intervals (95% CI)

- Percentages and standardised ratios are reported with 95% confidence intervals. These quantify imprecision in the estimate.
- The imprecision is influenced by the random occurrences that are inherent in life.
- By comparing the 95% CIs around estimates or a target, we can say whether statistically, there are differences or not in the estimates we are observing, identifying which areas to focus on.

### Prevalence

- The proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time.

### Crude birth rate

- Provides a measure of the number of live births per 1,000 women of childbearing age (ages 15-44). This is also known as the *general fertility rate*.

### Total period fertility rate

- The average number of births per woman over her lifetime if the age-specific birth rates were to apply.

### Infant mortality

- Deaths occurring within one year of a live birth.

### Neonatal mortality

- Deaths occurring within 28 days of a live birth.

### Early neonatal mortality

- Deaths occurring within the first week after a live birth.

### Postneonatal mortality

- Deaths occurring between 28 days and one year of a live birth.

### Perinatal mortality

- Deaths occurring within the first week after a live birth and stillbirths.



## Data sources

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- **Conceptions and Fertility** (Number and location of births) are from the National and Clinical and Health Outcomes Knowledge base (NCHOD) and from the Office of National Statistics (ONS). Rates are calculated based on the ONS census 2011 population estimates.
- **Projected future births** data are from the Greater London Authority (GLA) Strategic Housing Land Availability Assessment (SHLAA) population estimates.
- **Antenatal Care** data are from the Department of Health (DH), the smoking at delivery at birth is a statistical release from the DH.
- **Birth weight** is based on all live and stillborn infants occurring in a calendar year, with a stated birth weight less than 1,500 grams and less than 2,500 grams and with a birth weight recorded at registration. The data are sourced from the ONS.
- **Breastfeeding initiation** data is calculated as the number of babies put to the breast at least once in the first 48 hours after birth, and are presented as a percentage of all maternities for the respective financial year. Initiation data are recorded the midwives or nurses in a hospital, and therefore contain some degree of measurement bias as it based on a person's interpretation of whether breastfeeding has been initiated or not. The data was sourced from the Health Profiles for England ([www.apho.org.uk](http://www.apho.org.uk)).
- **Breastfeeding at 6-8 weeks** is based on the number of infants due for a 6 to 8 week check, by PCT of infant's residence. The data is based on quarterly data submitted by PCTs to the Department of Health.
- **Infant mortality** is based on data available by the ONS and NCHOD. Rates are presented as pooled three-year average per 1,000 live births, with the exception of perinatal mortality rate which includes stillbirths.



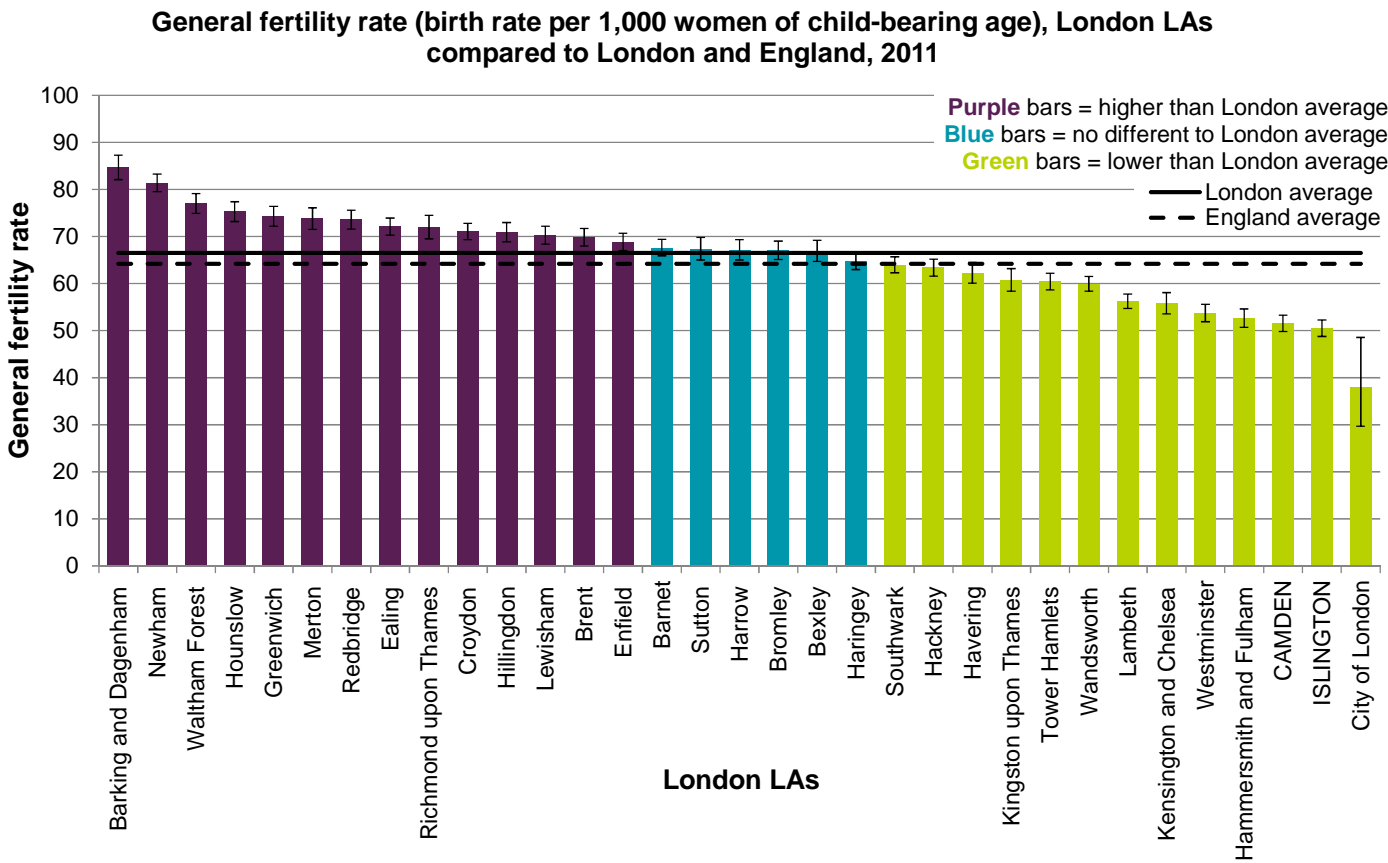
Summary – public health indicators

| Sector PCT  | Indicators compared to London average |           |        |
|---|---------------------------------------|-----------|--------|
|   | Camden                                | Islington | London |
| General fertility rate per 1,000 women                      | 52                                    | 51        | 67     |
| Proportion of mothers >35 years (%)                         | 34                                    | 31        | 25     |
| Teenage conception rate per 1,000 women (15-17 years)       | 19                                    | 34        | 29     |
| % mothers smoking at birth (2010/11)                        | 5                                     | 9         | 6      |
| % babies with birthweight <2,500g                           | 8                                     | 6         | 8      |
| % breastfeeding in hospital (2011/12)                       | 91                                    | 90        | 87     |
| % breastfeeding at 6/8 week visit (2012/13 Q3)              | 77                                    | 80        | 71     |
| Crude infant mortality rate per 1,000 live births (2009-11) | 5                                     | 3         | 4      |

Purple boxes = significantly higher than London average  
Blue boxes = significantly no different to London average  
Green boxes = significantly lower than London average

Sources: NCHOD, ONS and DH, data are from 2011 unless otherwise stated.

General fertility rate



- In 2011, the number of births to women residing in Camden was 3,120 and 3,010 in Islington.
- Camden and Islington have a significantly lower general fertility rate (52 per 1,000 and 51 per 1,000 respectively) than both London and England (67 per 1,000 and 64 per 1,000 respectively).

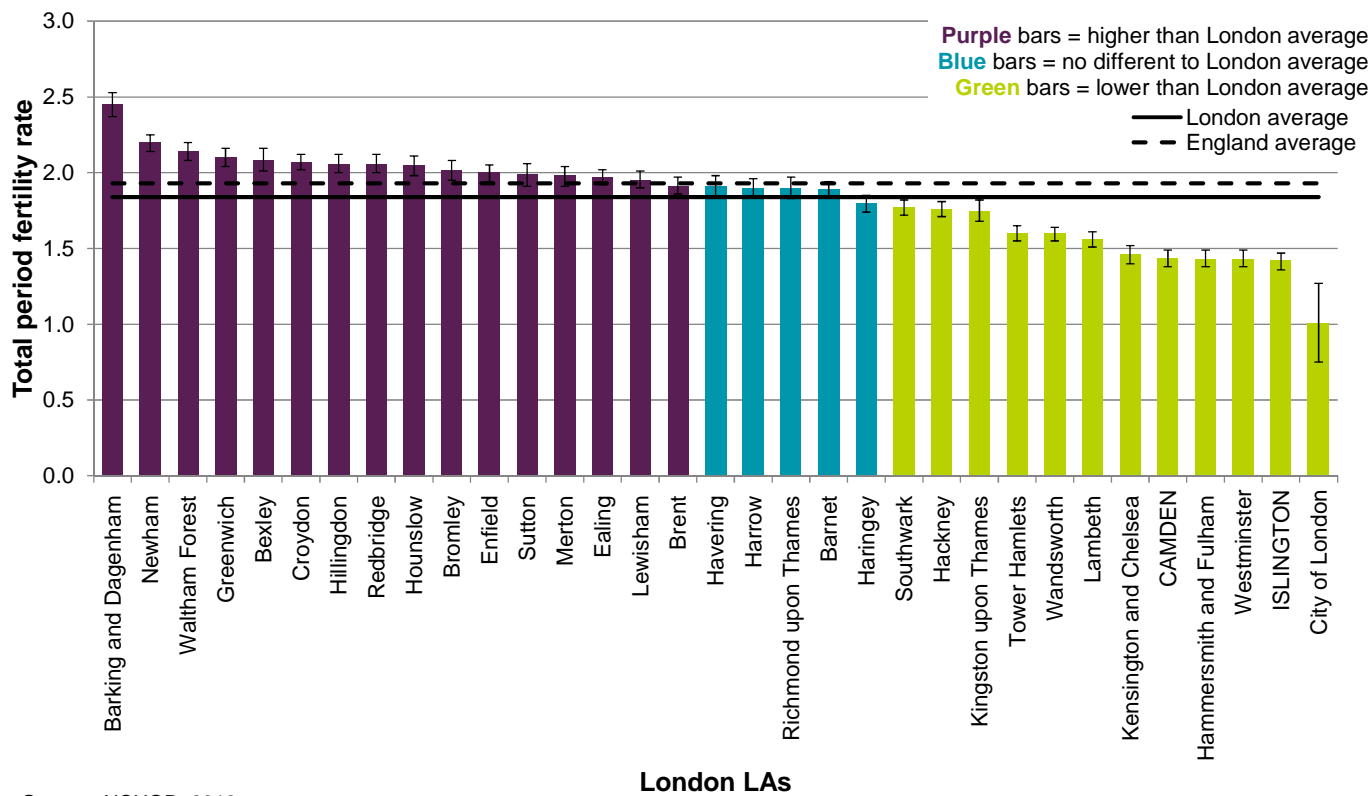
Source: NCHOD, 2012





## Total period fertility rate

Total period fertility rate (average number of births per woman over her lifetime),  
London LAs compared to London and England, 2011



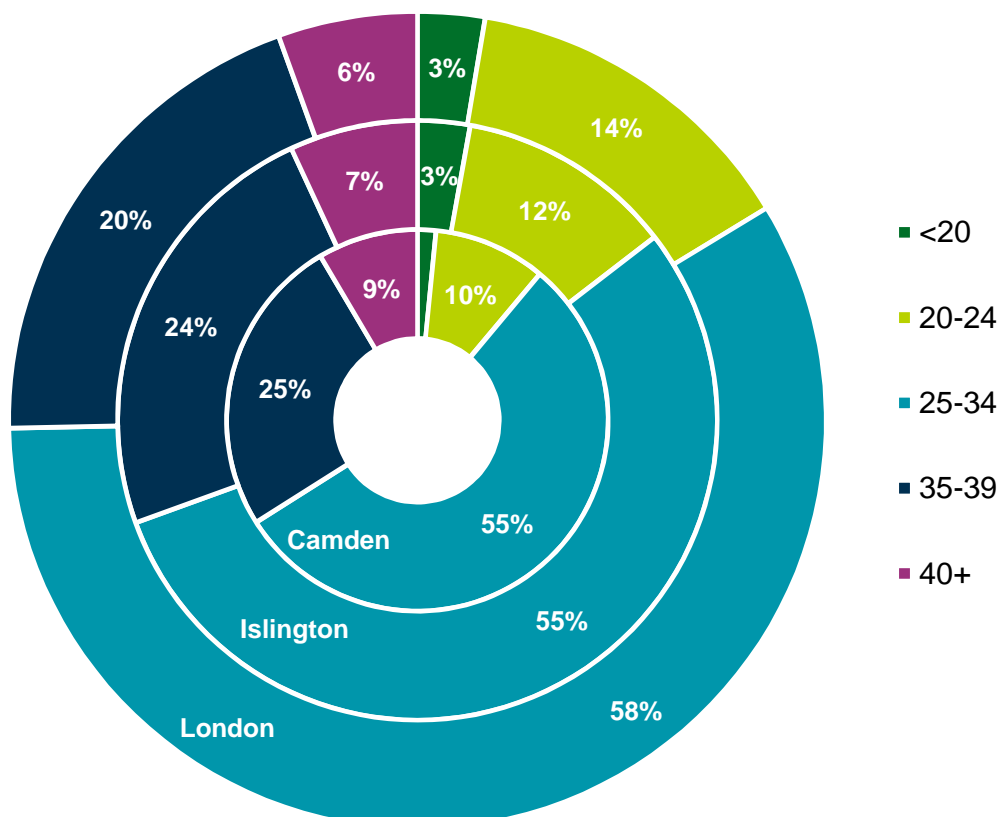
Source: NCHOD, 2012

- The total period fertility rate for women aged 11-49 is the same for Camden and Islington (1.4 children) and significantly lower than London and England (1.8 and 1.9 children respectively).



## Fertility by maternal age

Births by maternal age group, Camden, Islington and London, 2011



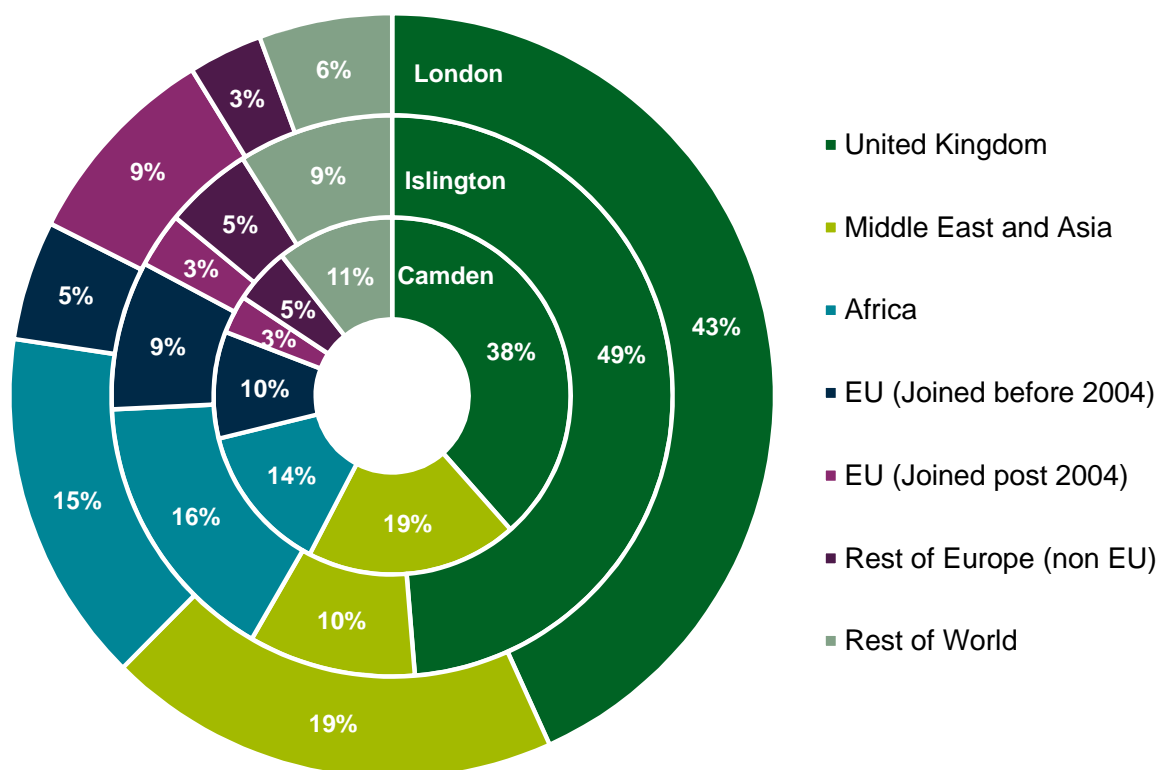
Source: NCHOD, 2012

- In Camden and Islington, 55% of women giving birth are aged 25-34, this is comparable to London (58%) and England (56%).
- Camden and Islington had the highest proportion of mothers aged 35+ (34%, 1,060 and 31%, 920 respectively) compared to London (25%) and England (20%).
- Camden has the lowest proportion of mothers aged 11-19 (2%, 50) compared to Islington (3%, 90), London (3%) and England (5%).



## Mother's country of birth

Percentage of births by mother's country of birth, Camden, Islington and London, 2011

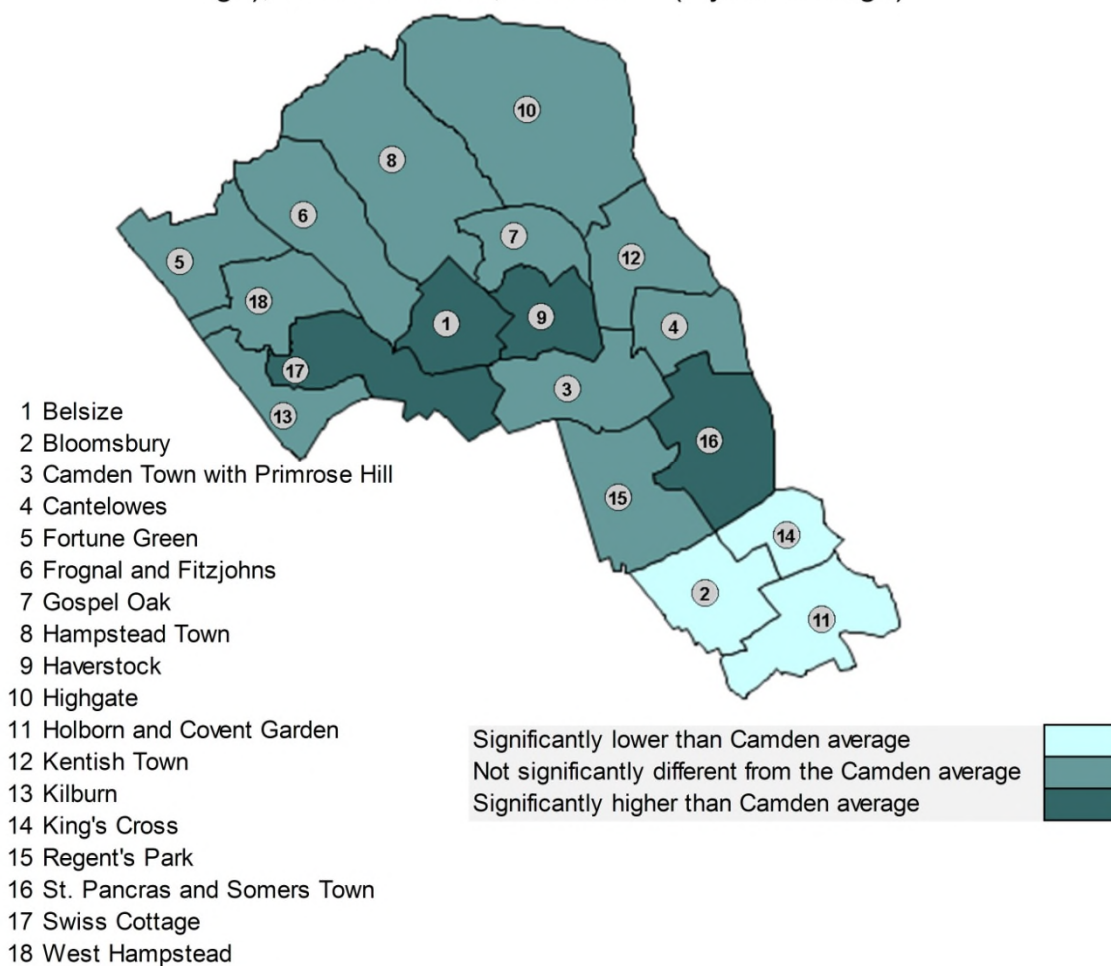


**Note:** 10 births with no country of birth recorded for the mother are not included in the analysis. **Source:** ONS, 2012

- Camden and Islington have a larger proportion of mothers born in countries outside the UK (62%, 1,920 and 51%, 1,540 respectively) compared to England (26%), but this is similar to London (57%).
- Nearly 20% of all mothers residing in Camden are from the Middle East/Asia, this is the same proportion as London, but a higher proportion than Islington (10%) and England (10%).
- Other than the UK, Islington has the highest proportion of mothers from Africa (16%), this was similar to Camden (14%) and London (15%) but higher than England (6%).

## General fertility by ward, Camden

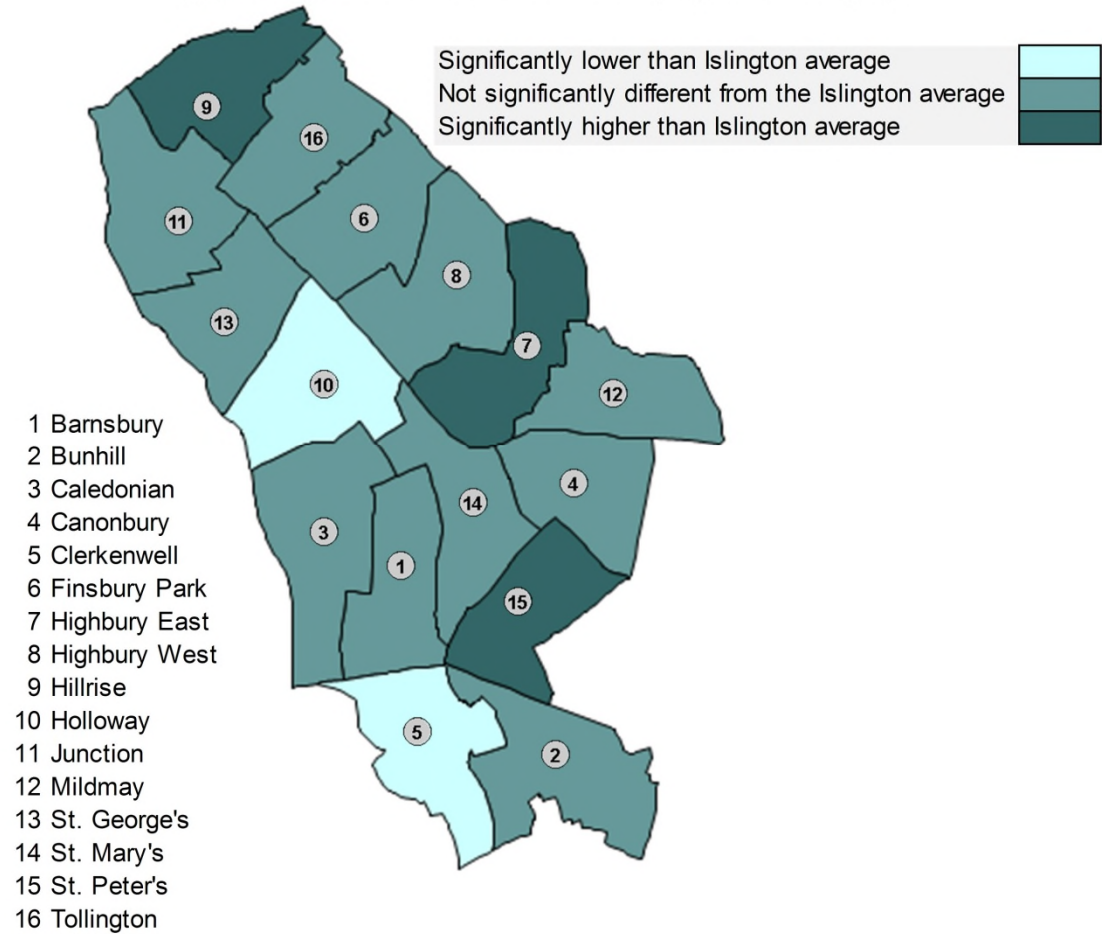
General fertility rate by ward (birth rate per 1,000 women of child-bearing age), Camden wards, 2009-2011 (3 year average)



Source: ONS vital statistics, 2012

- Belsize, Swiss Cottage, St Pancras and Somers Town and Haverstock have a significantly higher general fertility rate compared to the Camden average, ranging from 62-77 per 1,000 women.
- The wards Holborn and Covent Garden, King's Cross and Bloomsbury have a significantly lower general fertility rate compared to the Camden average, ranging from 20-39 per 1,000 women.

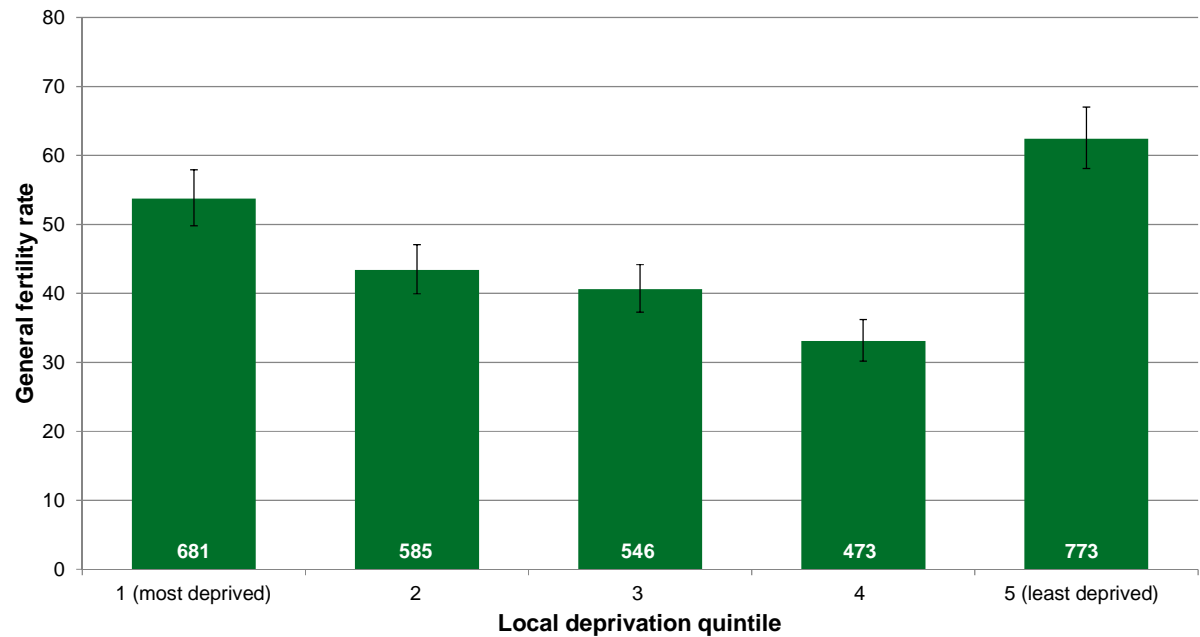
General fertility rate by ward (birth rate per 1,000 women of child-bearing age), Islington wards, 2009-2011 (3 year average)



Source: ONS vital statistics, 2012

- Highbury East, St. Peters and Hillrise have a significantly higher general fertility rate compared to the Islington average, ranging from 55-62 per 1,000 women.
- The wards Holloway and Clerkenwell have a significantly lower general fertility rate compared to the Islington average, ranging from 32-35 per 1,000 women.

General fertility rate\* by local deprivation quintile, Camden resident population, 2008 - 2010



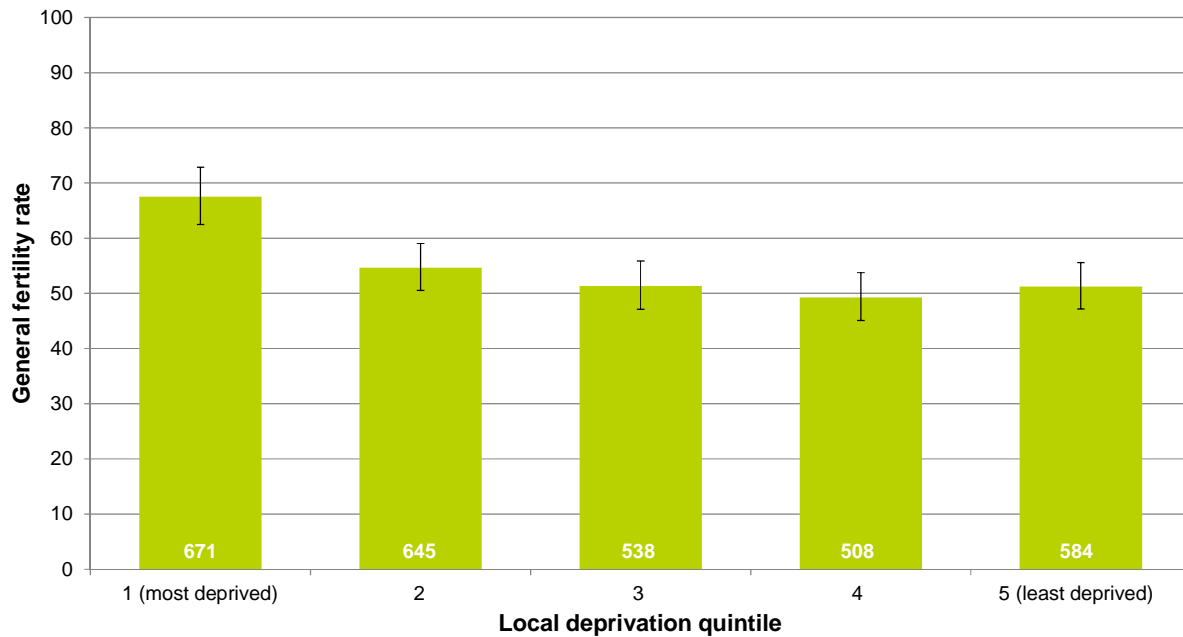
**Note:** \*General fertility rate will be slightly over estimated as population estimates for the denominator, the resident population, were only available for 16-44 year old women while the numerator includes all live births for women of child-bearing age (15-44 years old).  
**Source:** ONS annual birth files 2008-2010, ONS mid-year population estimates 2008-2010; Indices of Multiple Deprivation (2010)

- The general fertility rate and the number of births is highest in the least deprived quintile (62 per 1,000 women and 770 births).



# General fertility rate and births by deprivation, Islington

General fertility rate\* by local deprivation quintile, Islington resident population, 2008 - 2010



**Note:** \*General fertility rate will be slightly over estimated as population estimates for the denominator, the resident population, were only available for 16-44 year old women while the numerator includes all live births for women of child-bearing age (15-44 years old).  
**Source:** ONS annual birth files 2008-2010, ONS mid-year population estimates 2008-2010; Indices of Multiple Deprivation (2010)

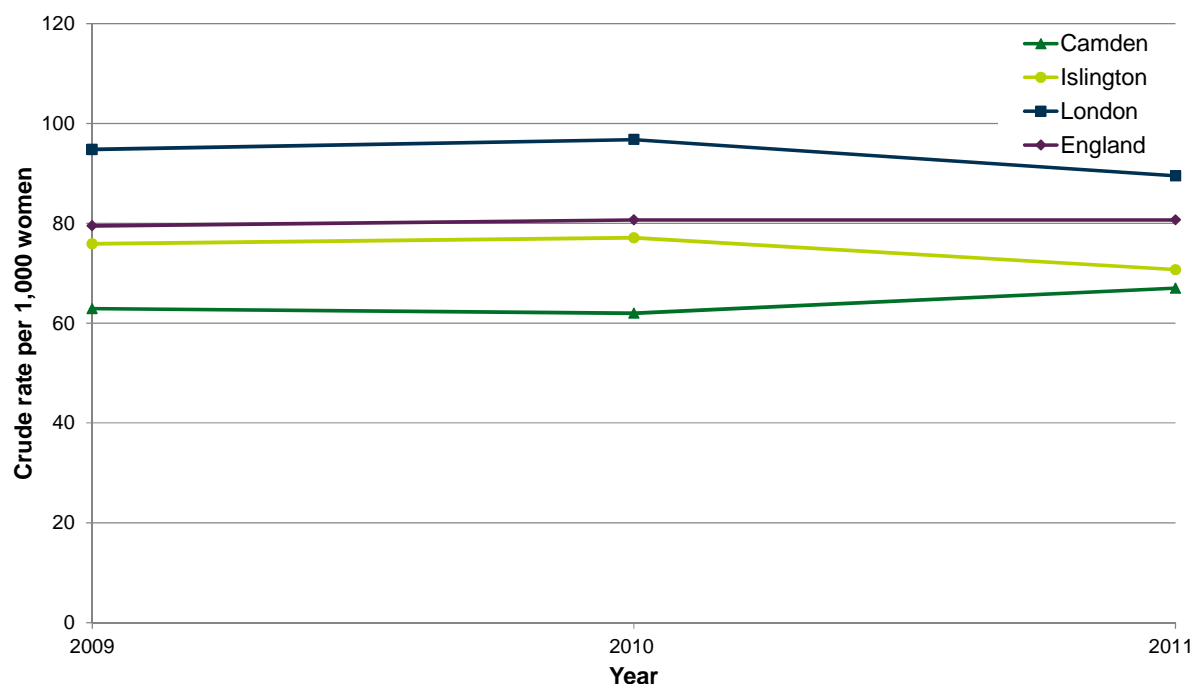
- The general fertility rate and number of births in Islington is highest in the most deprived quintile (68 per 1,000 women and 670 births).

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## Conceptions

Crude rate of conceptions per 1,000 women aged 15-44 years, Camden, Islington, London and England, 2009-2011



Source: ONS, 2013

- In 2011, the number of conceptions in women aged 15-44 was 4,060 in Camden and 4,210 in Islington.
- Between 2009 and 2011 conception rates in women aged 15-44 have decreased in Islington from 76 to 71 per 1,000 women and have increased in Camden from 63 to 67 per 1,000 women.
- Camden and Islington have a consistently lower conception rate over time compared to London and England.

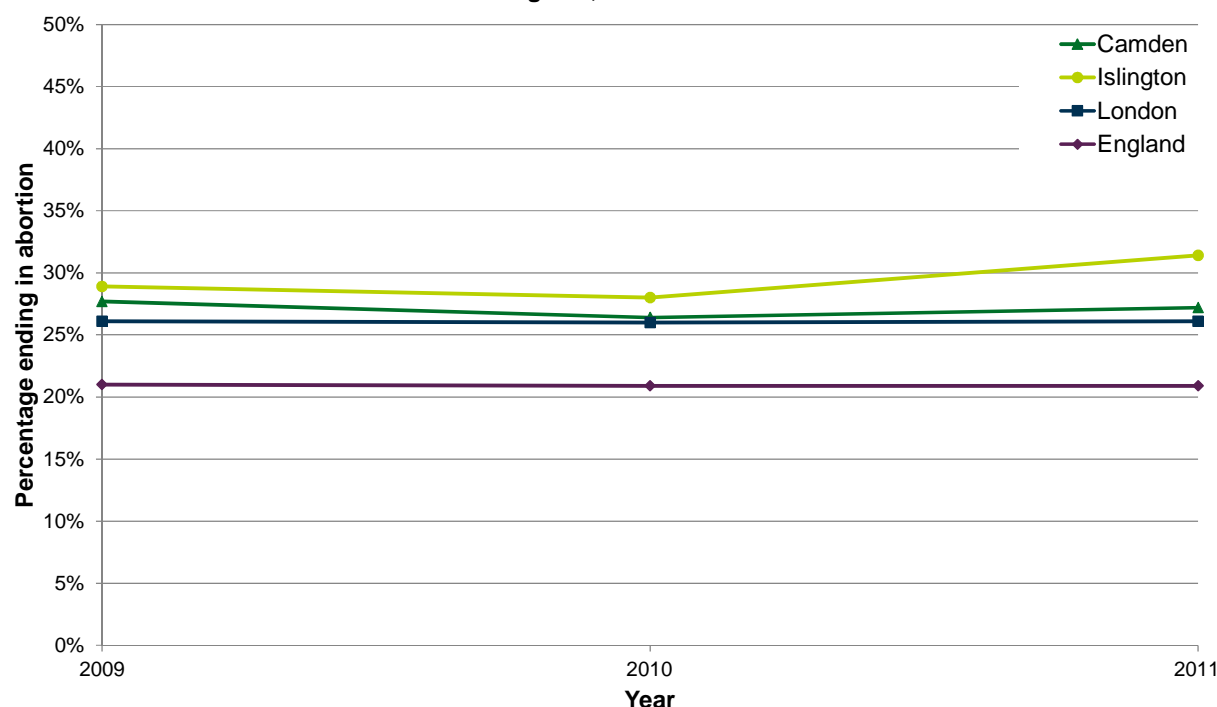
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# Abortions

Percentage of abortions in women aged 15-44 years, Camden, Islington, London and England, 2009-2011



Source: ONS, 2013

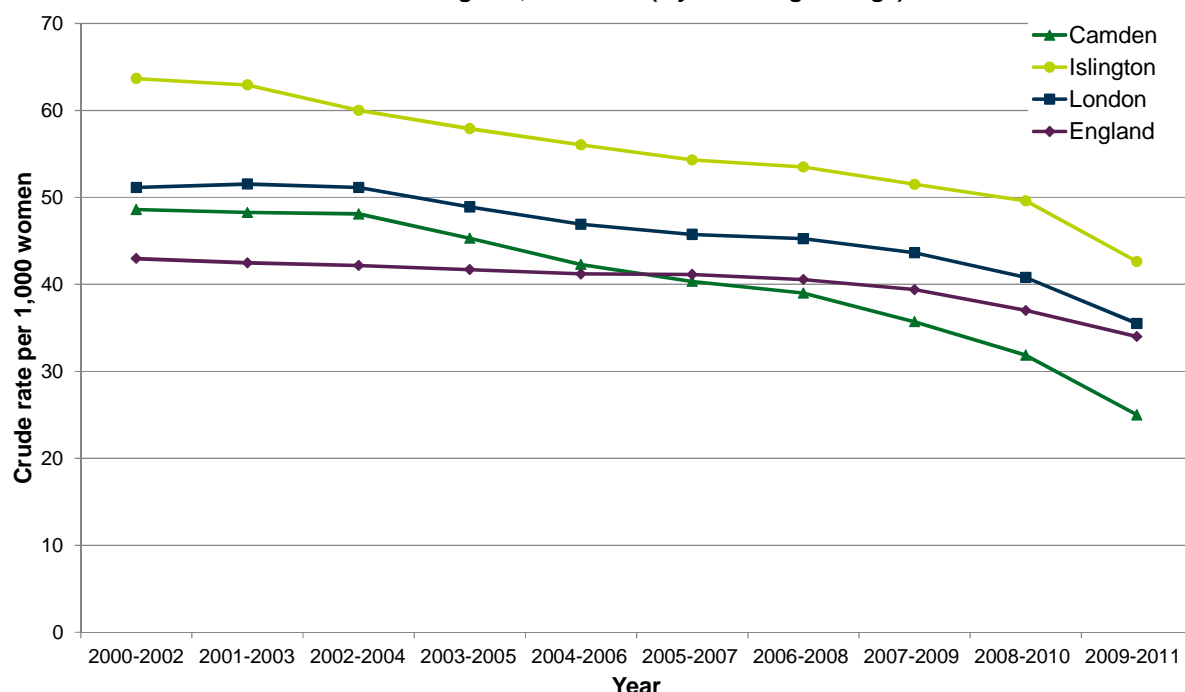
- The number of abortions in 2011 was 1,100 in Camden and 1,320 in Islington.
- The proportion of conceptions that led to an abortion in Islington increased from 29% in 2009 to 31% in 2011. The proportion of abortions in Camden, London and England have remained similar over time.
- The proportion of abortions for Camden and Islington are consistently higher over the time period than London and England.

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# Teenage conceptions (15-17 years)

Crude rate of conceptions per 1,000 women aged 15 to 17 years, Camden, Islington, London and England, 2000-2011 (3 year rolling average)



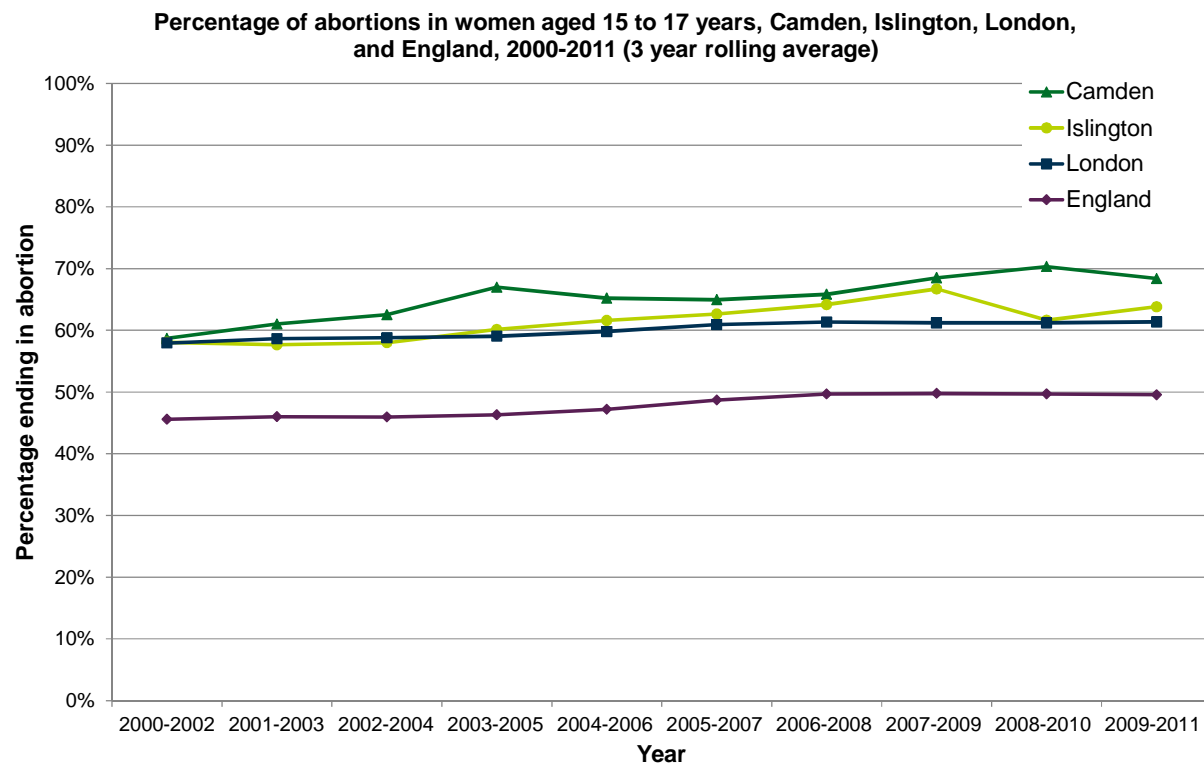
Source: ONS, 2013

- The number of teenage conceptions on average per year in 2009-11 was 70 Camden and 100 in Islington.
- The teenage conception rate in Camden has decreased from 49 per 1,000 in 2000-2002 to 25 per 1,000 in 2009-2011.
- In Islington, the teenage conception rate is consistently higher than Camden, London and England over time. However, the Islington teenage conception rate has decreased from 62 per 1,000 in 2000-2002 to 43 per 1,000 in 2009-2011.

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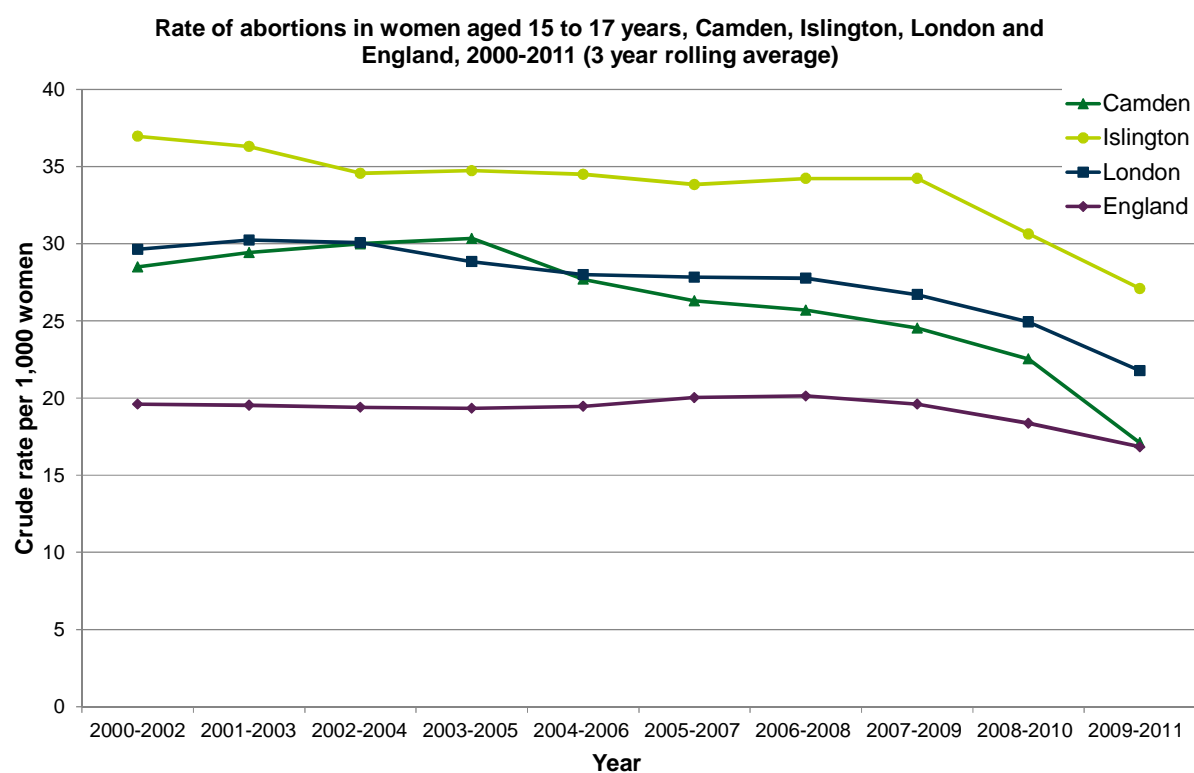
## Percentage of teenage abortions (15-17 years)



- The number of teenage abortions on average per year in 2009-11 was 50 in Camden and 70 in Islington.
- The proportion of teenage pregnancies ending in an abortion is consistently higher in Camden and Islington in all years compared to England.
- The proportion of teenage pregnancies ending in an abortion has increased from 2000 to 2011 in Camden, Islington, London and England.



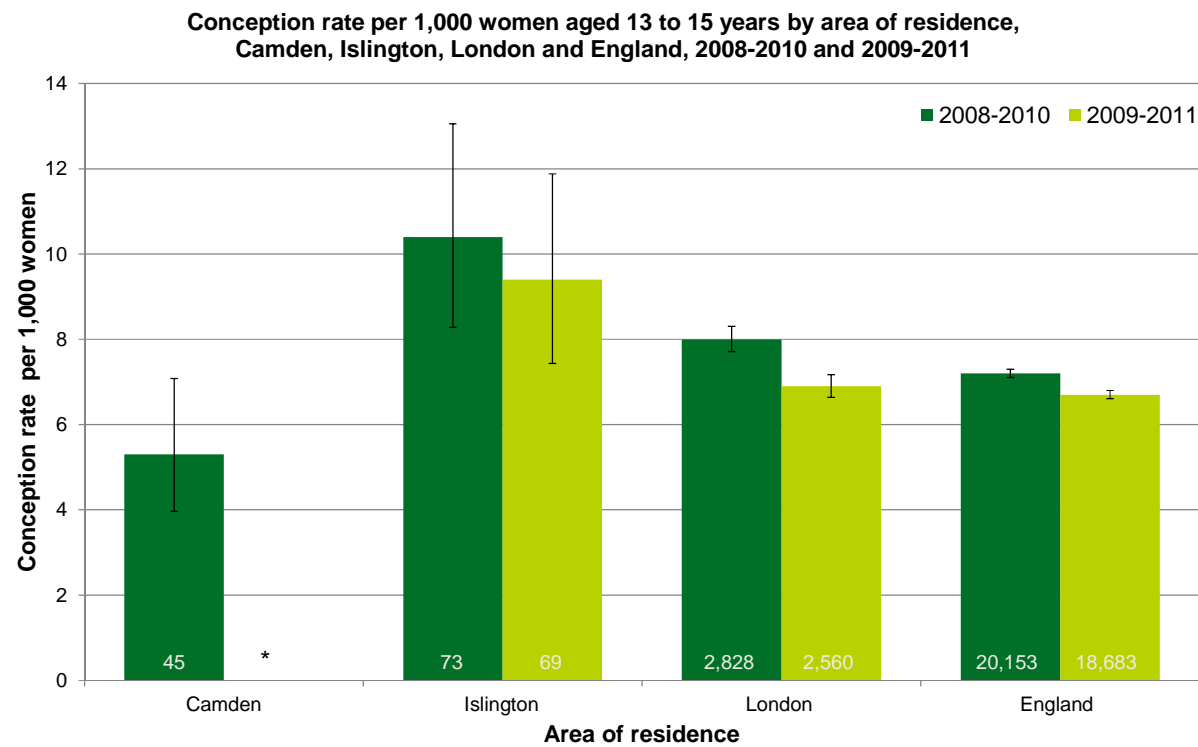
## Rate of teenage abortions (15-17 years)



- The crude rate of teenage abortions has decreased in Camden, Islington, London and England from 2000 to 2011.
- The teenage abortion rate is consistently higher in Islington compared to London and England. However, the teenage abortion rate has fallen from 37 per 1,000 in 2000-2002 to 27 per 1,000 in 2009-2011.



## Teenage conceptions (13-15 years)



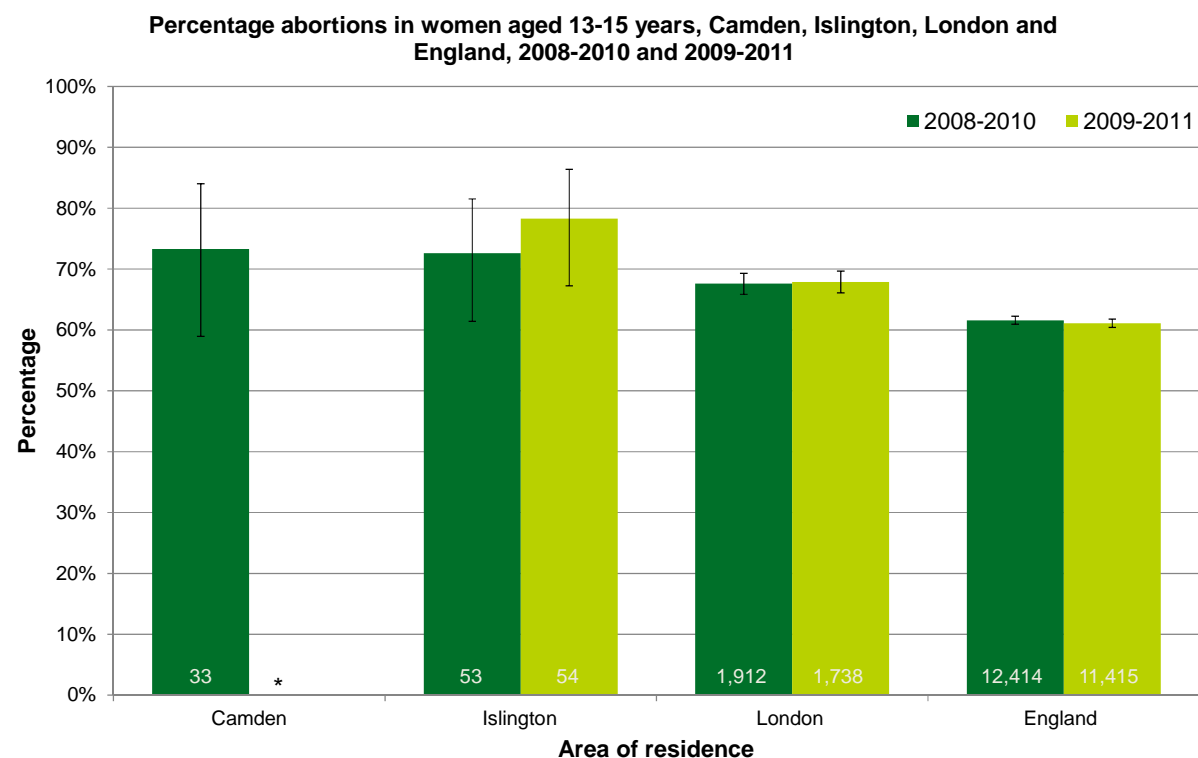
Note: \*Due to small numbers the conception rate for Camden 2009-2011 is not included in the analysis. Source: ONS, 2013

- The number of teenage conceptions on average per year in 2008-10 was 15 in Camden and 25 in Islington.
- In 2008-2010 the crude rate of teenage conceptions in women aged 13-15 was significantly lower in Camden (5 per 1,000) compared to London and England (8 and 7 per 1,000 respectively).
- The teenage conception rate in Islington in 2009-2011 was 9 per 1,000, significantly higher than London and England (6.9 and 6.7 per 1,000 respectively).

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## Teenage abortions (13-15 years)



Note: \*Due to small numbers the conception rate for Camden 2009-2011 is not included in the analysis. Source: ONS, 2013

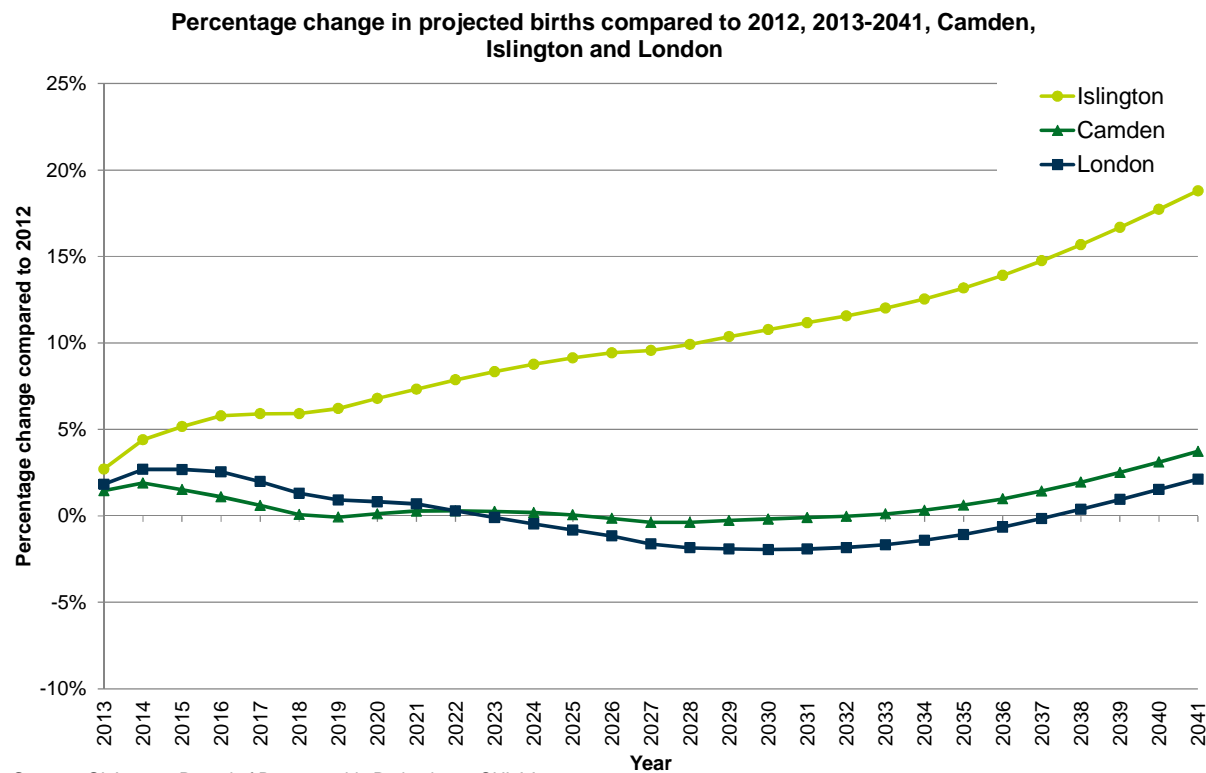
- The number of teenage abortions on average per year in 2008-2010 was 10 in Camden and 20 in Islington.
- The proportion of teenage abortions was 73% for both Islington and Camden in 2008-2010, this was not significantly different from London and England (68% and 62% respectively).
- The proportion of abortions in Islington has increased from 73% to 78%, however this was not a significant difference.

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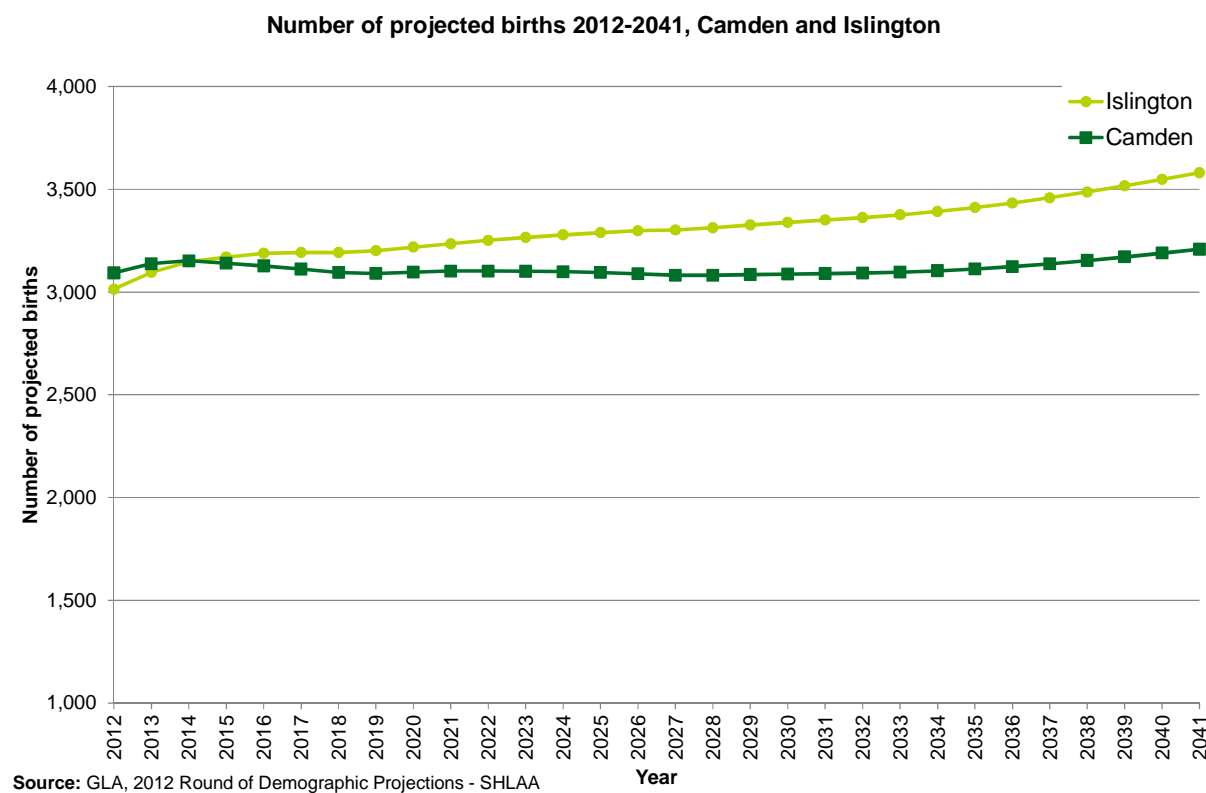
## Percentage change in projected births



- The GLA fertility model suggests that the projected births from 2012 to 2041 will increase by 19% in Islington and increase by 4% in Camden.



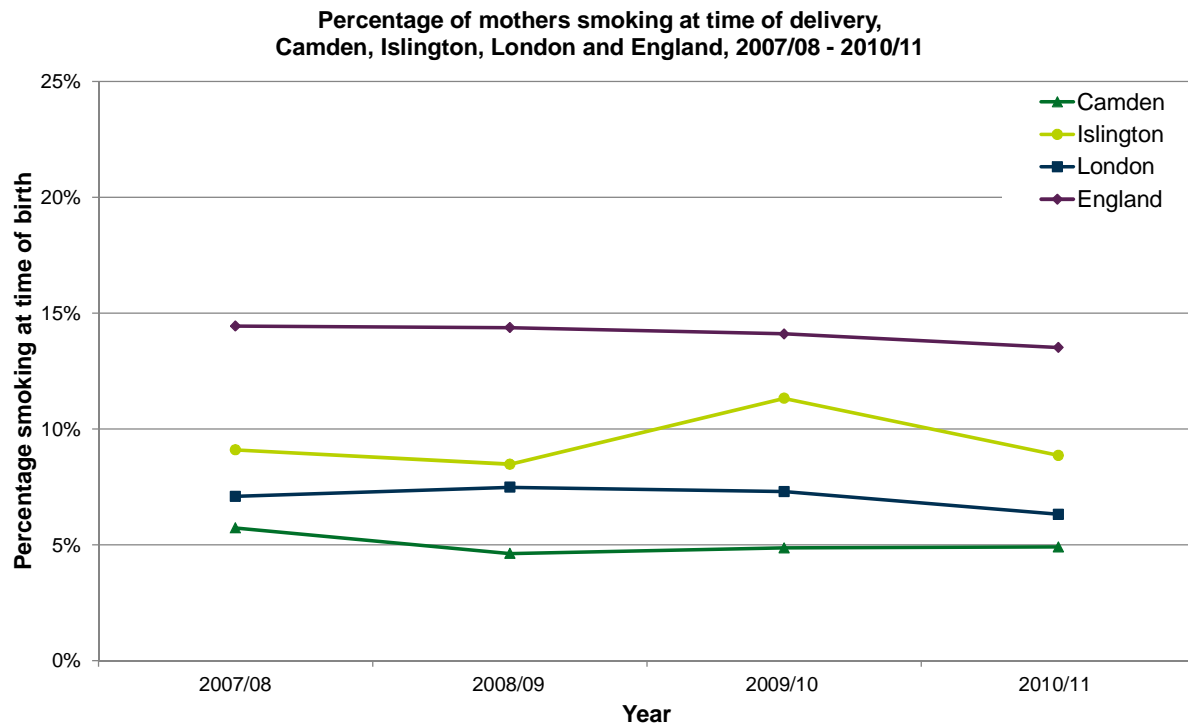
## Number of projected births



- The GLA fertility model suggests that the projected births from 2012 to 2041 will increase from 3,000 to 3,600 in Islington and increase from 3,100 to 3,200 in Camden.



## Smoking at birth



Source: DH, 2011

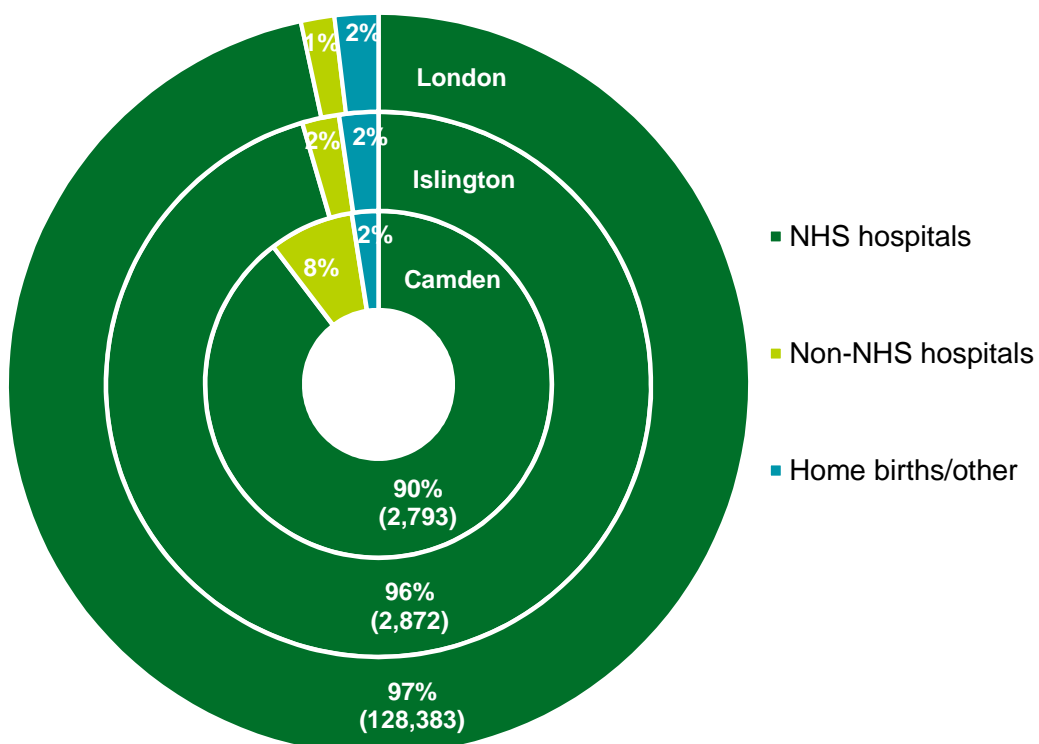
- The number of mothers smoking in 2010/11 was 130 and 260 in Camden and Islington respectively.
- The proportion of mothers that smoke in Islington increased from 9% to 11% between 2007/08 to 2009/10, and then decreased to 9% from 2009/10 to 2010/11.
- Camden had a consistently lower proportion of mothers smoking at time of delivery (5% in 2010/11) compared to London and England.

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## Hospital and home births

Percentage NHS hospital, non NHS hospital, home and elsewhere births, Camden, Islington and London resident populations, 2011



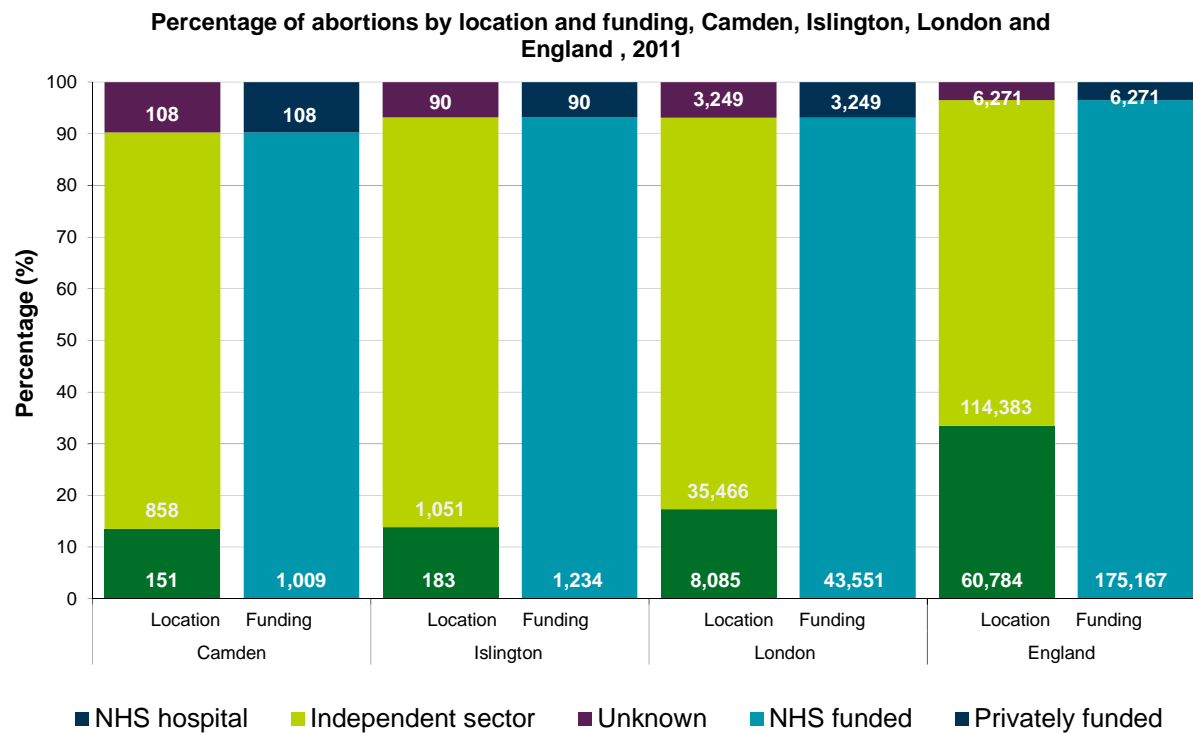
Source: NCHOD, 2012

- The proportion mothers giving birth in NHS hospitals is lower in Camden (90%) than Islington (96%), London (97%) and England (97%).
- Camden has a higher proportion of births in non-NHS hospitals (8%) compared to Islington (2%), London (1%) and England (<1%).

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## Abortions – location and funding



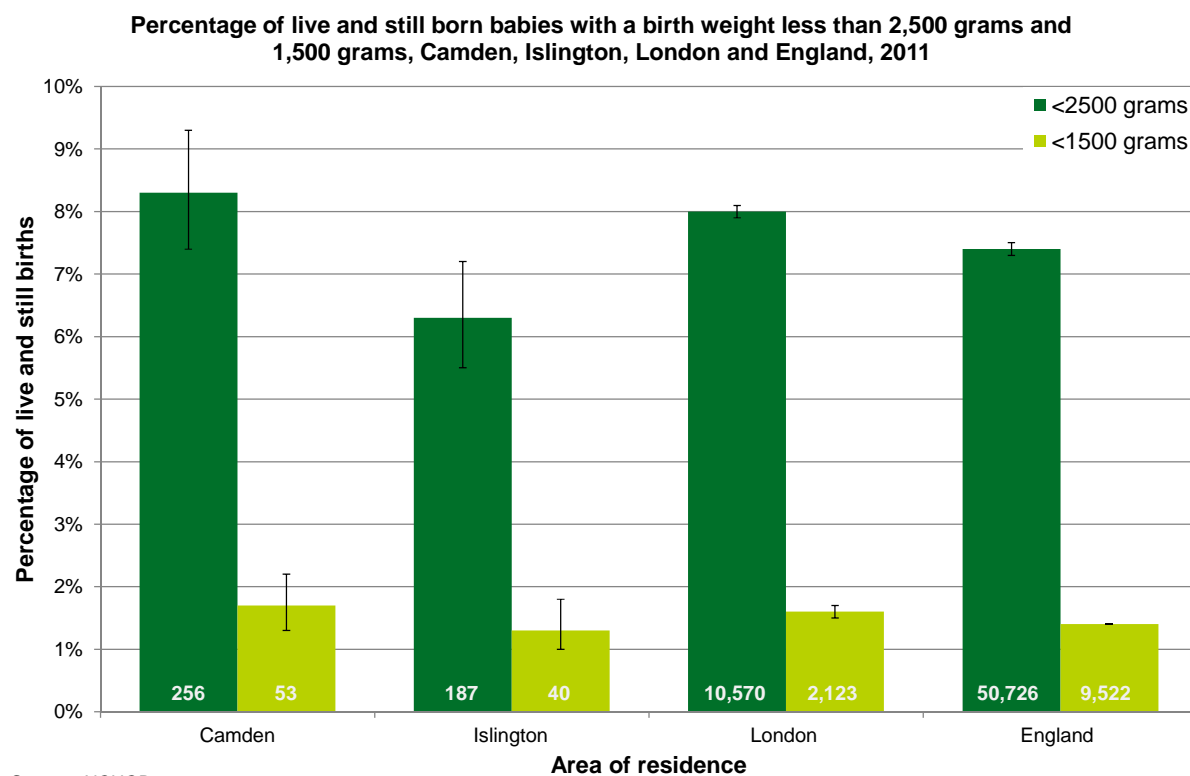
Source: NCHOD, 2012

- Camden and Islington have a lower proportion of abortions that take place at NHS hospitals (13.5% and 13.8% respectively) compared to London and England (17% and 34% respectively).
- However, abortions funded by the NHS represent a similarly high proportion in Camden (90%), Islington (93%), London (93%) and England (97%).
- Overall, the majority of abortions take place in the independent sector but are funded by the NHS.
- The location is not known for 10% and 7% of abortions in Camden and Islington respectively.

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## Low birth weight



Source: NCHOD, 2012

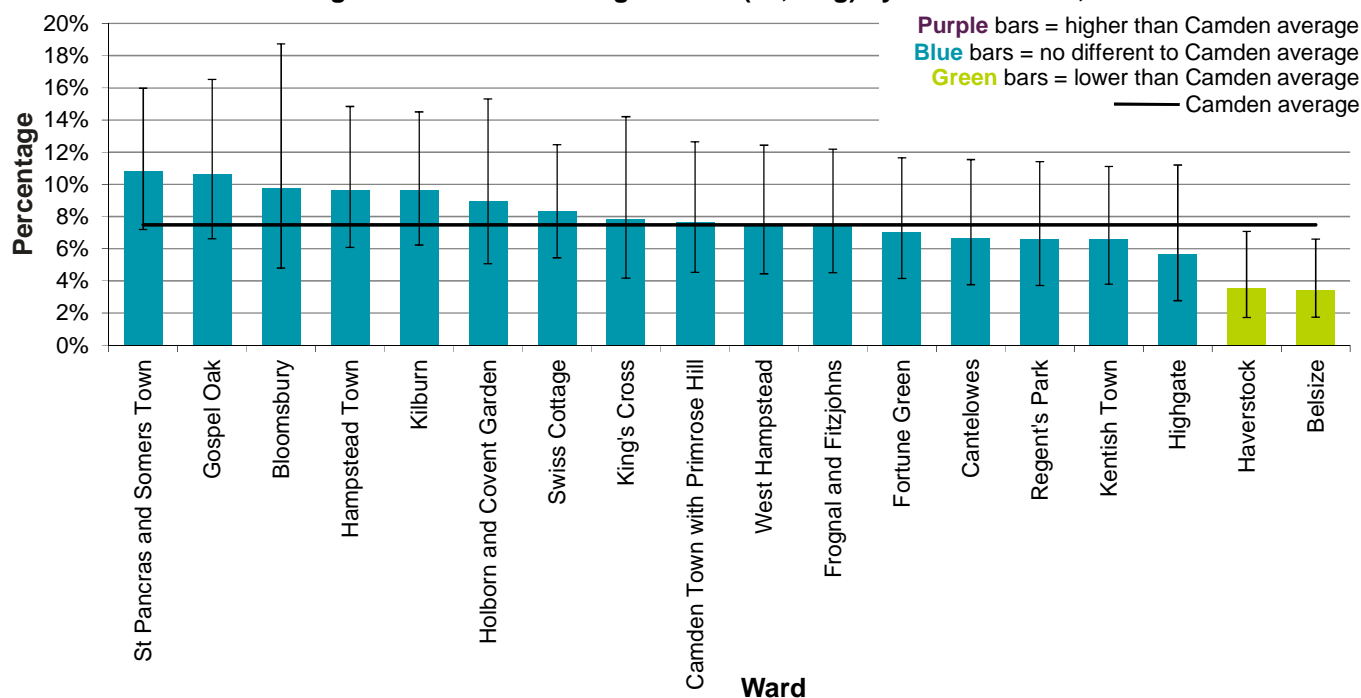
- There were 260 and 190 low birth weight births (<2,500 grams) in Camden and Islington respectively in 2011.
- The percentage of births that are less than 2,500 grams is significantly lower in Islington (6%) and not significantly different in Camden (8%) compared to London (8%) and England (7%).
- Camden and Islington are not significantly different from London and England for percentage of births less than 1,500 grams.

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## Low birth weight by Camden ward

Percentage of low live birth weight births (<2,500g) by Camden ward, 2010



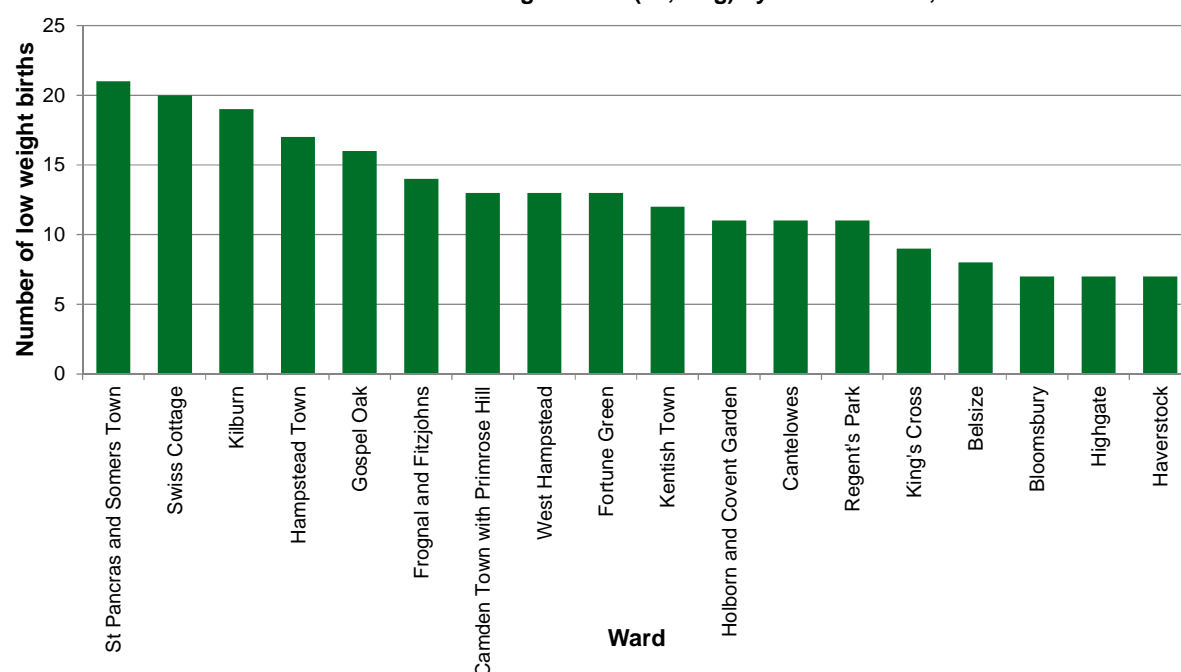
- The wards Belsize and Haverstock have a significantly lower percentage of low weight births compared to the Camden average.

**Note:** A small number of births have been excluded due to missing place of residence data. Births with missing birth weight have also been excluded. Only a very small percentage of births do not have a stated birth weight, meaning the impact is negligible. **Source:** ONS annual birth files, 2010



## Number of low weight births by Camden ward

Number of low live birth weight births (<2,500g) by Camden ward, 2010

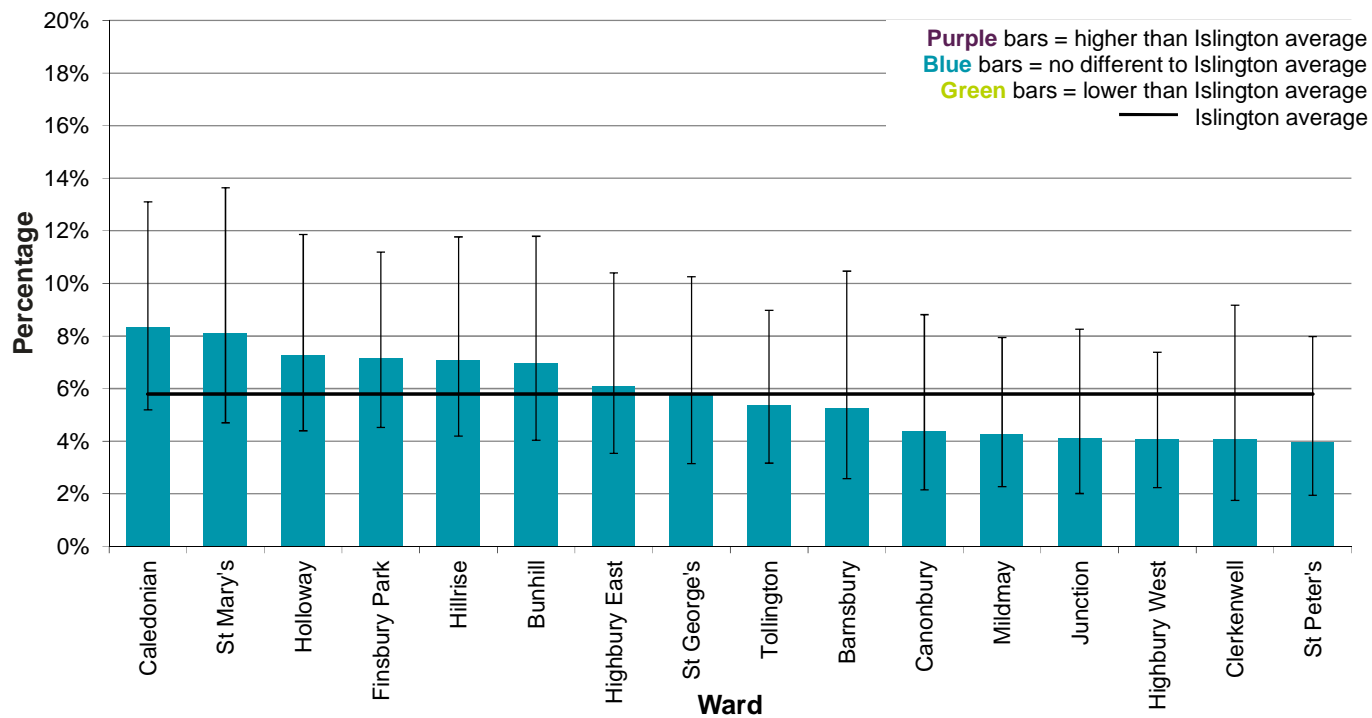


- The number of live births with a weight less than 2,500 grams ranged from 21 at St Pancras and Somers Town to 7 at Bloomsbury, Highgate and Haverstock.

**Note:** A small number of births have been excluded due to missing place of residence data. Births with missing birth weight have also been excluded. Only a very small number of births do not have a stated birth weight, meaning the impact is negligible. **Source:** ONS annual birth files, 2010

## Low birth weight by Islington ward

Percentage of low live birth weight births (<2,500g) by Islington ward, 2010



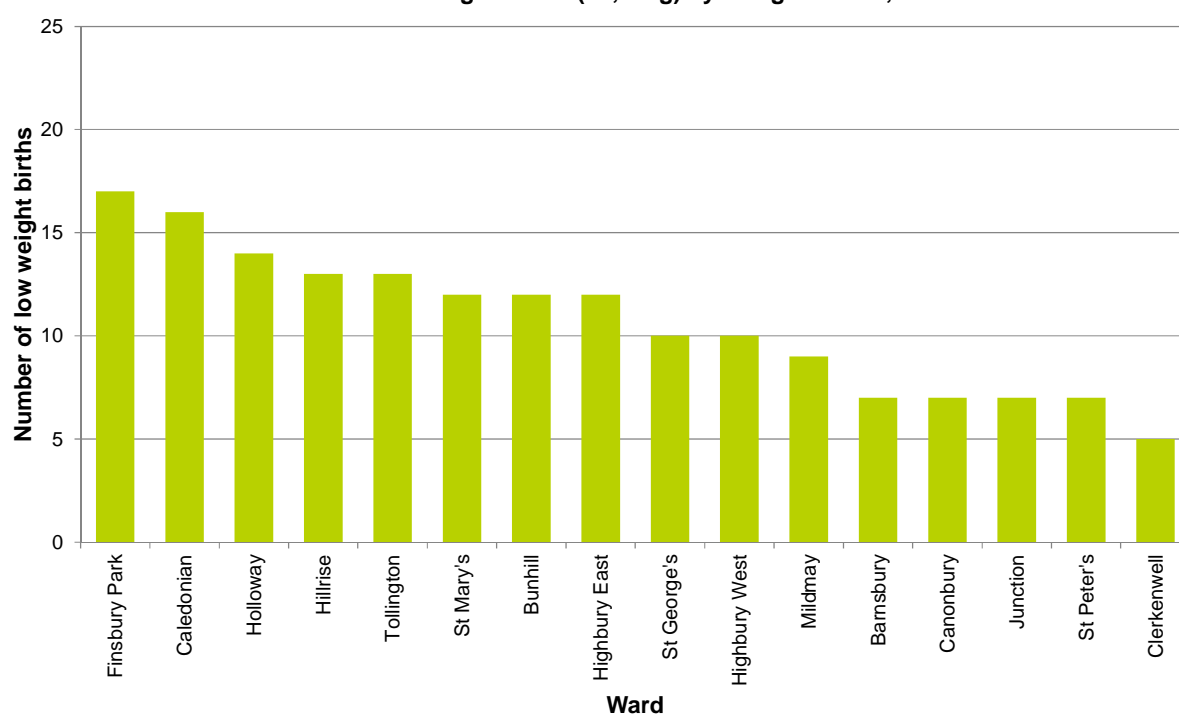
- No ward is significantly different compared to the Islington average for the proportion of low birth weights.

**Note:** Births with missing birth weight have been excluded. Only a very small percentage of births do not have a stated birth weight, meaning the impact is negligible. **Source:** ONS annual birth files, 2010.

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## Number of low weight births by Islington ward

Number of low weight births (<2,500g) by Islington ward, 2010

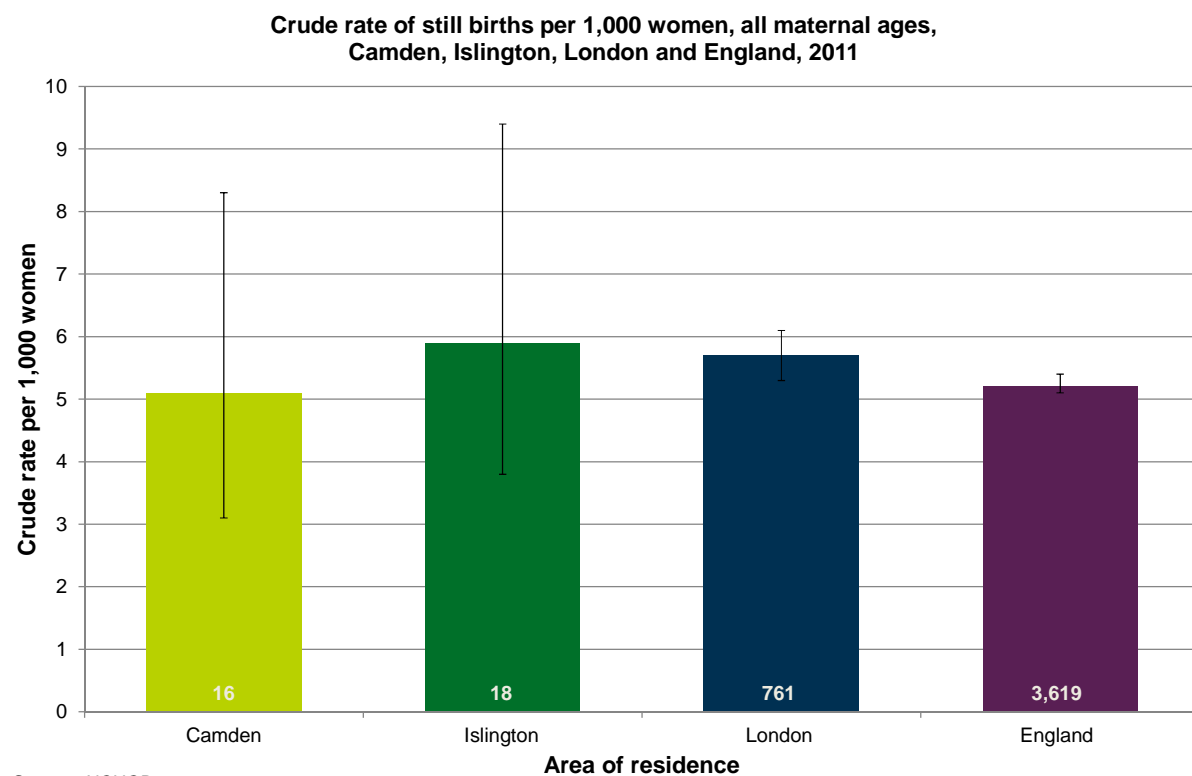


- The number of live births that with a weight less than 2,500 grams ranged from 17 at Finsbury Park to 5 in Clerkenwell.

**Note:** Births with missing birth weight have been excluded. Only a very small number of births do not have a stated birth weight, meaning the impact is negligible. **Source:** ONS annual birth files, 2010.

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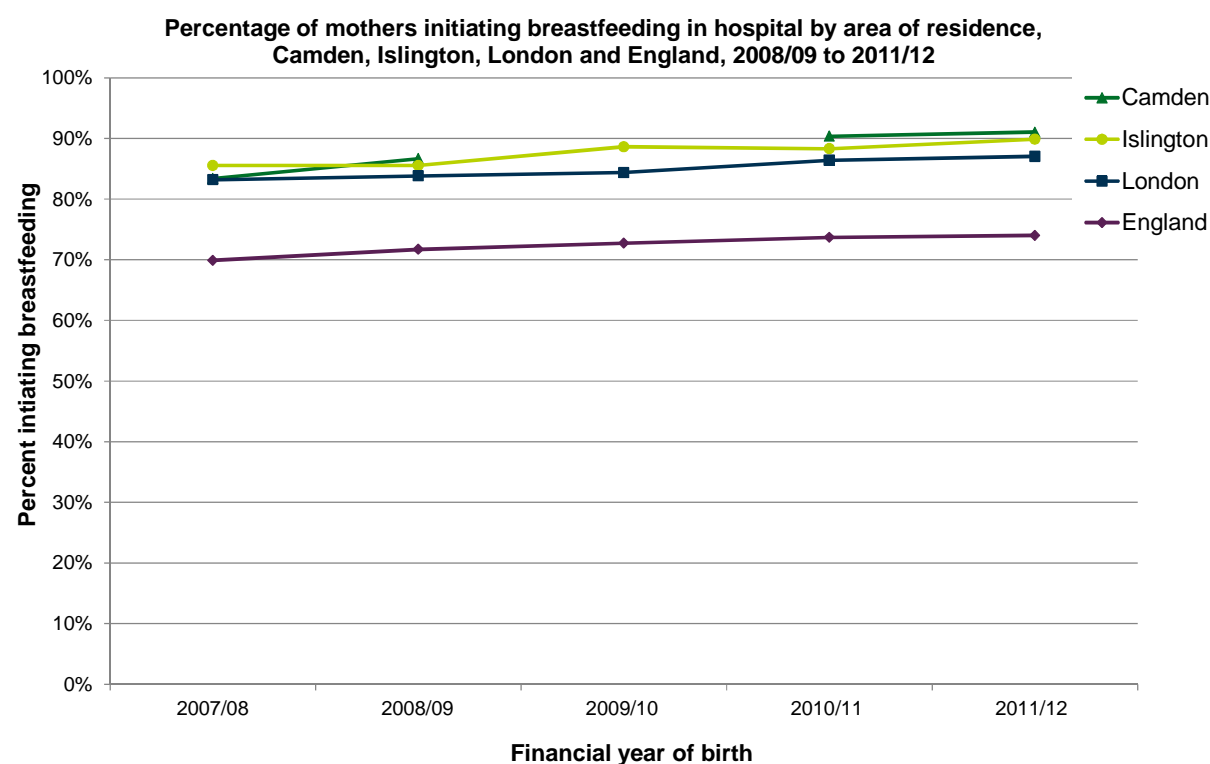
## Still births



- The number of still births in 2011 was approximately 20 in both Camden and Islington.
- The crude rate of still births is similar for Camden (5.1), Islington (5.9), London (5.7) and England (5.2) per 1,000 births.

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## Breastfeeding initiation

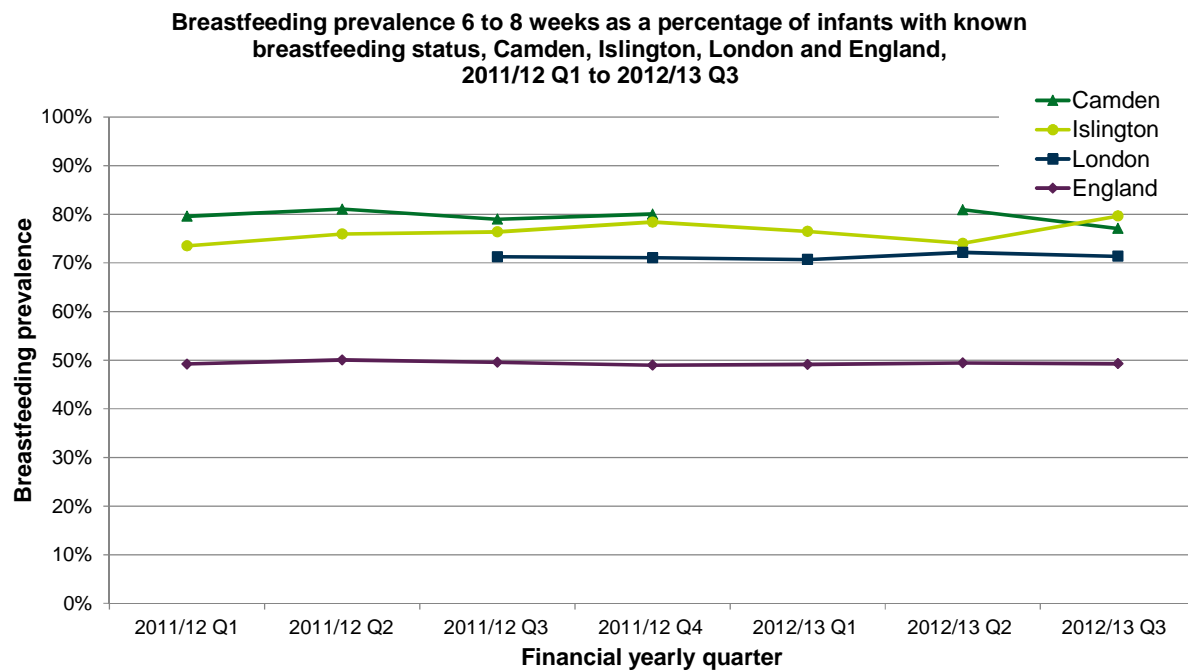


- In 2011/12 there were 140 mothers in Camden and 190 mothers in Islington that did not initiate breastfeeding.
- The proportion of mothers initiating breastfeeding from 2007/08 to 2011/12 has increased in Camden from 83% to 91% and in Islington from 86% to 90%.
- Both Camden and Islington had consistently higher proportions of mothers breastfeeding compared to London and England over all years.





## Breastfeeding at 6-8 weeks



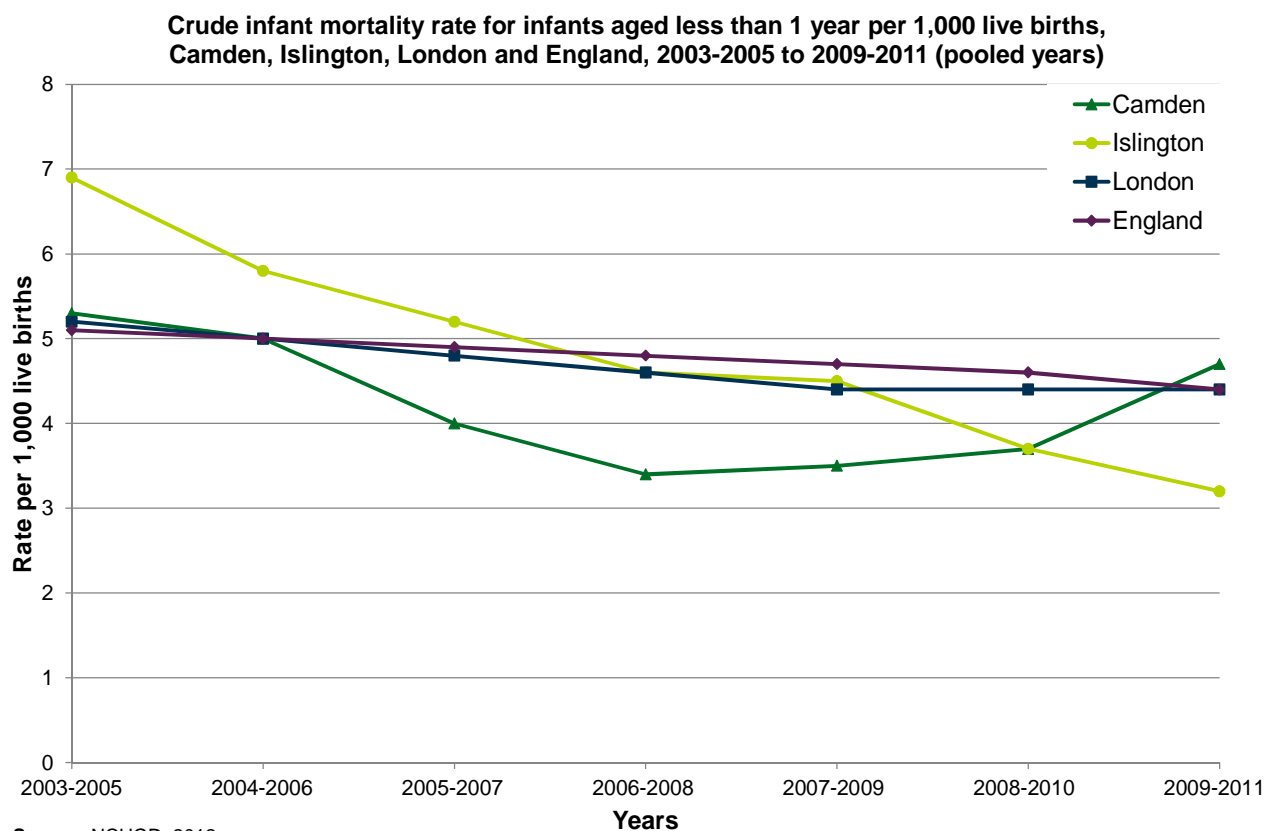
**Note:** Missing data for Camden and London is due to data not meeting validation criteria. The analysis includes infants that are totally or are partially breastfed. **Source:** DH, Vital Sign Monitoring Return (VSMR), 2013

- The percentage of infants with known breastfeeding status ranged between 95% and 100% in Camden and Islington over the seven quarters.
- The percentage of infants with known breastfeeding status who were breastfed at 6-8 weeks ranged between 73% to 80% in Islington and 77% to 81% in Camden.
- Breastfeeding prevalence was higher in Camden and Islington over all yearly quarters compared to London and England.

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## Infant mortality trend



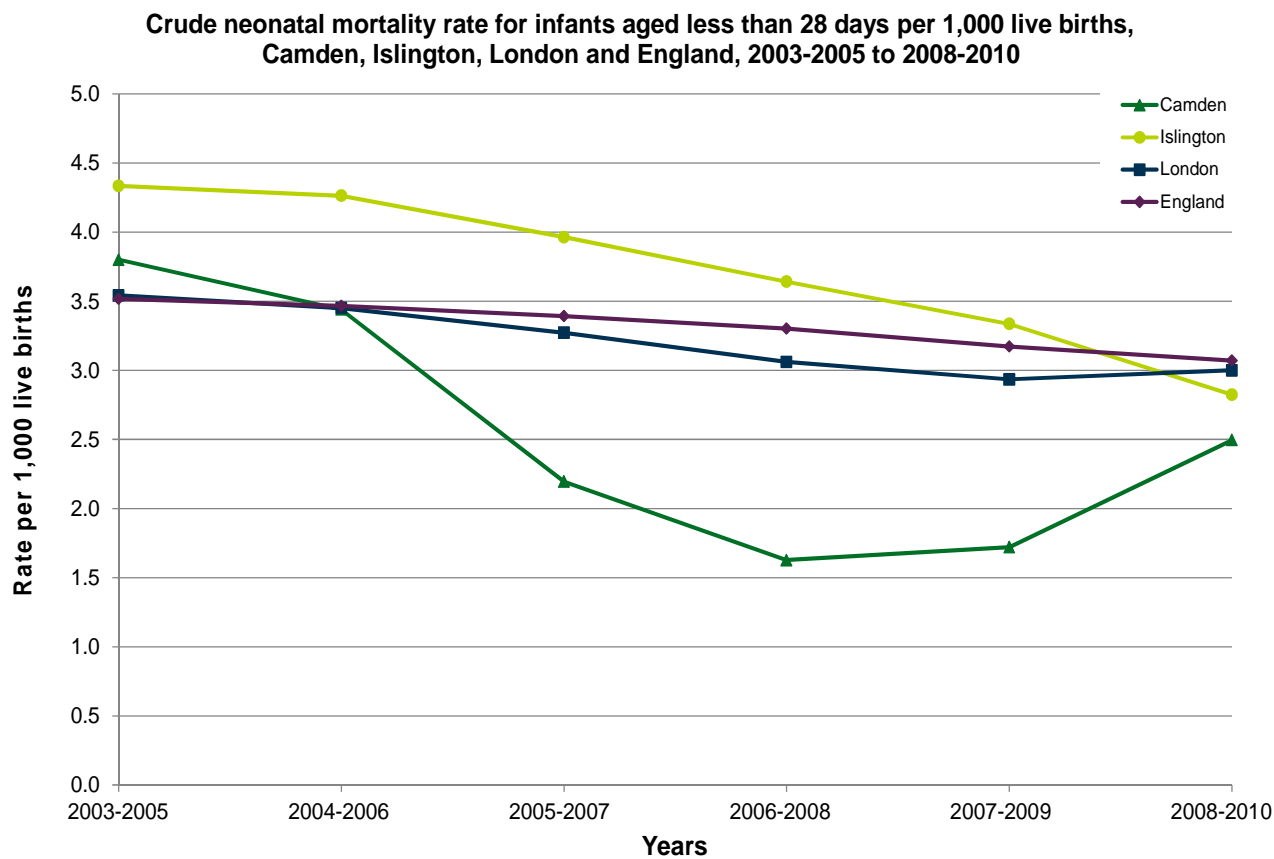
- The average number of infant deaths per year in 2009-11 is 15 and 10 in Camden and Islington respectively.
- Infant mortality rates for Islington have decreased from 2003-05 to 2009-11 from 7 per 1,000 live births to 3 per 1,000 live births.
- Although the infant mortality rates for Camden have decreased from 5 to 3 per 1,000 live births from 2003-05 to 2006-08, it has subsequently increased to 5 per 1,000 live births in 2009-11.

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## Neonatal mortality trend



Source: NCHOD, 2012

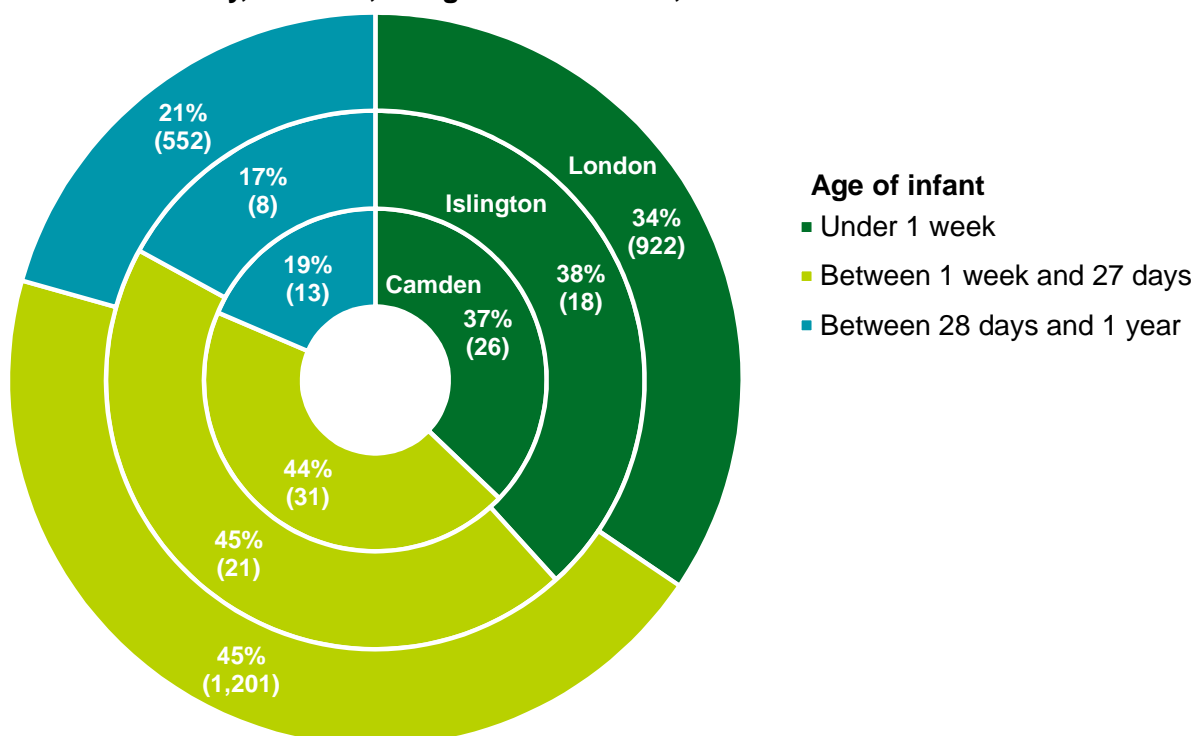
- The average number of neonatal deaths per year in 2008-2010 is 10 for both Camden and Islington.
- Neonatal mortality rates for Islington have decreased from 2003-05 to 2008-10 from 4 per 1,000 live births to 3 per 1,000 live births.
- Although the infant mortality rates for Camden have decreased from 3.8 to 1.6 per 1,000 live births from 2003-05 to 2006-08, it has subsequently increased to 2.5 per 1,000 live births in 2008-10. A similar trend is observed for infant mortality.

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## Infant mortality – age at death

Early neonatal, neonatal and post neonatal mortality as a percentage of all infant mortality, Camden, Islington and London, 2009-2011

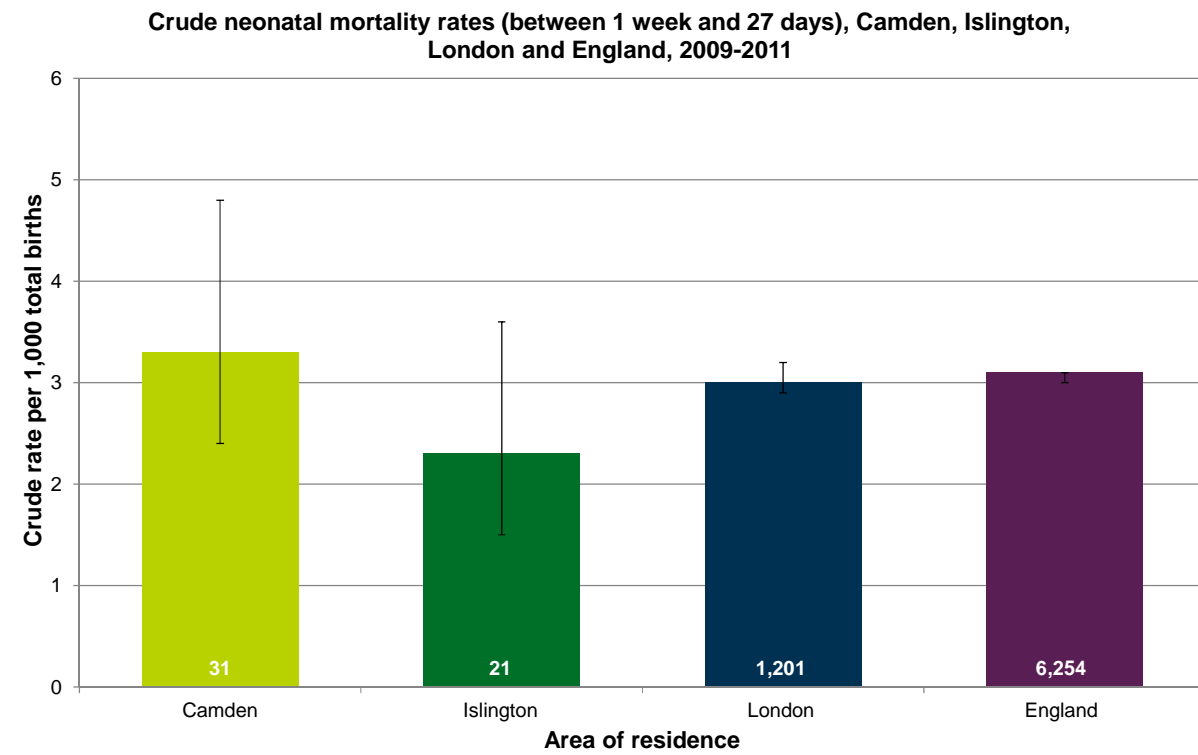


Source: NCHOD, 2012

- The majority of infant deaths in Camden and Islington occurred in infants aged between 1 week and 27 days (44% and 45% respectively). This was a similar proportion to London and England.

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# Neonatal mortality



Source: NCHOD, 2012

- The neonatal mortality rate was 3 per 1,000 live births for Camden and 2 per 1,000 live births for Islington, this is not significantly different from London and England (3 per 1,000 live births).

## About Public Health Intelligence

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

All of our profiles, as well as other data and outputs can be accessed on the Evidence Hub at: <http://evidencehub.islington.gov.uk>

## FURTHER INFORMATION & FEEDBACK

This profile has been created by Camden and Islington's Public Health Intelligence team. For further information please contact Tanya Khera-Butler

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**We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.**

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