



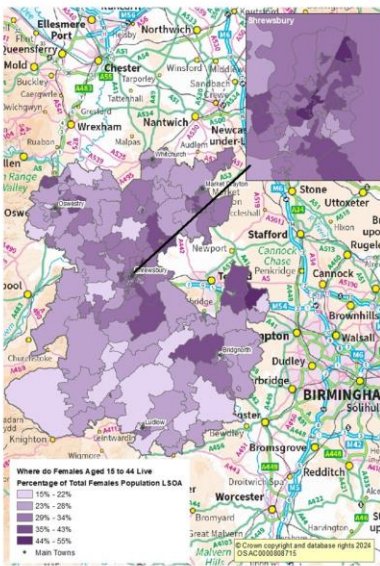
# SHROPSHIRE HEALTH AND WELLBEING BOARD

## Report

<b>Meeting Date</b>	<b>9th July 2026</b>			
<b>Title of report</b>	Children and Young People JSNA Chapter: Pregnancy and birth			
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations	Approval of recommendations (With discussion by exception)	x	Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	<a href="mailto:Jess.Edwards@shropshire.gov.uk">Jess.Edwards@shropshire.gov.uk</a> <a href="mailto:Mark.Trenfield@shropshire.gov.uk">Mark.Trenfield@shropshire.gov.uk</a>			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address? Please tick all that apply</b>	Children & Young People	x	Joined up working	x
	Mental Health	x	Improving Population Health	
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	x
<b>What inequalities does this report address?</b>	<p>Inequalities in health outcomes (physical and mental health), service provision, access and the conditions in which Shropshire's children are born, grow, live and learn.</p> <p>The following individual characteristics and societal factors have been addressed where data is available:</p> <ul style="list-style-type: none"> <li>- protected characteristics under the Equality Act 2010</li> <li>- socio-economic status and deprivation</li> <li>- vulnerable or inclusion health groups</li> <li>- geography</li> </ul>			

### Report content:

#### Where do Females Aged 15 to 44 Live? Shropshire



**50,366**  
Females in Shropshire aged 15 to 44 years (2023)  
a 2.2% fall from 2011  
(England 6.4% increase since 2011)

**30.2%**  
of all Females in Shropshire are aged 15-44 years (15.3% of the total population Male and Female combined)  
(England 38.4% of the total female population)

**2,406** live births Shropshire (2024)

**47.8** General Fertility Rate Shropshire (2023)  
England 49.4

<b>3.3</b> Under 18s birth rate per 1,000 births Shropshire (2024) (England 3.5)	<b>15.7%</b> Under 18s Conception Rate per 1,000 (2022) (England 13.9%)	<b>22.4%</b> Deliveries to women aged 35 years or above (2023/24) England (24.7%)
<b>7.1%</b> of expectant mothers were smoking at time of delivery in Shropshire (2024/25) (England 6.1%)	<b>18.4%</b> of expectant mothers were smoking in early pregnancy (2023/24) (England 13.6%)	<b>41.4%</b> of deliveries were by Caesarean (2023/24) (England 40.9%)
<b>24.1%</b> of pregnant women were obese in early pregnancy (2018/19) (England 22.1%)	<b>58.6%</b> of expectant mothers had early access to maternity care (2023/24) (England 63.5%)	<b>70.2%</b> of babies per 1,000 live births, were born premature (before 37 week's gestation) (2020 – 22) (England 77.0%)
<b>2.0%</b> of term babies had a low birth rate (2024) (England 3.0%)	<b>2.7</b> per 1,000 births were stillborn (2022-24) (England 3.9%)	<b>81.7%</b> of babies first feed is breastmilk (2023/24) (England 71.9%)
		<b>14.2</b> Multiple Births per 1,000 births (2023) (England 14.5)

### 1. Executive Summary

The JSNA provides a detailed understanding of the needs of children, young people and families in Shropshire to inform the direction and development of local services, with a view to reducing health inequalities through identification, prevention and early intervention. Due to the vast scope of this product, Shropshire's Children and Young people JSNA is structured as a 'JSNA pack', comprising of individual chapters for each stage of the life course:

#### Core JSNA chapters

1. Population and context for children and young people – published on Shropshire's website
- 2. Maternity (pregnancy & birth) – in progress focus of this report**
3. Early Years (0-4 years) - published on Shropshire's website
4. School aged children (5-11 and 12-16 years) – in progress
5. Young people (16-19 years) – in progress

This report outlines several key indicators of pregnant women and newborn's health and wellbeing in Shropshire, including key health outcomes, measures of safety and welfare and wider health determinants. It is designed to support local discussions about key issues and challenges related to the health and wellbeing of children and young people.

This report has been thoroughly reviewed by the Early Help & Prevention Partnership Board and SEND Quality Assurance Group and were well received. Recommendations were jointly developed and are presented to the Partnership. We are seeking approval of the chapter and feedback and endorsement of the recommendations.

The chapter was presented in draft format at various boards in 2025, including the health and wellbeing board, but was not published as a review was taking place into maternity services. This review has now finished, and this chapter has been updated with new data where available.

## 2. Recommendations

Recommendations are based on the Areas of Need highlighted in the pregnancy and birth (Appendix 2, page 7):

1. To continue to monitor and reduce teenage conception rates
2. To increase the number of women who are booked by midwifery within the first 10 weeks of pregnancy
3. To continue to ensure that throughout pregnancy and giving birth, parents receive appropriate personalised care for their individual needs so that we are responsive to equality, diversity and inclusion.
4. To improve data collection of modifiable risk and vulnerability factors during pregnancy – to include excess weight, smoking status at booking, alcohol consumption, drug use, folic acid supplement use, healthy start vitamins, mental health, domestic abuse and neurodivergence and physical and learning disabilities.
5. To increase the rates of vaccination in pregnant women against influenza and pertussis
6. To increase access to services to support healthy pregnancy within local communities
7. To look into and address concerns raised where there are repeat pregnancies and where children become looked after within the same family unit
8. To support partners / family members of **pregnant women to stop smoking** and to reduce the rates of pregnant women smoking at time of delivery.
9. To increase breastfeeding initiation rates, to achieve World Health Organisation Baby Friendly Initiative (BFI) accreditation
10. To continue to monitor and improve **infant mortality and stillbirth rates**, by addressing modifiable factors such as maternal obesity, smoking, safer sleeping, parenting support etc.

11. To monitor levels of referrals for early help from midwifery to ensure appropriate early support is provided to reduce the risk of escalation to statutory children's social care.

### **3. Report**

Since April 2013, Local Authorities have been responsible for commissioning public health services for school-aged children. This presents new opportunities for bringing together a robust approach for improving outcomes for young people across both health and local authority led services.

This report outlines several key indicators of children and young people's health and wellbeing in Shropshire, including key health outcomes, measures of safety and welfare and wider health determinants. From this, areas of need have been identified from the evidence base and recommendations have been jointly produced with partners and stakeholders.

#### **Objectives**

Given the broad range of needs and services for pregnant women and newborns, this report is not an in-depth review of any one specific service but instead aims to provide an overview.

The objectives of this chapter of the Children and Young People's needs assessment therefore are to include the following:

- To describe the population profile of women of child-bearing age - please also see the Population and Context chapter
- To identify risk factors that impact on maternal, infant and child health outcomes - please also see the Population and Context chapter
- To provide an overview of the wider determinants of health and their impact on the pregnant women and new-borns- please also see the Population and Context chapter
- To identify relevant national guidance and local policy in relation to pregnant women and babies
- To provide an overview of the health and wellbeing of pregnant women and new-borns
- To provide an overview of current service provision and assessment of outcomes including gaps in relation to domains impacting on pregnant women and new-borns outcomes; physical, psychosocial and emotional, cognitive and language development
- To identify vulnerable, and/or at-risk groups
- To identify gaps, barriers, and unmet needs in current service provision
- To provide evidence-based recommendations to ensure that the needs of pregnant women and new-borns are met in Shropshire

The JSNA key findings for this age group are detailed below:

#### **Doing well (lower or better than the national average)**

- Premature births (less than 37 weeks' gestation) - has been significantly below England for the last 4 years and is the lowest in the West Midlands region
- Low birth weight of term babies – has been significantly below England for 4 out of the last 5 years and is the second lowest in the West Midlands region
- Low birth weight of all babies - has been below England since 2010 and has been significantly below England in the most recent year and is the lowest in the West Midlands region
- Baby's first feed breastmilk – has been significantly above England for the last 5 years since the definition of this was altered and is the highest in the West Midlands region

#### **Areas for improvement (worse than the national average)**

- Early access to maternity care – Shropshire's performance is significantly lower than the national average and the West Midlands region.
- Folic acid supplements taken before pregnancy – Shropshire's performance is significantly lower than the national average and has been for the previous 3 years, although there are concerns about the data quality issues affecting the numbers recorded.

- Smoking in early pregnancy - Shropshire's rates are significantly higher than both England and the West Midlands and is second highest in the West Midlands region, although there are concerns over the data quality for this indicator.
- Admissions of babies under 14 days. There seems to be a large data quality issue with this indicator as the Shrewsbury and Telford NHS Hospital trust did not submit complete HES maternity data for the financial year ending 2023
- Emergency admissions for gastroenteritis (0-4 years) - Shropshire's rate of emergency admissions is significantly higher than England and has been since 2012-13, apart from the year of the pandemic 2020/21 and is the seventh highest in the region.

Delivery of the JSNA recommendations will be undertaken and monitored and further updates on delivery and impact will be brought to the Partnership.

<b>Risk assessment and opportunities appraisal</b>	None	
<b>Financial implications</b>	None	
<b>Climate Change Appraisal as applicable</b>	None	
<b>Where else has the paper been presented?</b>	System Partnership Boards	<ul style="list-style-type: none"> <li>• ShIPP</li> <li>• Early Health and Prevention Partnership Board</li> <li>• Children's Safeguarding Children Board</li> <li>• LMNS (Jan 25)</li> <li>• Health and Wellbeing Board (Feb 25)</li> </ul>
	Voluntary Sector	
	Other	
<b>List of Background Papers - NA</b>		
<b>Cabinet Member (Portfolio Holder):</b> Cllr Ruth Houghton, Portfolio Holder for Health & Social Care (Adults), Shropshire Council		
<b>Appendices:</b> Appendix A. CYP JSNA Maternity chapter - presentation Appendix B. CYP JSNA Pregnancy and birth chapter: Draft report <i>Members of HWBB: report provided separately as attachment, due to size of document</i> <i>For public (through website): document can be provided on application to</i> <i><a href="mailto:louisa.jones@shropshire.gov.uk">louisa.jones@shropshire.gov.uk</a></i>		