

Children and Young People JSNA

Pregnancy and Birth Chapter

Key Findings

May 2026

Aims & objectives

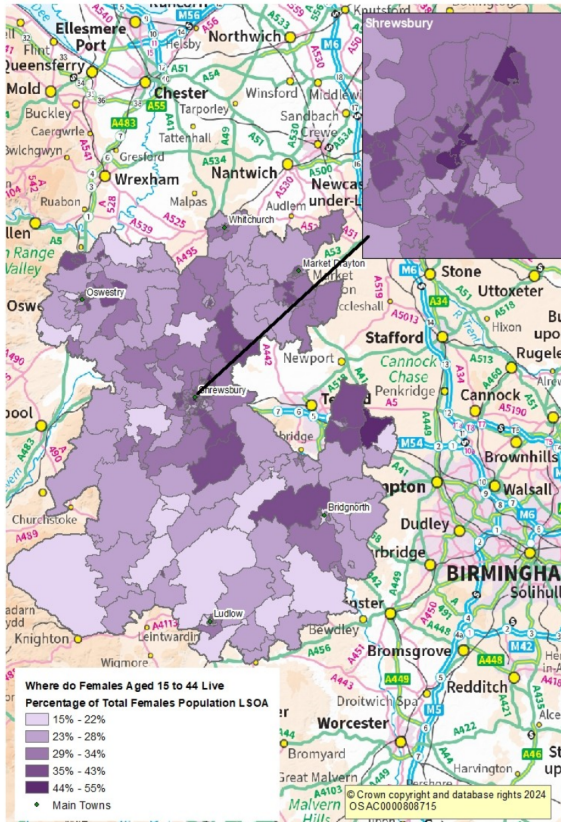
This JSNA chapter will provide a **detailed understanding of the needs of pregnant women and newborn babies in Shropshire to inform the direction and development of local services**, with a view to reducing health inequalities through identification, prevention and early intervention.

This report is not an in-depth review of any one specific service, but instead aims to:

- describe the **population profile** in Shropshire- please also see the Population and Context chapter
- provide an overview of the **wider determinants** of health and their impact on pregnancy and their babies- please also see the Population and Context chapter
- identify relevant **national guidance and local policy** in relation to pregnant women and babies
- provide an **overview of the health and wellbeing of pregnant women and babies**
- identify **vulnerable** and/or at-risk groups
- provide evidence-based **recommendations** to ensure that the needs of this population are met in Shropshire

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Where do Females Aged 5 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



3.3 Under 18s birth rate per 1,000 births Shropshire (2024)

(England 3.5)



15.7% Under 18s Conception Rate per 1,000 (2022)

(England 13.9%)



22.4% Deliveries to women aged 35 years or above (2023/24)

England (24.7%)



7.1% of expectant mothers were smoking at time of delivery in Shropshire (2024/25) (England 6.1%)



18.4% of expectant mothers were smoking in early pregnancy (2023/24) (England 13.6%)



24.1% of pregnant women were obese in early pregnancy (2018/19) (England 22.1%)



58.6% of expectant mothers had early access to maternity care (2023/24) (England 63.5%)



2.0% of term babies had a low birth rate (2024) (England 3.0%)



41.4% of deliveries were by Caesarean (2023/24) (England 40.9%)



70.2% of babies per 1,000 live births, were born premature (before 37 week's gestation) (2020 - 22) (England 77.0%)



2.7 per 1,000 births were stillborn (2022-24) (England 3.9)



81.7% of babies first feed is breastmilk (2023/24) (England 71.9%)



14.2 Multiple Births per 1,000 births (2023) (England 14.5)

Child and Maternal Health Fingertips Profile - Pregnancy and Birth Topic

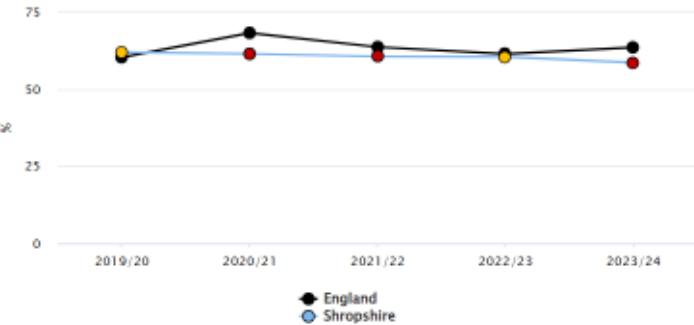
Targets are the national average.

See the full report document for trends and comparator information for each of these metrics.

The full report will go into depth for the 'amber' and 'red' indicators. Some of these are old data, but we have been able to get more up to date data

Indicator	Period	Shropshire		West Midlands	England	England		Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	
Fertility and demographic information								
General fertility rate	2023	↓	2,427	47.8	53.0	49.4	30.8	67.2
Under 18s conception rate	2022	→	82	15.7	15.9	13.9	34.4	5.1
Under 18s births rate	2023	→	9	1.6	3.4	3.0	10.9	0.7
Deliveries to women aged 12 to 17	2023/24	→	-	*	0.6%	0.6%	-	-
Deliveries to women aged 35 years and above	2023/24	→	65	22.4%*	21.2%	24.7%	14.2%	47.8%
Deliveries to women from ethnic minority groups	2023/24	→	10	3.4%*	34.6%	27.9%	2.1%	74.5%
Planning and preparation for pregnancy								
Early access to maternity care	2023/24	→	1,515	58.6%	61.2%	63.5%	16.6%	84.7%
Folic acid supplements taken before pregnancy ⚠️	2023/24	↓	40	1.5%	8.0%	19.7%	0.5%	56.2%
Smoking in early pregnancy ⚠️	2023/24	-	420	18.4%	13.0%	13.6%	-	-
Obesity in early pregnancy ⚠️	2023/24	-	-	*	28.7%	26.2%	-	-
Smoking status at time of delivery	2024/25	↓	164	7.1%	6.2%	6.1%	13.2%	2.2%
Pregnancy and birth								
Stillbirth rate New data	2022 - 24	-	20	2.7	4.4	3.9	6.9	1.5
Premature births (less than 37 weeks gestation)	2020 - 22	-	547	70.2	82.6	77.0	106.8	52.3
Low birth weight of term babies	2024	→	44	2.0%	3.2%	3.0%	5.2%	1.7%
Low birth weight of all babies	2023	→	148	6.1%	8.1%	7.4%	11.2%	4.5%
Very low birth weight of all babies	2023	→	16	0.7%	1.3%	1.1%	2.4%	0.3%
Deliveries by caesarean section	2023/24	↑	120	41.4%*	40.2%	40.9%	56.2%	29.3%
Infant mortality rate	2022 - 24	-	29	3.9	6.1	4.2	8.7	1.2
Multiple births	2023	→	34	14.2	13.4	14.5	5.4	25.3
Admissions of babies under 14 days	2023/24	→	165	569.0*	99.4	88.7	679.2	16.3
Breastfeeding								
Baby's first feed breastmilk ⚠️	2023/24	↑	1,720	81.7%	69.7%	71.9%	41.3%	94.3%
Breastfeeding prevalence at 6 to 8 weeks	2024/25	-	1,155	*	*	55.6%*	-	-
Emergency admissions for gastroenteritis (0 to 4 years)	2023/24	→	125	88.7	80.3	67.6	243.2	12.6
Emergency admissions for lower respiratory tract infections (0 to 4 years)	2023/24	↑	295	209.4	201.6	207.7	486.3	80.9

Early access to maternity care



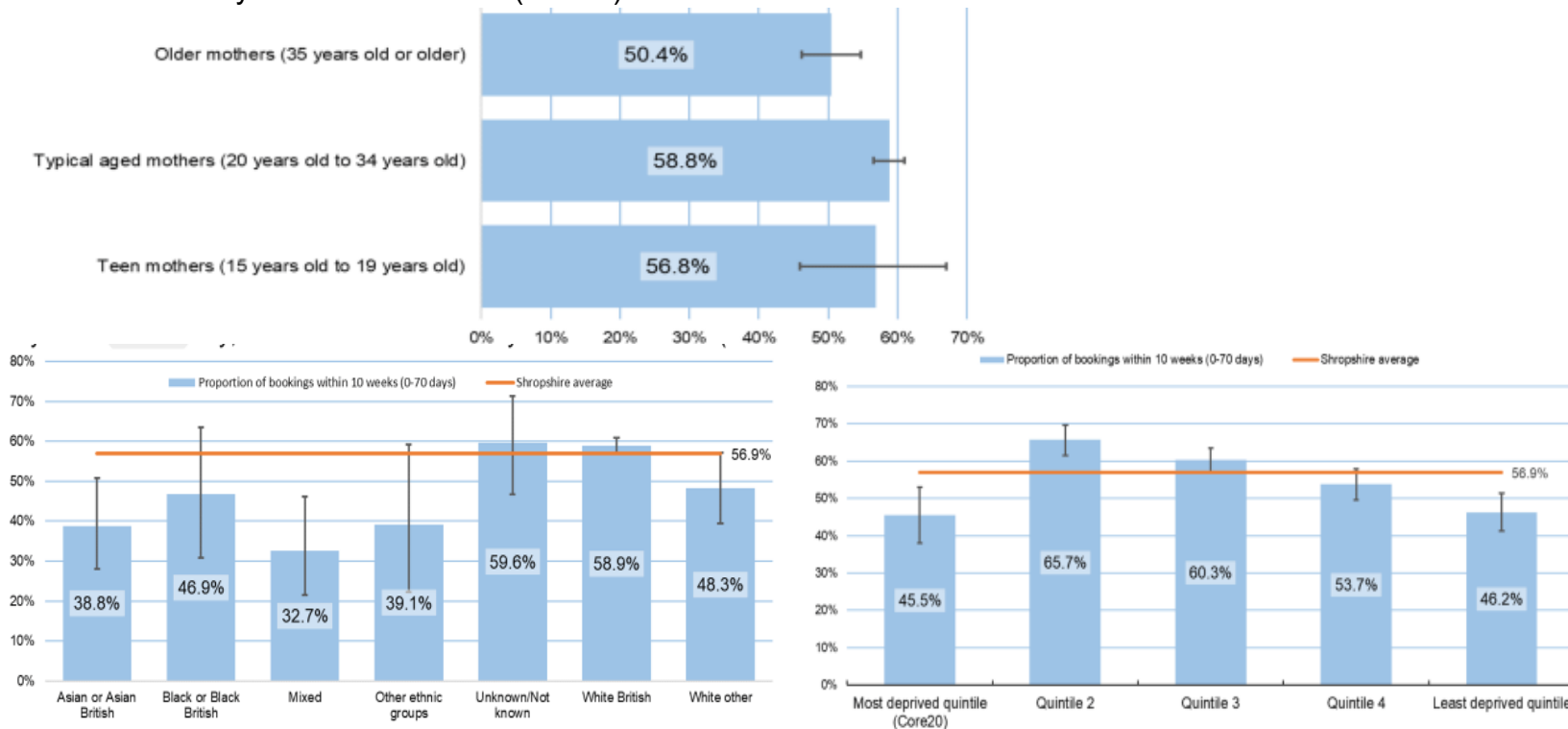
Recent trend: ➔ No significant change

Period		Count	Shropshire			Neighbors average	England
			Value	95% Lower CI	95% Upper CI		
2019/20	●	1,710	62.0%	60.2%	63.8%	-	60.3%
2020/21	●	1,705	61.4%	59.6%	63.2%	-	68.2%
2021/22	●	1,615	60.6%	58.8%	62.5%	-	63.6%
2022/23	●	1,600	60.5%	58.5%	62.2%	-	61.4%
2023/24	●	1,515	58.6%	56.6%	60.4%	-	63.5%

Source: OHD, based on NHS England data

[Indicator Definitions and Supporting Information](#)

Proportion of mothers recording their antenatal appointment within 10 weeks of gestation, 2023-24.
Source Maternity Services Data Set (MSDS)



- 58.6% of pregnant women had their booking appointment with a midwife within 10 completed weeks of their pregnancy in 2023/24 - 1,515 pregnant women.
- **Significantly lower** than England's rate of 63.5% and the West Midlands of 61.2% and lowest among its statistical neighbours whose data was published.

Local analysis using 23/24 data from the national Maternity Services Data Set, identified 2,464 bookings, with 56.9% having the first booking appointment within 10 weeks.

- Statistically similar rates between those Under 20, those aged 20-34 and those aged 35+.
- Those with a White British ethnicity (59%), had a statistically similar rate to most other ethnicities.
- Mothers from the least and most deprived neighbourhoods, were the least likely to have recorded a booking within 10 weeks..

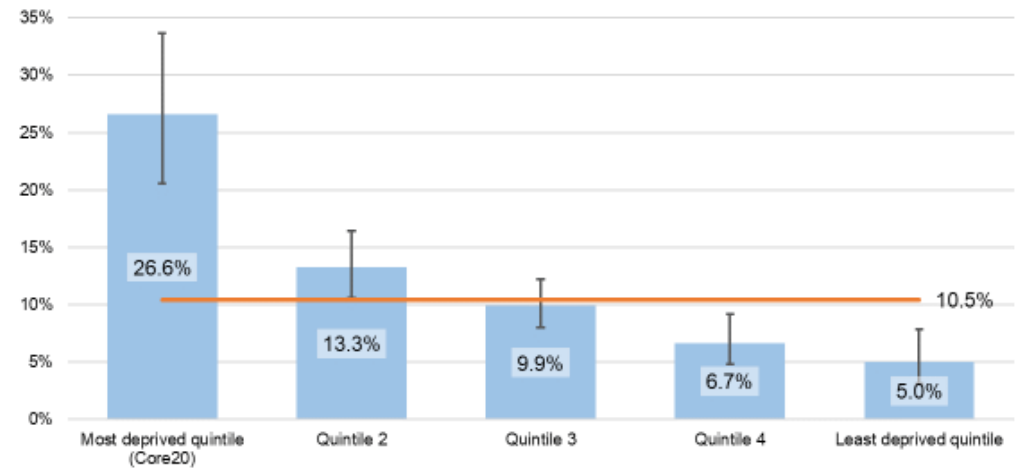
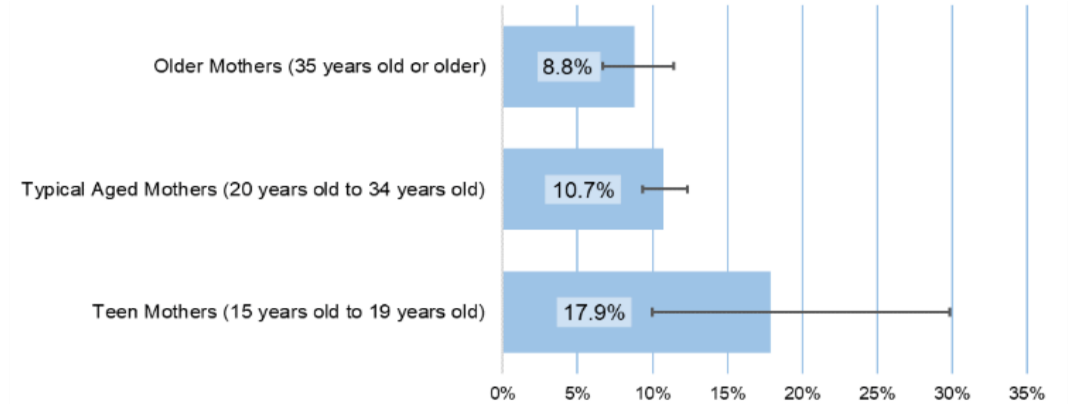
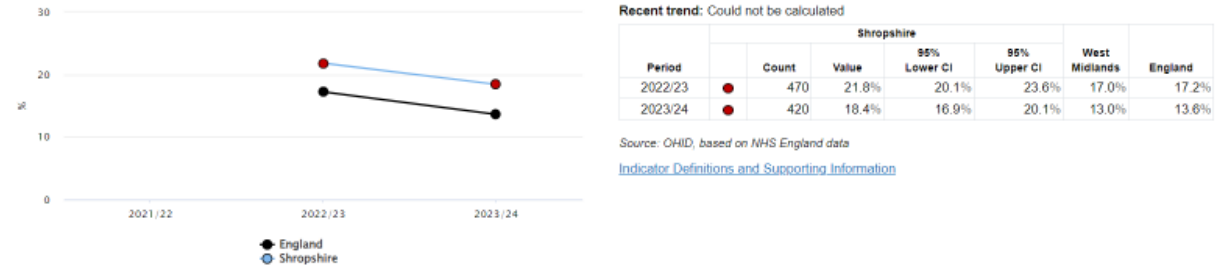
Further work needed to understand reasons

% Smoking in early pregnancy

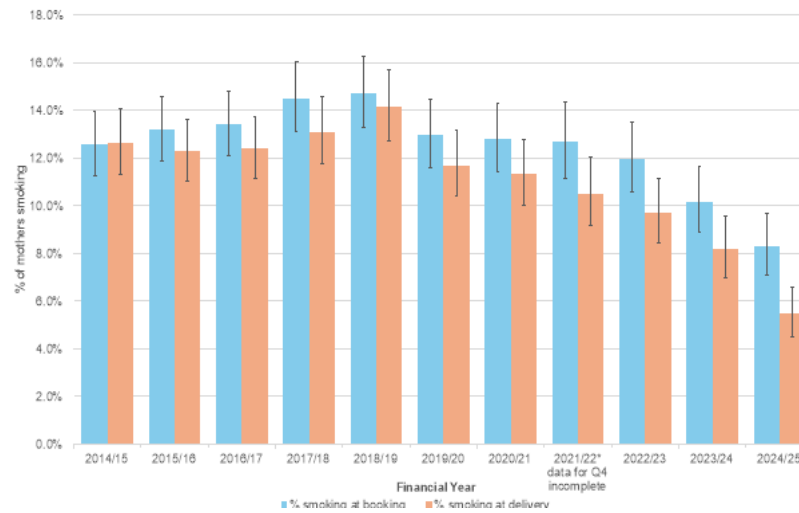
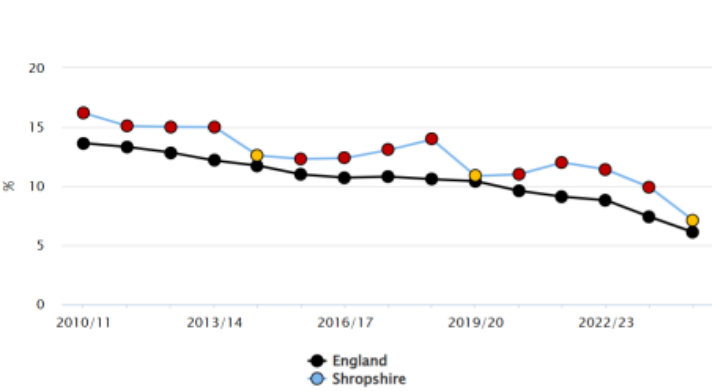
The Shropshire profile does not show this as a 'red' but within the indicator, it shows that in 2023/24 Shropshire's figure (18.4%) is significantly above England's rate (13.6%) and West Midlands regional figure (13.0%) and is second highest among nearest neighbours, although there are concerns about the data quality of this indicator.

The LMNS maternity dashboard reports that 10.5% of mothers from Shropshire booked onto maternity services during the 2023-24 period were recorded as smokers at the time of their first antenatal booking. Further analysis of this showed:

- Significantly higher rate in those who were 'White British' (11%) and 'White other' (12%) compared to just 2% of mothers from all other ethnicities.
- Whilst teen mothers (aged under 20) were identified as having the largest rate (18%), there was no statistically significant different between those aged 20-34 (10.7%) and those 35 or over (8.8%), due to the smaller number of pregnancies in the teens
- Deprivation is a key driver of tobacco use with 26.6% of mothers from the most deprived quintile, significantly higher than other quintiles, compared to just 5% in the least deprived quintile.



% Smoking status at time of delivery



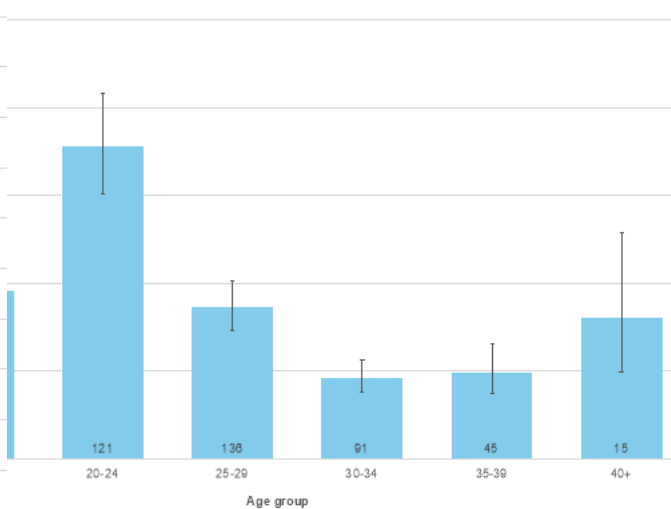
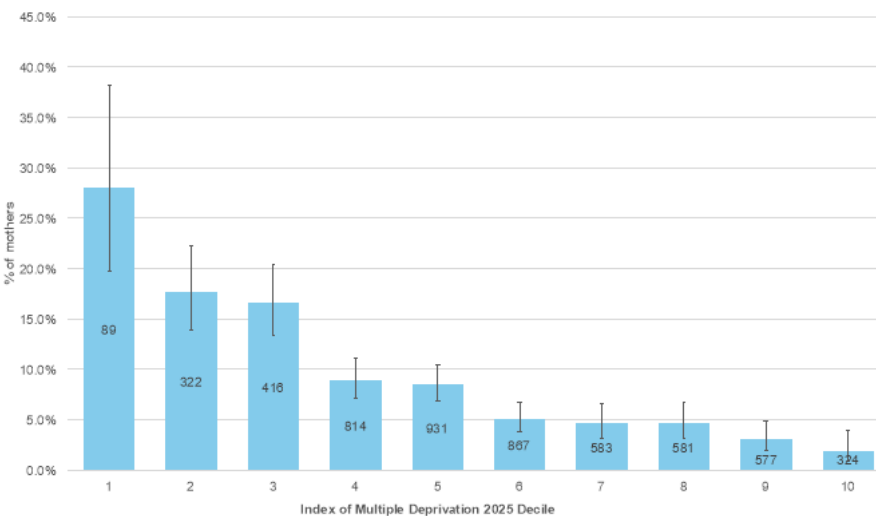
- In 2024/25, Shropshire rate was 7.1%, which is statistically similar to England for the first time since 19/20.
- Shropshire is 5th highest in West Midlands, and 4th highest among its statistical neighbours.
- Shropshire has mostly been above the England rate since 10-11, this year's figure is lowest on record.

Data from SATH for those resident in Shropshire who delivered showed:

- Smoking rate for this cohort were 5.5% for 2024/25
- For this cohort, smoking rates were reducing
- Reduction between booking and delivery - in 24/25 at booking it was 8.3%, at delivery 5.5% - 58 women were smoking but became non-smokers.

3 years of SATH data were analysed:

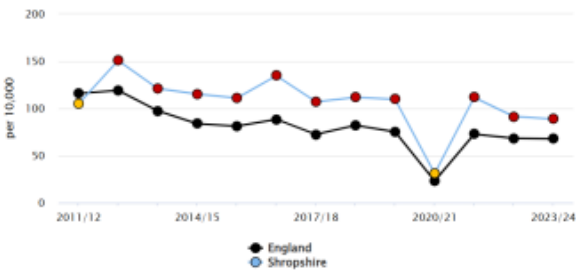
- Significantly higher rates among 20-24 age group (17.8%, 121 smokers), while rates in those aged 30-34 and 35-39 were significantly lower than the Shropshire average (4.6% and 4.9% respectively).
- Significantly higher rate in the three most deprived deciles, while rates in the least 5 deciles were significantly below the Shropshire average.



Emergency Admissions for Gastroenteritis (0 to 4) rate per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	20,725	67.6	66.7	68.6
West Midlands region (statistical)	→	2,710	80.3	77.2	83.3
Telford and Wrekin	↑	175	164.0	141.5	191.2
Walsall	↑	225	123.7	107.5	140.4
Herefordshire	→	100	121.5	96.6	145.1
Wolverhampton	→	165	95.0	82.1	111.9
Birmingham	↑	670	89.8	83.0	96.8
Solihull	↑	100	88.8	72.2	108.0
Shropshire	→	125	88.7	73.8	105.7
Stoke-on-Trent	→	140	87.3	74.0	103.7
Sandwell	→	170	75.3	65.2	88.4
Staffordshire	→	305	69.9	62.3	78.2
Warwickshire	→	215	66.9	57.7	75.9
Worcestershire	→	150	51.4	44.1	61.1
Dudley	→	75	41.6	32.3	51.6
Coventry	→	90	41.5	34.2	52.1

- Rate in Shropshire 88.7 per 10,000, in 2023/24. **Significantly above** England's rate of 67.6, but statistically similar to West Midlands 80.3. Statistically similar to all nearest neighbours
- Shropshire has been statistically higher than England for 11 of last 12 years, exception being 20/21, but rate has been decreasing in last 3 years.



Recent trend: → No significant change

Period	Shropshire				Neighbors average	England
	Count	Value	95% Lower CI	95% Upper CI		
2011/12	165	104.9	90.1	122.8	-	115.8
2012/13	235	150.7	130.9	169.9	-	119.0
2013/14	185	121.0	105.4	141.1	-	97.4
2014/15	175	115.1	97.5	132.1	-	83.7
2015/16	165	110.9	93.4	127.8	-	81.2
2016/17	200	134.5	115.9	153.8	-	88.4
2017/18	160	107.1	92.3	126.4	-	72.5
2018/19	165	111.7	96.6	131.8	-	82.0
2019/20	160	109.8	92.0	126.5	-	75.2
2020/21	45	31.0	22.6	41.5	-	23.0
2021/22	160	111.6	95.6	131.0	-	72.6
2022/23	130	91.5	77.7	110.1	-	68.4
2023/24	125	88.7	73.8	105.7	-	67.6

Local analysis from HES shows actual number of emergency admissions for 23/24 is very similar to year before and year after, but 25/26 likely to be higher. Combining years 22-23 to 24-25:

- 30% of admissions for children under 1 and 27% aged 1 year old
- 31% of admissions from the middle deprivation quintile, 25% from the 2nd most deprived and 21% from the second least deprived quintile
- 53% of the admissions were for 'viral intestinal infection, unspecified and 43% were 'gastroenteritis and colitis of unspecified origin'

Number of emergency admissions for gastroenteritis (0 to 4 years) in Shropshire, 2018-19 to November 2025. Source: Hospital Episode Statistics

18-19	19-20	20-21	21-22	22-23	23-24	24-25	25-26* up to Nov 25
159	153	45	158	127	126	122	110

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 births, 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