Nottinghamshire Health & Wellbeing Board

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

BEST START - 1001 DAYS FROM CONCEPTION TO AGE TWO

PROFILE PACK

APRIL 2025

Topic Information	
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Executive Summary

Giving children the best start in life is a fundamental part of improving health and wellbeing and reducing inequalities.[1] The earliest years of a child's life have a significant impact on their long-term development and their life chances. In particular, the first 1,001 days – from conception to the age of two, are a critical period of development.[2] The love, care, and nurture that a baby experiences in this period is particularly important, and adverse experiences can have lasting consequences.[3]

The earliest experiences, starting in pregnancy, shape a baby's brain development and have a lifelong impact.[4] Experiences during this time lay the foundations for lifelong emotional and physical health and there is widespread recognition that these experiences inform outcomes in later life.

Pregnancy and early years provide a good opportunity to engage mothers, fathers and caregivers who are motivated to think about the health and wellbeing of their baby and are responsive to making changes to their lifestyles.[2] Parents are most likely to provide nurturing care to their babies if they themselves are nurtured. Parenting can be a demanding job, and it is harder when parents themselves face multiple disadvantages, high levels of stress, an absence of support, or the lasting impacts of their own childhood trauma.[5]

This Joint Strategic Needs Assessment (JSNA) profile pack is a refresh of the previous 2019 JSNA Chapter – 1001 days: from conception to age 2. It aims to provide an updated understanding of the health and wellbeing needs of children aged 0-2 years in Nottinghamshire. It will influence the refresh of the Nottinghamshire Best Start Strategy and will inform and support the work of the Nottinghamshire Best Start Partnership and other system partners to make decisions in relation to commissioning and resources.

Findings	Recommendations	Local Authority	Hospital Trusts	Primary Care	Community Health Services	Integrated Care Board	Place Based Partnerships*
Pre-conception							
Although pre-conception health was not explored fully in this JSNA the evidence clearly shows tackling health inequalities such as smoking and obesity before pregnancy will improve outcomes for babies. Around 30% of women in Nottinghamshire do not access maternity care before 10 weeks.	In order to improve pregnancy outcomes there needs to be a focus on pre-conception health. A task and finish group bringing together members of the best start system, contraception and sexual health services and primary care will trial evidence-based approaches to improving preconception health.	*	*	*			

Reach							
Parents and carers told us they valued the services and support available to them. Parents and carers told us they want to access services as early as possible and want easy ways to find out about services. The percentage of deliveries to women from ethnic minority groups is increasing in Nottinghamshire. Fathers told us they wanted more information and support. Evidence shows that father inclusivity can have a positive impact on families. Families value and use community assets such as green spaces, community venues and libraries.	A greater focus on early access to services is required that ensures people receive antenatal care early and that all services for 0-2 years can be accessed before needs escalate, including - commissioners and providers continuing to build on progress to ensure early referral to Family Hubs - continued promotion and development of the Best Start for life offer - development of a digital resource hub for parents and carers	*	*	*			
	Building on national and local campaigns and incorporating the virtual Family Hub, the reach of current messaging needs to be improved. This needs to address barriers to information such as digital exclusion, cultural difference and language barriers.	*					
	The best start system develops an approach to father inclusivity, including consideration of teenage fathers. This must be driven by fathers and have a focus on frontline delivery.	*	*		*		*
Strategic approach							
Evidence shows that support for Parent-Infant relationships has a significant impact on children's outcomes. Children who have good early relationships start early education and school best	Across the Best Start system there needs to be more capacity for and a greater focus on Parent-Infant relationship support.	*			*		

equipped to be able to make friends and learn. Locally there is not enough capacity to meet the need based on modelling data. Of the babies who received PIRi support a higher percentage scored above the threshold in the ASQ-SE at their 12-month review. Mental health conditions in the perinatal period affect around 1 in 4 women locally. Evidence shows fathers will also be affected. Around 20% of children did not achieve the expected level of development in all five areas of ASQ-3. Communication is the primary need. Evidence shows the impact a positive home learning environment can have on a child's early development skills.	Increase access to services that support parental mental health and emotional wellbeing by improving integrated care pathways.	*		*	*	*	
	Earlier action is needed to support healthy child development across the 1001 days with a particular focus on communication. By strengthening Parent-Infant interactions and improving the quality of the home environment.	*			*		
	The refreshed Best Start Strategy and other relevant strategies need to focus on • Parental mental health • Parent Infant Relationships • Children's early development including speech, language and communication • Home learning	*					
Health inequalities							
Some districts experience higher levels of deprivation which evidence shows can have a significant impact on babies' outcomes. These districts are also the areas with the highest numbers of births across the county. There is evidence for the impact of continuity of carer in supporting women and babies and reducing health inequalities.	Action needs to be taken to improve health and wellbeing across the perinatal period. The focus of this work will need to include • Black and brown skinned women • Lower socio-economic groups • Teenage pregnancy • Those with higher BMI's • Those with multiple disadvantages	*	*			*	

There is wide variation in teenage pregnancy rates across districts. Many of the districts which experience high levels of deprivation are also experiencing higher smoking rates, higher rate of babies born with low birth weight, higher teenage pregnancy rates, lower breastfeeding rates, lower vaccination rates, and lower results in ASQ-3. Between 26%-33% of pregnant people at 15 weeks have a BMI higher than 30. The number of women smoking at the time of delivery is decreasing but is still worse than England. The number of babies being breastfed is increasing but remains lower than England. Vaccination coverage rates in Nottinghamshire are between 90%-95% and there is a general decrease in vaccination coverage over time reflecting national trends. Almost 8% of 2-2.5years did not achieve expected level of development for gross motor skills.	The best start system draws upon the experience and learning of Place Based Partnerships and community level working to ensure positive change across districts such as Ashfield, Mansfield and Bassetlaw.	*					*
	An integrated healthy weight in pregnancy pathway needs to be developed to ensure women can access services promptly.	*	*			*	
	The commitments in the Infant Feeding Strategy need to be taken forwards in order to improve breastfeeding rates and reduce inequality.	*				*	
	The reduction in vaccine uptake is addressed through developing a better understanding of vaccine hesitancy in parents.	*				*	
	More work is required to understand why some children are not achieving the expected level of development in gross motor skills.	*			*		
	Continue to reduce smoking in pregnancy in line with local and national initiatives.		*			*	
Data							
The uptake of the 2-2.5years development review is lower than the 12-month development review.	Analysis of ASQ-3 and ASQ-SE data at 12 months will assist with early identification of needs.	*			*		

Limited data is collected about fathers and their access to services. There is limited data relating to healthy weight in pregnancy. There are challenges with the quality of data reported into Maternity Services data set and Community Services data set. There is no local data reflecting parent-infant relationships. There is limited local data on smoking in at time of delivery at district level.	Work with Integrated Care Board, Family Hubs, Healthy Family Teams, Maternity services, and commissioners to establish a local Best Start Data Dashboard.	*	*			*	
	Explore ways to improve the quality of data reported in Maternity Services data set and Community Services data set.	*	*		*		
	Explore opportunities for data collection in relation to parent-infant relationships.	*				*	
	Explore opportunities to improve data collection in relation to smoking in pregnancy.	*				*	

** Including district and borough councils*

Introduction

Giving children the best start in life is a fundamental part of improving health and wellbeing and reducing inequalities.[1] The earliest years of a child's life have a significant impact on their long-term development and their life chances. In particular, the first 1,001 days – from conception to the age of two, are a critical period of development.[2] The love, care, and nurture that a baby experiences in this period is particularly important, and adverse experiences can have lasting consequences.[3]



Source: Healthy beginnings:applying All Our Health

The earliest experiences, starting in pregnancy, shape a baby's brain development and have a lifelong impact.[4] Experiences during this time lay the foundations for lifelong emotional and physical health and there is widespread recognition that these experiences inform outcomes in later life.

Pregnancy and early years provide a good opportunity to engage mothers, fathers and caregivers who are motivated to think about the health and wellbeing of their baby and are responsive to making changes to their lifestyles.[2] Parents are most likely to provide nurturing care to their babies if they themselves are nurtured. Parenting can be a demanding job, and it is harder when parents themselves face multiple disadvantages, high levels of stress, an absence of support, or the lasting impacts of their own childhood trauma.[5]

This Joint Strategic Needs Assessment (JSNA) profile pack is a refresh of the previous 2019 JSNA Chapter – 1001 days: from conception to age 2. It aims to provide an updated understanding of the health and wellbeing needs of children aged 0-2 years in Nottinghamshire. It will influence the refresh of the Nottinghamshire Best Start Strategy and will inform and support the work of the Nottinghamshire Best Start Partnership and other system partners to make decisions in relation to commissioning and resources.

Within this document the terms 'woman / women' are used as this is the terminology used within the data. However, it is important to acknowledge that people accessing antenatal and perinatal services include those who are assigned female at birth but now identify differently. Delivery of care should therefore be appropriate, inclusive and sensitive to the needs of individuals.

Why focus on 1001 days?

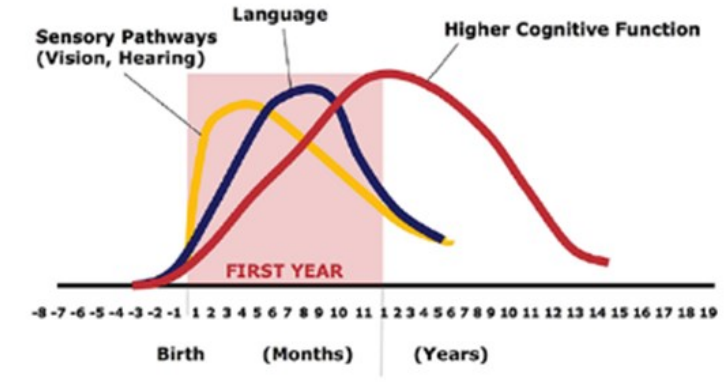
"The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health to educational achievement and economic status." (Michael Marmot, 2010)

Early experiences shape brain architecture, which provides the foundation for all future learning, behaviour, and health. The early years is a period of uniquely rapid growth, when babies' brains, their sense of self, and their understanding of the world, are shaped by their experiences and environments. It is the most active period for establishing neural connections. A baby's brain doubles in size within the first year of life[5] and more than 1 million new neural connections are formed every second in the first few years.[4]

This diagram shows human brain development from conception to age 19, highlighting that the development of sensory pathways, language, and higher cognitive function peaks between 3 months and one year of age.

An animation developed by the Centre for Early Childhood explains why early childhood matters, the rapid development that occurs before age 5 and how this can shape the adults we become.

Shaping Us: Layla's Story



source: Center on the Developing Child.
The Science of Early Childhood Development (In Brief).
Retrieved from www.developingchild.harvard.edu

Birth rate, low birth weight and infant mortality overview.

Birth rate

In 2022, there were 7,549 live births in Nottinghamshire. Ashfield had the most births, 1,314 and Broxtowe the least, 937.

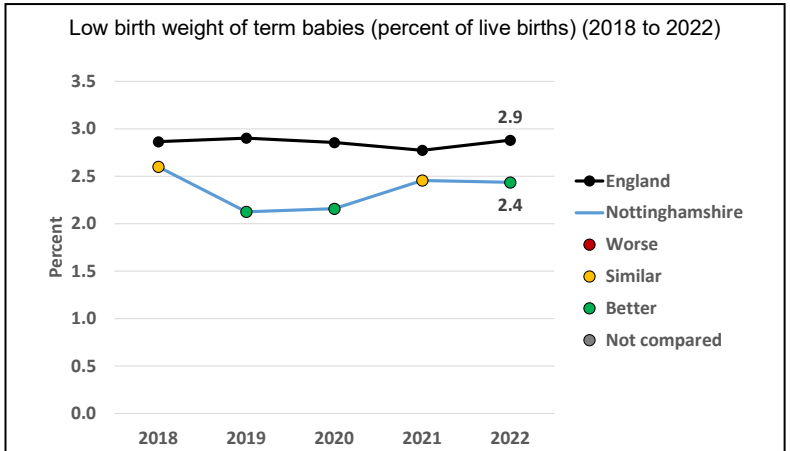
Area of usual residence	Number of live births per year		
	2021	2022	2023
Nottinghamshire	**7,905**	**7,549**	**7,466**
Ashfield	1,305	1,314	1,200
Bassetlaw	1,110	1,067	1,130
Broxtowe	989	925	937
Gedling	1,102	1,051	1,087
Mansfield	1,146	1,105	1,036
Newark and Sherwood	1,205	1,075	1,079
Rushcliffe	1,048	1,012	997

In 2022, Nottinghamshire's general fertility rate (GFR) was 51.5 per 1000 females aged 15-44 years which is similar to England (51.9). GFR is showing a decline over time in line with England.

More detail can be found on [Nottinghamshire Insight, JSNA Dashboard 2 – Children and Young People.]

Low birth weight

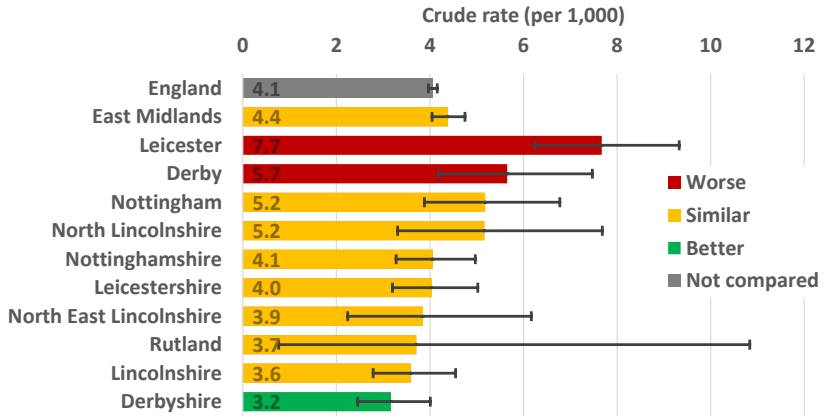
Low birth weight is associated with an increased risk of infant mortality, developmental problems in childhood and poorer health in later life. It is related to factors in pregnancy such as smoking, substance or alcohol use, or poor nutrition. In 2022, 2.4% of term babies born in Nottinghamshire had a low birth weight which is significantly better than England (2.9%). The trend for Nottinghamshire and individual districts shows no significant change over time.



Source: Office for Health Improvement and Disparities (OHID) public health profiles. Last accessed via Fingertips March 2025

Infant mortality

Infant mortality is a measure of infant deaths under 1 year of age per 1,000 live births over a 3-year period. It is considered an important indicator of the general health of an entire population due to links with economic, social, and environmental conditions, but it is also considered to reflect the health and care of mother and newborn. The rate per 1,000 live births in 2021-23 was 4.1 the same as England.



Source: Office for Health Improvement and Disparities (OHID) public health profiles. Last accessed via Fingertips March 2025

What might affect babies getting the best start?

The building blocks of health

The building blocks of health highlight the important factors that everyone needs for healthy development.

"To create a society where everybody thrives, we need all of the right building blocks in place: stable jobs, good pay, quality housing and education" (The Health Foundation, 2024)



source: The Health Foundation, 2024. What builds good health?

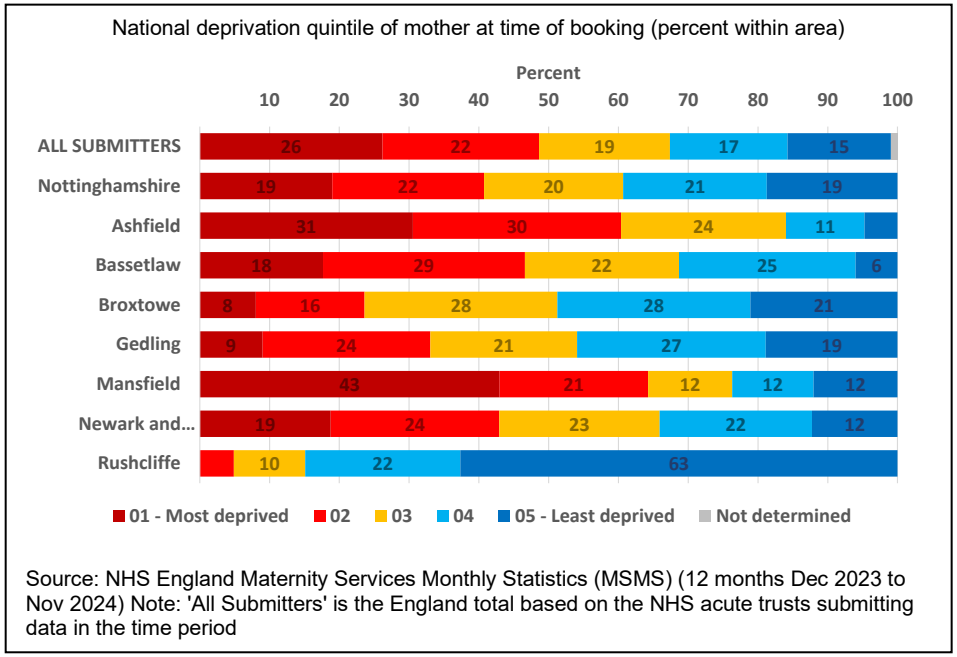
Deprivation

The MBRRACE-UK report 2024 shows worse outcomes for women living in the most deprived areas of the UK, they are twice as likely to die in childbirth than those in the least deprived areas.[6]

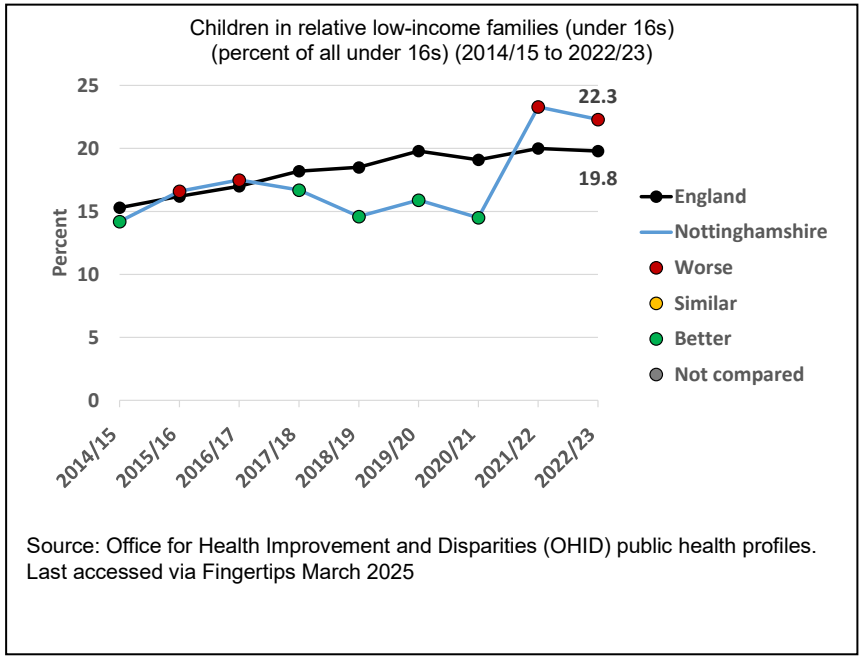
Children who live in more deprived areas are more likely to be exposed to avoidable risks before birth, get off to a less healthy start from birth and experience poor outcomes by the time they start school.[7] Evidence shows early inequalities in health outcomes and educational attainment for disadvantaged children. Children growing up in low-income families are more likely to miss out on childhood experiences and have less access to wider social, cultural and leisure activities.[8]

Based on the Income Deprivation Affecting Children Index (2019) Nottinghamshire is among the top 30% least deprived local authorities in England; being ranked 92nd out of 151 upper tier local authorities. But there is wide variation at lower tier local authority level with Ashfield and Mansfield ranked in the top 20% most deprived local authorities, whilst Rushcliffe is ranked in the top 10% least deprived. Ashfield and Mansfield have the highest proportion of residents living in areas of high deprivation (26.8% and 41.0% respectively).

Maternity Services Monthly Statistics (MSMS) show between December 2023 to November 2024, 43% of women resident in Mansfield at time of booking[A], and 31% of women resident in Ashfield at time of booking, lived in the 20% most deprived areas of England. For the same period, 63% of women resident in Rushcliffe at time of booking, lived in the 20% least deprived areas of England.



Source: NHS England Maternity Services Monthly Statistics (MSMS) (12 months Dec 2023 to Nov 2024) Note: 'All Submitters' is the England total based on the NHS acute trusts submitting data in the time period



Source: Office for Health Improvement and Disparities (OHID) public health profiles. Last accessed via Fingertips March 2025

In 2022-23, 33,054 children (0-16 years) lived in relative low-income families (22.3%). This is higher than England (19.8%) but lower than East Midlands (24.6%). There is variation across districts, Ashfield the highest (28.3% representing 6,667 children), followed by Mansfield (27.6% representing 5,672) and Rushcliffe the lowest (9.8% representing 2,171 children).

Child poverty in Nottinghamshire is explored in the Child Poverty JSNA (2016) which was updated in 2020, and a literature review from 2021.

[A] Time of booking refers to a woman's first appointment with maternity services.

Maternal and paternal mental health

Mental health issues can impact on a mother's and father's ability to bond with their baby and be sensitive and attuned to the baby's emotions, early communication and needs.[7 9] For parents to provide an environment in which babies can thrive, their own mental health and wellbeing is paramount.

Women are more likely to have mental health issues during pregnancy than at other times in their life. This includes those who have never had mental health problems before. Up to 1 in 5 women have mental health problems during pregnancy or in the first year after childbirth. Low mood, anxiety and depression are common.[10] If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family.[11]

Fathers can also develop mental health problems around this time.[12] Studies have shown a link between pregnancy and childbirth and increased depressive and anxiety symptoms in fathers, with 1 in 10 fathers' experiencing postnatal depression within the UK.[13]

OHID has estimated the proportion of females aged 15 to 55 who have perinatal mental health conditions for upper-tier local authorities. The result is the prevalence of women aged 15 to 55 who can be expected to have any of the following conditions one year before or up to two years after giving birth:

- common mental disorders (CMD), including depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder, antenatal and postnatal depression, social anxiety disorder, and seasonal affective disorder
- personality disorders
- eating disorders, including anorexia nervosa, binge eating disorder, and bulimia nervosa
- severe mental illness, including bipolar disorder, psychosis and schizophrenia
- perinatal mental health psychosis

The results for Nottinghamshire suggest that 26.0% of women who gave birth in 2019 experienced a perinatal mental health condition which is not significantly different to the proportion in England (25.8%) or previous estimates for the year 2016.

Local data is also available that indicates the prevalence of mental health conditions among women who are currently pregnant, or who have been pregnant in the last nine months. Using the same list of conditions as above, 27.1% of women resident in Nottinghamshire who are currently or recently pregnant have recorded mental health conditions.[B]

[B] Source: eHealthscope, Nottingham & Nottinghamshire ICB, data extract 10/3/2025

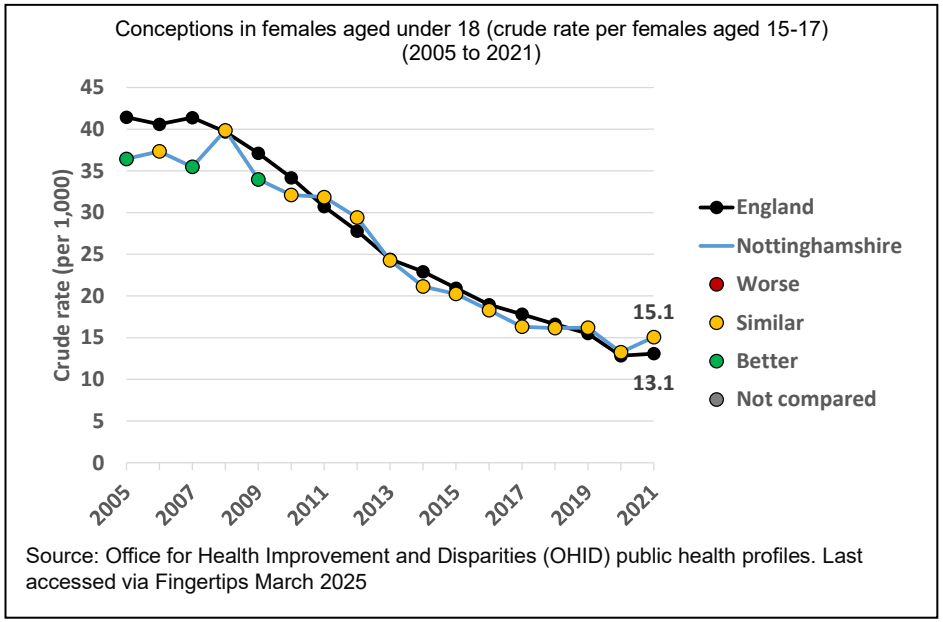
Ethnicity

The MBRRACE-UK report 2024 shows worse outcomes for women from Black, Asian and Mixed ethnic groups. Women from Black ethnic backgrounds are almost three times more likely to die, and women from Asian ethnic backgrounds are almost twice as likely to die, compared to White women.[6]

In the 2021 census, over 88% of Nottinghamshire's population identified as White British, with just over 95,500 people identifying as an ethnicity other than White British. In 2022-23 the percentage of deliveries to women from ethnic minority groups increased to 8.6%.

Teenage pregnancy

Teenage mothers and young fathers want to do the best for their children but for some their health, education and economic outcomes remain disproportionately poor which affects the life chances for them and their child.[14] For mothers, there is a higher risk of poor educational attainment, social isolation and poorer mental and physical health, while their children are more likely to be born preterm or with low birthweight and less likely to be breastfed. Young fathers can be invisible to services but are more likely to have pre-existing serious anxiety, depression, and conduct disorder and twice as likely to be unemployed at age 30.[15]



Source: Office for Health Improvement and Disparities (OHID) public health profiles. Last accessed via Fingertips March 2025

In Nottinghamshire in 2021, 194 young women aged under 18 years conceived, which is a rate of 15.1 per 1,000 population similar to England's rate of 13.1. There is wide variation across the districts with Mansfield and Ashfield having the two highest rates in 2021 at 26.1 and 21.7 respectively, Rushcliffe had the lowest rate at 5.7. Of the under 18 conceptions in Nottinghamshire in 2021, 42.8% led to abortion, compared with the England average of 53.4%. There has been a significant overall decline in the under 18s conception rate since 2011 due to the Teenage Pregnancy Strategy.

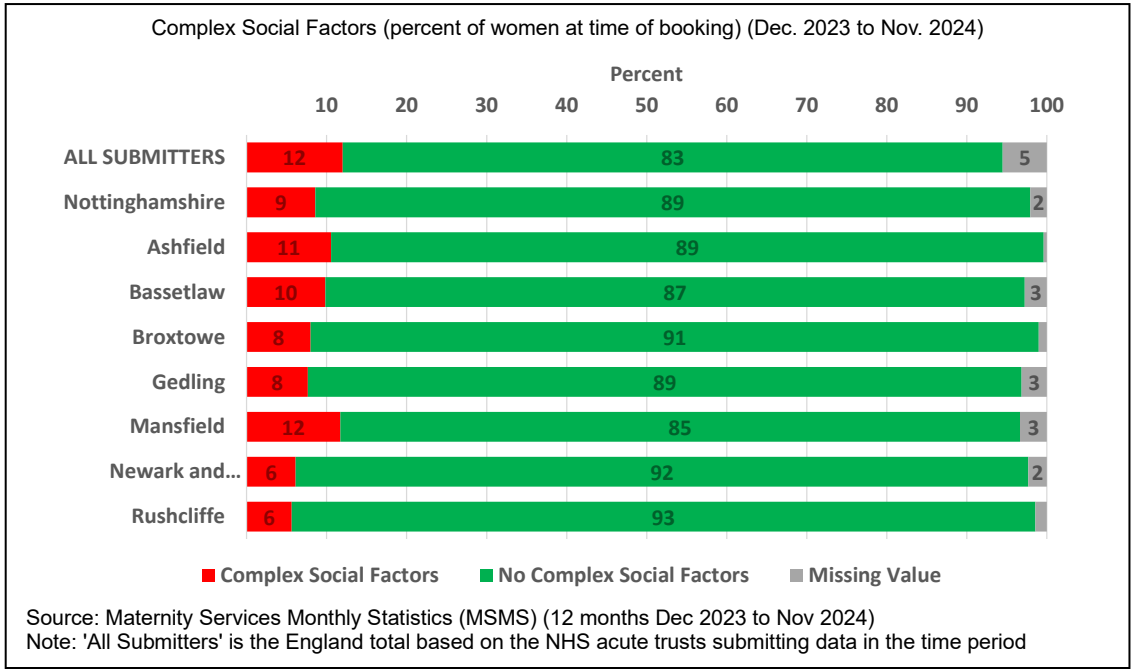
In 2022-23 there was an increase in number of babies born to teenage mothers; 1.1% of births were to teenage mothers which is significantly higher than England (0.6%).

Complex Social Factors including substance use, alcohol use and domestic abuse

Substance use during pregnancy increases the risk of low birth weight, premature delivery, perinatal mortality and sudden infant death syndrome.[16] Women who are using substances should be supported through specialist antenatal care. The UK Chief Medical Officers' guideline recommends that if you're pregnant or planning to become pregnant you should not drink alcohol to keep any risk to the baby to a minimum.[17] Drinking alcohol during pregnancy increases the risk of miscarriage, premature birth and low birthweight. It can also continue to affect babies after they are born.[18] Substance use is explored further in this JSNA.

30% of all domestic abuse starts in pregnancy, rising to 40% in the period from pregnancy until baby's second birthday.[19] There are risks to a woman and babies health through physical injury, the stress and trauma of abuse can lead to mental health difficulties, and it can impact the parent-infant relationship and bonding. For the baby there is a risk of preterm birth or low birth weight and exposure to high cortisol levels can affect brain development.[20] Domestic abuse is explored in this JSNA.

The percentage of women recorded as having complex social factors in pregnancy which could include domestic abuse, substance use, or those under 20 years is reported by local hospital trusts. Between December 2023 to November 2024 in Nottinghamshire, 8.6% of women were recorded as having complex social factors at time of booking compared to England (12%). There is variation at district level with Mansfield, Ashfield and Bassetlaw all having higher percentages than Nottinghamshire.[C]



Source: Maternity Services Monthly Statistics (MSMS) (12 months Dec 2023 to Nov 2024)
Note: 'All Submitters' is the England total based on the NHS acute trusts submitting data in the time period

[C] The percentage of data 'not determined' was up to 5.5%.

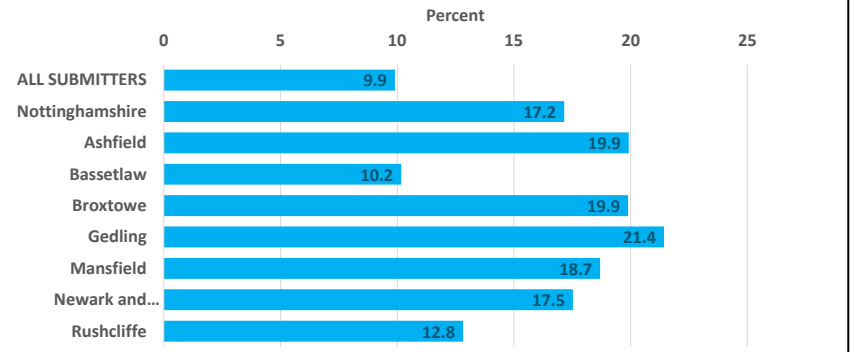
Smoking and second-hand smoke

Smoking in pregnancy has well known detrimental effects on the growth and development of the baby and health of the mother. Smoking increases the risk of pregnancy complications such as still birth, preterm birth, miscarriage, low birthweight and sudden infant death syndrome (SIDS).[21] Pregnancy motivates around 50% of smokers to stop but many women either can't stop during pregnancy or, if they do, they re-start smoking again afterwards.[22] The harms caused by tobacco is explored further in the Tabacco control JSNA.

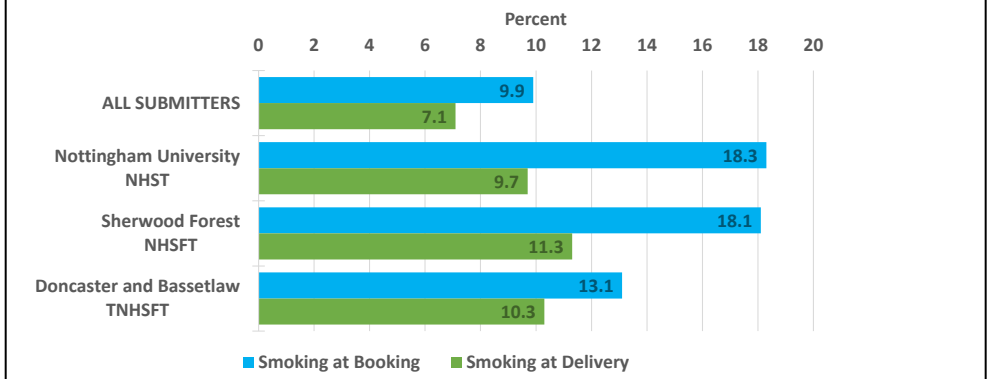
Exposure to second hand smoke before and during pregnancy can lead to many of the same adverse birth outcomes experienced by women who smoke, including difficulty becoming pregnant in the first place.[23] Children who live in a household where at least 1 person smokes are more likely to develop asthma, chest infections, meningitis, ear infections and coughs and colds.[24]

In 2023-24 in Nottinghamshire 11.8% of women smoked at the time of delivery, which is significantly worse than the England average of 7.4%. The number of women in Nottinghamshire who are smoking at the time of delivery is decreasing overtime in line with England.

Between December 2023 to November 2024, all three local hospital trusts recorded a higher percentage of women smoking at time of booking and smoking at time of delivery than England.[D] Maternity Services Monthly Statistics enables a comparison at district level for women smoking at time of booking. Its shows between December 2023 to November 2024 that 21.4% of women resident in Gedling were smoking at time of booking followed by Ashfield and Broxtowe (19.9%) and Mansfield (18.7%).



Source: NHS England Maternity Services Monthly Statistics (MSMS) dataset
Note: 'All Submitters' is the England total based on the NHS acute trusts submitting data in the time period



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[D] Nottinghamshire residents can choose to attend any hospital trust. NUH includes Nottinghamshire City residents and DBHT includes residents from Doncaster.

What supports babies to get the best start?

Children need nurturing care to achieve their full potential. This includes conditions that promote health, nutrition, safety and security, responsive caregiving, and the conditions for early learning.[9]

Early access to maternity care

NICE Guidance states that a first booking appointment with a midwife should take place within the first 10 weeks of pregnancy to enable early identification of potential risks, timely access to screening programmes and ensure that care is planned according to needs. It enables information to be shared about modifiable factors that may affect the pregnancy, including stopping smoking, avoiding alcohol, taking supplements, and eating healthily[25] and supports early identification of women experiencing complex social factors who may require specialised plans of care.

In 2023/24 69.8% of pregnant women in Nottinghamshire had their booking appointment with a midwife within 10 completed weeks of their pregnancy which is significantly better than England (63.5%).

Antenatal and Newborn Screening (ANNB), Vaccinations and Immunisations

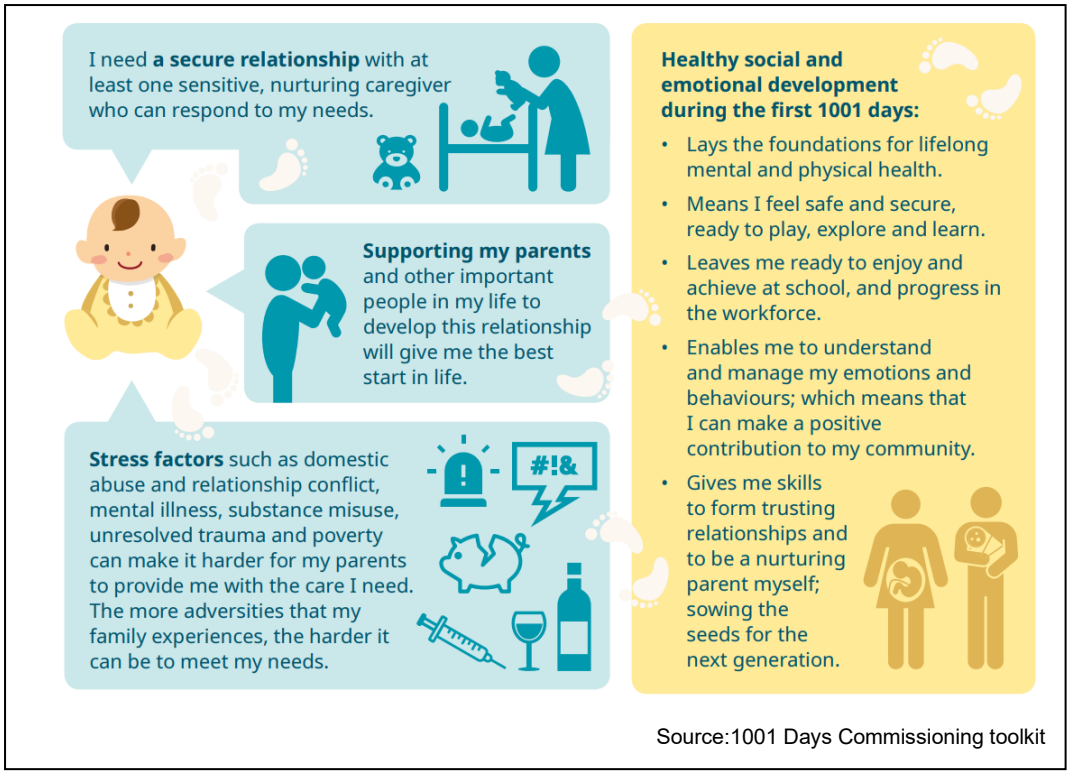
Screening tests are used to identify women and babies at higher risk of specific health conditions or infectious diseases. Identifying this risk enables women to access specialist care earlier and make informed decisions about their health.[26] As part of their maternity care women are offered the six NHS antenatal and newborn (ANNB) screening programmes during pregnancy and after birth. Data for 2023-24 shows that NHS antenatal and newborn screening programmes are performing within acceptable thresholds in Nottinghamshire.

Some vaccines are recommended in pregnancy to protect the health of the pregnant woman and baby. During pregnancy, a woman's immune system is weakened to protect the pregnancy which can mean less ability to fight infections, so to protect both mum and the unborn baby, the flu and COVID-19 vaccines are offered. Two other vaccines, whooping cough (Pertussis) and respiratory syncytial virus (RSV) are recommended during pregnancy to ensure the baby is protected from birth.[27] Currently, babies and infants are offered vaccinations at 8 weeks, 12 weeks, 16 weeks and 1 year following the Department of Health and Social Care Routine Vaccination Schedule.

For childhood immunisation between 0-2 years there is a general decrease in vaccination coverage over time. High coverage is needed for vaccines to be most effective (95% in the case of MMR), so this decrease represents a risk to the health of babies. In 2023-24 coverage in Nottinghamshire was 90-95% and is generally lower than 2020-21 coverage level. When considering individual vaccinations Measles, Mumps and Rubella dose 1 (MMR1) at 24 months and Haemophilus influenzae type b (Hib) and meningitis C (MenC) at 24 months coverage drops below 90% in Gedling, Mansfield, Newark and Sherwood for 2023-24.

Positive Parent-Infant relationships

A child's early relationships shape their perceptions of themselves and others and teaches them how to regulate their emotions and control their impulses. This lays the groundwork for a child's developing emotional wellbeing, resilience and adaptability.[28] Parent-Infant relationships that are responsive and attentive—with lots of back-and-forth interactions—build a strong foundation in a child's brain for all future learning and development.[29]



Source:1001 Days Commissioning toolkit

Healthy Parent-Infant relationships enable babies and toddlers to feel safe and secure, ready to play, explore and learn. Children who have had good early relationships start early education and school best equipped to be able to make friends and learn.[30]

Babies attach to their parents in 3-4 broad patterns each related to the quality of parental care. Children who have received sensitive, responsive care generally display secure attachment. Secure attachment is a broadly protective factor, conferring confidence, resilience and adaptability. Disorganised attachment is the category posing the most serious risks to future development. This form of attachment is frequently, although not always, associated with maltreatment within the family and can particularly undermine children's mental health, social behaviour and educational prospects and these children would benefit from Parent-Infant relationship support.[28]

Modelling data in the Parent-Infant Relationships (PAIR) Services Commissioning Toolkit (2023) describes the estimated incidence patterns of parent-infant attachment. Assuming that Nottinghamshire has similar levels of disadvantage, adversity and trauma to the UK (as in example 1 below), for babies born in 2023

- around 1,120 babies can be expected to have disorganised parental attachment
- between 1,870 and 2,240 can be expected to have insecure parental attachment
- between 4,100 and 4,850 can be expected to have secure parental attachment

Of the 15% of babies who might experience disorganised parental attachment the Parent-Infant Foundation population health model suggests one-third are likely to access services before 2 years of age and would benefit from support from specialist Parent-Infant relationship team. In Nottinghamshire in 2023 this would have been around 373 babies.

Levels of disadvantage, adversity and trauma are expected to vary within Nottinghamshire. Where levels might be higher within Nottinghamshire the model suggests there would be more babies experiencing disorganised and insecure parental attachment (as in example 3).

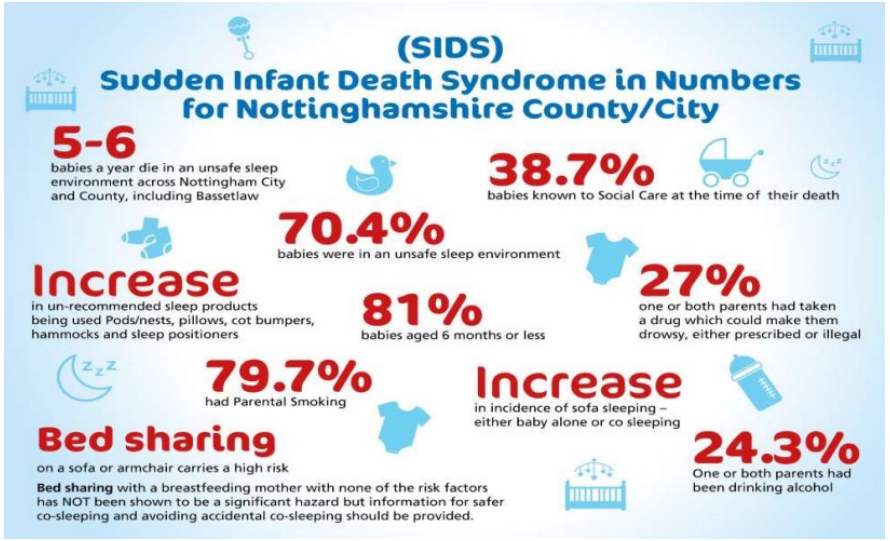
Estimated incidence of attachment patterns per 1,000 live births	Example 1: Population level data shows approximately UK average levels of disadvantage, adversity and trauma	Example 2: Population level data shows average levels of disadvantage, adversity and trauma are around 5% LOWER than UK average	Example 3: Population level data shows average levels of disadvantage, adversity and trauma are around 5% HIGHER than UK average
Disorganised	Disorganised (15%) = 150 babies per year	Disorganised (assuming a 5% reduction = 14%) 140 babies	Disorganised (assuming a 5% increase = 16%) 160 babies
Insecure	Insecure (25-30%) = 250-300 babies	Insecure (assuming a 5% reduction = 24-28.5%) 240-285 babies	Insecure (assuming a 5% increase = 26-31.5%) 260-315 babies
Secure	Secure (55-60%) = 550-600 babies	Secure (57.5-62%) 575-620 babies	Secure (52.5-58%) 525-620 babies

Source: adapted from 'Table 2: in the Parent-Infant Relationships (PAIR) Services Commissioning Toolkit'

Safer sleep practices

Following safer sleep advice significantly reduces the risk of sudden infant death syndrome (SIDS), sometimes known as 'cot death'. It is the sudden, unexplained, and unexpected death of an apparently healthy baby where no cause is found. Sadly, in the UK, around 200 babies die suddenly and unexpectedly every year.

In Nottinghamshire and Nottingham City 5-6 babies die each year in an unsafe sleep environment. 81% of sudden infant deaths in Nottingham City and Nottinghamshire were of infants aged 6 months or younger.



Source: Deaths related to Unsafe sleep environments, Nottingham City and Nottinghamshire residents including Bassetlaw, April 2009 to March 2024

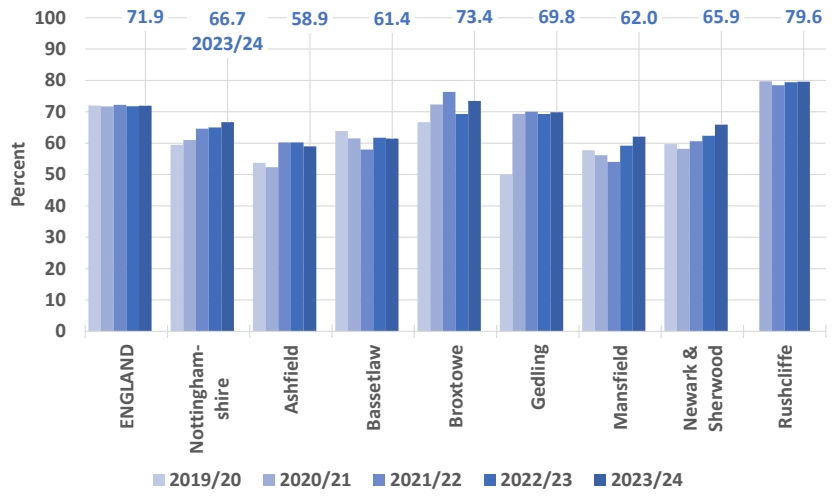
Breastfeeding

Breastfeeding provides health benefits to both mother and baby; national guidance recommends exclusive breastfeeding for the first 6 months. Breastfeeding can help to reduce a baby's risk of infections, diarrhoea and vomiting, sudden infant death syndrome (SIDS), obesity and cardiovascular disease in adult hood. For mothers, breastfeeding lowers the risk of breast and ovarian cancer, osteoporosis, cardiovascular disease and obesity.[31] Skin to skin contact associated with breastfeeding can also help to establish the bond between the mother and baby.

In 2023-24 66.7% of babies had their first feed as breastmilk which is lower than England (71.9%); the Nottinghamshire rate is increasing over time. There is variation across districts with Rushcliffe (79.6%), Broxtowe (73.4%) and Gedling (69.8%) being similar or higher than England. Ashfield (58.9%), Bassetlaw (61.4%), Mansfield (62.0%) and Newark and Sherwood (65.9%) lower than England. Ashfield and Newark and Sherwood both show an increasing trend over time.

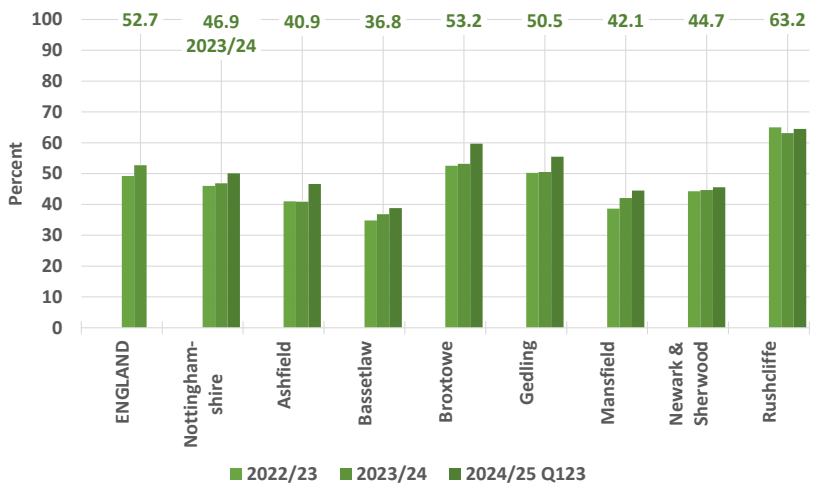
In the same period, 46.9% of babies in Nottinghamshire were totally or partially breastfeed at 6-8 weeks. This is worse than England (52.7%), but the trend is increasing in line with England. Similar to the breastfeeding initiation data there is variation across districts, Rushcliffe (63.2%), Broxtowe (53.2%) and Gedling (50.5%) all being similar to or higher than England. Bassetlaw (36.8%), Ashfield (40.9%), Mansfield (42.1%) and Newark and Sherwood (44.7%) all lower than England. All districts are showing an increasing trend over time.

Breastfeeding - Baby's first feed breastmilk (percent of newborns) (2019/20 to 2023/24)



Source: Office for Health Improvement and Disparities (OHID) public health profiles. Last accessed via Fingertips March 2025

Breastfeeding - infants recorded as being totally or partially breastfed at 6-8 weeks (percent of infants) (2022/23 to 2024/25 Q123)



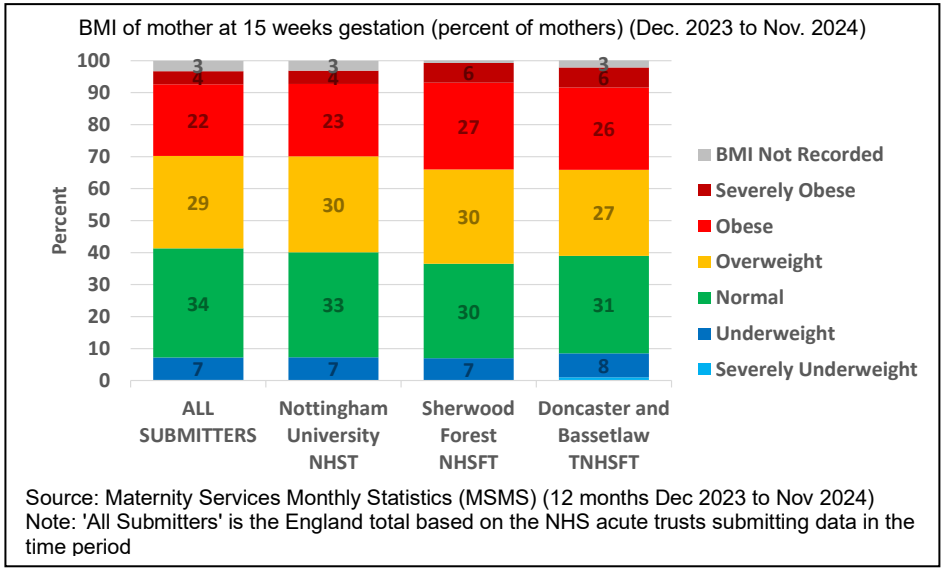
Source: Office for Health Improvement and Disparities (OHID) public health profiles. Last accessed via Fingertips March 2025 (England and County), Local Provider data (Districts)

Healthy weight and nutrition

Pregnant women, breastfeeding women, babies and young children need to be able to consistently access sufficient nutritious foods for healthy growth and development. Food insecurity has a greater impact on low income and vulnerable groups in Nottinghamshire. Households more likely to be food insecure include low-income households; people who are unemployed; households with children; households with people living with disabilities; and minority ethnic households.[32] This is explored further in the Food insecurity JSNA.

Being overweight or obese increases the risk of complications for a woman and baby. The higher a woman's BMI, the greater the risks.[33] Obesity is defined as having a BMI of 30 and above during pregnancy, it can increase the risk of complications such as gestational diabetes, high blood pressure and pre-eclampsia. The risk of miscarriage and still birth is also higher for obese mothers.[34]

Between December 2023 to November 2024 all three local trusts recorded a higher percentage of people with a BMI of 30 or above at 15 weeks gestation compared to England (26.5%). Nottingham University Hospitals NHS Trust (NUH) 26.8%, Sherwood Forest Hospitals Foundation Trust (SFH) 33.3% and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) 31.7%.[EF]



Source: Maternity Services Monthly Statistics (MSMS) (12 months Dec 2023 to Nov 2024)
Note: 'All Submitters' is the England total based on the NHS acute trusts submitting data in the time period

Father Inclusivity

Studies show the many benefits that fathers' positive involvement can bring to their children across their lifetimes, relating to their health, educational and emotional development and social mobility.[35] During pregnancy, birth and the first two years of babies' lives, most fathers are present, providing opportunities for engagement and change. Two thirds of fathers attend routine antenatal appointments, and more than 9 in 10 are at the scans and the birth.[36] Fathers support to mothers is important. It has been shown to have positive impact on maternal mental health, breastfeeding, and smoking cessation.[37]

[E] Nottinghamshire residents can choose to attend any hospital trust. NUH includes Nottingham City residents and DBHT includes residents from Doncaster.
[F] The percentage of data recorded as 'not determined' was England 3.3%, NUH 3.1%, SFH 1.8% and DBHT 2.6%.

Early learning experiences – chat, play, read.

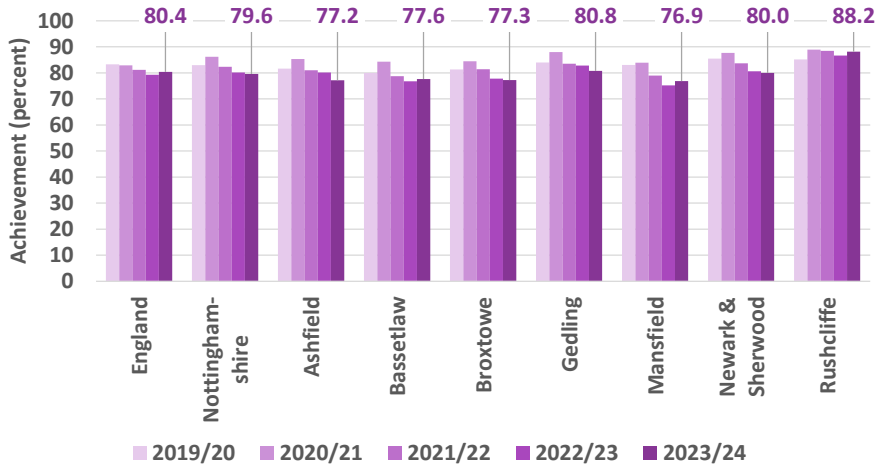
Building on a strong parent-infant relationship; opportunities to play, chat and read are important for early learning experiences. Parents and carers are a child's first educator and play a crucial role in helping babies to understand the world and develop the skills needed to be ready for school.

Three crucial elements contribute to the quality of the home learning environment and develop a child's early learning experiences: the child's active engagement in learning activities, the quality of interactions between parent and child, and access to educational resources and materials.[38] Evidence indicates that the gap between children who aren't developing as expected in the early years and those who are continues to widen, impacting the child's educational attainment, social, emotional and mental health, future employment prospects.[10]

A child's development is assessed at 2-2.5 years using two Ages and Stages Questionnaire screening tools. ASQ:SE assesses a child's social and emotional development and ASQ-3 assesses the expected level of development across five domains: communication, gross motor, fine motor, problem solving and personal-social skills. In 2023-24 the percentage of children in Nottinghamshire achieving the expected level of development at 2-2.5 years in all 5 domains of ASQ-3 was 80.6%. This is similar to England (80.4%) but shows a trend that is worsening over time. The primary areas of need are communication with 13.8% of children not achieving the expected level of development, followed by gross motor (7.9%) and personal-social skills (6.9%).

There is wide variation by district with Mansfield the lowest with 76.9% of children achieving the expected level of development in all 5 areas, followed by Ashfield (77.2%), Broxtowe (77.3%), Bassetlaw (77.6%), Newark and Sherwood (80.0%), Gedling (80.8%) and Rushcliffe (88.2%). The overall trend in all districts except Rushcliffe has been a decline in past five years with communication the primary area of need. In all districts the percentage of children achieving the expected level of development for fine motor skills were significantly better than England whilst gross motor skills were significantly worse than England in all districts except Rushcliffe and Ashfield.

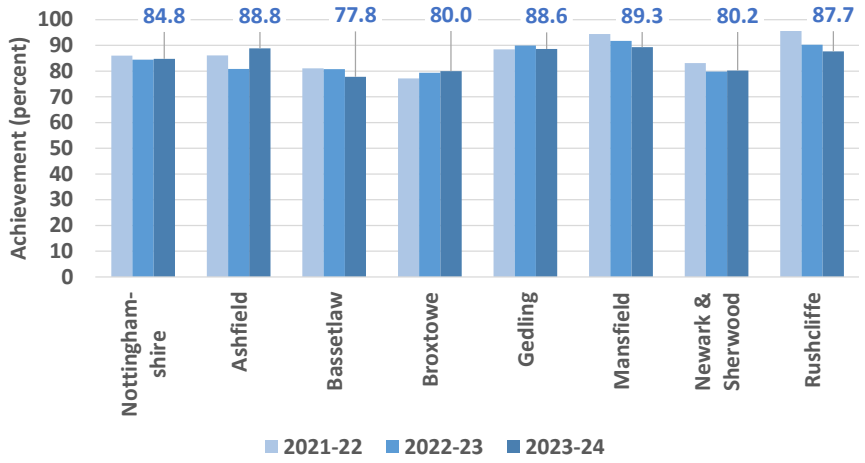
ASQ-3 Children achieving a good level of development (percent) (2019/20 to 2023/24)



Source: Office for Health Improvement and Disparities (OHID) public health profiles. Last accessed via Fingertips March 2025

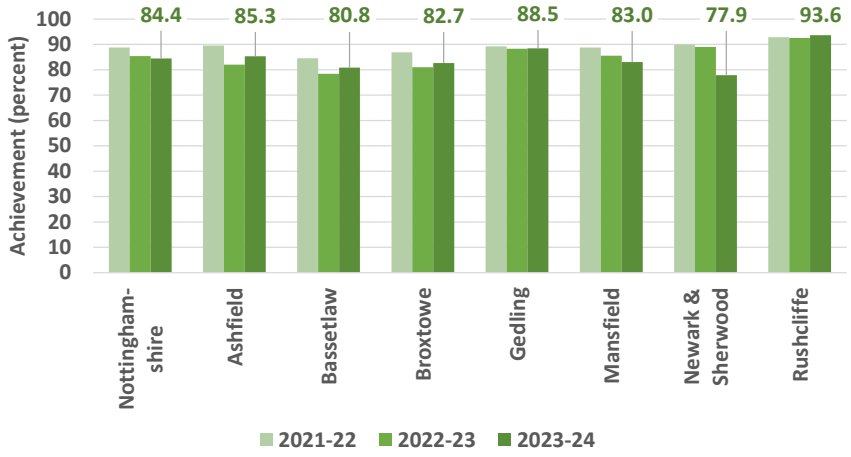
In 2023-24 the percentage of children in Nottinghamshire achieving the expected level of development in ASQ:SE (social and emotional development) at 12 months was 84.8% and at 2-2.5years was 84.4%. There is no comparison with England available, but data for 2-2.5 years shows that Newark and Sherwood (78%) and Bassetlaw (81%) were significantly lower than Nottinghamshire and Gedling (88%) and Rushcliffe (94%) were significantly higher.

ASQ-SE children scoring above the threshold of the ASQ-SE at their 12-month review (percent) (2021/22 to 2023/24)



Source: Local provider data

ASQ-SE 2-2.5 year old children scoring above the threshold in all the domains of the ASQ-SE (percent) (2021/22 to 2023/24)



Source: Local provider data

Local strategies and policy drivers

Nottingham and Nottinghamshire Integrated Care System (ICS)
The Nottingham and Nottinghamshire Integrated Care Strategy 2022 -2027, outlines 14 integrated care key priorities, one of which is to 'support babies, children and young people to have the best start in life with their health, development, education and preparation for adulthood'. It aims to prioritise the first 1,001 critical days.

The Local Maternity and Neonatal System
The Local Maternity & Neonatal System (LMNS) consists of members from Hospital Trusts, Public Health, community sector organisations and Maternity and Neonatal Voices Partnership. The LMNS vision is for maternity services across Nottingham & Nottinghamshire to become safer, more personalised, kinder, professional and more family friendly; where women have access to information to enable decisions to be made about care; and where support is centred around individual needs and circumstances.[39]

Nottinghamshire Best Start Strategy 2021-25 and Nottinghamshire Best Start Partnership
The Nottinghamshire Best Start Strategy, launched in 2021 aims to support every child to have the best start in life. The strategy brings together key organisations working to engage and support families prior to conception, in pregnancy, and across the early years, to improve the life chances of all children in Nottinghamshire.

Responsible for implementing the strategy, the Best Start Partnership reports to the Nottinghamshire Health and Wellbeing Board and contributes to the progress of the Joint Health and Wellbeing Strategy (2022-26). Ambition One of the Joint Health and Wellbeing Strategy is to 'give every child the best chance of maximising their potential', recognising that 'a good start shapes lifelong health, wellbeing and prosperity and that the earliest years of a child's life have a huge impact on their long-term development and future life chances'.

National strategies and policy drivers

1001 Days movement
The First 1001 Days Movement brought together a group of organisations and professionals to campaign about the importance of the emotional wellbeing of babies. The movement aims to drive change by inspiring, supporting, and challenging national and local decision makers to value and invest in babies' emotional wellbeing and development in the first 1001 days.[40]

NHS Long Term Plan
The NHS Long Term Plan (2019) sets out the key ambitions for the NHS over the next 10 years with prevention as a core component. The maternity and neonatal section builds on the measures being implemented following the Better Births, National Maternity Review. It reconfirms the Governments 2015 National Maternity Safety Ambition to halve rates of stillbirths, neonatal and maternal deaths and brain injuries during or soon after birth and to reduce the rate of preterm births from 8% to 6% by 2025.[41]

Early Years Health Development Review

In July 2020 the Government commissioned the Early Years Healthy Development Review leading to the publication of The Best Start for Life: a vision for the 1001 critical days in 2021. The report highlighted that the services offered between conception and age two can be disjointed, making it hard for families to navigate the support available. That babies can miss out on the best care because parents and carers are unable to access the support they need, or the support they need is not available. The report identified perinatal mental health, support with breastfeeding and Parent-Infant relationships as vital to ensuring that every baby gets the best start in life.[3] It set out 6 action areas to improve the health outcomes of all babies in England.

1. Seamless support for families: a coherent joined up start for life offer available to all families.
2. A welcoming hub for families: Family Hubs as a place for families to access Start for Life services.
3. The information families need when they need it: designing digital, virtual and telephone offers around the needs of the family.
4. An empowered Start for Life workforce: developing a modern skilled workforce to meet the changing needs of families.
5. Continually improving the Start for Life offer: improving data, evaluation, outcomes and proportionate inspection.
6. Leadership for Change: ensuring local and national accountability and building the economic case.

Family Hubs and Start for Life programme

To meet the commitments laid out in The Best Start for Life: a vision for the 1001 critical days report, The Family Hubs and Start for Life programme was launched in 2022. The programme's objective is to join up and enhance the services delivered through Family Hubs in Local Authority areas, ensuring all parents and carers can access the support they need when they need it.

Three-year delivery plan for Maternity and neonatal services

In March 2023, NHS England published the three-year delivery plan for maternity and neonatal services. The plan sets out a series of actions to make maternity and neonatal care safer, more personalised, and more equitable for women, babies and families and includes the implementation of Saving Babies Lives Care Bundle (SBLCB) version 3. The plan is centred around four key themes:

1. Listening to and working with women and families with compassion,
2. Growing, retaining, and supporting our workforce
3. Developing and sustaining a culture of safety, learning, and support
4. Standards and structures that underpin safer, more personalised, and more equitable care.

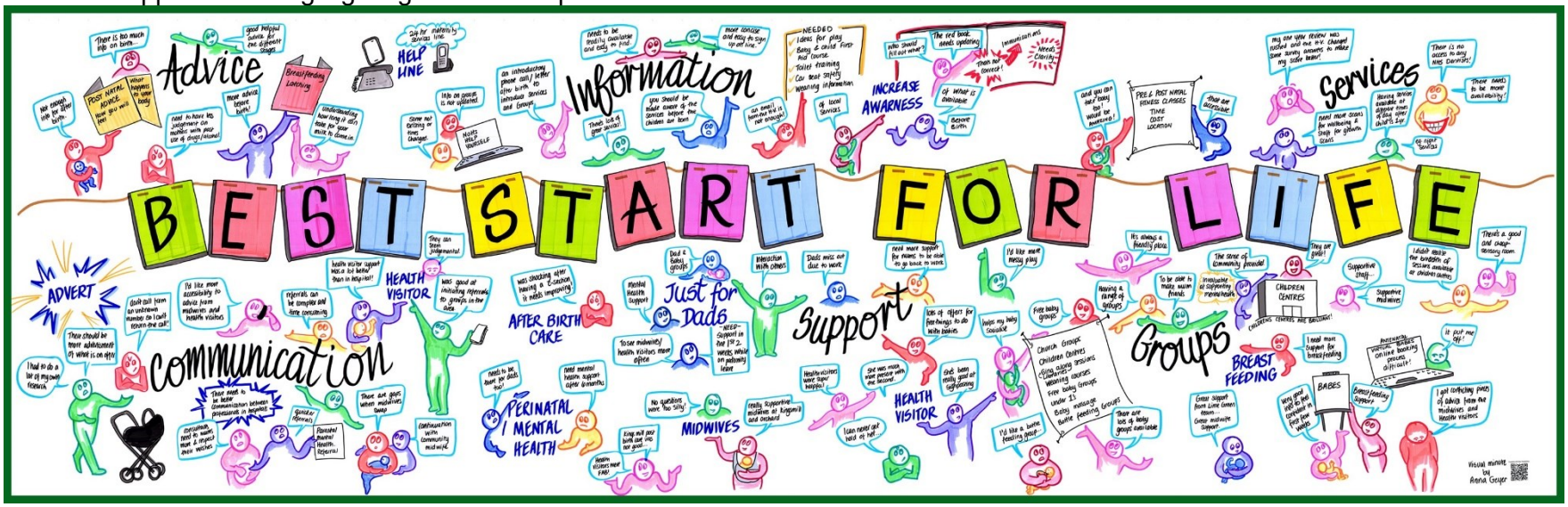
Women's Healthy Strategy

The Government's first Women's Health Strategy for England was published in 2022. It sets out a 6-point long-term plan for change:

1. Ensuring women's voices are heard
2. Improving access to services
3. Addressing disparities in outcomes among women
4. Better information and education
5. Greater understanding of how women's health affects their experience in the workplace
6. Supporting more research, improving the evidence base and spearheading the drive for better data

What families tell us

This visual illustration from the Baby week celebration event in 2023, captures what parents and carers shared as being good about current services and support whilst highlighting areas for improvement.



Source: Nottinghamshire Best Start for Life Offer Consultation 1: Highlight Report, January 2024

Parents and carers consultations 2024

There are key themes which emerge from recent parent and carer consultations. Families identified green spaces and local amenities as some of the best things about local areas, alongside access to services.

Parents and carers are keen to hear about services and support as early as possible, especially during pregnancy. They don't want to miss out or have to do their own extensive research. Breastfeeding and infant feeding support is a consistent area that families feel they would like more support with. Parents/carers felt services should involve dads more, provide opportunities for peer support, and support with applying for nursery education. Parent and carers selected these current best start ambitions as important areas to focus on.

- Parents / carers experiencing emotional, mental health and wellbeing challenges are identified early and supported
- Babies and parents / carers have good early relationships
- Mothers and babies have positive pregnancy outcomes
- Children have access to high quality early years provision
- Parents / carers are engaged and participate in home learning from birth

Current activity, service provision and assets

Maternity Services

Women receive care in pregnancy from Midwives and Obstetricians at hospitals across Nottinghamshire. Three hospital trusts serve Nottinghamshire's population, Nottingham University Hospitals NHS Trust (NUH), Sherwood Forest Hospitals Foundation Trust (SFH) and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH).

Most women receive seven to ten appointments in pregnancy. Additional appointments are offered to those with health conditions and at 41 weeks for those who have not yet given birth. The first appointment called a booking appointment is recommended to take place before 10 weeks of pregnancy, it enables a detailed health and social assessment to be completed which is reviewed throughout the pregnancy.

Midwives promote infant feeding, bonding and attachment and support smoking cessation. Antenatal classes are also offered to support preparation for parenthood and birth, covering topics such as familiarisation with labour suites, active birth, pain management and early parenting.

An independent review of maternity services at Nottingham University NHS Trust is ongoing.

0-19 Healthy Families Programme

Nottinghamshire Healthcare NHS Foundation Trusts' Healthy Family Teams (HFT) provide the Health Visiting service across Nottinghamshire, applying the 'Universal in Reach – Personalised in Response' model, based on four levels of service depending on individual and family needs: community, universal, targeted and specialist levels of support. HFT provide support and advice on health promotion topics such as breastfeeding, responsive parenting, childhood immunisations, smoke free homes and cars, oral health, sleep, behaviour management and promotion of development, language, and play. Where needed they can refer or signpost to other sources for ongoing support.

The five mandated health reviews that are offered to all are

- Antenatal visit usually after 28 weeks of pregnancy
- New baby review when baby is 10-14 days old
- 6–8 week review
- 8–12 month developmental review
- 2-2.5 years developmental review

A targeted development review at 3 years is also offered to some families based on need. During 2025 the HFT service is rolling out the offer of an additional contact at 3-4 months to all first-time parents and those with identified needs.

Across 2023-24 2,764 women received a face-to-face antenatal review from their Healthy Family team after 28 weeks of pregnancy, and a further 1,233 received a telephone contact. Many women decline this contact. Feedback has highlighted that expectant mothers would welcome more flexibility about how to receive this appointment.

In 2023-24 the percentage of mandated reviews completed was significantly better than England.

The proportion of children aged 2-2.5 years in Nottinghamshire receiving ASQ-3 as part of the 2-2.5 year mandated review in 2023-24 was 98.7%. Which is significantly better than England (93.3%).

Mandated review (2023-24)	Nottinghamshire	England
New baby review completed by 14 days	92.1%	83%
Infant receiving a 6-8 week review	87.7%	81.8%
Children receiving a 12-month review by 15 months	94.6%	86.5%
Children receiving 2-2.5 years review	87%	78.4%

Source: Office for Health Improvement and Disparities (OHID)

Targeted Parent-Infant Relationships Intervention

A targeted Parent-Infant Relationship Intervention (PIRi) provides support to parents who have been identified as having needs related to strengthening their relationship with their babies. This support is housed within Healthy Families Programme and was initially delivered by two specialist practitioners. Families are identified for the intervention by health visitors. Following an assessment and introductory visit, up to 6 sessions can be offered to support the Parent-Infant relationship.

Between April 2022 - December 2023, 158 parents commenced PIRi support, of these 49% completed 6 sessions of support. Of the parents who did not complete support 80% were noted as no longer needing support and 12% as having other support in place. An evaluation found that the intervention was perceived as extremely positive and provided various benefits and valued support to parents. 95.65% of babies who received support scored above the threshold in the ASQ-SE at their 12-month review (2022-23), compared to 84.46% across Nottinghamshire.[42]

Family Nurse Partnership

The Family Nurse Partnership (FNP) programme is an evidence-based home visiting service providing intensive support to first-time, teenage mothers and their babies (plus fathers and other family members, with mother's permission). This support is housed within the Healthy Families Programme and delivers structured home visits from early pregnancy until the baby is 2 years of age. The programme has three main aims:

- To improve a mothers pregnancy outcomes
- To improve the baby's health and development through the development of parenting knowledge and skills
- To improve parents' economic self-sufficiency, by helping them to achieve their aspirations such as employment or education[43]

Capacity of the FNP offer has recently been adjusted and a complimentary best start offer introduced to support parents of any age with wider vulnerabilities, based on learning from FNP.

6-week postnatal check and infants 6-8 review

6-8 weeks after birth GPs should offer separate reviews of both mother and baby. The mothers review will include an assessment of maternal health and wellbeing, physical health and provides an opportunity to provide advice on topics such as healthy weight, use of vitamin D supplements if breastfeeding, cervical screening and contraception. The baby review will include a physical examination completed as part of the antenatal and newborn screening programme.

Family Hub Networks

Family Hub Networks offer support during pregnancy and early years, throughout childhood and into early adulthood. Family Hubs aim to make a positive difference to children, young people and their families through the provision of joined up local services which can provide the right support at the right time, in the right place. At the core of the Family Hub offer are the Start for Life six action areas for change.[44]

Family Hubs provide support for all families, particularly during the first 2 years of a child's life, but are designed to be particularly accessible to families from lower socio-economic groups, families who have special education needs or a disability, and those from minoritised and seldom heard groups who are experiencing exclusion.[45]

A range of one-to-one support, programmes and groups are provided by Family Hubs based on a child's or families health and wellbeing needs and delivered by paid workforce, volunteers and peer supporters.

- Antenatal BABES breastfeeding information sessions and BABES Breastfeeding peer support groups
- New Parents group for those with babies 0-6 months
- Baby massage for babies 8 weeks – crawling
- Weaning groups
- Parent Health and Emotional Wellbeing (PHEW) group for parents with mild to moderate mental health difficulties.
- Dealing with a feeling for children aged 2-5years
- Support with parenting skills and children's behaviour such as toilet training, sleep workshops or routines.
- Speech, language, and communication support
- Peep Learning Together Programme
- Play sessions

During 2023-24, 377 people accessed Family Hubs in the antenatal period and 445 people attended the PHEW groups.

A virtual Family Hub is also in development providing a digital resource that families can access to find out about local services and access information and advice. Best Start communications are distributed to families via social media with a monthly focus such as safer sleep, mental health awareness, child safety and oral health.

Maternal and Paternal Mental Health

Maternity services routinely screen for maternal mental health needs at the booking appointment and throughout pregnancy using evidence-based tools. They identify women experiencing or at risk of mental ill health and refer women to appropriate support and services. All three hospital trusts provide support via specialist midwives for perinatal mental health.

For mothers experiencing low level mental health needs support can be provided via the HFT who assess maternal mental health using evidence-based tools during mandated health and development reviews in a child's first year. They deliver a level one intervention in support of maternal mental health in the form of listening style visits and where needed refer on to other appropriate support. They use motivational interviewing and the Solihull approach across their contacts.

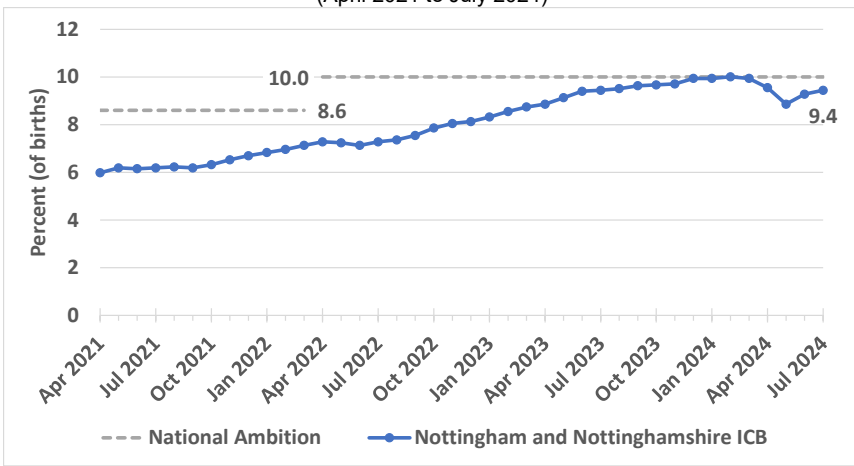
Nottingham and Nottinghamshire Talking Therapies (IAPT) provide support with common mental health problems such as stress, anxiety, and depression. The service prioritises support to mothers and fathers with a child aged up to 2 years in their care. During 2024-25, 1,036 women accessed Nottingham and Nottinghamshire Talking Therapies in the perinatal period.

NottAlone is a digital resource providing information and advice to promote positive mental health and wellbeing. It covers a range of topics including pregnancy and postnatal mental health. It provides a summary of some of the experiences parents may have and provides links to local services and online support.

Nottinghamshire Healthcare NHS Foundation Trusts' Specialist Perinatal Community Mental Health Team support women who develop or have a pre-existing serious or complex mental illness from 13 weeks of pregnancy until 2 years after birth. They provide assessment, intensive support and treatment via a multidisciplinary team. In the 12 months to the end of July-24, SAIU analysis of public MHSMS Perinatal Access data shows 9.44% of Nottingham and Nottinghamshire birthing population accessed community perinatal mental health services verses a national ambition of 10%. Commissioners and provider continue to work together to increase equitable access into the service.

The Nottinghamshire Perinatal Trauma and Bereavement Service (PTBS) also provided by Nottinghamshire Healthcare NHS Foundation Trust, offers therapy and support for anyone experiencing mental health difficulties relating to a perinatal trauma or bereavement.

Access to perinatal services (12 month rolling percent of annual live births)
(April 2021 to July 2024)



Source: Analysis of NHS England Mental Health Services Monthly Statistics (MHSMS) by Nottingham and Nottinghamshire ICB Systems Analytics Intelligence Unit (SAIU)

The service has three pathways:

- Treatment for post-traumatic stress disorder (PTSD) following birth trauma
- Treatment for severe fear of childbirth - also known as Tokophobia
- Bereavement work relating to the death of a baby or miscarriage at any stage, stillbirth, termination of pregnancy for any reason and neonatal death.

The Margaret Oates Mother and Baby Unit is an 8-bed specialist inpatient perinatal unit for mothers from 32 weeks of pregnancy with a serious mental illness, and their babies up to one year after birth. It is the regional unit for the East Midlands and can accept admissions from other areas of England if needed. It is provided by Nottinghamshire Healthcare NHS Foundation Trust.

Tobacco Dependency Treatment Services

Sherwood Forest Hospitals NHS Foundation Trust was one of the two early implementer sites selected to test a model for a smoke-free pregnancy pathway in 2020-21, the Phoenix Team (Smokefree pregnancy support team) deliver the pathway. There are now smokefree pregnancy pathways delivered at SFH, NUH and DBTH. Tobacco Dependency Treatment Services (TDTS) are being delivered inhouse at SFH and NUH, whilst in Bassetlaw the service is provided by Your Health Notts.

The pathways delivered in line with the National Institute for Health and Care Excellence (NICE) guidance includes:

- Carbon monoxide (CO) monitoring at booking and 36 weeks of pregnancy. If the booking reading is ≥4ppm, then an opt out referral is made to a TDTS and CO reading is repeated at every maternity contact during pregnancy.
- Smoking cessation support consisting of four weeks of weekly face-to-face behavioural tobacco treatment support appointments, including family members, plus a minimum of a further six face-to-face appointments throughout the pregnancy.
- Licenced pharmacotherapy, specifically combination Nicotine Replacement Therapy.

NUH Maternity Services are participating in Swap to Stop, a national initiative in England that encourages smokers to switch from cigarettes to vapes: the scheme includes free vape starter kits for pregnant smokers and behavioural support for up to 12 weeks. It is being delivered by the in-house TDTS, Your Health Notts and Thriving Nottingham (Nottingham City).

Since autumn 2024, all three hospital trusts have been part of a national financial incentive scheme for pregnant women to quit smoking. The government has recently announced an extension to the scheme for a further year. The scheme offers financial rewards alongside stop smoking support and has been shown to be highly effective in reducing maternal smoking rates. The scheme provides Love2Shop vouchers to pregnant women who quit smoking. These vouchers are distributed weekly for the first 4 weeks of the quit attempt, then monthly until the birth with additional incentives at 1- and 3-months post-partum.

Substance use

Maternity Services complete an assessment for alcohol and substance use as part of the holistic assessment at the booking appointment. Where disclosed women will be referred for further support from obstetricians, specialist midwives and substance use services as appropriate. SFH have a dedicated team, to support people who use drugs and/or alcohol.

Domestic abuse

Maternity Services and HFT screen for domestic abuse as part of routine care. Family Hubs can provide one to one support to those experiencing domestic abuse. All services will refer into a range of support services available locally including Juno Women's Aid, Nottinghamshire Women's Aid, or Equation. There's also a 24-hour free helpline for all women, children and young people affected by domestic abuse.

Safer Sleep multiagency steering group

The safer sleep multi agency steering group supports professionals and practitioners working with parents-to-be, parents of young babies and families to understand and confidently promote safer sleeping information and advice.

The group developed a risk assessment toolkit, endorsed by Safeguarding Children Partnerships in Nottingham City and Nottinghamshire, which supports practitioners to recognise and support families where sudden and unexpected death in infancy risks are high. It has been embedded into practice by a range of partners including Change Grow Live drug and alcohol support services, Family Hubs and Social Care. A checklist for parents has been included in the Personal Child Health Record (Red book) with links to further information and resources.

Weight management

A weight management in pregnancy pathway supports women identified as overweight or obese. Those with a BMI higher than 35 will have their care overseen by an obstetrician.

For those with a BMI between 30-49.9 Your Health Notts deliver both one-to-one telephone support across Nottinghamshire and group support in specific locations according to need. Healthy Lifestyle advisors offer nutritional support aiming to improve their diet and ensure they are getting the right nutrients during pregnancy and beyond. As part of the group support, qualified staff deliver gentle movement sessions. For people at the higher end of the BMI threshold, clinical advice is sought to ensure appropriate support is offered including sign posting to other services.

Postnatally women with a BMI between 30-49.9 can choose to engage in either weekly physical activity group sessions or attend weekly nutrition and physical activity sessions.

Healthy Start

The national Healthy Start scheme provides help to buy healthy food and milk to eligible families from 10 weeks pregnant or those who have a child under 4. In Nottinghamshire, a local toolkit has been developed to support organisations in promoting the scheme. The Healthy Start scheme is promoted to families regularly through social media and is embedded in the Best Start for life offer.

Healthy Start vitamins are currently provided free of charge to everyone receiving maternity care in Nottinghamshire. Free vitamins are also provided for breastfed babies at birth and for all babies at their one-year health and development review in the winter months. Those families who do not qualify for the Healthy Start scheme can purchase vitamins at a lower cost through their local Family Hub. A snapshot from March 2025 shows 4,446 people were on the digital Healthy Start scheme in Nottinghamshire, with Ashfield and Mansfield having the highest numbers enrolled.

District	number on the digital scheme.
Ashfield	987
Bassetlaw	737
Broxtowe	474
Gedling	513
Mansfield	804
Newark and Sherwood	589
Rushcliffe	342
Nottinghamshire	4,446

Source: Healthcare professionals – Get help to buy food and milk (Healthy Start)

Infant Feeding support

SFH, NUH, and DBTH provide support for infant feeding, led by Specialist Midwives, but the range and length of support varies by each trust.

As part of the Healthy Families Programme, all Health Visitors receive induction training and an annual update on infant feeding. Three Specialist Infant Feeding Leads provide support to families with more complex feeding issues. Healthy Child Assistants offer breastfeeding support in the early weeks.

Family Hubs run both Antenatal BABES breastfeeding information sessions and BABES Breastfeeding Peer support groups. Antenatal BABES runs for three sessions and supports families to understand their changing relationships, provide information on breastfeeding and feeding choices and preparation for becoming a parent. BABES Breastfeeding Peer support is a weekly group to support and maintain effective feeding.

Nottinghamshire Family Hubs, Nottinghamshire Healthcare NHS Foundation Trust and Sherwood Forest Hospitals NHS Foundation Trust have all achieved UNICEF Baby Friendly Initiative Accreditation. The UNICEF Baby Friendly initiative offers an evidence-based approach to supporting breastfeeding and good infant nutrition and helping parents to develop close and loving relationships with their babies.

An Infant Feeding Strategy is currently being developed in partnership with the Nottingham City Public Health team. It aims to

- Improve health outcomes
- Address barriers to breastfeeding
- Reduce health inequalities
- Create an environment that supports parents in their infant feeding choices

Start for life offer

Nottinghamshire's Best Start for life offer launched in November 2024 and outlines the support and services that families can expect to engage with during pregnancy until 2 years of age. It is available in both digital and printed form and promoted by a range of services including maternity services, Health Family Teams and Birth Registration services.

Community based activities

Across Nottinghamshire there are a range of community services that provide support and services to families. All districts have local community-based play groups and baby and toddler sessions. Leisure centres provide activities for babies and parents, and there are green spaces such as parks for families to access. Roles such as Health and Wellbeing Champions, Local Area Coordinators and Social Prescribers all work closely with the communities they support but it is not clear however, how much they focus on the 0-2 age range.

Early years settings and childminders

Early year settings and child minders play an important role in supporting children's development, working in line with the Early Years Foundation Stage (EYFS) statutory framework. The role of early years settings in supporting child development is explored further in the Early Years and School Readiness JSNA and Nottinghamshire's annual Childcare Sufficiency Assessment.

Early learning experiences – chat, play, read

The Family Hub Service offer the evidence-based PEEP Learning Together programme to families across Nottinghamshire. It includes a range of group-based programmes: Antenatal Peep from 28 weeks of pregnancy, Baby Peep for 0-1 years, Toddler Peep 1-3 years, and Little Sparkles Peep for children with emerging special educational needs and disabilities. The Family Hub Service also offer the Let's Play targeted intervention for children under 5 years who are identified as at risk of having poor play opportunities and limited stimulation at home or are at risk of developmental delay.

NottsHelpYourself, contains a range of digital resources linked to early learning with a focus on communication skills, things to do at home and in the local community. The Nottinghamshire Families Information Service (FIS) and Family Hubs social media platforms promote national content and campaigns linked to encouraging and supporting parents to support their baby's early learning.

Inspire libraries offer weekly free Rattle, Rhyme and Roll activity sessions and regular Story Hullaballoo sessions supporting families to sing, read and say rhymes together. Inspire Libraries, the Healthy Family Teams, the Family Hubs Service and childcare providers work collaboratively to ensure that the Book Trust's BookStart programme is delivered effectively across Nottinghamshire.

Early Years and Childcare settings encourage a positive home learning environment by sharing practical ideas of how parents can support their own child's learning and development at home.

For children aged 22-30 months with delayed spoken language skills a referral can be made to the Home Talk service, for up to six sessions of support from a qualified Home Talk worker. Delivered by Nottinghamshire Healthcare NHS Foundation Trust, Home Talk is an evidence-based programme of one-to-one support delivered in the family home. The service helps parents to use play activities and interaction strategies, to support their child's language development through playing together, sharing books, singing songs and rhymes.

Evidence of what works to give babies the best start

Preconception care

Many of the health behaviours and risk factors for poor birth outcomes are established prior to pregnancy, women who are healthier at conception have a better of chance of becoming pregnant, having a safe and healthy pregnancy and giving birth to a healthy baby. Making the Case for Preconception Care (2018) describes three pathways of preconception health.

- Pathway 1: Prior to first pregnancy - Universal preconception care.
- Pathway 2: Managing emerging risks - Targeted preconception care.
- Pathway 3: Next baby and beyond - Universal and targeted preconception care.

It described the role the whole system should play in supporting preconception health.

Saving Babies Lives Care Bundle (SBLCB)

SBLCB shares evidence-based best practice, for providers and commissioners to reduce perinatal mortality and supports the delivery of safer maternity care.[24] SBLCB v3, was published in 2023. The six elements of care are:

1. Reducing smoking in pregnancy
2. Foetal growth
3. Raising awareness of reduced foetal movement
4. Effective foetal monitoring
5. Reducing preterm birth
6. Management of pre-existing diabetes

Continuity of Carer

For women from Black, Asian, and Mixed ethnic groups, and women living in deprived areas, Continuity of Carer (CoC) is linked to significant improvements in clinical outcomes. Evidence shows that continuity models improve safety and outcomes; women who receive Midwifery Continuity of Carer (MCoC) are 16% less likely to lose their baby, 19% less likely to lose their baby before 24 weeks and 24% less likely to experience preterm birth. It is widely acknowledged that it is beneficial for women to know and form a relationship with the professionals caring for them.[24]

Care continuity between midwives and health visitors helps to tailor the best care possible to have a positive impact on women and their babies care and satisfaction with services. It ensures women do not have to repeat information and their experiences every time they see a new healthcare professional and ensures women receive consistent messages. Effective care continuity between midwifery and health visiting helps services to run more smoothly and effectively use resources.[46]

All Our Health

The All Our Health programme is a collection of educational resources on public health topics. It aims to support public health professionals in:

- preventing illness
- protecting health
- promoting wellbeing
- reducing health inequalities

Healthy beginnings: applying All Our Health - GOV.UK highlights pregnancy and the early years as an ideal opportunity for public health practitioners and other professional groups to advise and support parents on a range of issues including:

- pre-conception care, to improve planning and preparation for pregnancy
- quitting smoking, to increase the number of women having a smoke-free pregnancy
- alcohol avoidance in pregnancy to reduce risk of long-term harm to the baby
- healthy eating habits, to increase the number of women entering pregnancy with a healthy weight and to increase the number of babies breastfed at 6 months
- health protection to maximise the benefit from the full maternal and child immunisation; and antenatal and newborn screening programmes provided by the NHS
- transition to parenthood, to support parents to make a positive emotional transition to parenthood and to reduce the burden of perinatal mental illness by improving access targeted and specialist interventions if needed.

GP 6-8 week review

NHS England have produced guidance for GPs on the 6-8 week maternal postnatal consultation. It is a universal consultation so should be offered to all women, including those whose baby has died or does not reside with them for any reason (e.g. surrogacy, local authority care) and it should be a sperate appointment from the baby's check. It should cover

- Perinatal mental health: a review of the mother's mental health and general wellbeing, using open questioning.
- Physical health: the return to physical health following childbirth and pregnancy; any conditions that existed before or arose during pregnancy that require ongoing management, e.g. gestational diabetes and high blood pressure.
- Pelvic health: early identification of pelvic health issues.
- Family planning and health promotion: contraception, family planning and long-term health promotion.[47]

Parent-Infant Relationship support

Reflecting on parent-infant relationships: a practitioner's guide to starting conversations (2024) provides a 3-step framework for professionals to help parents and carers reflect on their relationship with their baby.

Around 15% of babies in the general population need specialised parent-infant relationship interventions which are beyond the scope of universal services and are commonly not available elsewhere. Therapeutic work with babies is different from work with older children and requires a specific set of competencies including specialist expertise in child development and the understanding of unconscious communications between parents and their babies.[48]

There is strong evidence for the benefits of providing parenting interventions for 0-3 years to strengthen Parent–Child relationships using interventions underpinned by Social Learning Theory and/or Attachment Theory and the science of early child development.[49]

The Parent-Infant Foundation highlights the range of support that specialised Parent-Infant relationship teams offer though multi-disciplinary teams with expertise in supporting and strengthening the relationships between babies and their parents or carers. The Parent-Infant Foundation Development and Implementation Toolkit (2019) describes a range of individual and group Parent-Infant relationship interventions and links to their research.

Perinatal adult mental health services and specialised parent-infant relationship teams are ideal complementary services and should work closely together where both exist.[48]

Healthy Child programme

The Healthy Child Programme (HCP) is the national prevention and early intervention public health framework for children and families. It includes screening, immunisation, health and development reviews, health improvement, wellbeing, and parenting. It outlines all services that children and families need to receive if they are to achieve their optimum health and wellbeing.[50]

The HCP is universal in reach and underpinned by a series of high impact areas, and a detailed schedule of interventions, that includes information about preconception care, promoting child development, improving babies, children, and young people's health outcomes; and ensuring that families at risk are identified at the earliest opportunity. It sets out a range of public health support in local places to build healthy communities and to reduce inequalities.

Early learning experiences – chat, play, read.

Through play, children can express their thoughts, ideas and feelings, and build essential communication skills. Play stimulates creativity and innovation and creates a solid foundation for literacy.[51] Studies show that everyday conversations, make-believe play and reading activities are particularly influential features of the home learning environment (HLE). Alongside daytime routines, trips to the park and visits to the library which have also been shown to make a positive difference to children's language development.[52]

Early communication, language and literacy skills are vital to school-readiness, as well as important for outcomes in later life. Early language acquisition impacts on all aspects of young children's non-physical development. It contributes to their ability to manage emotions and communicate feelings, establish and maintain relationships, think symbolically, and to learn to read and write.[3]

The 2018 'Chat, Play, Read' model describes a behaviour change approach developed by the Department for Education which helps to create a positive HLE and overcome barriers that families face.

In 2019 the five Better Start areas launched 'Big Little Moments'. A campaign to promote parenting behaviours that support good early child development in children up to four years old.

The Department for Education and Department for Health and Social Care's Start for Life 'Little Moments Together' 2025 campaign aims to educate parents and carers about the importance of brain development in the first five years of a child's life and highlight the crucial role parents play.

Father inclusivity

NICE Guidance states when planning and delivering antenatal services, ensure that the environment is welcoming for partners as well as pregnant women by, for example:

- providing information about how partners can be involved in supporting the woman during and after pregnancy
- providing information about pregnancy for partners as well as pregnant women
- displaying positive images of partner involvement (for example, on notice boards and in waiting areas)
- providing seating in consultation rooms for both the woman and her partner
- considering providing opportunities for partners to attend appointments remotely as appropriate.

The Fatherhood Institute and the Royal College of Midwives have developed the Engaging Dads toolkit to help midwives improve their father engagement during the perinatal period.

The Father Inclusion Hub developed by a team of researchers from Lincoln University, is a resource hub containing examples of 'what works' in being father inclusive. It contains a range of resources that show impact when engaging with fathers. Small Steps Big Changes have shared their 'Think Dad' resources which includes a campaign toolkit, training handbook, Father Friendly Service checklist, and Services Standards tool.

The Fatherhood Institute is a UK charity working to build a society that values, prepares, and supports men as involved fathers and caregivers. They are advocating for all fathers to have the right to an NHS health-check, receive high quality information to help them understand their roles and responsibilities and that health staff should be trained and required to engage with fathers as a matter of routine. They are also promoting that data about fathers should be collected and reported on.[53]

Fathers and Fathers-to-be online survey[54]

Fathers and fathers-to-be told us they would like more information specific for fathers on

- how to support and care for their baby
- how to support their partners
- becoming a dad.

They would like professionals to be more aware of the role of fathers and to include them in services, support, and conversation.

Fathers and fathers-to-be wanted services to run at times they can attend and be clear that they welcome dads. Fathers described feeling uncomfortable at some activities, preferring to go to outdoor places and unstructured sessions.

"Most activities are marketed as mum and baby groups. I feel extremely uncomfortable. I take my daughter for walks, to the park, shopping etc and other activities that are more inclusive towards men."

Fathers and fathers-to-be would like more provision of groups aimed at dads and designed by dads and to know more about the services available to them.

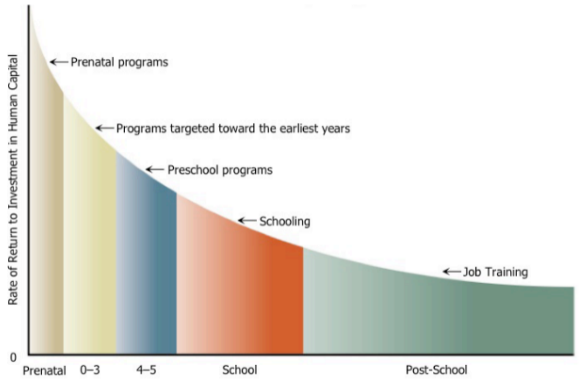
Fathers and fathers-to-be selected these current best start ambitions as important areas to focus on

- Mothers and babies have positive pregnancy outcomes
- Babies and parents/carers have good early relationships
- Prospective parents are well prepared for parenthood
- Parents/carers experiencing emotional, mental health and wellbeing challenges are identified early and supported

Return on investment

James Heckman has shown that the most economically efficient time to invest in developing children's skills and social abilities is in the very early years. He developed The Heckman Curve, which shows that the highest rate of economic return comes from the earliest investments.[55]

Early interventions can be extremely cost effective and generate long-lasting benefits.[2] Families with the greatest need for specialist early intervention tend to make the greatest gains from it and early action leads to accumulated savings by preventing other services being required later in the child's life.[48]



Source Home Page - The Heckman Equation

Potential future changes

The government is working to produce a 10 Year Health Plan to reform the health system. It is structured around three shifts: from a service treating sickness to one focused on preventing illness occurring in the first place; from delivering care in hospitals to delivering care closer to home, in communities and in primary care; and digital transformation of service delivery.[56]

The Tobacco and Vapes Bill is progressing through parliament during 2025 and aims to create the first smoke-free generation so children turning fifteen in this year (2025) or younger can never legally be sold tobacco. The Bill provides powers to extend the indoor smoking ban to specific outdoor spaces. In England, children's playgrounds, outside schools and hospitals are all being considered. The Government is also proposing powers to make most public places and workplaces that are smoke free, vape free too. If passed, the bill will come into force on 1st June 2025 in all four nations of the UK.[57]

The English Devolution White Paper was published in December 2024. It sets out a programme of devolution and local government reorganisation across England achieved through the development of Strategic Authorities, regional aggregations of local authorities. The ambition is to transfer strategic and funding decisions on areas such as transport, skills, education, and housing growth; areas that impact the building blocks of health to these authorities.[58]

What else do we need to do to ensure babies are getting the best start?

All recommendations will be owned by the Best Start Strategic Partnership with lead organisations identified in the table.

Findings	Recommendations	Local Authority	Hospital Trusts	Primary Care	Community Health Services	Integrated Care Board	Place Based Partnerships*
Pre-conception							
Although pre-conception health was not explored fully in this JSNA the evidence clearly shows tackling health inequalities such as smoking and obesity before pregnancy will improve outcomes for babies. Around 30% of women in Nottinghamshire do not access maternity care before 10 weeks.	In order to improve pregnancy outcomes there needs to be a focus on pre-conception health. A task and finish group bringing together members of the best start system, contraception and sexual health services and primary care will trial evidence-based approaches to improving preconception health.	*	*	*			
Reach							
Parents and carers told us they valued the services and support available to them. Parents and carers told us they want to access services as early as possible and want easy ways to find out about services. The percentage of deliveries to women from ethnic minority groups is increasing in Nottinghamshire.	A greater focus on early access to services is required that ensures people receive antenatal care early and that all services for 0-2 years can be accessed before needs escalate, including - commissioners and providers continuing to build on progress to ensure early referral to Family Hubs - continued promotion and development of the Best Start for life offer - development of a digital resource hub for parents and carers	*	*	*			

Fathers told us they wanted more information and support. Evidence shows that father inclusivity can have a positive impact on families. Families value and use community assets such as green spaces, community venues and libraries.	Building on national and local campaigns and incorporating the virtual Family Hub, the reach of current messaging needs to be improved. This needs to address barriers to information such as digital exclusion, cultural difference and language barriers.	*					
	The best start system develops an approach to father inclusivity, including consideration of teenage fathers. This must be driven by fathers and have a focus on frontline delivery.	*	*		*		*
Strategic approach							
Evidence shows that support for Parent-Infant relationships has a significant impact on children's outcomes. Children who have good early relationships start early education and school best equipped to be able to make friends and learn. Locally there is not enough capacity to meet the need based on modelling data. Of the babies who received PIRi support a higher percentage scored above the threshold in the ASQ-SE at their 12-month review. Mental health conditions in the perinatal period affect around 1 in 4 women locally. Evidence shows fathers will also be affected.	Across the Best Start system there needs to be more capacity for and a greater focus on Parent-Infant relationship support.	*			*		
	Increase access to services that support parental mental health and emotional wellbeing by improving integrated care pathways.	*		*	*	*	
	Earlier action is needed to support healthy child development across the 1001 days with a particular focus on communication. By strengthening Parent-Infant interactions and improving the quality of the home environment.	*			*		

Around 20% of children did not achieve the expected level of development in all five areas of ASQ-3. Communication is the primary need. Evidence shows the impact a positive home learning environment can have on a child's early development skills.	The refreshed Best Start Strategy and other relevant strategies need to focus on • Parental mental health • Parent Infant Relationships • Children's early development including speech, language and communication • Home learning	*					
Health inequalities							
Some districts experience higher levels of deprivation which evidence shows can have a significant impact on babies' outcomes. These districts are also the areas with the highest numbers of births across the county. There is evidence for the impact of continuity of carer in supporting women and babies and reducing health inequalities. There is wide variation in teenage pregnancy rates across districts. Many of the districts which experience high levels of deprivation are also experiencing higher smoking rates, higher rate of babies born with low birth weight, higher teenage pregnancy rates, lower breastfeeding rates, lower vaccination rates, and lower results in ASQ-3. Between 26%-33% of pregnant people at 15 weeks have a BMI higher than 30.	Action needs to be taken to improve health and wellbeing across the perinatal period. The focus of this work will need to include • Black and brown skinned women • Lower socio-economic groups • Teenage pregnancy • Those with higher BMI's • Those with multiple disadvantages	*	*			*	
	The best start system draws upon the experience and learning of Place Based Partnerships and community level working to ensure positive change across districts such as Ashfield, Mansfield and Bassetlaw.	*					*
	An integrated healthy weight in pregnancy pathway needs to be developed to ensure women can access services promptly.	*	*			*	
	The commitments in the Infant Feeding Strategy need to be taken forwards in order to improve breastfeeding rates and reduce inequality.	*				*	

The number of women smoking at the time of delivery is decreasing but is still worse than England. The number of babies being breastfed is increasing but remains lower than England. Vaccination coverage rates in Nottinghamshire are between 90%-95% and there is a general decrease in vaccination coverage over time reflecting national trends. Almost 8% of 2-2.5years did not achieve expected level of development for gross motor skills.	The reduction in vaccine uptake is addressed through developing a better understanding of vaccine hesitancy in parents.	*				*	
	More work is required to understand why some children are not achieving the expected level of development in gross motor skills.	*			*		
	Continue to reduce smoking in pregnancy in line with local and national initiatives.		*			*	
Data							
The uptake of the 2-2.5years development review is lower than the 12-month development review. Limited data is collected about fathers and their access to services. There is limited data relating to healthy weight in pregnancy. There are challenges with the quality of data reported into Maternity Services data set and Community Services data set. There is no local data reflecting parent-infant relationships. There is limited local data on smoking in at time of delivery at district level.	Analysis of ASQ-3 and ASQ-SE data at 12 months will assist with early identification of needs.	*			*		
	Work with Integrated Care Board, Family Hubs, Healthy Family Teams, Maternity services, and commissioners to establish a local Best Start Data Dashboard.	*	*			*	
	Explore ways to improve the quality of data reported in Maternity Services data set and Community Services data set.	*	*		*		
	Explore opportunities for data collection in relation to parent-infant relationships.	*				*	
	Explore opportunities to improve data collection in relation to smoking in pregnancy.	*				*	

**Including district and borough councils*

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