

Maternity, children and young people data overview
Cumbria and districts
July 2018

1. Fertility – Live Births

Overview: Live births data are provided by area of usual residence of the mother. The General Fertility Rate (GFR) is the number of live births per 1,000 women aged 15 to 44, calculated using the most recent population estimates.

Key stats: In 2016, there were a total of 4,758 live births in Cumbria; the General Fertility Rate was 60.6 per 1,000 women aged 15 to 44 years, below the England average of 62.5. Across the districts, rates vary from the greatest in Barrow-in-Furness at 68.4, compared to the lowest in Eden at 54.3. See Table 1.

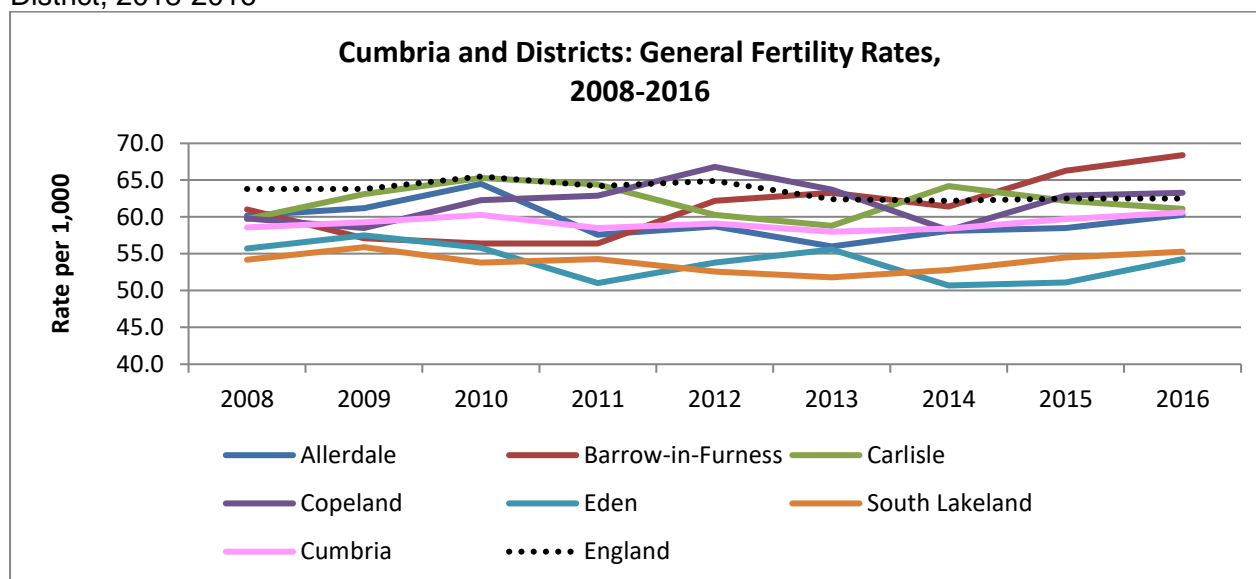
General Fertility Rates have been relatively stable across Cumbria since 2008, however, since 2003 (to 2016) they have been increasing. Across the districts, there has been more noticeable variation

Table 1: General Fertility Rates (GFR) per 1,000 women aged 15-44 years, County and District, 2013-2016

	2013		2014		2015		2016	
	Live births	GFR	Live births	GFR	Live births	GFR	Live births	GFR
Allerdale	879	56.0	902	58.1	893	58.5	902	60.3
Barrow-in-Furness	759	63.3	727	61.4	770	66.3	780	68.4
Carlisle	1,180	58.8	1,261	64.2	1,206	62.2	1,170	61.1
Copeland	752	63.7	677	58.2	718	62.9	703	63.3
Eden	447	55.6	399	50.7	395	51.1	409	54.3
South Lakeland	797	51.8	794	52.8	807	54.5	794	55.3
Cumbria	4,814	58.0	4,760	58.4	4,789	59.7	4,758	60.6
England		62.4		62.2		62.5		62.5

Source: Office for National Statistics

Figure 1: General Fertility Rates (GFR) per 1,000 women aged 15-44 years, County and District, 2008-2016



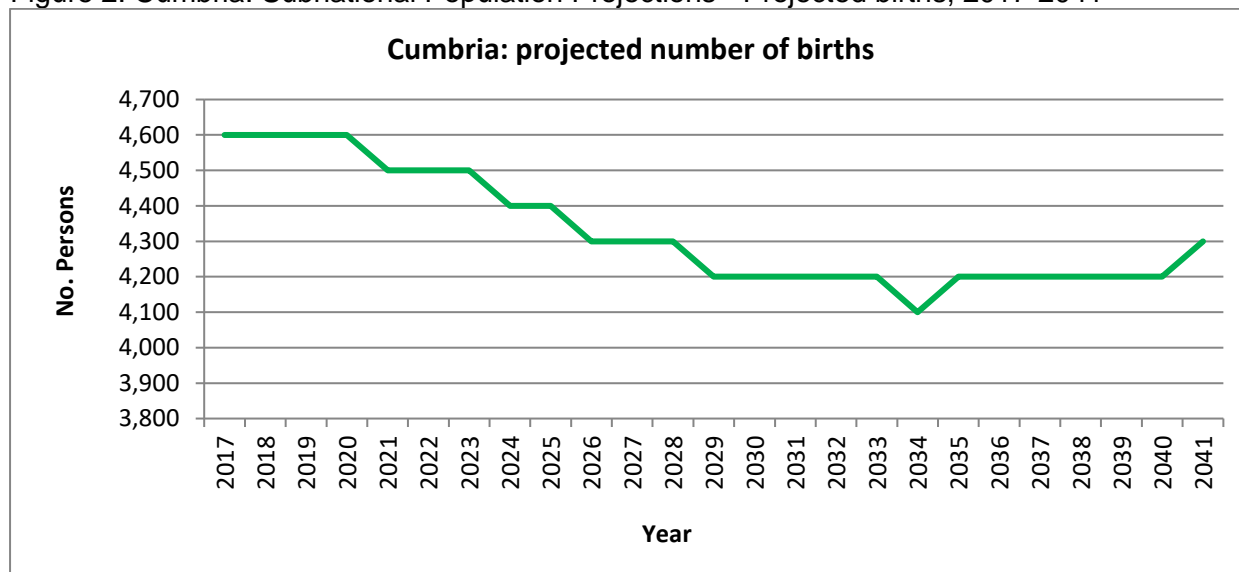
Source: Office for National Statistics

2. Subnational Population Projections – births

Overview: The Office for National Statistics produce long-term population projections for Local Authorities in England. They provide indicative figures relating to the size and structure of the future resident population in each LA over the next 25 years. They are based on the assumption that the average observed levels of fertility, mortality and migration in each LA over the previous five years will continue in the future. The projections include components of change and in particular a breakdown of projected number of births. They are not forecasts and take no account of policy or development aims that have not yet had an impact on observed trends.

Key stats: The number of births in Cumbria are projected to decrease in the future, based on the previous 5 years trends. By 2022 numbers are projected to decrease by -100 from 4,600 (in 2017) to 4,500; by 2027, they are projected to decrease by -300 to 4,300; and by 2037, they are projected to decrease by -400 to 4,200. At the end of the projected period (by 2041, the number of births in Cumbria are projected to decrease by a total of -300 to 4,300. Across the districts, there are projected decreases of -100 in all districts with the exception of Carlisle and Eden where they will remain the same (despite slight fluctuations throughout the period).

Figure 2: Cumbria: Subnational Population Projections - Projected births, 2017-2041



Source: Office for National Statistics

Further information:

Office for National Statistics:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyareaofusualresidenceofmotheruk>

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections>

Cumbria Intelligence Observatory:

<https://www.cumbriaobservatory.org.uk/population/population-further-information/>

3. Infant Mortality

Overview: infant mortality relates to deaths occurring during the first 28 days of life (known as the neonatal period) and are considered to reflect the health and care of both mother and newborn. The indicator is presented as a rate of infant deaths under 1 year of age per 1,000 live births.

Key stats: During the period 2014-16, there were 56 infant deaths (under the age of 1 year) in Cumbria, equating to a crude rate of 3.9 per 1,000 live births; this rate is the same as the national average. Across the districts, Allerdale and Barrow-in-Furness had the greatest rates of infant mortality (4.8 per 1,000) however, because numbers are relatively low (and confidence intervals are relatively wide) comparisons against each district and the national average are not significant and indicate a lower level of precision.

Key	Better than England	Similar to England	Worse than England
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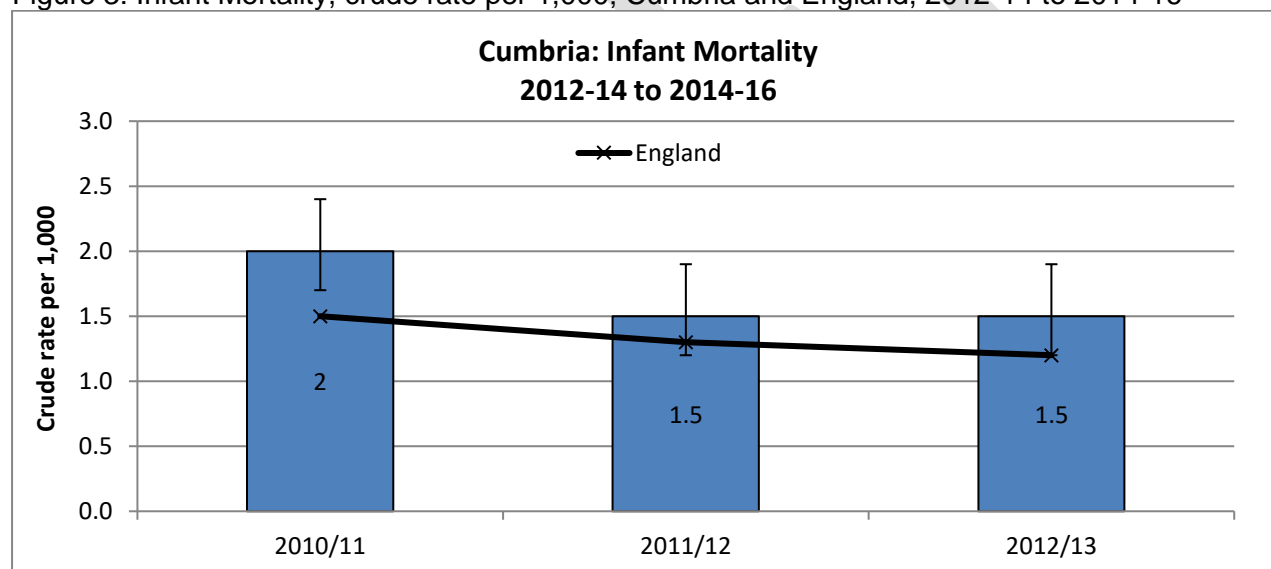
Table 2: Infant Mortality, crude rate per 1,000 2014-16

	Count	Value	Lower CI	Upper CI
Allerdale	13	4.8	2.6	8.2
Barrow-in-Furness	11	4.8	2.4	8.6
Carlisle	16	4.4	2.5	7.1
Copeland	8	3.8	1.6	7.5
Eden	3	2.5	0.5	7.3
South Lakeland	5	2.1	0.7	4.9
Cumbria	56	3.9	3.0	5.1
England		3.9		

Source: Public Health Outcomes Framework/Office for National Statistics

From 2012-14 to 2014-16, infant mortality rates in Cumbria have remained relatively stable (Figure 3).

Figure 3: Infant Mortality, crude rate per 1,000; Cumbria and England, 2012-14 to 2014-16



Source: Public Health Outcomes Framework/Office for National Statistics

Further information:

Public Health England: <https://fingertips.phe.org.uk/>

Office for National Statistics:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/childmortalitystatisticschildhoodinfantandperinatalchildhoodinfantandperinatalmortalityinenglandandwales>

4. Breastfeeding

Overview: Breastfeeding is expected to reduce illness in young children and have health benefits for the infant and mother. Breast milk provides key nutrition for infants in their first stages of life. There are two key data sets: breastfeeding initiation (% of all mothers who breastfeed their babies in the first 48 hours after delivery); and breastfeeding prevalence at 6-8 weeks (% of all infants due a 6-8 week check that are totally or partially breastfed).

Key stats: Breastfeeding initiation rates in Cumbria are significantly worse than the England average, at 64.1% compared to 74.5%. Across the districts, rates are significantly worse in Allerdale (62.9%); Barrow-in-Furness (48.8%); Carlisle (63.6%); and Copeland (59.2%). See Table 1.

Rates of breastfeeding prevalence at 6-8 weeks are also low in Cumbria, however, due to incompleteness of data, comparisons against national figures cannot be made. Using local performance data provided by Cumbria Partnership NHS Foundation Trust, in Quarter 4 2017/18, the rate in Cumbria was 34.6%. Across the districts, this varies from 26.6% in Furness to 54.1% in Eden. See Table 2.

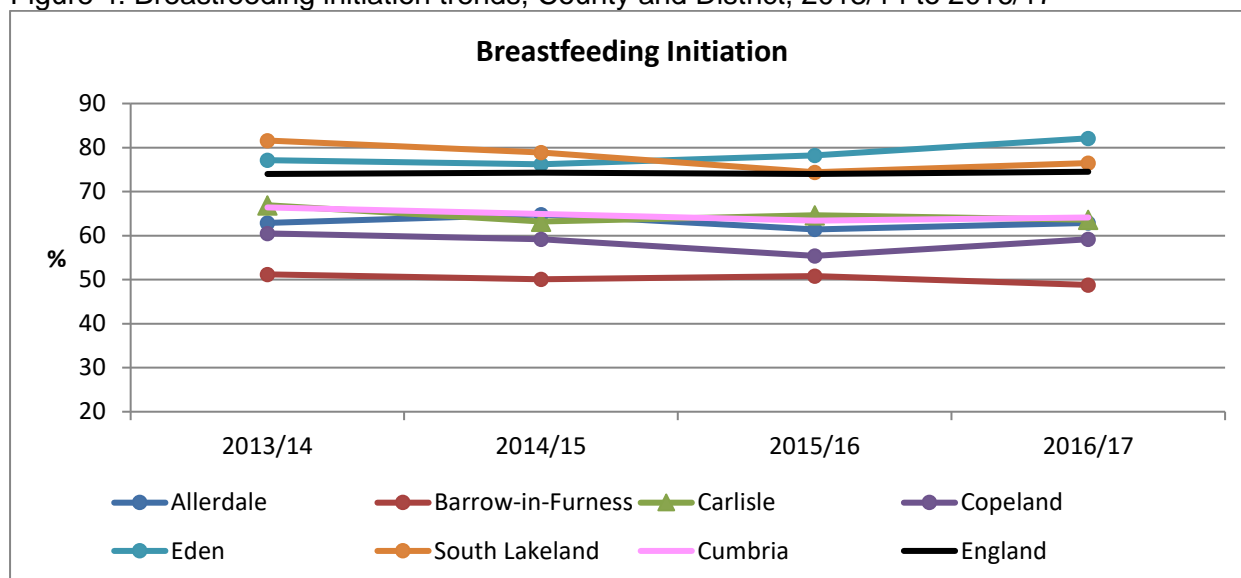
Table 3: % Breastfeeding initiation, 2016/17

	Count	Value %	Lower CI	Upper CI
Allerdale	567	62.9%	59.7%	66.0%
Barrow-in-Furness	377	48.8%	45.3%	52.3%
Carlisle	680	63.6%	60.7%	66.4%
Copeland	410	59.2%	55.5%	62.8%
Eden	294	82.1%	77.8%	85.7%
South Lakeland	644	76.5%	73.5%	79.2%
Cumbria	2,972	64.1%	62.7%	65.5%
England		74.5%		

Source: Public Health Outcomes Framework

Breastfeeding initiation rates in Cumbria have historically been below the national average; this is true for the districts of Allerdale; Barrow-in-Furness; Carlisle; and Copeland (Figure 4).

Figure 4: Breastfeeding initiation trends, County and District, 2013/14 to 2016/17



Source: Public Health Outcomes Framework

Table 4: % Breastfeeding prevalence at 6-8 weeks (based on GP Locality), Qtr 1-4, 2017-18

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Allerdale	23.8%	29.6%	34.2%	32.0%
Furness	13.9%	20.2%	22.9%	26.6%
Carlisle	21.7%	26.2%	29.2%	30.8%
Copeland	21.5%	33.3%	20.5%	29.6%
Eden	22.9%	34.3%	36.0%	54.1%
South Lakeland	23.8%	44.8%	44.9%	52.9%
Cumbria	20.8%	29.8%	30.8%	34.6%

Source: 0-5 Healthy Child Programme, Cumbria Partnership NHS Foundation Trust

Further information:

Public Health Outcomes Framework: <https://fingertips.phe.org.uk/>

Public Health England Breastfeeding Profiles: <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-breastfeeding>

5. Low birth weight of term babies

Overview: Low birthweight is a factor of childhood morbidity, infant mortality and can significantly affect health in later life. There are social inequalities in low birthweight which are likely to affect future childhood and adult health inequalities. Low birth weight of term babies is measured by live births with a recorded birthweight under 2,500g and a gestational age of at least 37 weeks, as a proportion (%) of all live births with recorded birth weight and gestational age of 37 weeks.

Key stats: In 2016, there were a total of 117 low birth weight of term babies, equating to 2.69% of all births; this was similar to the national average of 2.79%. Across the districts, Copeland had the greatest proportion of low birth weight at 3.37%, however, because numbers are relatively low (and confidence intervals are relatively wide) comparisons against each district and the national average are not significant and indicate a lower level of precision.

Available at the following link:

Table 5: % Low birth weight of term babies, 2016

	Count	Value %	Lower CI	Upper CI
Allerdale	17	2.07%	1.30	3.29
Barrow-in-Furness	21	2.95%	1.93	4.46
Carlisle	31	2.88%	2.04	4.06
Copeland	21	3.37%	2.21	5.09
Eden	7	1.83%	0.89	3.73
South Lakeland	20	2.74%	1.78	4.19
Cumbria	117	2.69%	2.25	3.22
England		2.79%		

Source: Public Health Outcomes Framework/Office for National Statistics

Further information:

Public Health Outcomes Framework: <https://fingertips.phe.org.uk/>

Office for National Statistics:

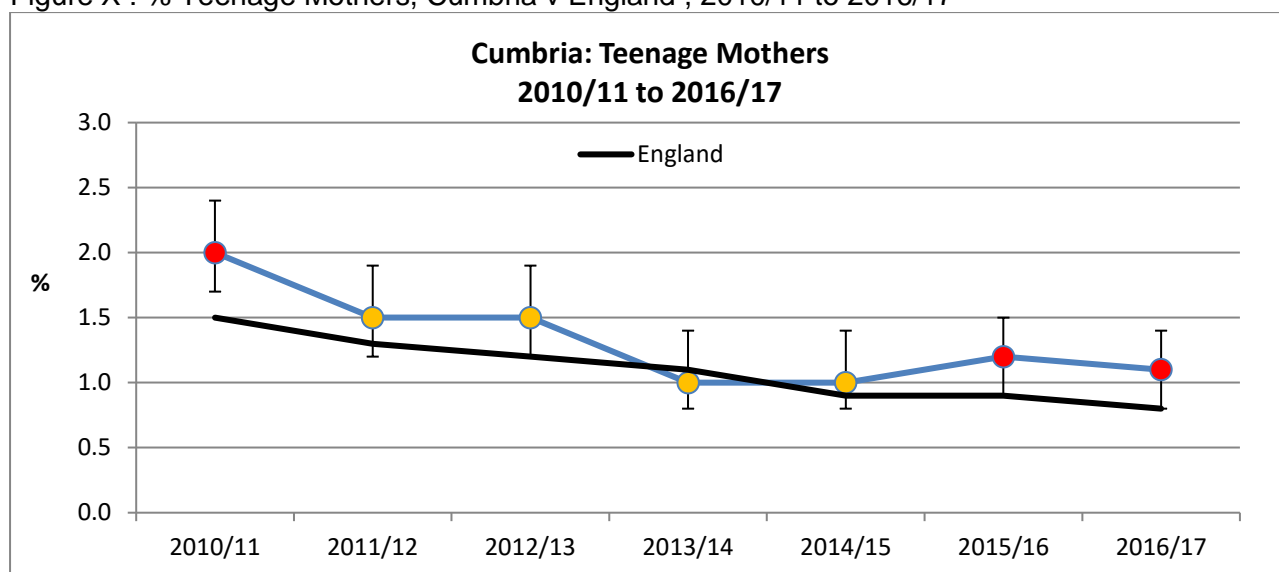
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths>

6. Teenage mothers

Overview: children born to teenage mothers have 60% higher rates of infant mortality and are at an increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty. Teenage mothers is measured by the proportion (%) of delivery episodes where the mother is aged under 18 years.

Key stats: In 2016/17, there were a total of 50 teenage mothers in Cumbria, equating to 1.1% of all deliveries; although the rate is low, it is significantly worse than the national average of 0.8%. Despite this, the proportion has been declining since 2010/11 (from 2.0%). Data is not available at District level.

Figure X : % Teenage Mothers, Cumbria v England , 2010/11 to 2016/17



Source: Public Health Outcomes Framework/Hospital Episode Statistics

Further information:

Public Health Outcomes Framework: <https://fingertips.phe.org.uk/>

7. Smoking status at time of delivery

Overview: Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. Smoking can cause complications during pregnancy and labour; and can cause serious pregnancy related health problems including increased risk of miscarriage, premature birth, stillbirth, low birth weight and sudden unexpected death in infancy. This indicator is measured by the number of mothers known to be smokers at the time of delivery as a proportion (%) of all maternities.

Key stats: In 2016/17, there were 565 mothers known to be smokers at the time of delivery in Cumbria equating to 12.4%; this is significantly worse than the national average of 10.7%. Rates are the same across all districts in Cumbria, however, numbers are relatively low and confidence intervals are relatively wide therefore comparisons against each district and the national average are not significant and indicate a lower level of precision.

Table 6: % smoking status at time of delivery, Cumbria and Districts, 2016/17

	Count	Value %	Lower CI	Upper CI
Allerdale	107	12.4%	10.4	14.8

Barrow-in-Furness	93	12.4%	10.2	15.0
Carlisle	139	12.4%	10.6	14.5
Copeland	84	12.4%	10.1	15.1
Eden	48	12.4%	9.5	16.0
South Lakeland	94	12.4%	10.2	14.9
Cumbria	565	12.4%	11.5	13.4
England		10.7%		

Source: Public Health Outcomes Framework/NHS Digital

Further information:

Public Health Outcomes Framework: <https://fingertips.phe.org.uk/>

8. Children & Young People's Profile; Cumbria and Districts

Overview: this profile has been produced by Cumbria County Council and provides a wide range of information at county and district level from a range of data sources, including:

- Population overview: current population estimates; population projections;
- Population characteristics: vulnerable groups; black and minority ethnic groups; children with special educational needs; looked after children;
- Health and Wellbeing: infant mortality; live births; smoking at time of delivery; breastfeeding; immunisation; obesity; hospital admissions; sexual health
- Poverty: children in low-income families; deprivation
- 1 in 100 Infographic: if the county was made up of 100 children and young people, what would they look like?
- JSNA Children & Families Chapter summary: detailed review of evidence relating to issues affecting the health and wellbeing of children and young people in the county (published in December 2015)

Available at the following link:

<http://www.cumbria.gov.uk/elibrary/Content/Internet/536/671/4674/17217/17219/4315312342.pdf>

9. Children Not in Education, Employment or Training (NEET)

Overview: this dataset provides monthly rates of NEET (for children aged 16 and 17 years) by county and district, with comparisons to national and statistical neighbours. It is produced by Cumbria County Council using data sourced from Inspria.

Key stats: In April 2018, the NEET rate in Cumbria was 2.8, this compares to 2.9 in England and across the average of Cumbria's statistical neighbours. Across the districts, the NEET rate was above national levels in Allerdale (3.3); Barrow-in-Furness (3.3); Carlisle (3.3) and Copeland (3.2).

Further information:

Available at the following link (NEET Local Authority Tables; Key Data Sources):

Cumbria Intelligence Observatory: <https://www.cumbriaobservatory.org.uk/economy-employment/economy-employment-further-information/>

10. Child and Maternal Health Public Health Profiles

Overview: this interactive tool is provided by Public Health England via the National Child and Maternal Health Intelligence Network, which aims to improve the health of pregnant women, children and you people by making data and information accessible. Data is presented by life course stage and by theme.

Further information:

Public Health England – Child and Maternal Health: <https://fingertips.phe.org.uk/profile-group/child-health>