

Reducing Infant Mortality in Leicester

Public Health and Health Integration Scrutiny Commission

Date of meeting: 28/04/2026

Lead director/officer: Clare Mills

Useful information

- Ward(s) affected: All
- Report author: Clare Mills, Acting Consultant in Public Health
- Author contact details: clare.mills@Leicester.gov.uk
- Report version number: 51

1. Summary

This report provides an update on Infant Mortality in Leicester. The report covers:

Context:

Leicester City has the 2nd highest Infant Mortality rate in England behind Birmingham. Between 2022-2024, there were 105 infant deaths in Leicester giving a rate of 7.9 per 1,000 live births, the England rate is 4.2 per 1,000 live births.

The infant mortality rate in Leicester is significantly higher than Leicestershire and England and showing an increasing trend.

Future Plans for work with partners to reduce Infant Mortality in Leicester:

To help reduce Infant Mortality rates in Leicester, the Public Health team worked with colleagues from the ICB, Leicestershire Public Health team, NHS England and Office for Health Improvements and Disparities (OHID) to help identify the areas we can improve on. Local insight was gained from 12 twelve focus groups and 5 interviews with key stakeholders in Leicester, and from this actions were explored by 40 partners on 9th March. The key themes that were identified and explored were:

- Theme 1: Targeting Risk and Reducing Inequalities
- Theme 2: Consistent, High-Quality and Accessible Support
- Theme 3: Trusted Relationships and Community-Led Support
- Theme 4: Joined-Up Systems, Information and Intelligence

Actions Plans are currently being developed, a Steering Group established and prioritises set. Delivery against the top priorities is due to begin in the summer.

Healthy Pregnancy, Birth and Babies Group – good work that’s already happening:

- **CDOP(child death review panel) recommendation: Promote & protect breastfeeding for all:** Bumps to Babies delivery continues and is well evaluated by participants. Training and discussion on colostrum harvesting has been introduced with positive feedback from parents.
- **CDOP recommendation: Safer Sleeping Risk Assessment Tool:** Tool being used. Baby Basics providing safe sleep spaces for all babies referred to them, no wait for safe sleep spaces.
- **CDOP recommendation: Reduce rates of smoking in pregnancy, increase number of smoke-free homes:** Excellent quit rate for “Smoking at Time of Delivery” and Step Outside successfully relaunched.
- **CDOP recommendation: Promotion of healthy weight before & in pregnancy:** Maternal Weight Health Needs Assessment completed and delivery on actions begun. Healthy weight focus groups underway.

2. Recommendation(s) to scrutiny:

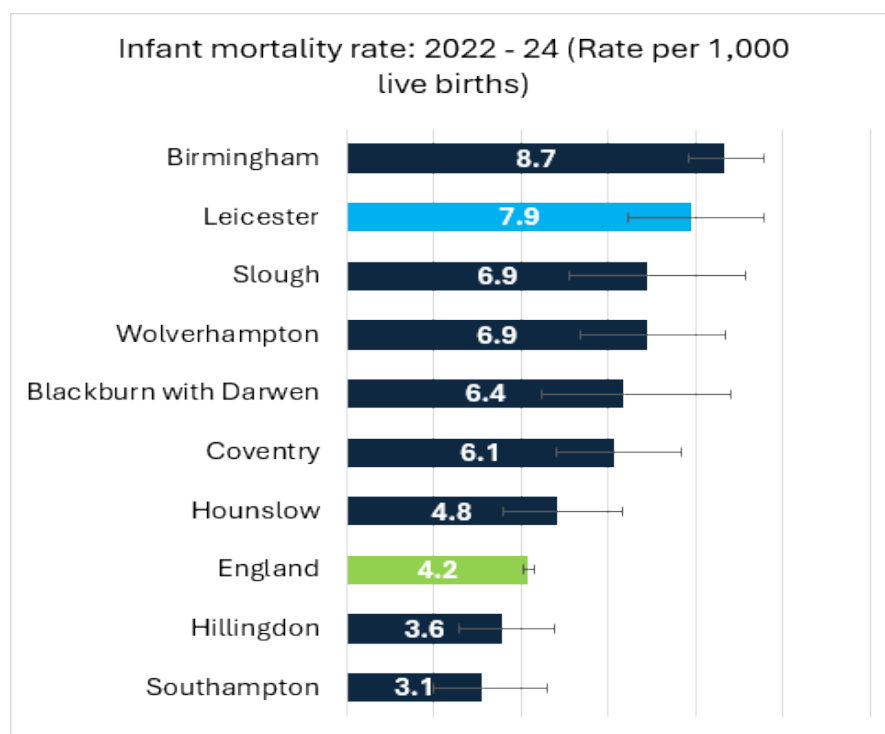
The Scrutiny Commission are invited to:

- Recognise the gravity of the current situation in Leicester.
- Support and endorse the work being developed to address Infant Mortality
- Recognise, support and champion the good work currently happening.

3. Detailed report

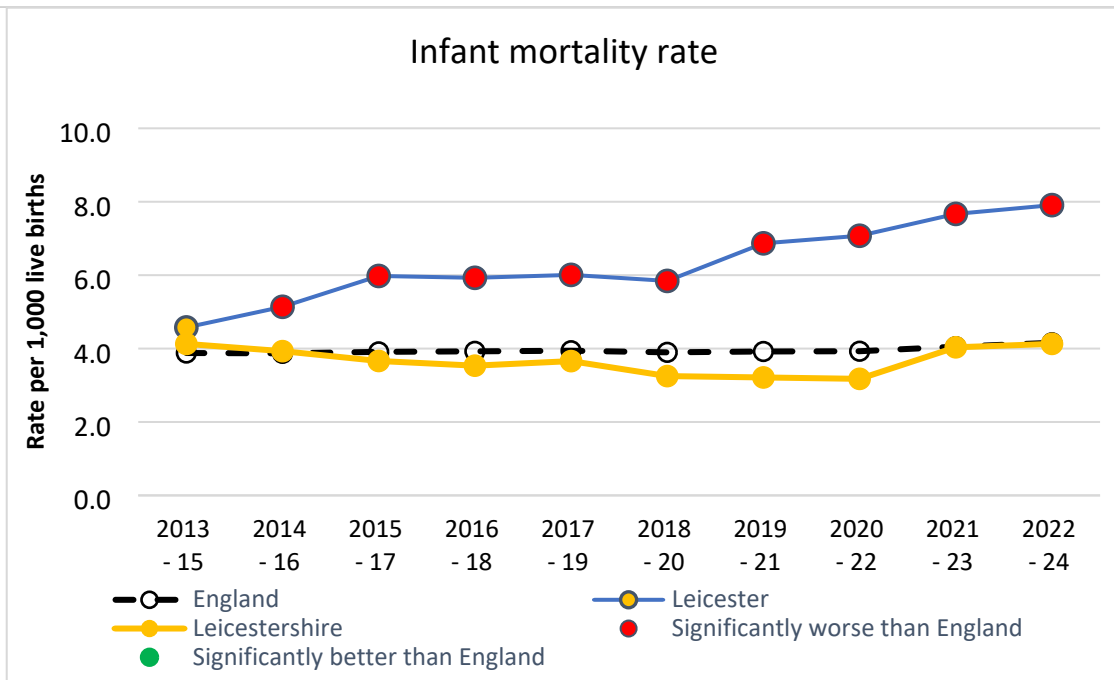
Context:

Leicester City has the 2nd highest Infant Mortality rate in England. Between 2022-2024, there were 105 infant deaths in Leicester giving a rate of 7.9 per 1,000 live births, the England rate is 4.2 per 1,000 live births.

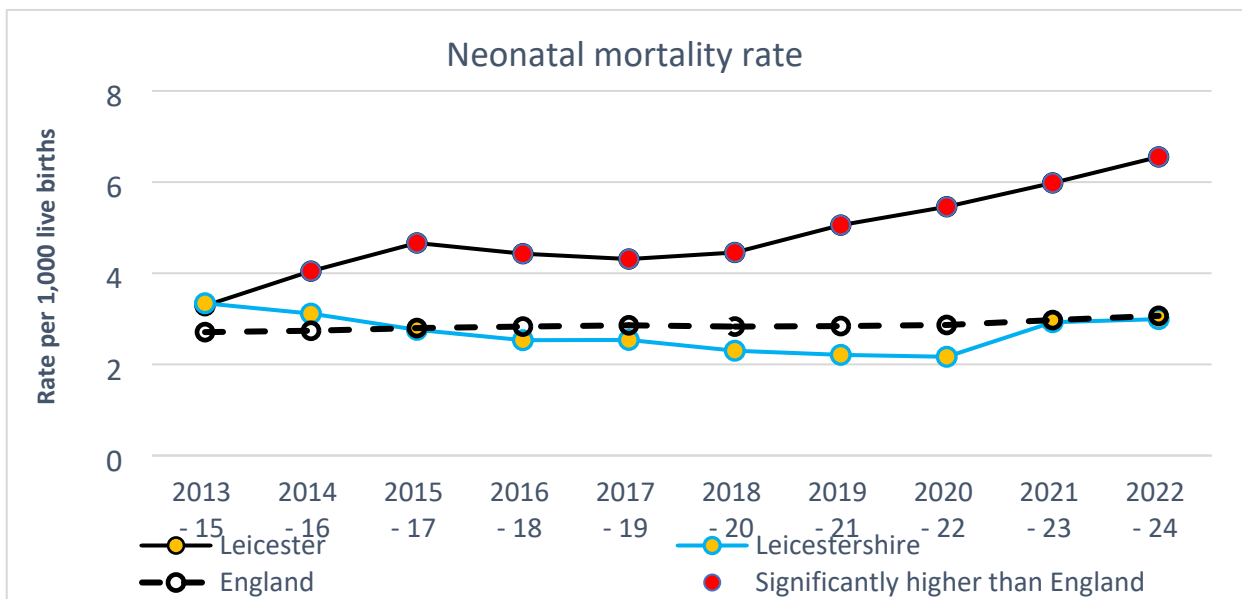


2026 <https://fingertips.phe.org.uk/> © Crown copyright 2026 (13th January 2026.)

The infant mortality rate in Leicester is significantly higher than Leicestershire and England and showing an increasing trend.



The Neonatal death rate (under 28 days) is significantly higher in Leicester than both Leicestershire and England. Neonatal deaths account for 70-80% of all infant deaths in Leicester.



Data: <https://fingertips.phe.org.uk/profile/child-health-profiles>

The top 6 contributory factors that could be modified to reduce the risk of future child deaths in Leicester are:

- Smoking in pregnancy
- Unhealthy weight in pregnancy
- Household exposure to cigarette smoke
- Poor communication between agencies
- Guidelines or policies not being followed
- Missed signs of deterioration.

Data shows national infant death rate in 2025 in Leicester, Leicestershire and Rutland is highest for infants of black or black British ethnicity (7.0 per 1,000 live births); more than double the rate of infants of white ethnicity (3.0 per 1,000 live births). The death rate of infants of Asian or Asian British ethnicity (5.2 per 1,000 live births) is also higher than for white infants.

Data: <https://www.ncmd.info/publications/child-death-review-data-release-2025/>

Future Plans for work with partners to reduce Infant Mortality in Leicester:

Leicester is fortunate to have to have so many people who understand the complexities and interdependence of the factors that influence infant mortality and in the face of this challenge, continue to passionately work towards improving outcomes for our babies; across all parts of the system fantastic work is taking place. However, despite all of our best efforts, Leicester has the second highest infant mortality rates in England.

The causes of infant mortality are complex and no one organisation can address this alone. To help reduce Infant Mortality rates in Leicester, the Public Health team worked with colleagues from the ICB, Leicestershire Public health team, NHS England and Office for Health Improvements and Disparities (OHID) to help identify the areas we can improve on. The work involves 3 phases:

- Insights
- Conference
- Action Plans and Delivery

Insights:

The team carried on 12 twelve focus groups and 5 interviews with a wide range of partners across health, local government, VCSE/community organisations about what is contributing to infant mortality in the Leicester, their knowledge and experience was vital in helping the team map work that is happening across the system, and in identifying gaps. The team explored four questions:

- (1) what is contributing to infant mortality locally
- (2) what are the key challenges
- (3) what has been successfully implemented
- (4) what more could be done.

Participants were encouraged to draw on operational experience and observed impacts on families, services and outcomes.

Thematic analysis of the discussion identified 4 key headlines:

1. Infant mortality is complex and is shaped by intersecting factors: deprivation and poverty, unstable/unsafe housing, social isolation, and higher clinical and social complexity.
2. Equity is central: stakeholders described unequal outcomes and unmet need affecting some ethnic minority and disadvantaged groups, and emphasised that translation alone is not enough; services and information must be culturally secure and accessible.
3. Variation and fragility in provision can widen gaps: workforce capacity, time in appointments, and consistency of evidence-based practice were repeatedly listed as impact on provision.

4. Whole-system coordination is key: partners highlighted the need for stronger integration across primary care, maternity, neonatal, health visiting, early help/family hubs and VCSE-supported by better data sharing and sustained implementation.

For the full report please contact Clare.mills@leicester.gov.uk

Conference:

On the 9th March 2026 an Infant Mortality Call to Action workshop was held, and over 40 participants from across health, local government, VCSE/community organisations attended. Building on the insights work the event was solution focused and participants work together, using logic models, to create actions across 4 themes:

Theme 1: Targeting Risk and Reducing Inequalities

- We have a shared understanding where and why babies are most at risk, so support is focused on the neighbourhoods and families who need it most.
- Families facing housing problems, poverty or domestic abuse get help earlier and more easily, with health services linked clearly to wider practical support.
- We understand the reasons why people are reluctant to engage with services and are using these insights to tailor support.

Theme 2: Consistent, High-Quality and Accessible Support

- Families receive the same high-quality care wherever they are seen, because a small number of proven practices are used consistently across services.
- Families can access services more easily, with flexible appointments, simpler referrals and fewer barriers to getting help.
- From preconception through to a child's first birthday, care will be provided at the right time and in the right place.

Theme 3: Trusted Relationships and Community-Led Support

- Families feel less isolated and more supported because they are connected to trusted people, groups and community networks that can help them during pregnancy and early parenthood.
- Families receive information and support in a way that feels relevant, respectful and trustworthy, because it is shaped with communities and reflects their cultures and lived experience.
- Families at highest risk have ongoing trusted relationships with our teams.
- Families benefit from strong community and voluntary sector support, because services work closely with VCSE partners and funding is more stable where impact is shown.

Theme 4: Joined-Up Systems, Information and Intelligence

- Families hear the same clear supportive messages wherever they go, so they know how to keep themselves and their babies healthy during pregnancy and early parenthood.
- Families know where to get help and are signposted quickly, because every professional knows what other help is available.
- Families will transition smoothly across services along with their information, so that professionals can tailor support to them.
- We have strong intelligence sharing processes in place and are using data to make sure we are collectively understanding and responding to the right drivers of infant mortality and the needs of communities.

Action Plans and Delivery:

The results of the workshop are currently being analysed and action plans are being developed. Next steps include:

- Confirming the content of the action plans
- Establishing a Steering Group
- Agreeing the Action Plan priorities
- Establishing working groups

Healthy Pregnancy, Birth and Babies Group – good work that’s already happening: Addressing CDOP Recommendations:

- **CDOP(child death review panel) recommendation: Promote & protect breastfeeding for all:** Bumps to Babies delivery continues and is well evaluated by participants. Training and discussion on colostrum harvesting has been introduced with positive feedback from parents.
- **CDOP recommendation: Safer Sleeping Risk Assessment Tool:** Tool being used. Baby Basics providing safe sleep spaces for all babies referred to them, no wait for safe sleep spaces.
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Additional work:

IVF Overseas conceptions:

- CDOP has identified an emerging theme of early labour leading to babies dying who were conceived via IVF overseas.
- Overseas IVF pregnancy Task and Finish Group established.
- Public Health are commissioning Insights Work into what informs decision making around seeking IVF overseas.

“Late bookings” (after 10 weeks of conception):

- University Hospitals of Leicester have increased booked within 70 days of conception (10 weeks) from 70% to 78% of women. Above national average (64%).

- Black women and birthing people 1.7 times more likely to book late.
- Public Health have commissioned DeMontfort University to research “**Understanding health care-seeking behaviour in early pregnancy among diverse women**”

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

None

Signed:

Dated:

4.2 Legal Implications

No adverse legal implications arising but general comments are any collaborative working and information sharing should be in accordance with data protection legislation and appropriate advice and help sought.

Signed: Mannah Begum, Principal Solicitor, Commercial Legal Team

Dated: 20 April 2026

4.3 Equalities Implications

The Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a ‘protected characteristic’ and those who do not.

We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

This report sets out actions to address infant mortality in Leicester, which is closely linked to inequality and health outcomes that vary significantly across different communities. The data shows higher rates of infant mortality among babies from Black and Asian ethnic backgrounds and in families affected by deprivation, poor housing, and other wider determinants of health.

The proposals in this report should lead to positive impacts targeting support at those most at risk, improving access to services, and strengthening culturally appropriate and community-led approaches. It will be important that delivery of the action plan is informed by data, community insight and ongoing equality monitoring to ensure that services are accessible, proportionate and effective for all groups.

An Equality Impact Assessment should be completed as the action plan is developed and implemented to ensure that any potential adverse impacts are identified and mitigated.

Signed: Equalities Officer, Surinder Singh, Ext 37 4148

Dated: 20 April 2026

4.4 Climate Emergency Implications

None

Signed:

Dated:

4.5 Other Implications

None

Signed:

Dated:

5. Background information and other papers:

6. Summary of appendices:

Appendix A, B and C – National Energy Action Internal Evaluation of the Leicester Energy Action Project.