

Infant Mortality in Leicester

(death of a child before their first birthday)

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Presentation will cover:

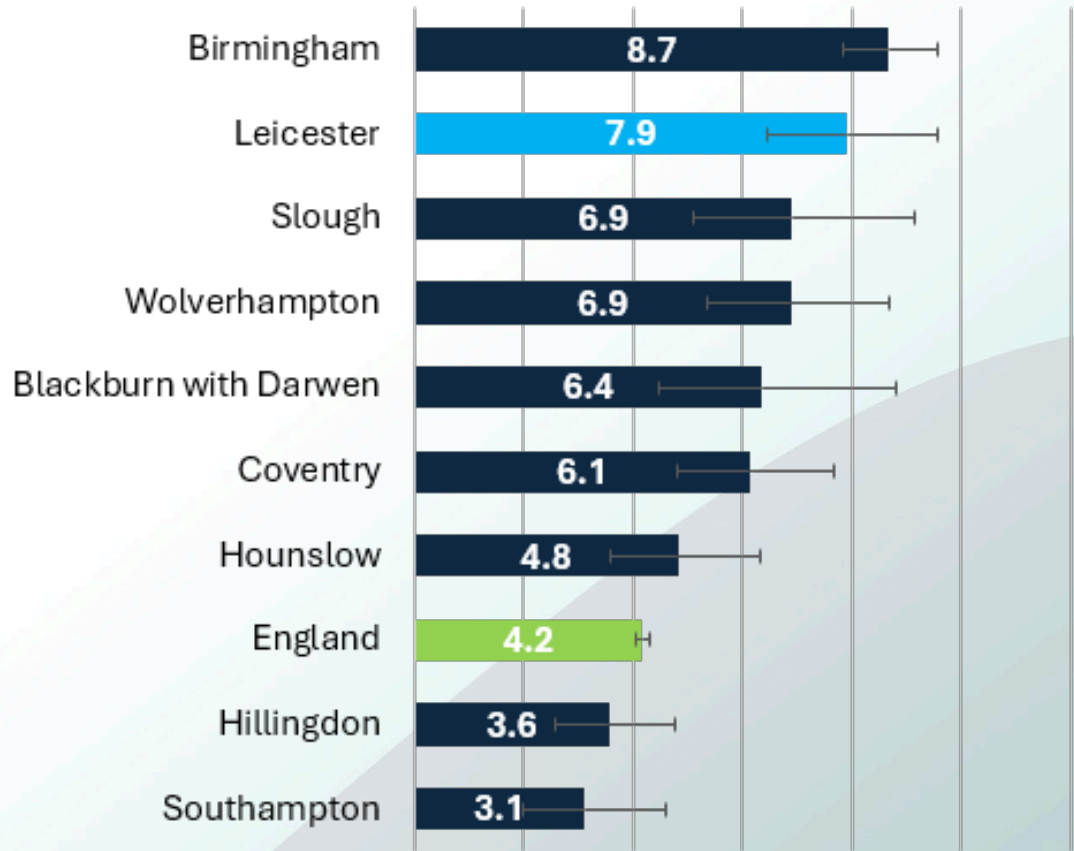
- Context, Infant Mortality in Leicester
- Future Plans for work with partners to reduce Infant Mortality in Leicester
- Healthy Pregnancy, Birth and Babies Group – good work that's already happening



Leicester
City Council

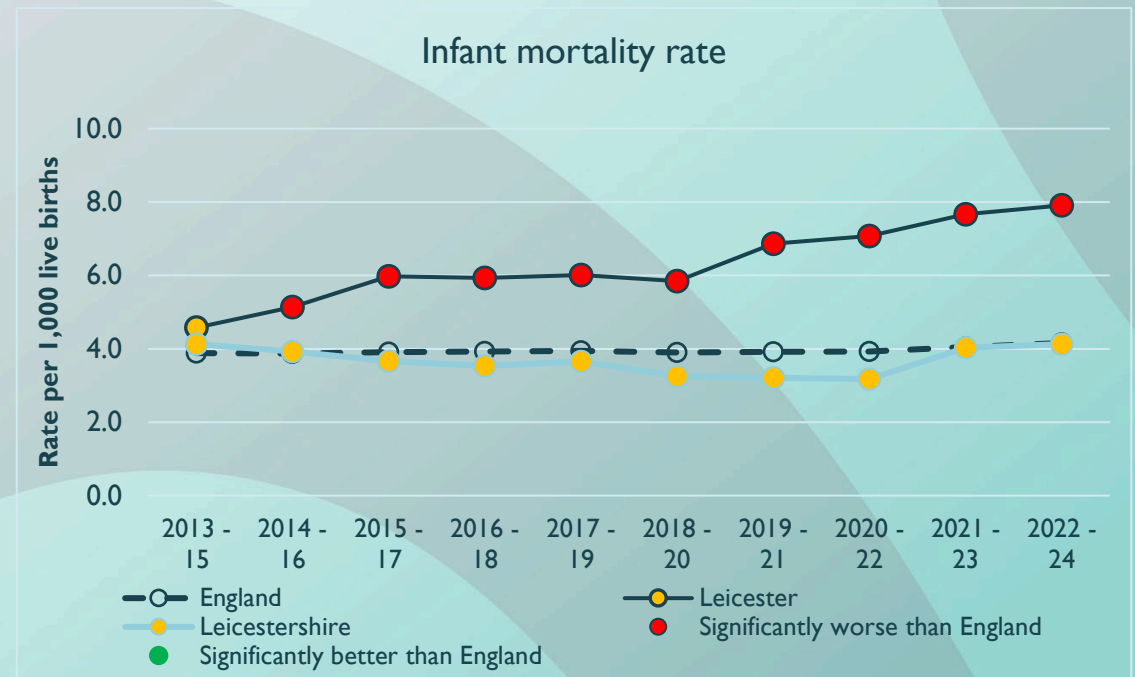
Infant Mortality

Infant mortality rate: 2022 - 24 (Rate per 1,000 live births)



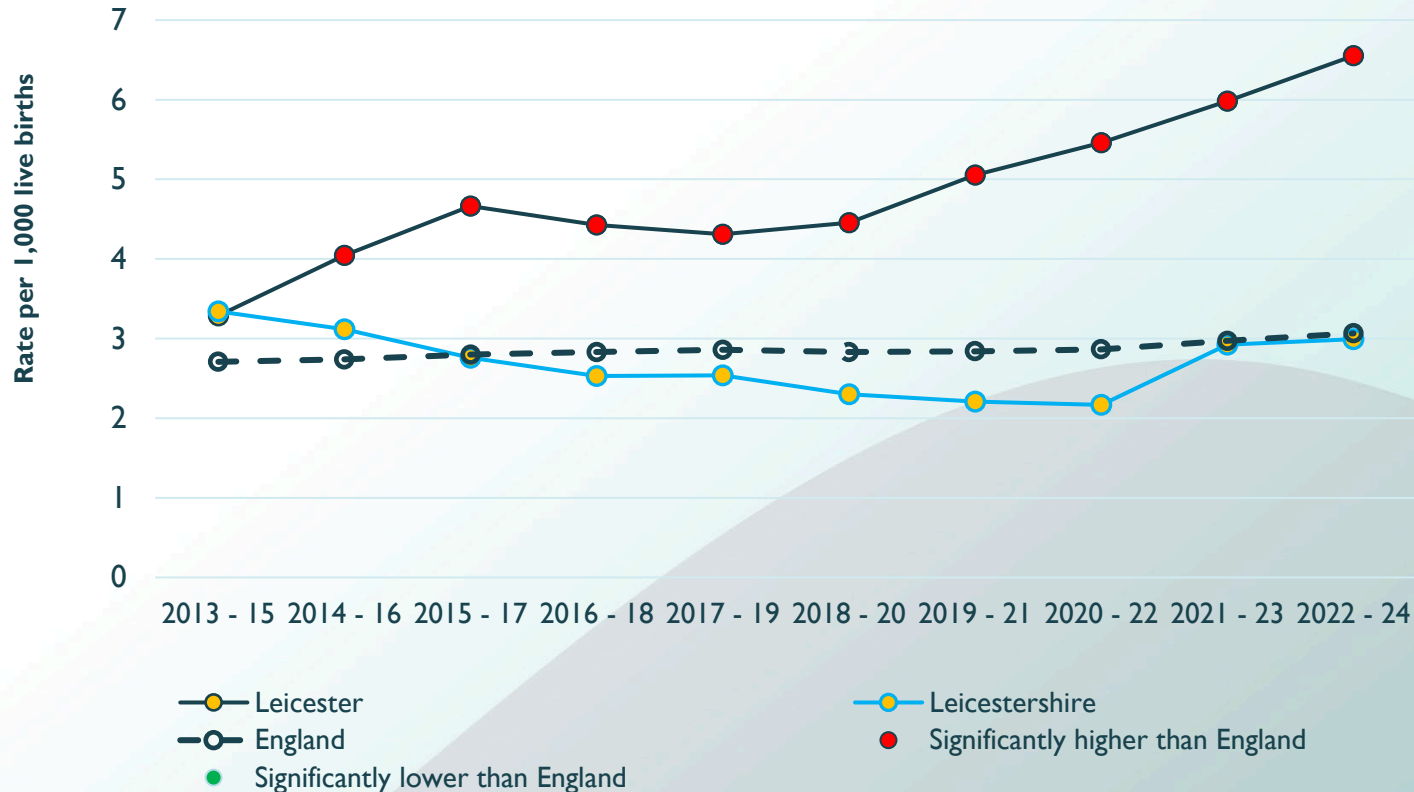
Leicester City has the 2nd highest IM rate in England. Between 2022-2024, there were 105 infant deaths in Leicester giving a rate of 7.9 per 1,000 live births (2nd highest in England (rate 4.2))

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



Neonatal Mortality

Neonatal mortality rate



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

Infant Mortality and Ethnicity

NCMD 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.

What causes infant deaths in Leicester?

Top **6** contributory factors that could be **modified** to reduce future child deaths in our area



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

Future Plans to reduce Infant Mortality in Leicester

Public Health (Leicester) ICB, Public Health (Leicestershire), NHS England and Office for Health Improvements and Disparities (OHID) lead work to help identify the areas we can improve on.

The work involves 3 phases:

- Insights
- Conference
- Action Plans and Delivery

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#SaferSleepWeek



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.

CDOP Recommendations: Infant Mortality

- Promote & protect breastfeeding for all
- Safer Sleeping Risk Assessment Tool
- Reduce rates of smoking in pregnancy, increase number of smoke-free homes
- Promotion of healthy weight before & in pregnancy

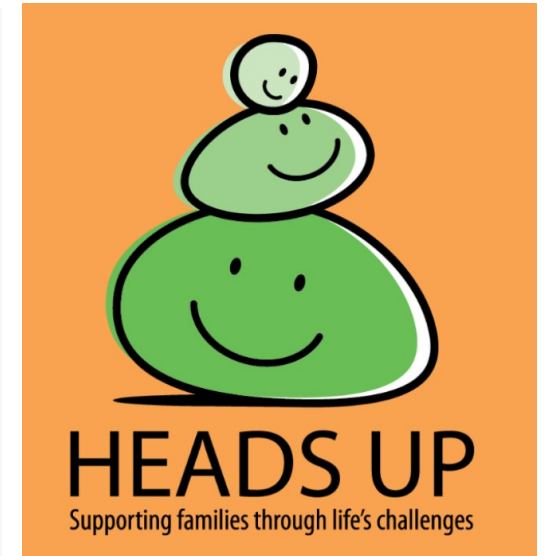
Healthy Pregnancy, Birth and Babies Group

- Organisations across Leicester, Leicestershire and Rutland meet quarterly to share best practice and progress work.
- Previously had Strategy and Action plan, superseded by the (soon to be established) Steering Group

CDOP

Recommendation:

Promote & protect breastfeeding for all



Type of antenatal education	Number of unique attendees in period	Outcome data (if available)
Bumps to Babies	161	Average percentage increase in understanding and confidence following a series of sessions – 94.58%
Teen Bumps to Babies	20	Average percentage increase in understanding and confidence following a series of sessions – 94.74%





Plan for safer sleep when drinking alcohol



#SaferSleepWeek



CDOP Recommendation: Safer Sleeping Risk Assessment Tool

- Ongoing roll-out & embedding of the Leicester, Leicestershire and Rutland Safer Sleeping Risk Assessment Toolkit
- Designed to support practitioners from any agency to be equipped to have safer sleeping conversation with families, and recognise & respond to emerging vulnerabilities



Baby Basics Leicester

12 Jan · 🌐

Our stats are now in for 2025! We have had a 13% increase in referrals si... more

In 2025 we helped
1267 children which included:

314 Moses basket starter packs

314 Baby Baths

622 Toiletry bundles

162 Bouncy chairs

890 Clothing bundles

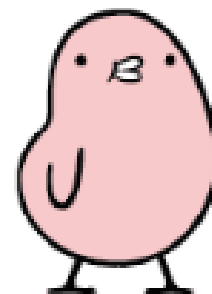
303 Cots

195 Highchairs

599 Packs of nappies

597 Book and toy bundles

And much much more....



Baby basics

One of our midwives collecting three referrals at once for her team.... getting it all in the car is like playing Tetris! 🧱



CDOP Recommendation: Reduce rates of smoking in pregnancy, increase number of smoke-free homes

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My reason
to quit



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Currently 6th place out of 112 maternity services in UK for having a successful quit attempt. Currently 50% of SATOB* referred have successfully quit with the CURE service.

*Smoking at time of booking

Referral rates to stop smoking services differ by ethnicity, with only 33% of Asian women and 50% of black women being referred to service when SATOB* identified compared with 80% of white women in Leicester.



CDOP recommendation: Promotion of healthy weight before & in pregnancy

Maternal Weight

Health Needs Assessment

A Joint Strategic Needs Assessment (JSNA) is a statutory process by which local authorities and commissioning groups assess the current and future health, care and wellbeing needs of the local community to inform decision making.

The JSNA:

Is concerned with wider social factors that have an impact on people's health and wellbeing such as poverty and employment.

Provides a view of health and care needs in the local community

Identifies health inequalities

Indicates current service provision

Identifies gaps in health and care services, documenting unmet needs



Healthy weight focus groups

October to December 2025

Other Work

Overseas IVF conceptions:

- CDOP has identified and emerging theme of early labour and infant death for pregnancies conceived via IVF overseas.
- Overseas IVF pregnancy Task and Finish Group established.
- Public Health are commissioning Insights Work into what informs decision making round 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**”

