



Public Health Prevention in Maternity Programme

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NENC Integrated Care Board

Part of:

**North East North Cumbria
Health & Care Partnership**



**North East and North Cumbria
Local Maternity and Neonatal System**



What is the Public Health Prevention in Maternity programme?

- Led by Directors of Public Health in partnership with LMNS, Heads of Midwifery, NHSE, OHID, CYP Commissioners and VCSE
- Established in 2018
- Small finite team with clinical and public health expertise
- Population and geography
- Programme ambition: *Focussing on clinical practice in the perinatal period to embed public health practices at the earliest opportunity. Identifying and tailoring care to those with inequalities that may lead to poorer outcomes .*



Drivers

NHS Long Term Plan (2025)

Better Births (2016)

NHSE&I Maternity Transformation Programme (2020)

Maternity & Neonatal 3-year Delivery Plan (2023)

Best Start in Life: a vision for the 1,001 critical days (2021)

Healthy Child Programme (2023)

HM Gov. Mission on Opportunity (2024)

HM Gov Giving the Best Start in Life (2025)

Neonatal Critical Care Review (2020)

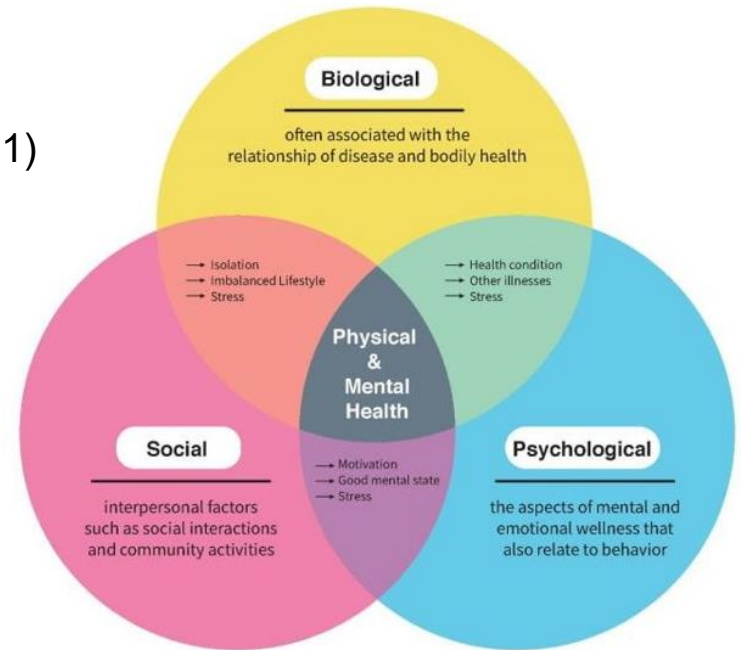
Saving Babies Lives Care Bundle version 3 (2023)

Marmot Review: 10 years on (2020)

NENC ICB Joint Forward Plan (2023)

Northern LMNS Equity and Equality Plan (2022)

Biopsychosocial (BPS) model



Prevention as a key priority

Prevention is a key priority and is supported by feedback from the NHS Assembly and the NHS Long Term Plan. There is a call for 3 shifts in the delivery of healthcare:

1. Preventing poor health

- Shift funding to evidence-based prevention measures
- Collaborate to reach those greatest at risk
- Advocate for action to tackle the wider determinants

2. Personalisation and participation

- Control over planning own care
- CoC
- Patients experience and voice, especially marginalised groups

3. Coordinated care closer to home

- Strengthen community care
- Better care, including outreach to those with complex needs

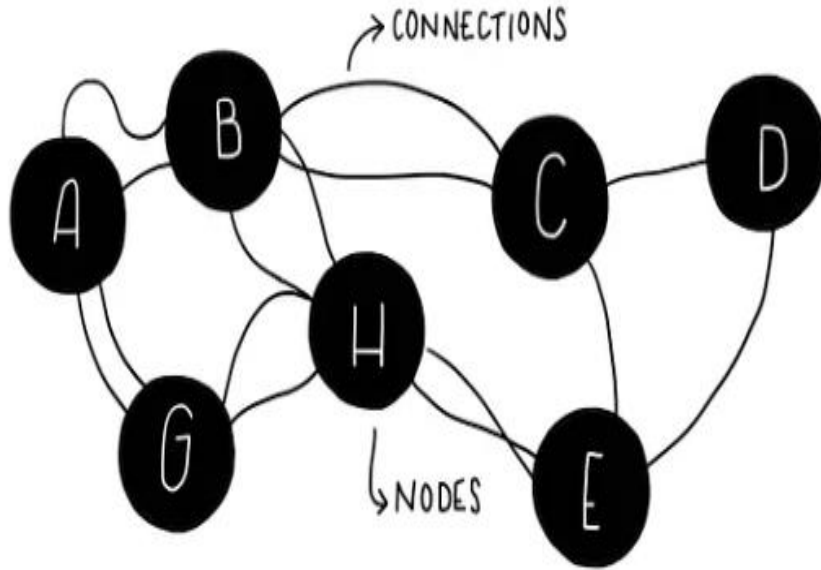


Priorities: Prevention and modifiable factors with a health equity approach

- Tobacco Dependency in Pregnancy
- Breastfeeding
- Preventative Perinatal Mental Health
- Reproductive Health: Safe pregnancy spacing, postnatal contraception
- Maternal Healthy Weight
- Alcohol in Pregnancy
- Immunisations
- Making Every Contact Count

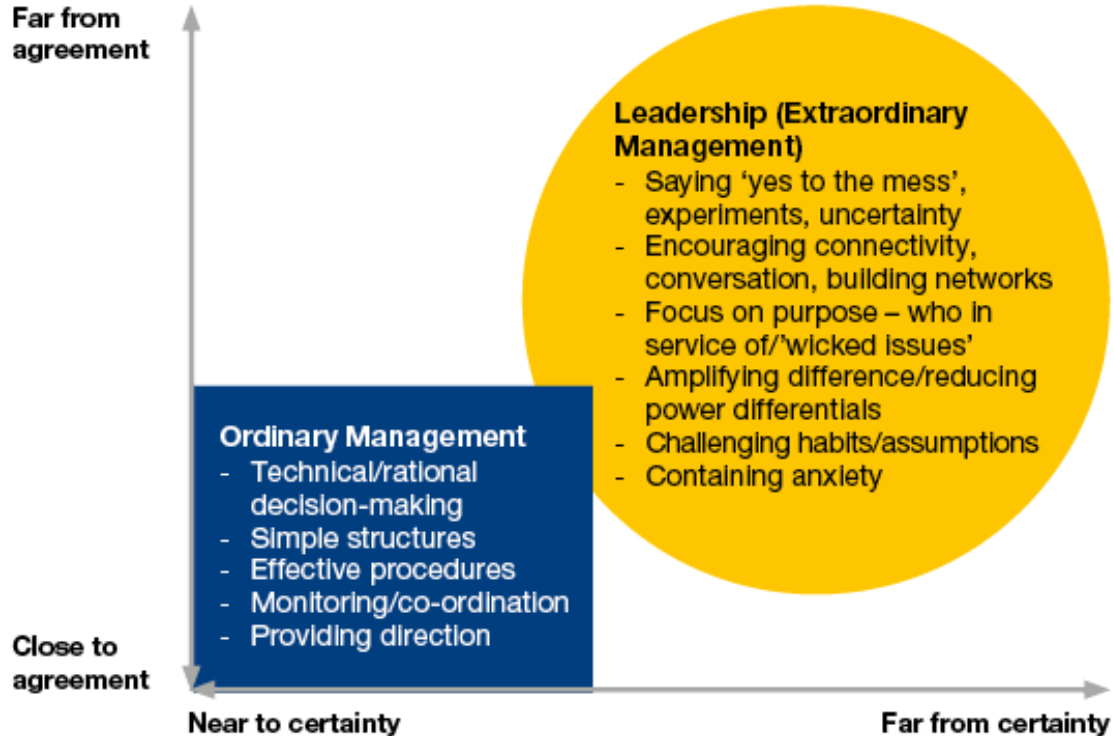


System working



Complex Systems

What do you need to work in complex systems...



(Stacey, 2015)

Activity

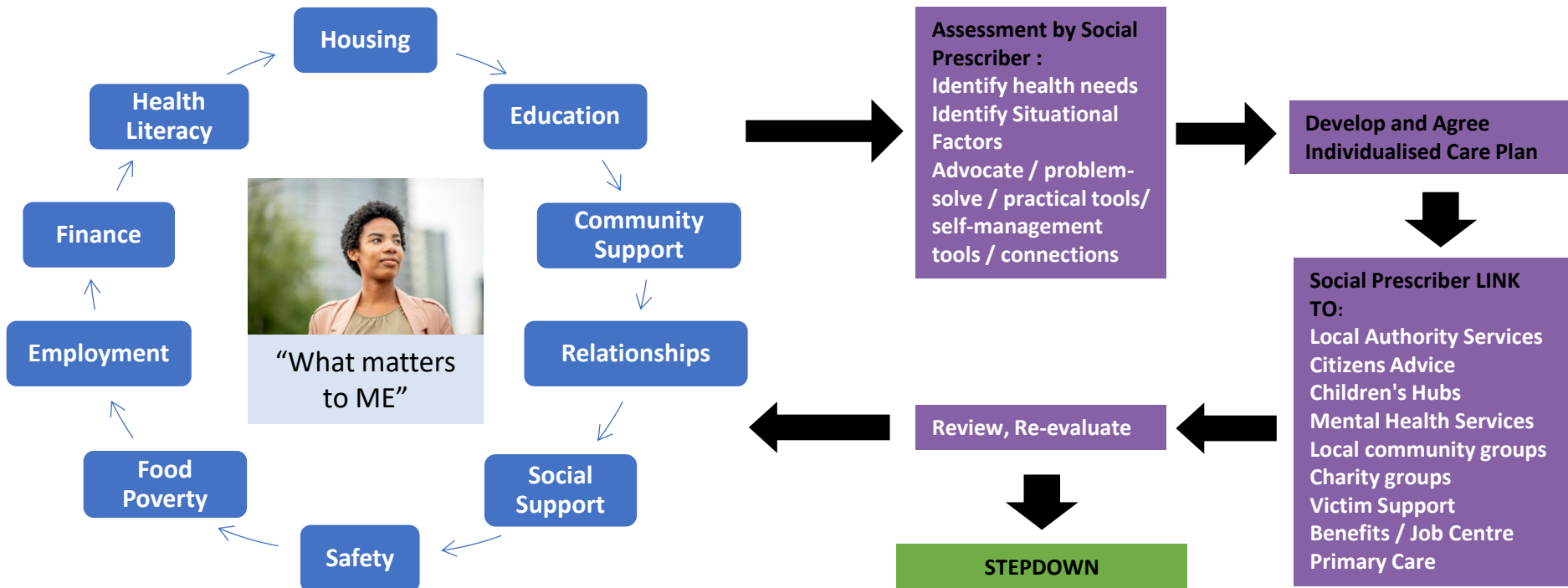


Research contributions/significant involvement to date	Lead Researcher / Funder
MMHS Inequalities insight work	ARC / Newcastle Uni / Deepend
Evaluation of the pilot maternal mental health sites in the NENC	ARC
Implementation of the SF elements of the LTP	ARC
Evaluation of Smoke Free app	Newcastle Uni / ARC
Impact of Covid-19 on parental responsiveness, bonding and attunement Rapid Review	ARC / Newcastle Uni
Babybreathe – RCT HV Intervention to relapse prevention	University of East Anglia / UEA
Evaluation of the role of the MSW in delivering PH priorities	Sunderland Uni
Impact of obesity on breastfeeding	Msc spPHr Newcastle Uni
Incentive Scheme for smoking in pregnancy using evolutionary game theory	Teesside Uni / ARC
Fit 4 Baby – PA intervention for women with fertility problems	Teesside Uni / Sports England
Evaluation of Smoking Cessation Enhanced Support (Risk Intervention) tools	MatNeo / FTs
Supporting Engagement with and Access to Maternity Services (SEAMS)	NIHR ARC
Understanding Barriers to Postnatal Contraception (POCO)	Newcastle Uni / ARC
Contraception knowledge and training for Health Visitors	iHV
Guideline Adoption and Implementation of National Academy of Medicine recommendations in maternity (GAIN study).	Newcastle Uni / ARC
NIHR Tobacco Dependence Service Evaluation	NIHR ARC
Evaluation of NENC Pregnancy Incentive Scheme	Beca Scott & Caitlin Robinson
NIHR Challenge Maternity Disparities Consortium	NIHR ARC
Evaluation of a public health prevention programme in English maternity services	NIHR ARC

North East and North Cumbria Pregnancy Anticipatory Care Model

20% most deprived decile and, or from Black, Asian or Minority Ethnicities

Tobacco dependency, Learning Disability, Severe obesity, unsupported in pregnancy by friend/family
Substance misuse, Poverty, Homelessness, Recent arrival as a migrant or refugee, Speaking and understanding English
Under 20 years old, Domestic abuse *NICE Complex Social Factor (2010)



Pregnancy Anticipatory Care Model Early Benefits

- ✓ Reduced maternal and infant mortality and morbidity (physical, social, mental, developmental)
- ✓ Reduced health inequalities
- ✓ Increased knowledge and confidence in women to reduce need for future reactive health and social care
- ✓ Strengthened connections between health system and the voluntary and social care sectors
- ✓ Freed up health professional capacity through joined up working with agencies who have specialist expertise in non-clinical support
- ✓ Improved inclusion, access to services and outcomes for vulnerable groups of women, reducing stigma
- ✓ Improved professional knowledge for those working closely with Black, Asian, Minority Ethnicities and those with complex social needs

Women's Health Implementation Plan

- Developed in partnership with NENC ICB, DsPH Networks, OHID, UKHSA Clinicians and specialist groups
- Developed from Women's Health Needs Assessment (developed with OHID) and Women's Health Strategy
- Ensuring the voices of nearly 5,000 women through the Healthwatch 'Big Conversation', the POCO Study and the Reproductive Health survey are embedded throughout.
- Delivery of this plan requires continued collaboration across the system

Fertility, Pregnancy and Postnatal Support: Access to Contraception

Why it matters - the evidence and voice of women

Table 4: Fertility, pregnancy, pregnancy loss and postnatal support in NENC

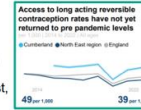
Total prescribed LARC (incl injection) (NE only)	2022	19,490	39.3 per 1,000	44.1
<25yrs repeat TOP (NE only)	2021	1,002	29.2%	29.7%
Under 18 conceptions (NE only)	2021	840	19.7 per 1,000	13.1

Access to Long-Acting Reversible Contraception (LARC)

Access to LARC, such as intrauterine systems and intrauterine devices (coils), contraceptive implants and injections is poorer across England than since the pandemic, and the North-East has worse access than the England average.

Rates of abortion in all ages have increased across England. Following years of lower-than-average rates of abortion in under 25s in the North-East, rates have increased in the region, catching up with those for England overall. The ICB has refreshed termination of pregnancy services

following the Covid-19 pandemic to improve access to Early Medical Abortion (before 9 weeks). It is not yet known how health inequalities, especially geographical inequalities such as living in a rural area, impact on access to abortion services in the region.



Postnatal Contraception

The 2022-23 North East and North Cumbria Postnatal Contraception (PoCo) Study [\(6\)](#) collected survey data from women who had completed a pregnancy in the previous three years about their experiences of postnatal contraception care. The time after having a baby is a key opportunity for contraception care in view of the risks to mothers and babies that are associated with a short interpregnancy interval.

More than 2,500 women responded to the survey, which found that only 15.5% of respondents accessed the most reliable long-acting reversible contraception (LARC) methods during the 8-week postnatal period, and almost one in five women (18.8%) indicated that they had been unable to access their preferred contraceptive type.

In accounts of their postnatal contraception experiences, women described services that were difficult to access, that often provided inadequate information about contraceptive options and side effects, and that tended to place the onus for contraception uptake on women. Women also described experiences of care that sometimes felt forced or coercive.



Our Actions

Access to Contraception

All women in NENC will be given information on all forms of contraception and be provided with their preferred choice in a timely way, wherever they live.

Our actions

1. Develop a joined up strategic commissioning strategy for contraception.
2. Work together with Public Health to develop a NENC communications campaign for contraception.
3. Women are supported through high-quality information and education to make informed decisions about their reproductive health, including if and when to have a child.
4. Health services commitment to using FSRH certified general contraception awareness and Longer Acting Removable Contraception (LARC) training.
5. Testing of approaches to post-natal contraception and roll out of successful models.
6. Reduce the geographic variation of good quality conversations on safe pregnancy spacing and contraception choices in Health Visiting, Maternity and Primary Care Services during the perinatal period.
7. The core themes of the plan are addressed.

What success looks like

1. More women receiving contraception in accessible environments and satisfied with the contraception services they receive (Service location activity data; survey).
2. Training is rolled out across all healthcare organisations across NENC and is completed according to clinical role.
3. Increase timings between births to a minimum of 18 months. (MSDS dataset).
4. Increasing total prescribed injectable contraception rates. (Women's Health Profile annual update).
5. Reduction of total abortion rates (Women's Health Profile annual update).
6. Reduction of under 25s repeat abortions (Women's Health Profile annual update).
7. Reduction of Under 25s abortion after a birth (Women's Health Profile annual update).



NENC Contraception

- The Contraception plan aims to address declining access to Long-Acting Reversible Contraception (LARC) in the North East and North Cumbria, which has worsened post-pandemic and now lags behind the national average. Rising abortion rates, particularly among under-25s, further underscore the need for intervention.
- Built on the work undertaken in maternity services in 2022 that identified consistency and access to postnatal contraceptives was required and a model was co developed.
- Development is being led through cross-sector collaboration, including ICBs, UKSHA, DsPH, Sexual Health Experts and services and LA public health teams, with regular steering group meetings to review progress and refine actions.

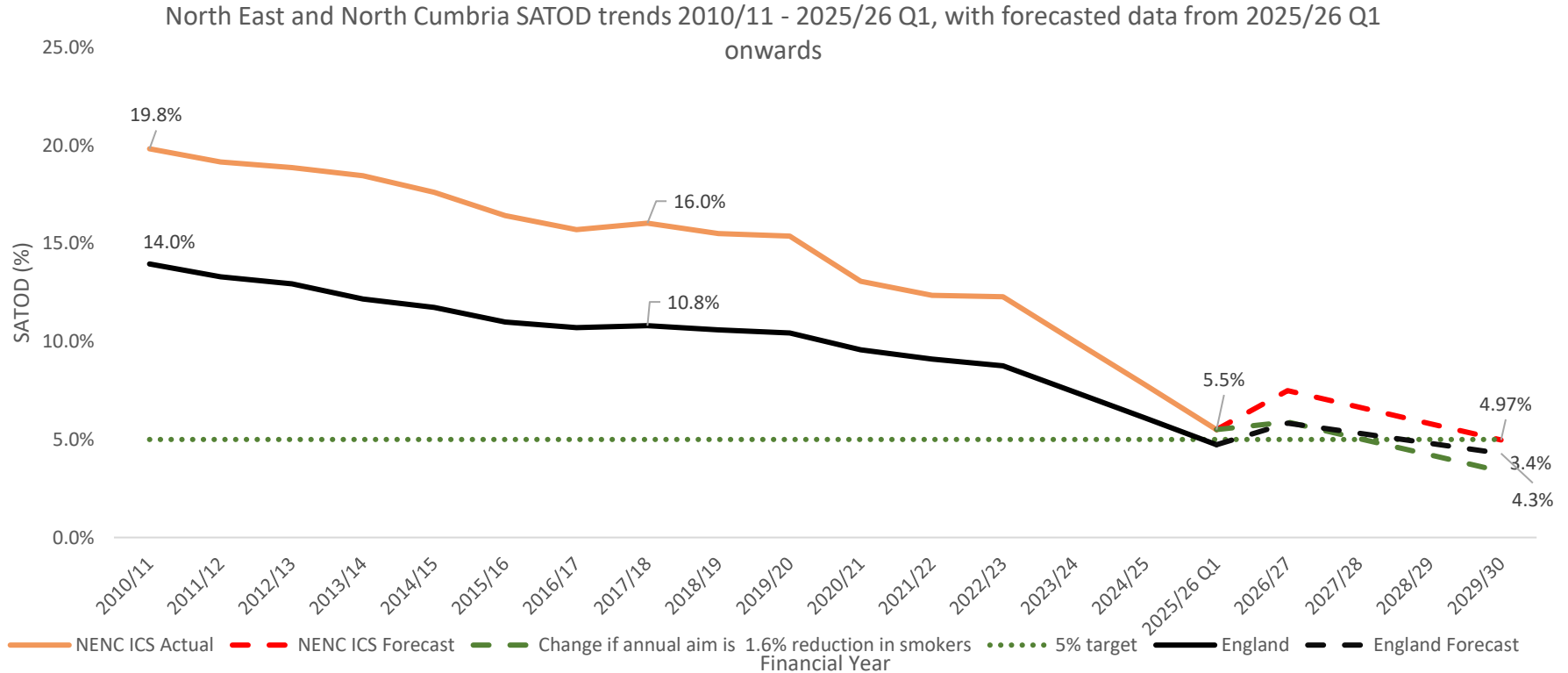
Progress to date

- Review of the evidence base
- NENC Contraception partnership meetings and data subgroup established
- Clarified roles and responsibilities
- Service mapping and Training Needs Analysis has been undertaken
- Available data has been shared, and some gaps have been identified
- Workshop to co-develop plan with 90 system partners was held 12th February 2026
- Engaged NENC ICB contracting and procurement teams to support development of the NENC ICB strategic commissioning guide
- NENC Plan drafted for consultation

PHPiM Programme Impact

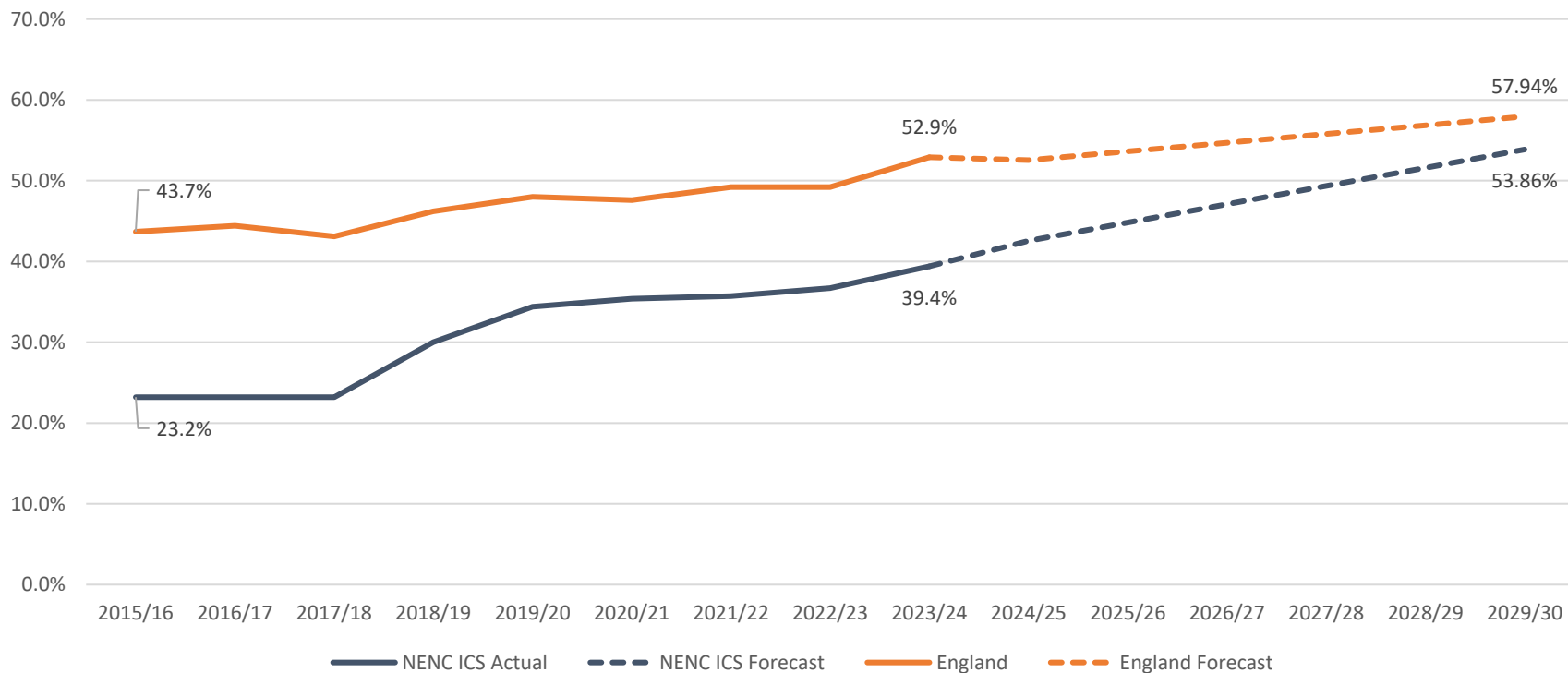
- ✓ Raised the profile of preventing infant and maternal health inequalities as a system shared vision.
- ✓ Influence – local, regional, national and internationally
- ✓ NIHR ARC Evaluation and Bluegrass Survey:
 - Qualitative interviews commitment/buy in/engagement to the prevention agenda, leadership and coordinated approaches across the NENC as a 'go to' resource
 - Increased access to training and associated support services destigmatising difficult conversations such as weight management.
 - Data showed an increasing trend in perinatal mental health referral rates as well as access to treatment, especially in IMD 1&2.
 - Longer intra-pregnancy conceptions.
- ✓ It has contributed to improvements in population level outcomes.

Reducing Tobacco use in Pregnancy



Increasing Breastfeeding

6-8 week breastfeeding prevalence, 2015/16 to 2023/24 - NENC compared to England



Questions?

Useful links

Aquino R, Rankin J, Ngongalah L, Adesanya A, Moffat M, Punian J & Thompson C, (2024) Evaluating the Public Health Prevention in Maternity Programme in the North East and North Cumbria

Scott R & Gardiner D, (2023), Public health prevention in maternity programme: supporting the local system, British Journal of Midwifery, 31(00):

References

NHS Long Term Plan (2025),

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Stacey R, (2015) The Stacey Matrix, available from: www.leadershipcentre.org.uk/artofchangemaking/theory/complexity