

PIW 04

National Assembly For Wales

Communities, Equality and Local Government Committee

Inquiry into Poverty in Wales: Strand 1

Response from: Royal College of Paediatrics and Child Health Wales



Royal College of
Paediatrics and Child Health
Wales

Coleg Brenhinol
Pediatreg a Iechyd Plant
Cymru

Leading the way in Children's Health

Key points

- Data clearly show that children in the most deprived areas of Wales are almost twice as likely to die in a given year as those from the least deprived areas.¹ Poverty and inequality are linked to poor health outcomes during childhood, and in the most tragic of cases, it can be linked to the premature death of a child or young person.
- RCPCH's research, *Why children die*, highlights that many deaths during childhood can be amenable to public health policy and intervention and that there is role for government and civil society, health systems and organisations, and healthcare and public health in reducing the impact of poverty and inequality on child health outcomes.
- The impact of poverty and inequality can be reduced through measures aimed at maximising health and wellbeing during pregnancy (including reducing smoking and providing to support to disadvantaged families) along with enhancing protective factors, such as breastfeeding.

Introduction

1. The Royal College of Paediatrics and Child Health (RCPCH) welcomes the opportunity to contribute to Strand 1 of the Assembly's Communities, Equality and Local Government Committee inquiry into poverty in Wales.
2. In May 2014 the RCPCH - in partnership with the National Children's Bureau - released the report *Why children die: death in infants, children and young people in the UK (Why children die)* which highlighted the relationship between inequality, poverty and increased risk of death throughout childhood. The report demonstrated that how fairly wealth is shared across the population - as well as absolute poverty - matters to child survival.²
3. In July 2014 the RCPCH released a Wales policy response to *Why children die*, setting out what the Welsh Government, Public Health Wales, the Welsh NHS, local health boards, and local government can do to reduce the number of child deaths in Wales, e.g. through measures to reduce the impact of poverty and inequality on children's health outcomes.

¹ Humphries C, Price L, Heatman B. Child Death Review Programme Annual Report. July 2013; Public Health Wales NHS Trust. www.wales.nhs.uk/sitesplus/888/page/44351

² Wolfe I, Macfarlane A, Donkin A, Marmot M, Viner R. *Why children die: death in infants, children and young people in the UK Part A*. 2014. RCPCH & NCB <http://www.rcpch.ac.uk/child-mortality>

The impact of poverty and inequality on child health outcomes

4. Children in the most deprived areas of Wales are almost twice as likely to die in a given year as those from the least deprived areas.³
5. Deaths during infancy are strongly influenced by preterm delivery and low birthweight. These risk factors disproportionately and alarmingly affect those most disadvantaged in our society.⁴ Rates of low birthweight are higher in less advantaged socio-economic groups⁵ and low birthweight is associated with a number of negative health behaviours, such as poor prenatal care, substance abuse, poor nutrition during pregnancy, and smoking.⁶
6. Young maternal age is another risk factor for premature death. Social disadvantage of mothers less than 30 years old compared with mothers aged 30 to 34 years in the UK is linked with higher mortality through much of childhood despite accounting for birth weight.⁷ Teenage pregnancy in Wales is also correlated with increased deprivation.⁸
7. Poverty and disadvantage also increases risk of unexplained death during infancy or sudden infant death syndrome (SIDS). In 2010 unexplained death during infancy was the third leading cause of death in babies under one year of age.² The SIDS rate is particularly high among young parents under the age of 20, among parents who smoke, misuse alcohol and drugs, and among families who are socially and economically disadvantaged.⁹
8. Poverty and adversity during early life can also lead to increased exposure to toxic stress, which can not only alter brain architecture but can have potentially permanent effects on a range of important functions, such as regulating stress physiology, learning new skills, and developing the capacity to make healthy adaptations to future adversity.^{10,11}

Ways to reduce the impact of poverty and inequality on child health outcomes

9. Smoking prevalence is higher in areas of greater social deprivation yet is one of the most important modifiable risk factors associated with adverse pregnancy outcomes. Public Health Wales should continue to work with Local Health Boards in implementing Actions 3.8 and 3.9 (smoking in pregnancy) of the Tobacco Control Action Plan for Wales, and from 2015 set and

³ Humphries C, Price L, Heatman B. Child Death Review Programme Annual Report. July 2013; Public Health Wales NHS Trust. www.wales.nhs.uk/sitesplus/888/page/44351

⁴ Euro-Peristat. *European perinatal health report: health and care of pregnant women and babies in Europe 2010*. 2012. www.europeristat.com

⁵ Jeffries B J M H, Power C and Hertzman C. Birthweight, childhood socioeconomic environment, and cognitive development in the 1958 Birth Cohort Study. *BMJ* 2002; 325:305.

⁶ Pordes-Bowers, A, Strelitz J, Allen J and Donkin A. An Equal Start: Improving outcomes in children's centres – the evidence review. 2012. UCL Institute of Health Equity.

⁷ Royal College of Paediatrics and Child Health and University College London. *Overview of child deaths in the four UK countries: report*. September 2013; Child Health Reviews-UK, London: RCPCH. www.rcpch.ac.uk/chr-uk

⁸ Public Health Wales Observatory. *Health of Children and Young People in Wales*. November 2013; Public Health Wales www.wales.nhs.uk/sitesplus/922/page/69313

⁹ The Lullaby Trust. 2014. www.lullabytrust.org.uk

¹⁰ Shonkoff JP, Boyce WT, McEwen BS (2009). Neuroscience, Molecular Biology and the Childhood Roots of Health Disparities: Building a New Framework for health promotion and Disease Prevention. *JAMA* 301;21: 2252-2259.

¹¹ Shonkoff JP, Garner AS (2011). The Lifelong effects of early childhood adversity and toxic stress. *American Academy of Paediatrics*. 129:232-245

monitor new national and local targets for reducing smoking rates across all stages of pregnancy and early parenthood.

10. Supporting parents, particularly young parents and those in deprived areas, is vitally important to reducing the risk of premature death. Ensuring access to universal health visiting services in addition to more intensive interventions through Flying Start¹² and further targeted support, such as the Family Nurse Partnership, can play an important role in reducing the impact of poverty and inequality on child health outcomes. Implementing the commitments in the Welsh Government's *Building a Brighter Future: Early Years and Child Care Plan* is also crucially important.
11. The impact of young maternal age on the risk of premature death signals a need for the Welsh Government to focus on what can be done to improve access to high-quality sexual and reproductive health services, particularly in deprived areas, in addition to ensuring schools make provision for comprehensive sex and relationships education to teach young people the basics of healthy behaviours during pregnancy.
12. Over the last twenty years an ever-increasing evidence base recognises breastfeeding as a major contributor to public health and one that can play a key role in reducing health inequalities. Breastfeeding protects children from a range of later problems including reducing the risk of ear (otitis media) and lung infections, asthma, obesity and diabetes, sudden infant death syndrome (SIDS), dermatitis, gastrointestinal disorders (coeliac and inflammatory bowel disease), and leukaemia. It may also have an impact on neurodevelopmental outcomes, including intelligence.^{13,14,15}

Summary

13. While the impact of poverty and inequality on the risk of poor health outcomes and premature death during infancy, childhood and adolescence is clear, there is much that the Welsh Government, Public Health Wales, NHS health boards and local government can do to reduce the impact of poverty and inequality on child health outcomes, ultimately improving the health of generations to come.

¹² Flying Start is the Welsh Government targeted Early Years programme for families with children under four years of age in some of the most deprived areas of Wales –

<http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/flyingstart/?lang=en>

¹³ Kramer MS, Aboud F, Mironova E, et al (2008). Promotion of Breastfeeding Intervention Trial (PROBIT) Study Group. Breastfeeding and child cognitive development: new evidence from a large randomized trial. *Arch Gen Psychiatry*;65(5):578-584.

¹⁴ Working for Health Equity: The Role of Health Professionals. UCL Institute of Health Equity, 2013

¹⁵ World Health Organization. Worldwide prevalence of Anaemia 1993 – 2005. World Health Organization, Geneva, Switzerland, 2008.

About the RCPCH

The College is a UK organisation which comprises over 15,000 members who live in the UK, Ireland and abroad and plays a major role in postgraduate medical education, as well as professional standards.

The College's responsibilities include:

- setting syllabuses for postgraduate training in paediatrics
- overseeing postgraduate training in paediatrics
- running postgraduate examinations in paediatrics
- organising courses and conferences on paediatrics
- issuing guidance on paediatrics
- conducting research on paediatrics

For further details, please contact:

Nick Morris, External Affairs Manager

RCPCH Wales, Baltic House, Mount Stuart Square, Cardiff, CF10 5FH

Email: wales@rcpch.ac.uk Tel: 029 2045 5414