Summary / Key Points

The fertility rate both locally and regionally has increased; with the rate for the Isle of Wight rising more steeply.

There were 1,296 births in 2015 with projections reaching 1,450 per year by 2021.

The majority of babies are born to women aged 25-29 on the Isle of Wight.

Births to teenage parents have been decreasing both locally and nationally with only 1.1% of the Isle of Wight’s total deliveries in 2015 being to under 18 year olds.

The Isle of Wight’s low birth weight is in line with national average but slightly above (worse) than that of the South East.

The Isle of Wight has statistically significantly higher admissions for respiratory tract infections in under one year olds as compared to 8 of our 10 statistical neighbours and England.

Infant mortality rates for the Isle of Wight are lower (better) than England and South East average but most recent figures (pooled data) show a slight increase in previous years.

Smoking in pregnancy rates are reducing on the Isle of Wight but remain slightly above the England and South East average.

Breastfeeding initiation rates on the Isle of Wight are reducing but continuation rates (at 6-8 weeks) are remaining constant and above England average.

The level of population need

Fertility & Births

The General Fertility Rate (GFR) is the number of live births per 1,000 females of childbearing age, defined as those aged between 15 and 44 years. The GFR for the Isle of Wight for 2015 was 62.3, which is in line with our statistical neighbours and just below the England average of 62.5.

Between 2013 and 2015 the GFR has increased both regionally and locally; with the rate for the Isle of Wight rising more steeply. The GFR for the Isle of Wight has increased by 2.3 per 1,000 females from the 2013 rate of 60.0 with the England average rising by only 0.1 from 62.4 to 62.5 and the South East by 0.4 from 61.3 in 2013 to 61.7 in 2015.
In 2015 there were 1,296 live births to women living on the Isle of Wight, with 13.2 births in every 1,000 being multiple births. The England multiple birth rate was 16.0 per 1,000.

The chart overleaf shows that the number of births is projected to rise from 1,296 in 2015 to 1,450 by 2021. These projections are based on past trends (linear regression) and do not take account of future migration or the amount of women at birthing age.

Almost a third (29.2%) of all babies born from 2013 to 2015 on the Isle of Wight were born to women aged 25 to 29. This is a slightly different pattern to England which sees a peak in the 30 to 34 age group.

Mothers and babies in the lower and upper age bands are at greater risk of complications. Teenage mothers are at risk due to late presentation, lifestyle and diet (See: LGA, PHE, 2016) whereas older mothers are at increased risk of medical issues such as diabetes and high blood pressure (see: http://oldermum.co.uk/physical-health/potential-risks/).

Local data indicates that the proportion of births to mothers aged under-18 made up only 1.1% of the Isle of Wight’s total deliveries. This figure has been declining since 2013 and is now in line with national and regional averages.

The proportion of births in the over 40s made up 4% of total births on the Isle of Wight. This is also in line with the national average.

The ethnicity of mothers has an influence on the provision of maternity services due to certain medical conditions which are known to be more prevalent in particular ethnic groups, difficulties mothers or their families may have in reading or speaking English and differences in cultural norms. In 2015 1.5% of births on the Isle of Wight were to mothers born in the Middle East or Asia and 0.7% were to those from Africa. This is below the national average of 9.6% and 5.2% respectively (See: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/parentscountryofbirth).

In 2014 to 2015 79% of deliveries on the Isle of Wight were classed as normal (spontaneous vertex) with 21% of deliveries by caesarean section. This is statistically significantly lower than national and regional figures which are just below 26%. (see: http://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy)

Low Birth Weight
Low birth weight is associated with poorer long term health and educational outcomes for babies throughout their life course. There is also an association between socio-economic disadvantage and low birth weight with disadvantaged mothers more likely to have babies of low birth weight (See Marmot, 2010).

Babies born with a low birth due to premature birth (before 37 weeks of gestation) or restricted foetal growth as a result of such things as maternal
health, multiple births or inherited conditions can increase vulnerability. The World Health Organisation (WHO) has defined low birth weight as the weight at birth being less than 2,500 grams, with very low birth weight defined as being less than 1,500 grams.

In 2015, the Isle of Wight was in line with regional and national percentages of low birth weight with 7.3% of babies on the Isle of Wight, compared to the England and South East averages of 7.4% and 6.6% respectively.

Low Birth weight (<2500g) as a % of all babies
England, South East and Isle of Wight 2010 - 2015

Source: PHF Fingerips Tool - Child and Maternal Health

Across the localities on the Isle of Wight the rate of low birth weight varies slightly. Over the pooled period of 2013-15 the South Wight locality had the lowest rate at 6.0% with the North East Wight locality having the highest with 7.2% slightly above the West & Central Wight figure of 7.1%.

Isle of Wight Low Birth weight (<2500g) by Locality aggregated 2013-2015

Source: ONS data - local

Low birth weight is linked to deprivation; however, due to small numbers the trend is not so obvious locally. The graph below does show a slight correlation with the three most deprived quintiles having the highest levels of low birth weight for the Isle of Wight over the pooled period of 2013 to 2015.

Smoking Status at time of delivery
Smoking in pregnancy can increase the risk of complications in pregnancy as well as resulting in stillbirths, premature or underweight babies and sudden infant death syndrome (see: www.nhs.uk). Nationally and locally percentages of mothers smoking at delivery have reduced since 2013/14. On the Isle of Wight figures have reduced from 18.4% in 2013/14 to 13.0% in 2015/16. This remains however, statistically significantly higher than England (10.6%) and the South East region (9.7%).

The Isle of Wight is in line with the majority of the comparator regions being statistically significantly lower than one (Telford and Wrekin):

Percentage of mothers smoking at time of delivery
England, Isle of Wight and children’s comparator group 2015/16

Source: PHF Fingerips Tool - Child and Maternal Health
Breastfeeding
The benefits of breastfeeding are widely recognised as saving lives, protecting the health of mother and baby, increasing children’s future life chances and being cost effective by reducing the risk of: breast and ovarian cancers, obesity, Type 2 diabetes and other chronic health problems as well as supporting the mother’s parenting capability. For infants it protects against infections such as gastroenteritis, respiratory and ear infections, obesity and Type 2 diabetes and high blood pressure and cholesterol in adulthood (https://www.unicef.org.uk/babyfriendly).

Initiation
On the Isle of Wight breastfeeding initiation rates are at 67.8% for 2015 to 2016. Figures have been reducing since 2010 to 2011 and are below the England average (73.2%).

Six to eight weeks
Drop off rates for breastfeeding at six to eight weeks are quite high across the country. The national average of those still breastfeeding at six to eight weeks is below 50% at 43.1%. The Isle of Wight percentage is above the national average at 47.4% and is statistically significantly higher than two of the comparator regions as well as England.

Breastfeeding Prevalence at 6-8 weeks
England, Isle of Wight and children’s comparator areas 2015/16

Respiratory Tract Infections
Public Health also monitors admissions to hospital for respiratory tract infections in under one year olds. This indicator is useful as it sheds some light on the success of prevention and treatment outside hospital of certain infections that don’t in themselves require hospitalisation. Support can instead be provided through encouragement of breastfeeding, better diet, hygiene, and management of infections; better support for young parents in the care of their children and in the management of illnesses in the home. The Isle of Wight is significantly worse than all but two of its statistical neighbours for this indicator therefore it is necessary to be aware of this and what can be done to help limit such infections.

Infant Mortality
The infant mortality measure refers to the number of deaths within the first year of life per 1,000 live births. The number of deaths per year is very small and therefore fluctuations between years are likely to be as a result of chance or natural variation. Consequently, this analysis is carried out on three year pooled data.
In the UK the major medical causes of infant mortality are preterm births, major congenital anomalies and Sudden Infant Death Syndrome (SIDS) with risk factors including smoking in pregnancy and around new-borns, maternal obesity and other risk factors associations with SIDS (NPEU, 2013).

The infant mortality rate for the Isle of Wight is lower than both the South East and England average, although locally there has been a small increase over the 2013 to 2015 pooled period in comparison to the 2012 to 2014 pooled period.

The Isle of Wight is in line with England and its statistical neighbours (small numbers generating wide confidence intervals):

![Infant Mortality Rate 2012-14, 2013-15 by England, South East and Isle of Wight](image)

The Isle of Wight is in line with England, South East and local statistical neighbours.


NPEU, 2013 National Perinatal Epidemiology Unit, Inequalities in Infant Mortality Work Programme Available at: [https://www.npeu.ox.ac.uk/infant-mortality](https://www.npeu.ox.ac.uk/infant-mortality)


See [https://www.iwight.com/factsandfigures](https://www.iwight.com/factsandfigures) for other relevant factsheets including Breastfeeding and Smoking in pregnancy and Child Health Profile 2017 (accessed March 2017)

See for Breastfeeding links: [https://www.unicef.org.uk/babyfriendly](https://www.unicef.org.uk/babyfriendly)

See for information on smoking, premature births and Sudden Infant Death Syndrome (SIDS): [https://www.nhs.uk](https://www.nhs.uk)

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**References**


HES data – Hospital Episode Statistics