



**Isle of Wight  
Council**

# **Isle of Wight Council Healthy Lives**

**Maternity and First 1,001 Days**

**July 2025**

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# 1 Introduction

Our behaviours, personal circumstances and illnesses hugely affect our life expectancy and health. Influences on our health are particularly important before birth and during early childhood. These influences and risk factors continue to accumulate, and their effects build as we move into adulthood. Preventing exposure to these risk factors and reducing inequalities in how these risk factors are distributed among our population, can have a positive impact on our health.

Local public health teams work to both prevent and reduce people's exposures to risk factors across all stages of life. We commission services which help people reduce their risk factors (for example, smoking). We also work alongside other organisations to provide people with the support they need to make healthy decisions and prevent exposure to negative risk factors in the first place.

This chapter focuses on:

- the risk factors, causes and protective factors which influence our health
- the health inequalities which are evident and

Data in this written summary is correct as of July 2025. The data in this report can be explored further by smaller geographies in the JSNA Healthy Lives data report<sup>1</sup>. The data report will be updated continuously, as new data becomes available.

The health outcomes of our population, and how these impact different population groups, are discussed in more detail in the accompanying JSNA reports<sup>2</sup>.

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<sup>1</sup> [JSNA Healthy Lives data report](#)

<sup>2</sup> [JSNA reports](#)

## 2 Maternity

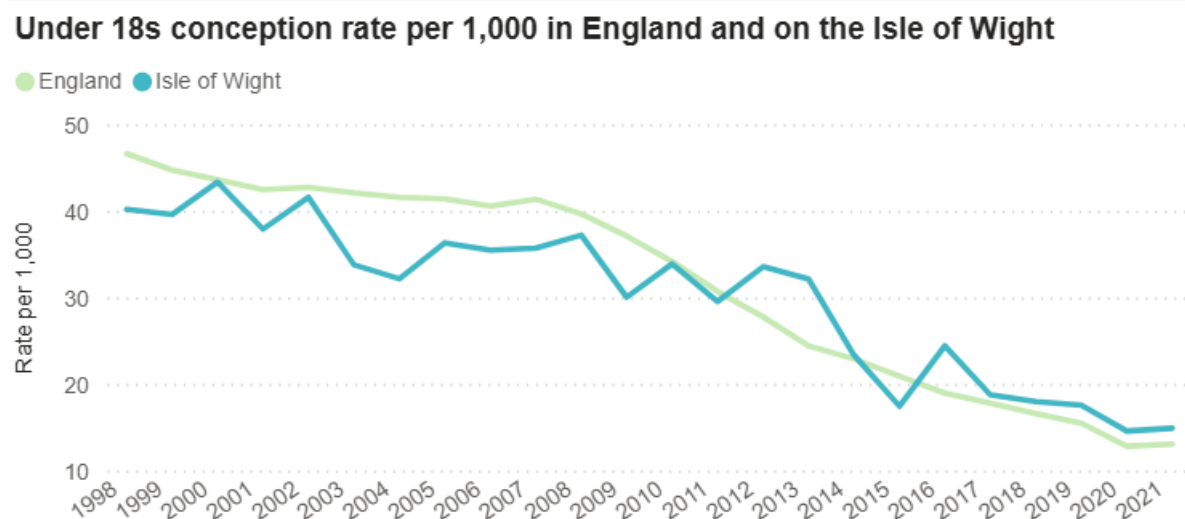
## 2.1 Teenage pregnancy

Most teenage pregnancies are unplanned and around half end in a termination of pregnancy<sup>3</sup>. The under 18 abortion rate has been reducing in line with the reduction in overall conceptions in this age group. For some young women having a child can be a very positive experience. However, for many, bringing up a child results in poor outcomes for both mother and child. These outcomes include:

- higher infant mortality rates
- poorer child health
- a higher risk of poor maternal mental health
- lower maternal education, and
- a higher risk of poverty.

A 2016 paper found that by age 30, women who were teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over. Compared with older fathers, young fathers are twice as likely to be unemployed, even after taking account of deprivation<sup>4</sup>. As seen in Figure 1, teenage pregnancy rates on the Isle of Wight have continued to decrease. There are currently 14.9 conceptions per 1,000 females aged 15-17, which is above the England of 13.1 and equates to 30 teenage pregnancies in 2021<sup>5</sup>.

**Figure 1: Under 18s conception rate per 1,000, 1998 to 2021**



3 [Hampshire Teenage Pregnancy Partnership | Health and social care | Hampshire County Council](https://hants.gov.uk)  
(hants.gov.uk)

<sup>4</sup> Good progress but more to do: Teenage pregnancy and young parents

<sup>5</sup> Child and Maternal Health - Data | Fingertips | Department of Health and Social Care

## 2.2 Termination of pregnancy

The total abortion rate on the Isle of Wight in 2021 was 16.7 per 1,000. The abortion rate for over 25s on the Isle of Wight in 2021 is lower than England, at 15.6 per 1,000 compared to 17.9 per 1,000.

National data show inequalities in the abortion rate, with higher rates in the more deprived areas and lower rates of abortion in less deprived areas<sup>6</sup>. The opposite is true however for under 18s conceptions leading to abortion, where the abortion rate is higher in the less deprived areas.

The under 18s abortion rate on the Isle of Wight was 7.9 per 1,000 in 2021, compared to 6.5 per 1,000 for England. It should be noted that the numbers are low on the Isle of Wight causing large changes in the rate.

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<sup>6</sup> [Fingertips | Department of Health and Social Care](#)

## 3 First 1,001 days

The first 1,001 days, from conception to the age of two, is a period of uniquely rapid growth. Babies' brains, their sense of self, and their understanding of the world are shaped by their experiences and environments. Sensitive, responsive caregiving during the earliest years of life lay the foundation for later health and wellbeing, the benefits of which last a lifetime.

The Marmot Review report (2010)<sup>7</sup> reported that maternal health, including stress, diet, drug, alcohol and tobacco use during pregnancy, has a significant influence on foetal and early brain development. Social and economic circumstances can also have an impact. Babies born to mothers living in the poorest areas more likely to have a low birth weight. This impacts brain development and is associated with poorer long-term health outcomes. A child's physical, social, and cognitive development during the early years strongly influences their school-readiness and educational attainment, economic participation and health.

### 3.1 Breastfeeding

Breastfeeding has numerous health benefits for both mother and baby. Breastfed babies have stronger immune systems, lower rates of illness and a lower risk of infant death. Also, later in life, they have a lower risk of many diseases including diabetes, obesity and heart disease. Breastfeeding can also help promote mother-baby bonding and lowers a mother's risk of breast and ovarian cancer. It is recommended that babies should be exclusively breastfed (breast milk only) for around the first six months of a baby's life.

The importance of first feed breastmilk is twofold; the establishment and continuation of breastfeeding begins with initiation and first feed, and the feeding of colostrum in the first hours and days of life confers sophisticated protective benefits. Colostrum contains immunologic components and several concentrated properties which provide a protective coating to the lining of the gut preventing bacterial transfer. In 2023/24, 73.8% of babies on the Isle of Wight had breastmilk as their first feed, similar to the national average of 71.9%<sup>8</sup>. Interpret this figure with some caution as this figure excludes records with an unknown or invalid breast milk status.

On the Isle of Wight, 52.9% of babies were totally or partially breastfed at 6-8 week checks, statistically similar to England at 52.7%.

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<sup>7</sup> [Fair Society Healthy Lives full report \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/publications/fair-society-healthy-lives-the-marmot-review)

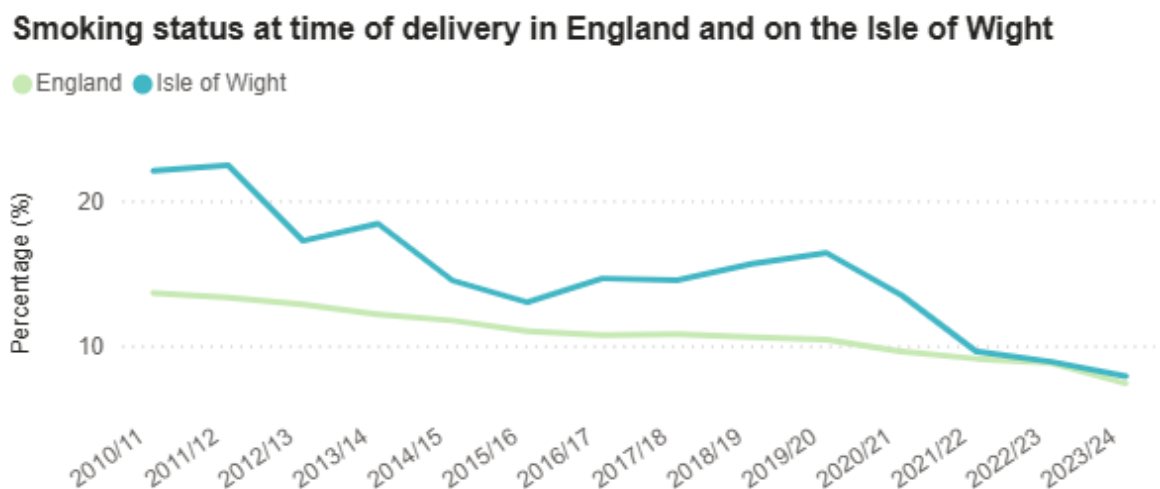
<sup>8</sup> [Fingertips | Department of Health and Social Care](#)

### 3.2 Smoking, obesity, and alcohol use in pregnancy

Smoking, obesity and alcohol use in pregnancy can have health impacts on both mother and child. Smoking is detrimental to the health of the developing child. It increases the risk of premature delivery, miscarriage, stillbirth and sudden infant death. It also increases a woman's risk of complications during pregnancy.

The proportion of mothers smoking status at the time of delivery has been declining and getting better on the Isle of Wight. In 2023/24 7.9% of mothers were known smokers at the time of delivery; similar to nationally at 7.4%.

**Figure 2 - Smoking status at the time of delivery, 2010/11 to 2023/24**



Mothers who are overweight and obese have higher risk of complications and death during pregnancy, as do their babies. Obesity in early pregnancy data from 2023/24 suggest that almost one in three mothers (31.1%) on the Island are obese<sup>9</sup>. This is significantly higher than the England rate (26.2%).

Alcohol and drug use are toxic to the developing child. It potentially leads to birth defects or complications during pregnancy which are highly preventable. Data on parents with problem alcohol and drug use is included in the Inclusion Health Groups JSNA Report.

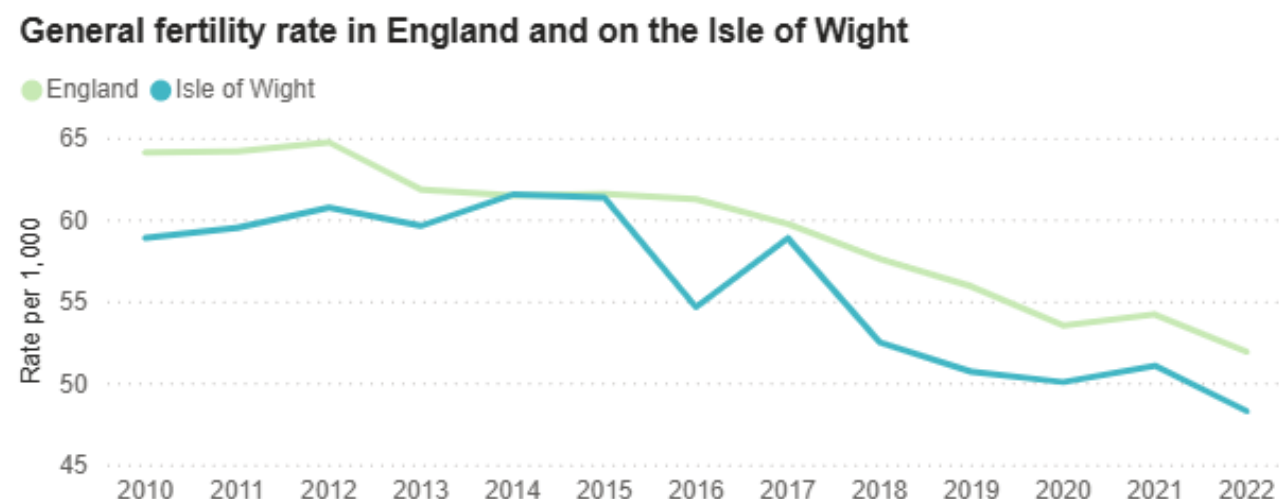
Foetal alcohol syndrome (FAS) is the most common single cause of learning disabilities. It often results in mental and physical problems in the baby from damage to the brain, spinal cord, and other parts of the body.

<sup>9</sup> [Obesity Profile - Data | Fingertips | Department of Health and Social Care](#)

### 3.3 Fertility rate

The general fertility rate on the Isle of Wight has decreased from a high of 61.5 per 1,000 in 2014 to 48.3 per 1,000 women aged 15 to 44 in 2022<sup>10</sup>. Since 2018, the rate has been statistically lower than the England average, as shown in Figure 3.

**Figure 3 - General fertility rate in England and on the Isle of Wight**



### 3.4 Low birth weight and pre-term delivery

Low birth weight is defined as under 2.5kg and very low birth weight is under 1.5kg. Both are associated with deprivation, and often result from smoking in pregnancy, unhealthy maternal diet, babies being born prematurely and multiple births. These babies are at a higher risk of poor health, developmental issues, and dying prematurely. On the Island, the proportion of babies with low birth weight has consistently fluctuated since 2006 but has remained between 1.5% and 3.6%. In 2022, 2.3% of term babies were of low birth weight, this is significantly similar than the England percentage (2.9%)<sup>11</sup>.

Preterm births are those before the 37th week of pregnancy and are the single biggest cause of neonatal mortality and morbidity in the UK. Babies born preterm have high rates of early, late and post neonatal mortality. The risk of mortality increases as gestational age at birth decreases. Babies who survive have increased rates of disability. Premature births (less than 37 weeks gestation) as a proportion of all live births on the Island are similar to the national rate (84.1 per 1,000 compared to 77.0 per 1,000) in 2020-2022<sup>12</sup>.

<sup>10</sup> [Fingertips | Department of Health and Social Care](#)

<sup>11</sup> [Fingertips | Department of Health and Social Care](#)

<sup>12</sup> [Child and Maternal Health - Data | Fingertips | Department of Health and Social Care](#)



Local variation of the different fertility rates, low birth weight and premature births across Hampshire and the Isle of Wight can be explored further in the JSNA Births and Deaths report<sup>13</sup>.

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<sup>13</sup> [JSNA Births and Deaths](#)