

Using the Wellbeing Monitoring Framework to strengthen children and young people's wellbeing

Policy brief - April 2015

Maternal and infant health

A snapshot

- Most Western Australian newborns and infants are healthy and doing well.
- Birth rates in WA have increased steadily over the last decade, with 33,627 births registered in 2012.
- The median age of mothers in 2012 was 30.3 years.
- There are some aspects of maternal health behaviours that can affect the health and development of a baby, both prior to and following birth.
- Smoking and alcohol use by pregnant mothers can affect birth weight, infant mortality and long-term health.
- Universal child health checks are available for all babies born in WA. Based on the most recent data, over 80 per cent of WA babies receive the first two health checks and over 70 per cent receive the third health check.

What is the Wellbeing Monitoring Framework?

The Commissioner for Children and Young People Western Australia developed the Wellbeing Monitoring Framework to monitor and report on the wellbeing of Western Australia's children and young people.

The Framework comprises two reports, the second editions of which were tabled in the Western Australian Parliament on 14 July 2014:

- *The State of Western Australia's Children and Young People* provides a picture of how children and young people in WA are faring according to 40 key measures of wellbeing.
- *Building Blocks* lists and describes best practice and promising programs from around Australia which have been shown to be effective in improving the wellbeing of children and young people.

This policy brief explores key information from the two Wellbeing Monitoring Framework reports related to maternal and infant health.



Commissioner for Children and Young People
Western Australia

Why this issue is important

The wellbeing of a child begins before birth, with a **mother's own health and wellbeing** playing an important role in the baby's development in utero. A healthy start to life contributes to good wellbeing for a child. Most WA babies and infants are healthy and doing well.

However, the development and wellbeing of babies can be negatively affected by numerous factors such as parental use of tobacco and/or alcohol during pregnancy or in the early years of the child's life.

Services to monitor and enhance prenatal, maternal and infant health provide important support for parents, ensuring babies not only receive the best start to life but continue to develop and remain healthy.

Regular infant health checks are just one service that can help to support parents and babies. All babies are eligible for four child health checks in their first year, with three more available prior to the commencement of school.

What we know already

Births in WA have increased significantly in the last decade, from 23,601 in 2002 to 33,627 in 2012. Of these, one or more parents reported themselves as Aboriginal in 2,658 births. The median age of mothers overall was 30.3 years, while for Aboriginal mothers it was considerably lower at 24.7 years.¹

Smoking in pregnancy

Smoking in pregnancy **affects a baby's birth weight** and is a risk factor for unexplained infant death (termed SIDS or SUDI).^{2 3 4} Only around 12 per cent of mothers (12.1%) reported smoking during pregnancy in 2011. Smoking is around 6 per cent more prevalent in regional and remote areas. For Aboriginal mothers, the likelihood of smoking during pregnancy is considerably higher. This varies across regions with around 35.6 per cent of Aboriginal women in the Pilbara and around 60.8 per cent of Aboriginal women in the Wheatbelt smoking during pregnancy.⁵

Alcohol use in pregnancy

In 2010, just over half (50.1%) of pregnant women did not drink during pregnancy.⁶ Other data also suggested that those who did drink, drank less than prior to their pregnancy.⁷

Alcohol use in pregnancy is linked to **Fetal Alcohol Spectrum Disorder**, which can result in learning difficulties, behavioural problems, mental illness and other wellbeing issues.⁸ Fetal Alcohol Syndrome, one of the conditions classed under Fetal Alcohol Spectrum Disorder, is a severe alcohol-related condition that is the most



common preventable cause of intellectual disability in children worldwide.⁹ Research has not been able to establish a safe level of alcohol use in pregnancy and therefore current NHMRC guidelines state that women should not drink at all during pregnancy.¹⁰

Low birth weight

Smoking and alcohol use are considered to increase the likelihood of low birth weight for a baby.^{11 12} Low birth weight (under 2,500 grams) increases the risk of neurological and physical disability and children are more likely to experience ill-health in childhood. The WA rate of low birth weight was 6.0 per cent in 2011. For Aboriginal mothers, the rate was considerably higher at 13.0 per cent in 2011.¹³ Although the rate of low birth weight for babies of Aboriginal mothers has been decreasing in recent years, the continuing disparity with the rate for non-Aboriginal mothers is concerning.

Child health checks

In WA, child health checks assist in **monitoring the health and wellbeing** of newborns and infants. Checks include assessment of overall health, hearing and vision, age-appropriate development and maternal health and wellbeing. These checks are delivered by child health nurses who also provide parenting information and support.

In April to June 2013, 90 per cent of babies born in the metropolitan area received a universal postnatal check, although only 38 per cent of these checks occurred in the preferred 0 to 10 day time frame. Attendance at the following two prescribed checks was high with an 87 per cent attendance for the six to eight-week check and 71 per cent for the three to four-month check. Just over half (53%) of eligible babies received the eight-month check.¹⁴ Figures for babies in country areas were similar with 88 per cent receiving the universal check, 81 per cent receiving the six to eight-week check, 78 per cent receiving the three to four-month check and 66 per cent for the eight-month check.¹⁵

Programs that have been evaluated as effective in this area

The Commissioner for Children and Young People Western Australia's *Building Blocks* edition one and two reports showcase 126 programs that have been shown to be effective at improving the wellbeing of children and young people or that demonstrate promise in this regard.

Common themes of effective programs include meaningful community engagement, local design, reciprocity and strong and engaged leadership.



Five particular programs from editions one and two of the *Building Blocks* report have been shown to have positive effects on prenatal and maternal health.

- **Strong Women, Strong Babies, Strong Culture Program** – Edition 2, pages 58-59. A program that utilises the knowledge and skills of senior Aboriginal women to support pregnant young Aboriginal women in their communities encouraging them to attend clinics, providing advice and encouragement, promoting safe practices and reinforcing the role of adequate and timely medical help
- **Australian Nurse Family Partnership Program** – Edition 2, pages 87-88. An intensive home visiting program aimed at supporting vulnerable pregnant women and their families. The program starts during pregnancy and continues until the child is two years old.
- **Maternal and Child Health Program** – Edition 1, page 18. A program for Aboriginal and Torres Strait Islander pregnant women, which includes antenatal checks, postnatal infant health checks and an immunisation strategy.
- **Best Beginnings** – Edition 1, page 16. A home visiting service targeting vulnerable families with new infants, which includes regular home visits by trained staff that provide support, advice, information, community connections and practical help to parents.
- **Core of Life: National Project** – Edition 1, page 48. A program to promote awareness of the short and long-term consequences of pregnancy and parenting with particular focus on young people who may be at risk of early pregnancy.

Policy implications

The **pre and post-natal periods are critical** in the healthy development of a child at all levels.^{16 17 18} It is vital that policies, programs and services support the healthy development of young children and prioritise their needs and those of their parents.¹⁹

Services should be designed to encourage families to access services in the pre and post-natal periods, ensuring ongoing contact with health services and opportunities for effective and appropriate education. Home visiting programs, including those listed above, have been shown to improve family engagement with services.

Provision of universal services for all families linked to specific targeted services for families with additional needs will result in improved maternal and infant health. It is also important that services are culturally appropriate and accessible, particularly considering the needs of Aboriginal families and children, and families and children from culturally and linguistically diverse backgrounds. It is particularly important that adequate services are available for families outside the metropolitan area given the overall higher levels of risk factors identified for regional and remote children.



¹ Australian Bureau of Statistics 2013, *Births, Australia 2012*, cat. No. 3301.0 Table 11: Births of Aboriginal and Torres Strait Islander Australians, Summary, States and Territories – 2005 to 2012, data cube: Excel Spreadsheet, viewed 12 February 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3301/02012?OpenDocument>

² Laws PJ, Li Z and Sullivan EA 2010, *Australia's Mothers and Babies 2008*, Perinatal statistics series no. 24, Cat. No. PER 50, Australian Institute of Health and Welfare, p.67.

³ Perinatal and Infant Mortality Committee 2010, *The 13th Report of the Perinatal and Infant Mortality Committee of Western Australia for Deaths in the Triennium 2005–07*, Department of Health, p.46.

⁴ Shah T, Sullivan K and Carter J 2006, 'Sudden Infant Death Syndrome and Reported Maternal Smoking During Pregnancy', *American Journal of Public Health*, vol 96 no 10, pp.1757–1759.

⁵ Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People*, Commissioner for Children and Young People, p.51.

⁶ Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People*, Commissioner for Children and Young People, pp.54–55.

⁷ Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People*, Commissioner for Children and Young People, p.55.

⁸ Alcohol and Pregnancy Project 2009, *Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder: a Resource for Health Professionals* (1st revision), Telethon Institute for Child Health Research, p.7.

⁹ WA Department of Health 2010, *Fetal Alcohol Spectrum Disorder Model of Care*, Health Networks Branch, Department of Health, Western Australia p.24.

¹⁰ Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People*, Commissioner for Children and Young People, pp.53-4.

¹¹ Li Z, Zeki R, Hilder L and Sullivan EA 2013, *Australia's Mothers and Babies 2011*, Perinatal statistics series no. 28, Cat. No. PER 59, Australian Institute of Health and Welfare, p.24.

¹² National Health and Medical Research Council 2009, *Australian Guidelines to reduce health risks from drinking alcohol*, Commonwealth of Australia, pp.70–71 and 75–76.

¹³ Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People*, Commissioner for Children and Young People, pp.58–9.

¹⁴ Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People*, Commissioner for Children and Young People, p.70.

¹⁵ Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People*, Commissioner for Children and Young People, p.71.

¹⁶ National Scientific Council on the Developing Child 2007, *The Science of Early Childhood Development*, Centre on the Developing Child, Boston, p. 4–5.

¹⁷ Schroeder J, Harvey J, Razaz-Rahmati N, Corless G, Negreiros J, Ford L, Kershaw P, Anderson L, Wiens M, Vaghri Z, Stefanowicz A, Irwin L and Hertzman C al 2009, *Creating Communities for Young Children: A Toolkit for Change*, Human Early Learning Partnership, Vancouver, p. 5.

¹⁸ Boivin V, Hertzman C, Barr R, Boyce WT, Fleming A, MacMillan H, Odgets C, Sokolowski M and Trocme N 2012, *Early Childhood Development: adverse experiences and developmental health*, eds M Boivin & C Hertzman, Royal Society of Canada, Ottawa, p.39.

¹⁹ Centre for Community Child Health 2006, *Policy Brief No 1 2006: Early childhood and the life course*, Royal Children's Hospital, p.3.