

Reducing Infant Mortality Action Plan

Portfolio Holder:

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Purpose of the Report

This report provides an overview of the development and progress of the 2025-2026 Reducing Infant Mortality Action Plan. The aim of the plan is to reduce the number of infant deaths in Oldham by bringing together stakeholders to address known risk factors in a coordinated manner.

Recommendations

Adult Social Care and Health Scrutiny Board is asked to consider the 2025-2026 Reducing Infant Mortality Action Plan and overall approach to preventing avoidable infant deaths in Oldham.

Infant Mortality

1 Context

1.1 Infant Mortality is the death of a baby under 1 year of age. The death of a baby is a tragic event for family, friends and professionals involved with long lasting impact. Infant mortality is also an important indicator of the overall health of a population.

1.2 In England, whenever an infant death occurs, information is gathered to better understand the circumstances of the death. This information is then used to identify common factors that may have contributed to infant deaths and inform changes that can help to prevent infant deaths in the future. National reviews of this data have identified several common factors that may be prevented and therefore may be used to make changes to reduce infant deaths. These factors include:

- High maternal BMI
- Smoking/ vaping in pregnancy or in the household after birth
- Unsafe sleeping arrangements
- Issues with quality of health care and information sharing between services
- Parent/ carer known to misuse substances
- Domestic abuse
- Poor home environment
- Close relative parents (consanguinity)

1.3 Additionally, some factors are known to reduce the risk of infant mortality. Such factors include breastfeeding and providing good access to contraception.

2. Infant Mortality in Oldham

2.1 From 2021-2023, for every 1000 babies born in Oldham, almost 7 (6.7) did not reach their first birthday. This equates to approximately 20 infant deaths per year.

2.2 Oldham has the 3rd highest rate of infant mortality in the North West region and the 9th highest rate in England. There are also substantial inequalities within Oldham, with more deprived areas such as St Mary's and Waterhead experiencing the most infant deaths and more affluent areas such as Saddleworth experiencing the least. Infant deaths are also more common among Asian ethnic backgrounds, which may be due to the higher proportion of Asian families in deprived areas but may also be due to other factors.

2.3 In a review of all child deaths in Oldham, Bury and Rochdale from 2023-2025, factors that may have been preventable, also known as 'modifiable risk factors', were identified in 70% cases. Factors commonly identified were similar to those reported nationally and are listed below:

- Smoking, alcohol and substance misuse in pregnancy or in the household after birth.
- High maternal BMI
- Unsafe sleeping arrangements
- Consanguinity (close relative parents)

2.4 It should be noted that this local review included all deaths in Oldham Bury and Rochdale under 18 years of age, however infant deaths made up more than half of all cases. The full report is available online at https://democracy.rochdale.gov.uk/documents/s117440/29.07.2025%20-%20Annual%20Report%20CDOP%202024_25%20FINAL%20for%20HWB.pdf

3. Reducing Infant Mortality Action Plan 2025-2026

3.1 In early 2025, a 12-month action plan to reduce infant mortality was developed. The plan was based on risk factors and protective factors identified locally and nationally, as well as input from local stakeholders. The overarching theme of the plan is to prevent infant deaths by providing sensitive and practical resident-centered support. The key aims are summarized here and details of the plan are discussed below.

- 1. Reduce Sudden Infant Deaths by promoting a person-centered approach to safe sleep.**
- 2. Improve breastfeeding rates among infants at increased risk of infant mortality**
- 3. Increase provision of long-acting reversible contraception in higher risk groups.**
- 4. Support women to be a healthy weight in pregnancy, without stigmatizing.**
- 5. Reduce exposure to tobacco smoke for pregnant women and infants**
- 6. Reduce infant death and disability due to consanguinity and genetic conditions.**

3.2 Aim 1: Reduce Sudden Infant Deaths by promoting a person-centered approach to safe sleep.

3.2.1 Around 7% of infant deaths are sudden and unexpected or sudden and unexplained.

3.2.2 There is good evidence that safe sleeping practices can reduce the risk of sudden infant death.

3.2.3 Lullaby Trust recommend that the safest place for an infant to sleep is lying flat on their back in their own sleep space (cot or moses basket), at a temperature of 16-20 degrees Celsius.

3.2.3 it is important for families to receive accurate information on safe sleep at appropriate times e.g. during pregnancy and at home visits soon after birth.

3.2.4 It is also important to recognise that for some families, following this guidance is difficult due to their circumstances. For example, not having enough money to heat their home or buy a cot or Moses basket.

3.2.5 Families experiencing poverty or homelessness may find this particularly challenging. A report into infant deaths in temporary accommodation showed that in many cases a cot or Moses basket had not been provided for the family.

3.2.6 Some infants are also at a higher risk of sudden infant death. These include those born prematurely or at a low birth weight and those living in a smoking household or who have caregivers who consume alcohol or substances.

3.2.7 Every family's circumstances are different therefore it is important to provide information and support that is tailored.

3.2.8 Actions included within the plan aim to ensure families received appropriate advice for their circumstances and are directed to additional support if needed.

3.3 Aim 2 Improve breastfeeding rates among infants at increased risk of infant mortality

3.3.1 Breastfeeding is protective against infant illness and infant death, as well as having many other benefits for both mother and baby.

3.3.2 Extensive work to support breastfeeding in Oldham is ongoing, led by the Infant Feeding Group. This includes commissioning of a hospital and community-based breastfeeding peer support service and progression toward Baby Friendly Community Status. The Greater Manchester Breastfeeding Strategy also sets out targets and actions relating to breastfeeding.

3.3.3 To complement this work, the plan includes actions to support breastfeeding among those infants who are at increased risk of infant mortality in Oldham, and who may need additional support or tailored advice around breastfeeding. This includes infants born pre-term, low birth weight or requiring NICU care, infants born to mothers with alcohol or drug dependency, infants born to mothers who smoke, infants born to young parents.

3.3 Aim 3 increase provision of long-acting reversible contraception in higher risk groups.

3.3.1 In England, around a third of births result from unplanned pregnancies. Unplanned pregnancies carry a higher risk of prematurity, low birth weight and infant mortality. This is likely to be due to a number of factors including reduced antenatal care, exposure to factors such as smoking or alcohol during pregnancy, and difficult family circumstances.

3.3.2 Supporting effective family planning, particularly among resident groups at higher risk of infant mortality if they were to experience an unplanned pregnancy, can help to prevent unintended pregnancies and therefore reduce infant mortality risk.

3.3.3 Long-acting reversible contraception (LARC) methods provide very effective contraception that do not require any daily action. Methods in this category include hormonal and copper coils (lasting 5-10 years) implant under the skin (lasting 3 years) and contraceptive injections (lasting 3 months). These methods are highly effective in preventing pregnancy and are not prone to error in use e.g. forgetting to take a contraceptive pill daily.

3.3.4 There is good evidence that good access to LARCs can reduce the rate of premature birth and low birth weight – both of which are risk factors for infant mortality. Prevention of unintended pregnancy is also linked with numerous wider benefits for women, children and society.

3.3.5 Women who are at higher risk of infant mortality, for example those in drug or alcohol services, those under 20 years of age and those experiencing domestic violence may be less likely to access general services to receive LARC. Therefore, providing targeted services to these groups is likely to be beneficial in preventing high risk, unplanned pregnancies.

3.3.6 Actions within this section aim to make LARCs more easily accessible to women in higher risk groups.

3.4. Aim 4 Support women to be a healthy weight in pregnancy, without stigmatizing.

3.4.1 Around one in three (31.9%) of adults in Oldham are obese. Obesity in pregnancy increases the risk of sudden infant death, prematurity and birth complications due to babies being born large. It also increases the risk of other pregnancy complications such as gestational diabetes.

3.4.2 Creating Healthy Lives in Oldham is an initiative that launched in December 2025 and includes three alliances dedicated to achieving healthy weight, increasing physical activity and creating healthier food and drink environments for residents in Oldham.

3.4.3 To complement this work, the action plan includes dedicated actions focused on weight management, good nutrition and physical activity before, during and after pregnancy.

3.5 Aim 5 Reduce exposure to tobacco smoke for pregnant women and infants

3.5.1. Smoking in pregnancy is a major risk factor for premature birth, which in turn is the cause of around half of infant deaths. Living in a household with smokers also increases the risk of sudden infant death.

3.5.2 There has been substantial progress in reducing smoking in pregnancy in Oldham over the last decade. The prevalence of smoking at the time of delivery has reduced from 17.5% in 2011 to 9.6% in 2023 and is for the first time comparable to the England average (8.8%).

3.5.3 It is important to maintain this momentum and reduce tobacco exposure further, including through second hand smoking of other household members. Oldham Tobacco Alliance has developed a comprehensive plan to reduce tobacco harms in Oldham.

3.5.4 To complement this, the action plan includes an action to ensure progress is maintained through adequate resourcing of the service.

3.6. Aim 6 Reduce infant death and disability due to consanguinity and genetic conditions.

3.6.1 A consanguineous relationship is a relationship between individuals who are blood relatives, for example first or second cousins. People who are closely related by blood are more likely to carry similar genes, including genes that can cause genetic conditions. This means consanguineous relationships increase the risk of rare genetic conditions, known as 'recessive' conditions, that require a gene to be inherited from both parents for a child to be affected.

3.6.2 From 2021-2023, almost one in ten women attending antenatal care in Oldham reported being in a consanguineous relationship, with rates higher in some ethnic groups than others.

3.6.3 It is therefore important for healthcare staff to be aware of this risk when communicating with their patients, and to share information and offer support in a sensitive way.

3.6.4 In Oldham, a genetic outreach service is available to couples in consanguineous relationships who plan to have children and supports families with children who have a genetic condition. This service raises awareness of genetic conditions and promotes genetic testing to see whether the couple carry genes that could lead to genetic conditions.

3.6.5 Actions in this part of the plan aim to promote the outreach service so that as many families as possible can benefit, to ensure healthcare staff can discuss the topic sensitively and to ensure families accessing the service receive high quality support.

4. Key Achievements So Far

- In July 2025, the Oldham Reducing Infant Mortality Group was established as a platform to co-ordinate the implementation of the action plan and share learning. The group includes representatives from Oldham Council, Commissioned Services, NHS, and local voluntary and community groups who work closely with pregnant women, new parents and their babies.
- A working group has been initiated to develop a comprehensive and consistent approach to safe infant sleep in Oldham
- Safe sleep advice is now routinely offered to families with infants under 1 year of age contacting the Oldham Council Helpline or Warm Homes service.
- Temporary accommodation officers in Oldham have received safe sleep training from Shared Health Foundation and have included tailored safe sleep advice in routine information packs for families with infants in temporary accommodation.
- A text message with information on safe sleep in winter has been shared with all GP practices in Oldham to send onto guardians of infants registered with them.
- Oldham Community Leisure now offers discounted gym memberships, swimming and classes to pregnant women, new parents and other guardians of infants under 1 year of age.

5. Future Plans

5.1 The current plan should be completed by August 2026.

5.2 On completion of the 2025-2026 action plan, group members will work together to determine longer term aims and areas of focus in order to reduce infant mortality in Oldham.

