

Vulnerability and Protective Factors in Pregnancy and Early Parenthood

A resource to support practitioners working with families from 0-5 years across BANES, Swindon and Wiltshire



Background:

The idea of developing this glossary was born out of recognition among early years partners across the BANES, Swindon and Wiltshire (BSW) footprint that there was considerable variation in how vulnerability in pregnancy and early parenthood was being defined and how information was being captured on different systems. It was possible, therefore, that access to targeted support during the perinatal period (conception to one year after birth) was not equitable across the area. Information on introduction forms to targeted programmes suggested this may be the case.

Concerns related to defining vulnerability were raised as part of the consultation on the Maternity Transformation Plan and it was agreed to progress an action to Improve understanding of the definition and prevalence of vulnerabilities in pregnancy across the STP and work to improve engagement and support for vulnerable women and their families.

A task and finish group led by Wiltshire Public Health, with representatives from Wiltshire Clinical Commissioning Group, Public Health, maternity, health visiting and children's centre services across BSW took this work forward. A mapping exercise was undertaken to collate what information early year's services and targeted programmes such as Baby Steps and Family Nurse Partnership were capturing in relation to vulnerability during the perinatal period. This information demonstrated considerable variation in data capture and the extensive list of vulnerability factors that was collated became a starting point for discussion about what the evidence-base points towards as vulnerability risk factors during pregnancy and into early parenthood.

The group agreed it would be useful to develop a reference document in the form of a glossary that detailed and referenced the vulnerability factors that practitioners should be aware of when working with women and families during pregnancy and early parenthood. As the document developed it became apparent that we needed to take a more strengths-based approach and consider protective factors that support expectant and new parents during this transition period as well as vulnerability factors; these were then added. A draft working document was shared with and used by professionals in maternity, health visiting and children's centre services in Wiltshire as part of a pilot project supporting parents from pregnancy to parenthood. Feedback was sought from staff involved in the pilot and has been used to further develop this glossary.

It is hoped that this document will also inform any future discussions about recording and data collection to enable comparable data on vulnerabilities in pregnancy and early parenthood to be collected to inform service development and commissioning.

Purpose and application in practice:

Purpose:

- To ensure a shared understanding and awareness of vulnerability factors in pregnancy and early parenthood /childhood among practitioners across early years services
- To balance an awareness of vulnerability factors with a knowledge of protective factors that help strengthen the resilience of women and families
- To ensure all practitioners are identifying and defining vulnerability consistently across early years services
- To improve personalised engagement and support for vulnerable women and families
- To identify and build on the strengths of women and families to increase their self-belief in their ability to parent
- To ensure we are giving every child the best start in life

Application in practice:

- Respond to women and families in a way that is non-judgemental and recognises what matters to them most in that moment
- Recognise the breadth of vulnerability and protective factors when engaging with women and families and use this information to support shared decision making
- Understand the importance of women and families being relaxed and not feeling judged to enable them to be involved effectively in shared decision making about their care and the needs of their unborn or infant
- Use a strengths-based approach and identify protective factors so that women and families feel empowered (e.g. MECC, Five to Thrive, trauma informed practice)
- Consider both pregnant woman, partner (and/or father of the child if different) and, where appropriate, the wider family in relation to vulnerability and protective factors
- Consider past vulnerability factors as well as those that are current, as appropriate
- Be aware that vulnerability factors increase the risk of poorer outcomes but are not necessarily causal and protective factors help mitigate poor outcomes but do not necessarily prevent them
- Share appropriate information with partner agencies that may impact on parent-fetal/ parent-child attachment, sensitive and responsive parenting and infant development in line with GDPR



Vulnerability and Protective Factors in Pregnancy and Early Parenthood

Vulnerability factors

- Age <20 years
- Language difficulties
- Learning difficulties
- Learning disability
- Unintended pregnancy
- Own experience of being parented
- Black, Asian and Minority Ethnic
- Immigrants with no recourse to public funds
- Asylum seekers/recent migrants/refugees

- Substance use status
- Alcohol misuse
- Smoking
- Maternal obesity

- Low educational attainment
- Homeless/housing issues
- Low income/financial difficulties
- Food insecurity
- Mum, partner/father, baby or sibling known to social care as child or adult
- Abuse in adulthood – rape, sexual exploitation
- Not engaging with maternity care
- Looked after children (LAC)

- Perinatal mental health
- Physical disability/serious medical condition
- Child disability/serious medical condition
- Previous obstetric/medical history
- Low birth weight/extremely premature
- Multiple pregnancy
- Female Genital Mutilation (FGM)

- Adverse Childhood experiences (ACE)
- Children affected by parental imprisonment
- Police involvement/criminal activity
- Unstable family relationships
- Bereavement of close family member
- Social isolation
- Domestic abuse partner/close family
- Single pregnant mother/single parent
- Traveller/Boating communities

Individual factors



Lifestyle factors



Social factors



Health and Wellbeing



Support network, family and relationships



Protective factors

- Secure attachment experience
- Educational attainment
- Individual's resilience
- Planned pregnancy
- Positive parenting/childhood experience
- Self-efficacy: belief in ability to succeed
- Good professional/therapeutic relationship
- The potential to be a role model to peers

- Self-care
- No non-medicinal drugs or unauthorised substances
- No alcohol
- No smoking and living in a smoke-free environment
- Participation in sport or leisure activities

- Perceived financial security
- Genuine engagement with services
- Clean and safe living environment
- Access to education and information

- Access to services, local amenities and healthcare
- Stable mental health
- Breastfeeding
- Good health

- Stable family and friend relationships
- Wider family and support network
- Experiencing a positive, trusted relationship
- Strong family values
- Involvement in social interest groups and activities
- Helping with community projects

Individual Factors



Age <20 years:

Pregnant and age <20 years

Facts / Impact:

- Majority of teenage pregnancies are unplanned
- Teenage pregnancies are associated with increased risk and poorer outcomes for both the mother and their child
- Stillbirth rates are 24% higher for teenage mothers
- Infant mortality rates are 75% higher for babies born to teenage mothers
- Incidence of low birth weight of term babies is 30% higher for babies born to teenage mothers
- Teenage mothers are 3 times more likely to smoke throughout pregnancy
- Teenage mothers have higher rates of poor mental health for up to 3 years after birth
- Children of teenage mothers are more likely to have developmental delays
- Teenage mothers are more likely to bring up their child alone and in poverty

Reference links:

[Teenage pregnancy – Nuffield Trust \(Evidence for better health care\)](#)

[Teenage Pregnancy Prevention Framework - Public Health England](#)

Language difficulties:

Difficulties speaking or understanding English / English as an additional language (EAL)

Facts / Impact:

- Families can be challenged by language barriers when accessing services such as health care, education, and social services
- Poor language proficiency has been one of the most frequently reported barriers for non-western women accessing maternity care in industrialised western countries
- A “working knowledge” of the English language enables new immigrants, refugees, and their families to navigate the workplace, shops, healthcare, school system and life

Reference links:

[Boerleider et al \(2013\) Factors affecting the use of prenatal care by non-western women in industrialised western countries: a systematic review](#)

[NICE Guidance \(CG110\) Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors](#)

- Secure attachment experience
- Educational attainment
- Individual’s resilience
- Planned pregnancy
- Positive parenting / childhood experience
- Self efficacy: belief in ability to succeed
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- The potential to be a role model to peers

Individual Factors *(continued)*



Learning difficulties:

Parents or other children presenting with specific problems processing certain forms of information (e.g. dyslexia, dyspraxia, ADHD)

Facts / Impact:

- Greater difficulty in accessing antenatal /intrapartum and post-natal care due to difficulties with understanding written and oral information about their maternity care and looking after baby
- Parents who have a child with learning needs face additional pressures to their relationship

Reference link:

[Qualitative study of the experience of maternity care for women with learning disability](#)

Learning disability:

Reduced intellectual ability and difficulty with everyday tasks

Facts / Impact:

- Babies of mothers with learning disabilities are at increased risk of poor birth outcomes including premature birth (28%), low birthweight (22%)
- Parents with a learning disability often have very complex needs because of a range of issues including poverty, discrimination, depression and poor self-esteem
- Families where the parent has a learning disability are often over-represented in the child protection system
- Around 40% of parents with learning disability do not live with their children. The children of parents with a learning disability are more likely than any other group to be removed from their parents care

Reference links:

<https://www.iriss.org.uk/resources/insights/parents-learning-disabilities>

[Best beginnings website](#)

Own experience of being parented:

Experience of poor attachment /poor parenting themselves

Facts / Impact:

- Impact on maternal representation and ability to form secure attachment
- Parent’s representations of self and others are reactivated and reorganised during pregnancy
- Research shows that relationship with the unborn predicts the quality of parent-infant interaction after birth and the infant’s attachment at 1 year

Reference link:

Barlow,J (2018) Maternal Representations in Pregnancy in Leach, P. (2018) Transforming Infant Wellbeing. Routledge

- Secure attachment experience
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Individual Factors *(continued)*



Black, Asian and Minority Ethnic (BAME):

BAME is a term used to refer to members of non-white communities in the UK

Facts / Impact:

- Adverse maternal and pregnancy outcomes including still birth, pre-term delivery and perinatal mortality are more prevalent in BAME women than White British women in the UK
- There are a multifaceted number of explanations for this difference ranging from physiological factors, deprivation, maternal health behaviours (smoking / late booking) as well as delays in organisational procedures.
- BAME women experience barriers in accessing ante-natal services including language barriers, lack of awareness around service provision and how to access it.
- Two ethnic communities in the UK particularly at risk of adverse birth outcomes and are at a higher risk of dying in pregnancy are Black Caribbean /Africans and South Asians

Reference links:

- [Specific antenatal interventions for Black, Asian and Minority Ethnic \(BAME\) pregnant women at high risk of poor birth outcomes in the United Kingdom: a scoping review](#)
- [Key messages from the MBRRACE -UK report 2018](#)

Asylum seeker, recent migrant or refugee:

Asylum seeker: Person has left country of origin and formally applied for asylum in UK, but application has yet to be concluded

Recent Migrant: A person who has moved to the UK within the last 12 months

Refugee: A person who has been forced to leave their country to escape war, persecution, or natural disaster

Facts / Impact:

- At risk of poor perinatal outcomes - particularly in relation to mental health, maternal mortality, preterm birth and congenital abnormalities
- Inequalities exist around access, use and experience of perinatal healthcare and have been reported to be far from optimal
- Learning to speak English empowers families, helping them integrate fully into the community
- A recent migrant from an affluent country with a similar healthcare system to the UK who is fluent in English may not require the same level of additional support as a recent migrant who can speak little or no English

Reference links:

- [Perinatal health outcomes and care among asylum seekers and refugees](#)
- [NICE Guidance \(CG110\) Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors](#)

- Secure attachment experience
- Educational attainment
- Individual's resilience
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Individual Factors *(continued)*



Immigrants with no recourse to public funds:

Those who have no right to public funds due to immigration status / type of visa (this causes difficulties in accessing services)

Facts / Impact:

- A UK residence permit that allows someone to live in the UK, may include the condition that they have no recourse to public funds. If this is the case it means they may not be able to claim most benefits, tax credits or housing assistance that are paid by the state
- Increased risk of family and maternal stress due to financial strains which may impact maternal and infant physical and mental health and wellbeing

Reference links:

[UK GOV – Guidance to public funds](#)

[No recourse to public funds or limited leave: entitlement to NHS maternity care \(Maternity Action website\)](#)

Unintended pregnancy:

Pregnancies that are mistimed, unplanned or unwanted at time of conception

Facts / Impact

- Approximately a third of births in Britain are unplanned or ambivalent
- For women there is an increased risk of obstetric complications and of accessing ante-natal care later; increased risk of antenatal and postnatal depression
- For children there is an increased risk of low birthweight, poorer mental and physical health, less likely to do well in cognitive tests

Reference link:

[PHE Guidance Health matters: reproductive health and pregnancy planning](#)

- Secure attachment experience
- Educational attainment
- Individual’s resilience
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Lifestyle Factors



Substance use status:

Use of non-medicinal drugs or other unauthorised substances e.g. Cocaine / Crack / Heroin / Marijuana / Morphine / Solvents (e.g. glue, aerosol)

Facts / Impact:

- Parental substance misuse can have a negative impact on children at each stage of their development
- Impacts to children include: behavioural, emotional or cognitive problems and relationship difficulties
- Substance misuse in pregnancy may put babies at risk of impaired brain development, congenital malformations, premature delivery and low birth weight
- Can harm child's development both directly – exposure to toxins in utero and the effects of withdrawal after birth – and indirectly – through its impact on parenting capacity
- Parents who misuse substances need services that can consider their own difficult life circumstances which often include chaotic childhoods, co-existing psychological problems and social isolation, whilst also providing support for them as parents to ensure that their babies develop to their fullest potential

Reference links:

- [NSPCC: All babies count - spotlight on drugs and alcohol](#)
- [Gov.UK website – Parental alcohol and drug use: understanding the problem](#)
- [Gov.UK website – ‘Hidden Harm’ report on children of drug users](#)
- [Barnardo's website: Hidden Harm Briefing](#)
- [NSPCC – All Babies Count – Spotlight on drugs and alcohol](#)

Alcohol misuse:

Alcohol intake during pregnancy, including harmful drinking and alcohol dependence in early parenthood

Facts / Impact:

- Drinking alcohol during pregnancy can lead to Foetal Alcohol Spectrum disorder (FASD)
- FASD and other alcohol-related birth defects are 100% preventable if a woman doesn't drink during pregnancy
- Alcohol can cause more damage to an unborn baby than any other drug
- Alcohol can harm a child's development both directly – exposure to toxins in utero and the effects of withdrawal at birth – and indirectly – through its impact on parenting capacity

Reference links:

- [National organisation for Foetal Alcohol Syndrome – UK](#)
- [Barnardo's website: Hidden Harm Briefing](#)

- Self-care
- No non-medicinal drugs or unauthorised substances
- No alcohol
- No smoking and living in a smoke-free environment
- Participation in sport or leisure activities

Lifestyle Factors *(continued)*



Smoking:

Smoking during pregnancy, partner smoking status and/or exposed to passive smoking

Partner smoking status

Facts / Impact:

- Smoking during pregnancy greatly increases the risk of stillbirth
- Smoking increases risk of complications in pregnancy (e.g. premature birth, low birth weight) and of the child developing a number of conditions later in life (e.g. respiratory conditions, diabetes, obesity)
- Children of parents that smoke are more likely to become smokers leading to further health inequalities

Reference Links:

[Smoking in pregnancy Challenge Group report: Review of the challenge 2018](#)

[Maternal smoking and the risk of still birth: systematic review and meta-analysis](#)

Maternal Obesity:

Pregnant women with a BMI of 30 or more at time of conception

Facts / Impact:

- Approximately 1/5 of pregnant women across BANES, Swindon and Wiltshire are obese at the time of booking (2018-19, South West Maternity Dashboard)
- Research suggests that women who are obese when they become pregnant are nearly 40% more likely to experience antenatal depression than women with normal weight (even after adjusting for socio-demographic factors and health behaviours)
- Pregnant women who are obese are at greater risk of a variety of pregnancy related complications compare with women of normal BMI, including at increased risk of caesarean birth
- Initiation and maintenance of breastfeeding are also more difficult for women with obesity

Reference links:

[RCOG Guideline 72: Care of women with obesity in pregnancy](#)

[Population cohort study: Obesity and antenatal depression](#)

- Self-care
- No non-medicinal drugs or unauthorised substances
- No alcohol
- No smoking and living in a smoke-free environment
- Participation in sport or leisure activities

Social Factors



Low Educational attainment:

Not achieving necessary grades to progress in further education or training

Facts / Impact:

- Women with low educational attainment have a higher risk of induced abortion, still birth, and preterm delivery
- Low prior educational attainment is associated with a higher risk of conceiving as a teenager and of deciding to continue with the pregnancy
- Children whose parents have low levels of education on average display slower speech and language development and poorer attainment at school
- In adults, low levels of education have been shown to be a risk factor in prenatal tobacco, drug and alcohol use and teen pregnancy

Reference links:

[Hegeland et al, Educational attainment and pregnancy outcomes](#)

[CAYT Impact Study – Teenage pregnancy in England](#)

[Early Intervention Foundation – Disadvantage, behaviour and cognitive outcomes](#)

Homeless / housing issues:

Unstable housing present / Poor housing conditions / Frequent moves

Facts / Impact:

- Homelessness and temporary accommodation during pregnancy are associated with an increased risk of preterm birth, low birth weight, poor mental health in infants and children and developmental delay
- The number of families who are homeless has increased in recent years, and is likely to continue to increase due to such factors including economic climate and changes to the benefit system
- Babies need to be in a safe and stimulating environment where they can grow, learn and explore – homelessness and poor housing conditions can threaten this

Reference link:

[NSPCC – The impact of homelessness on babies and their families](#)

- Perceived financial security
- Genuine engagement with services
- Clean and safe living environment
- Access to education and information

Social Factors *(continued)*



Low income / financial difficulties:

Low income, on income support or benefits - families qualifying for healthy start / 2-year-old funding

Facts / Impact:

- Increased risk of maternal stress which impacts on maternal and infant physical and mental health and wellbeing
- Increased risk of maternal mortality / perinatal mortality
- Income is independently related to language development
- Children from disadvantaged groups are twice as likely to experience language delay

Reference links:

[DOH Early Years high impact area 6: Health, wellbeing and development of the child aged 2](#)

Food Insecurity:

Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways (e.g. without resorting to emergency food supplies, scavenging, stealing or other coping strategies)

Food insecurity has various degrees of severity. Early stages involve worry about whether there will be enough food, followed by compromising quality, variety and quantity of food. Going without food and experiencing hunger are most severe stages.

Facts / Impact:

- Key drivers of food poverty and food insecurity in the UK are inadequate income/benefits, challenging life experiences or ill health and lack of social support
- Food insecurity is demonstrated to have a negative impact on the health and development of children and young people
- Food insecurity is associated with increased risk of depression and stress in adults.
- Food insecurity is associated with decreased dietary quality in adults and children

Reference links:

www.stateofhunger.org

www.ncbi.nlm.nih.gov/pmc/articles/PMC7296813

academic.oup.com/ajcn/article/100/2/684/4576574

pubmed.ncbi.nlm.nih.gov/32174292

- Perceived financial security
- Genuine engagement with services
- Clean and safe living environment
- Access to education and information

Social Factors *(continued)*



Known to social care:

Mum, partner / father, baby or sibling known to social care as child or adult

Facts / Impact:

- If someone is known to social care this may indicate being involved with the abuse or neglect of a child or experiencing abuse or neglect as a child linked to a Child in Need / Child Protection case.
- The experience of neglect can result in complex emotional and mental health needs, and often there is link with the Toxic Trio of indicators: domestic abuse, mental health problems and substance misuse

Abuse in adulthood – rape, sexual exploitation:

Adult Abuse is mistreatment by any other person that violates a person’s human and civil rights. (Over 18)

Facts / Impact:

- Such traumatic experiences can affect a woman both physically and emotionally – leading to poor mental health and possible negative impact on pregnancy and parenting. (See perinatal mental health issues section)

Reference links:

www.safeguardingmatters.co.uk/the-new-disclosure-and-vetting-service/in-the-news/recent-cases-relating-to-vulnerable-adults

Not engaging with Maternity Care:

Pregnant women who have limited engagement with ante natal care, including late presentation for booking

- ‘Late booking’ has been identified as a significant risk factor for poor pregnancy outcomes
- Women in communities with high indices of multiple deprivation and unemployment is an independent predictor of poor access to antenatal care
- The negative impact of social deprivation and poor social support on a pregnant woman’s wellbeing, esteem and fetal attachment can sometimes manifest as late presentation for pregnancy care

Reference link:

[Deprivation and poor psychosocial support are key determinants of late antenatal presentation and poor fetal outcomes](#)

- Perceived financial security
- Genuine engagement with services
- Clean and safe living environment
- Access to education and information

Social Factors *(continued)*



Looked after children (LAC):

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. In general, looked after children are living with foster parents, relatives (kinship care) living in a residential children’s home or living in residential settings like schools or secure units

Facts / Impact:

- Care-experienced children and young people are at increased risk of poor life outcomes when compared to peers who have not spent time in care setting
- Care-experienced children are at heightened risk of teenage pregnancy, this significantly increases the likelihood that these disadvantages will be transferred to the next generation
- Many children enter care because they have been abused or neglected and these experiences can result in complex emotional and mental health needs which, without the right support, can continue into adulthood and impact on parenting
- This group are more likely to experience poor pregnancy related outcomes when compared to peers without a care history – including smoking during pregnancy, having a low birth weight baby, being a single parent, and experiencing symptoms of depression

Reference links:

[Preventing Unplanned Pregnancy and Improving Preparation for Parenthood for Care Experienced Young people](#)

[NSPCC – Looked after children](#)

- Perceived financial security
- Genuine engagement with services
- Clean and safe living environment
- Access to education and information

Health and Wellbeing



Perinatal mental health:

Perinatal mental illness refers to a range of mental health problems of varying severity that can affect women (and partners) during pregnancy and in the year after birth including anxiety, depression and postnatal psychotic disorders

Facts / Impact:

- Perinatal mental illness affects up to 20% of women at some point during pregnancy and for the first year after birth
- Saving Lives, Improving Mothers' Care 2018 reports that maternal suicide is the fifth most common cause of women's deaths during pregnancy and its immediate aftermath, and the leading cause of death over the first year after pregnancy
- Approximately 12% of women experience depression and 13% anxiety at some point during pregnancy
- Infant brain development and the infant's ability to regulate their emotional stress response can be affected from exposure to sustained high levels of stress (toxic stress) in pregnancy and/or early infancy
- Perinatal mental illness is linked to IUGR and increased risk of maternal mortality
- Perinatal mental illness can potentially impact on someone's ability to parent effectively

Partners:

- Depression and anxiety also affect 15-20% of men in the first year after childbirth
- Approximately 4% of paternal depression occurs in the first year after birth- peaking between 3 and 6 months
- Likely to have less involvement with children and higher rates of 'infant directed negativity'

Reference links:

[Karimzadeh, M et al, The association between parental mental health and behavioural disorders in pre-school children](#)

[Guide to Understanding the Effects of Parental Mental Health on Children and the Family](#)

[NSPCC website – Parental mental health](#)

[NICE Guidance – Antenatal and postnatal mental health](#)

[Saving Lives, Improving Mothers' Care 2018 Summary report](#)

- Access to services, local amenities and healthcare
- Stable mental health
- Breastfeeding
- Good health

Health and Wellbeing *(continued)*



Physical disability / serious medical condition:

Limitation on a person’s physical functioning, mobility, dexterity or stamina and other impairments that limit other facets of daily living, such as respiratory disorders, blindness, epilepsy, sleep disorders.

Facts / Impact:

Parental:

- Perceptions of maternity care from this group include greater problems with inadequate or inappropriate communication, limited involvement in decision making and being able to establish a trusted and respected relationship with clinical staff
- A higher proportion of children born to mothers with a longstanding limiting illness (LLI) experience socioeconomic disadvantage in the first year of life / maternal smoking throughout pregnancy / preterm birth / lower birth weight and shorter duration of breastfeeding than children whose mothers did not have an LLI
- Children born to mothers with an LLI have significantly higher odds of having a limiting longstanding health condition compared with children whose mother did not have an LLI (adjusting for all likely confounders including starting life in poverty)

Child disability/serious medical condition:

- A Bliss survey has found that 66% of dads had to return to work while their baby was still receiving specialist neonatal care
- The experiences parents might face on the neonatal unit can affect their emotional well-being and mental health, which can sometimes stay beyond their time in hospital
- The annual cost of bringing up a disabled child is three times greater than that of bringing up a non-disabled child
- The average income of families with disabled children is 23.5% below the UK average income. 21.8% have incomes that are less than 50% of the UK average

Reference links:

[Association between limiting longstanding illness in mothers and their children: findings from the UK Millennium Cohort Study](#)

[Access and quality of maternity care for disabled women during pregnancy, birth and the post-natal period in England](#)

[Bliss survey](#)

[Bliss website – impact on parents’ mental health](#)

[DLF \(Shaw Trust\) – key facts](#)

- Access to services, local amenities and healthcare
- Stable mental health
- Breastfeeding
- Good health

Health and Wellbeing *(continued)*



Previous obstetric / medical history:

Factors that may require additional antenatal support as picked up in local screening tool around obstetric/medical history, including previous child death

Facts / Impact:

- Previous pregnancy/birth history may impact on how the woman feels about current pregnancy with a risk of increased anxiety and mental health concerns
- Women who are pregnant following perinatal loss have increased levels of depression, stress and anxiety compared to women who have not experienced such loss
- Women experiencing pregnancy after loss have reported delayed bonding which can lead to long term effects on the mother-child relationship and child development
- A previous traumatic birth experience may lead to panic and fear in subsequent pregnancies

Reference links:

- [Previous Birth Experience in Women with intense fear of childbirth](#)
- [Effect of previous miscarriage on the maternal birth experience](#)

Low birth weight / extremely premature:

Low birth weight is under 2.5 kg

Extremely premature birth: before 28 weeks

Very preterm birth: from 28-32 weeks

(Moderate to late preterm: from 32-37 weeks)

Facts / Impact:

- Premature and small babies are more likely to have poorer outcomes such as increased risk of infant mortality, developmental problems in childhood and poorer health in later life
- Parents of premature babies are at risk of developing higher levels of anxiety, depression, anger and stress and need family-centred interventions that support and improve their involvement in the care of their baby directly following birth
- Parents with a premature baby in neonatal care are 50% more likely to experience psychological distress compared with parents who do not spend time on the unit

Reference links:

- www.nuffieldtrust.org.uk/resource/low-birth-weight
- [WHO preterm birth fact sheet](#)
- [Mothers and Fathers in NICU: The impact of Pre-term Birth on Parental Distress](#)
- [Bliss website – impact on parents’ mental health](#)

- Access to services, local amenities and healthcare
- Stable mental health
- Breastfeeding
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Health and Wellbeing *(continued)*



Multiple pregnancy:

Where more than one fetus develops in the uterus at the same time

Facts / Impact

- Increased risk of baby being born prematurely
- Twins and triplets are more likely to be smaller for their size than single infants
- Mothers of multiples are at a higher risk of experiencing postnatal depression (PND): Approximately 20% of mothers of twins and 27% of mothers of triplets are diagnosed by their health professional as suffering from PND (Tamba’s health and wellbeing survey 2016)

Reference link:

[Tamba website](#)

Female Genital Mutilation (FGM):

A procedure where the female genitals are deliberately cut, injured or changed, but there’s no medical reason for this to be done. FGM is illegal in the UK and is child abuse

Facts / Impact:

- FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It can also be carried out just before marriage or during pregnancy
- The Home Office has identified girls and women from certain communities from being more at risk: Somali, Ethiopian, Sudanese, Nigerian, Yemeni, Indonesian, Kenyan, Sierra Leonean, Egyptian, Eritrean, Kurdish
- It’s very painful and can seriously harm the health of women and girls
- It can cause long-term problems with sex and mental health; and also problems during labour and childbirth – which can be life threatening for mother and baby

Reference links:

[NHS website – FGM](#)

[NSPCC – FGM](#)

- Access to services, local amenities and healthcare
- Stable mental health
- Breastfeeding
- Good health

Support network, family and relationships



Adverse Childhood experiences (ACE):

Stressful events during childhood can have a profound impact on an individual’s present and future health. Those considered in ACE studies include:

Child maltreatment: Verbal abuse, physical abuse, sexual abuse, emotional neglect, physical neglect;

Childhood household: Parental separation, Domestic Violence, mental illness, alcohol abuse, drug use, incarceration

Facts / Impact

- An increasing number of ACEs are strongly related to adverse behavioural, mental and physical outcomes throughout the life course. Smoking, heavy drinking and cannabis use are seen to increase with ACE counts. A decrease in mental wellbeing and life satisfaction is linked to individuals with more than one ACE
- Pregnant women who have experienced ACEs in their childhood, are more likely to have reduced birth weight and premature birth
- Higher ACEs are linked with having caused / been unintentionally pregnant aged < 18 years and having been born to a mother aged < 20 years
- A cycle exists where those suffering ACEs take sexual risks, become parents early and raise their children in environments where they are exposed to toxic stress and risks of ACEs are high again
- Parents who have experienced more adversity and trauma during childhood are more likely to display less resilience and more difficulty coping and caring for their children when sick
- Unresolved trauma in adults/parents is associated with behaviours that result in poor attachment with the infant

Reference links:

[Introduction to Adverse Childhood Experiences](#)

[Lemma et al \(2019\) Responding to Adverse childhood Experiences](#)

[Early childhood Adversity and Pregnancy Outcomes](#)

[Bellis et al \(2013\) Adverse Childhood Experiences](#)

Children affected by parental imprisonment:

Partner / father of baby / member of household in prison

Facts / Impact:

- It is estimated that 200,000 children are affected by parental imprisonment across England and Wales
- Children with a parent in prison are twice as likely to experience mental health problems, and less likely to do well at school
- Children with a parent in prison are three times more likely to be involved in offending
- 65% per cent of boys with a convicted father will go on to offend themselves

Reference link:

[Barnardo’s – On the Outside: Identifying and supporting children with a parent in prison](#)

- Stable family and friend relationships
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Support network, family and relationships *(continued)*



Police involvement / Criminal activity:

Current involvement of the mother or household member with the police that poses a risk to the mother/ primary carer and /or baby. Past criminal convictions may be relevant, for example, if they involved violence towards someone else.

Facts / Impact

- The resulting stress and anxiety for families having a household member involved with the police and criminal activity can have a negative impact on pregnancy and children
- Families linked to criminal activity and police involvement are more prone to poverty which could influence quality of life e.g. housing and food
- Sometimes the criminal activity has safety implications for the family such as drug crime
- Relationships and self-esteem can be affected within the family and can lead to isolation, poor physical and mental health

Reference links:

[Sutherland, L and Wright, P \(2017\) Supporting children and families affected by a family member’s offending Triennial Analysis of SCRs 2014-17DfE \(2020\) Complexity and challenge: a triennial analysis of SCRs 2014-17](#)

Unstable family relationships:

Unstable relationships with partner / baby’s father / own mother / within family

Facts / Impact:

- How parents /couples communicate and relate to each other in increasingly recognised as a primary influence on effective parenting practices and children’s long-term mental health and future life chances
- Parents/couples who engage in frequent, intense, and poorly resolved conflicts put children’s mental health and long-term life chances at risk. Effects can be seen across infancy, childhood, adolescence and adulthood.
- The wider family environment is an important context that can exacerbate or protect child outcomes in response to exposure to inter-parental conflict
- During pregnancy, can impact on positive maternal representations and therefore parent/infant attachment

Reference link:

[Early Intervention Foundation - What works to Enhance Inter-Parental Relationships](#)

Bereavement of close family member:

Where loss of a close family member occurs prior to conception or during pregnancy

Facts / Impact:

- Bereavement due to the death of a close relative is considered one of the most stressful life events
- Excess of stress hormones impacts the developing foetus

Reference link:

[Prenatal Stress Exposure Related to Maternal Bereavement](#)

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Support network, family and relationships *(continued)*



Social isolation:

Mother feels unsupported, lack of meaningful relationships, lack of local support networks, isolated in community

Facts / Impact:

- A mother who has inadequate social networks is disadvantaged to the degree to which they can provide a good start in life to their child
- A Family Action survey showed that 1 in 5 mothers lack support networks to help them through pregnancy. The proportion is greater for mothers in low income households where it is 1 in 3
- A lack of supportive relationships during pregnancy can lead to poor emotional wellbeing increasing the risk of developing mental health issues during pregnancy (see perinatal mental health section)

Reference link:

[Public Health England – Reducing social isolation across the life course](#)

Domestic abuse partner / close family:

Controlling, coercive or threatening behaviour, violence or abuse that includes: psychological, physical, sexual, financial and emotional abuse; and also female genital mutilation and forced marriage

Facts / Impact:

- 1 in 4 women experience domestic violence and abuse at some point in their life; pregnancy can be a trigger for domestic abuse and existing abuse may get worse during pregnancy or just after giving birth
- General trauma, including witnessing violence can alter normal child development and, without intervention, can have lifelong consequences
- The consequences of heightened maternal stress during pregnancy because of domestic abuse extend to the foetus and later to the new born with increased risk of observing traumatic events, being abused and being neglected.
- Parents/couples who engage in frequent, intense, and poorly resolved inter-parental conflicts put children’s mental health and long-term life chances at risk
- Children of all ages can be affected by destructive inter-parental conflict, with effects evidenced across infancy, childhood, adolescence, and adulthood

Reference links:

[NSPCC – child abuse and neglect](#)

www.womensaid.org.uk/information-support/what-is-domestic-abuse/impact-on-children-and-young-people

www.rcpsych.ac.uk/healthadvice/parentsandyounginfo/parentscarers/domesticviolence.aspx

[Gov.uk – guidance on domestic violence and abuse](#)

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Support network, family and relationships *(continued)*



Single pregnant mother / Single parent:

A single pregnant Mum is not in a relationship. A single parent is a parent, not living with a spouse or partner, who has most the day-to-day responsibilities in raising the child (this may be the father)

Facts / Impact

- At high risk of financial hardship which may impact on psychological well being
- Increased risk of low birth weight and premature birth

Reference link:

[Prakesh et al \(2014\) Maternal Marital Status and Birth Outcomes: a systematic review and meta-analysis](#)

Traveller / Boating communities:

An individual/family that move around from place to place instead of living in one place for a long time. This could be on a boat (narrowboat, wide beam, river cruiser etc.) or on land in a mobile home, van, trailer or caravan.

Facts / Impact:

- Gypsies and Travellers continue to experience some of the poorest health outcomes in our society, including the lowest life expectancy of any group in the UK and high infant mortality rates

Reference links:

[Iriss – Gypsy Travellers: Human rights and social work’s role](#)

[Improving the Health of Gypsies and Travellers](#)

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