



First 1000 Days of Life

New Zealand College of Public Health Medicine Policy Statement

Policy statement

The New Zealand College of Public Health Medicine (NZCPHM) recognises that improving the circumstances in which a child is conceived and raised will result in significant public health gains, reduced inequities in health and social wellbeing, and reduced costs in both health care and society.

The NZCPHM supports the recommendations of the Public Health Advisory Committee's report regarding improving outcomes for New Zealand children and the Children's Commissioner's report on solutions to child poverty in New Zealand.^{1,2}

Background

The 'first 1000 days' is the time from conception, through pregnancy, birth, and up until a child's second birthday.^{1,3} Optimising the first 1000 days for each New Zealand child means focussing on a healthy mother, a healthy pregnancy, and a healthy early childhood. During the first 1000 days a child's brain develops rapidly, a child's environment influences gene expression, and there is opportunity for effective interventions that can influence a child's health and wellbeing through into adulthood.

In New Zealand there are large inequities in children's health and wellbeing.⁴ Māori and Pacific children are unduly affected with significantly higher rates of preventable illness, injury, and early death. Māori and Pacific babies are nearly twice as likely to die before reaching their first birthday as European children. Children living in New Zealand's most deprived areas are more likely to grow up in crowded homes, be exposed to tobacco smoke, leave school early or without a qualification, and have a teenage pregnancy than those living in affluent areas. New Zealand spends less than the OECD average on children at all ages, with spending in 0-5 year olds being less than half of the OECD average.⁵

There is increasing evidence that the first 1000 days is when a child is most vulnerable to the long term consequences of deprivation.³ Deprivation impacts child development by restricting access to resources (including healthcare, good housing and nutrition), causing disruption and stress for families, and increasing the risk of social isolation.^{3,6} In New Zealand, around 25% of children grow up in poverty, half of whom are Māori or Pacific.³ Children who grow up in poverty are more likely to face economic hardship as adults. In turn their children are also more likely to experience restricted access to the resources needed for optimal development, resulting in the impacts of deprivation being passed from one generation to the next.^{7,8}

Pre-conception

The first 1000 days of life start at conception. A mother's health around the time of conception contributes to the health of her pregnancy and her child. Targeted pre-conception assessments will

miss the 40% of New Zealand pregnancies that are unplanned.⁹ Universal approaches to improving the health of women who are likely to become pregnant will contribute to improved outcomes for mothers and babies. Integrating assessment of a woman's reproductive risks into her routine care reduces unintended pregnancy and improves preconception wellness.^{10, 11} Any pre-conception assessment should include a focus on optimum weight and diet, adequate folic acid intake, immunisation status, smoking cessation, education about the harms of alcohol, risk reduction for women with substance use, and glucose control for women with diabetes.¹²

Universal approaches that increase the opportunities for people to make informed reproductive choices, including improving access to long-term reversible contraception options, are supported by evidence and reduce inequitable pregnancy outcomes.^{10, 13-15}

Perinatal

The perinatal period includes the time from conception through pregnancy to delivery, and the first 28 days of life. Perinatal outcomes in New Zealand are unequally distributed, with Māori and Pacific women and infants at higher risk of pregnancy complications and perinatal death compared with European women and infants.¹⁶ Nearly 60% of perinatal deaths in New Zealand are stillbirths, with an additional 30% being a death in the first 28 days of life. The most important modifiable risk factors for stillbirth are smoking, overweight and obesity, pre-existing hypertension and diabetes, and placental abruption. Advanced maternal age is also a risk factor and is becoming more common.¹² The majority of interventions designed to reduce the impact of these risk factors on birth outcomes are best delivered in the pre-conception period.

Antenatal care (from early pregnancy through to the first four weeks of life) is how interventions with proven effectiveness are delivered to pregnant women, including health promotion, screening, risk assessment, and treatment. Around 3% of New Zealand women receive little or no antenatal care, and a significant proportion of women do not receive timely care (within the first 12 weeks), with Māori and Pacific women disproportionately represented.^{17, 18} Proven barriers to timely and effective care include unintended pregnancy, financial constraints, substance use, and belief that care is unnecessary.¹⁸ Increasing early and adequate participation in antenatal care, so that women receive evidence based interventions, will improve outcomes for babies, where for example: ¹⁹⁻²²

- An early antenatal scan reduces the risk of induction of labour and improves screening for low birth weight.
- Smoking cessation in early pregnancy reduces the risk of low birth weight.
- Having sufficient antenatal care is associated with increased use of preventive care during infancy including immunisation and well-child checks.

Early childhood

Early childhood is a time of rapid growth and development, and an ideal time to deliver evidence based services that improve child health and wellbeing and reduce inequalities. New Zealand has several such universal early childhood services including Well Child Tamariki Ora services, immunisation, hearing screening, pre-school dental services, early childhood education, and general practice services. However, access to these services is inequitable.^{4, 10, 23, 24} There are various strategies available that could improve the delivery of these services including better monitoring. For example, implementation of the National Immunisation Register enabled the capacity to identify

children who had fallen through service gaps and facilitate their immunisation through a variety of approaches.²⁴

Summary and recommendations

The first 1000 days are critical for optimising child development, health and wellbeing. Socio-economic hardship, which is highest among Māori and Pacific children and their whanau, is well-described as a common and overwhelming theme in poor health and wellbeing outcomes for New Zealand children. New Zealand spends less than the OECD average on children, it is crucial to invest in services that address the most pressing health and wellbeing determinants for New Zealand children.

The NZCPHM therefore recommends and supports:

- Investment in evidence based approaches focussed on reducing exposure to key modifiable risk factors for poor child health and wellbeing. Risk factors include poverty, housing, poor nutrition, exposure to tobacco smoke (both during pregnancy and in the home after birth), family violence, and unmet need for primary health care including access to prescription medicines.
- Integration of cross-sector activity and legislation regarding the first 1000 days of life for children in New Zealand.
- Universal approaches to improving pre-conception circumstances that integrate reproductive planning and health promotion into women's primary health care.
- Strategies to improve equitable access to long-term reversible contraception options.
- Evidence-based strategies to improve early engagement with antenatal care.
- A system to monitor engagement with early childhood services including Well Child Tamariki Ora, immunisation, oral health, early childhood education, hearing and vision screening. This monitoring system should be an opt-off National Well Child Register that sits under the Well Child Tamariki Ora Framework.

Links with other NZCPHM policy

Health Equity	Tobacco control
Māori Health (forthcoming)	Rheumatic fever
Immunisation	Housing
Alcohol	Water Fluoridation

References and Further Information

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