First 1000 Days of Life

New Zealand College of Public Health Medicine Policy Statement

Policy Statement

Health professionals have a major responsibility to act as advocates for health at all levels in society.[1,2] In relation to the first 1000 days of life, this includes the NZCPHM advocating for and supporting evidence-informed policy[3] recognising that:

1. The preconception period and first 1000 days of life lay the foundations for life-long health and wellbeing for all people.
2. Social disparities are evident as health inequities early in life.
3. Young children are one of the most disadvantaged groups in New Zealand society.
4. All young children are developmentally vulnerable and they and their whānau are entitled to special protections and provisions.
5. The current state of disadvantage and poorer outcomes for many Māori and Pacific children and whānau is an urgent concern under Te Tiriti o Waitangi and the United Nations Convention on the Rights of the Child (UNCRC).
6. Increased investment in the first 1000 days of life, and a stronger focus on population-based strategies to address the determinants of healthy development, have the potential to result in significant public health gains and reduced social and health inequities throughout the life-course.

The NZCPHM also recognises and supports the recommendations from several organisations including: the United Nations Committee on the Rights of the Child;[4] the United Nations Sustainable Development Goals;[5] the World Health Organization's Commission on the Social Determinants of Health;[6] the Children's Commissioner's report on solutions to child poverty;[7] the Public Health Advisory Committee's Best Start in Life report;[8] the Māori Affairs Committee's inquiry into the determinants of wellbeing for tamariki Māori,[9] and the Health Committee's inquiry into child health and child abuse from pre-conception to age three.[10]

Background

The 'first 1000 days' is the time from conception to a child's second birthday.[11] It is a rapid and crucial period of brain and organ development that is heavily influenced by the environment through many different pathways.[11,12] Optimising the first 1000 days for each New Zealand child means focussing on a healthy mother, a healthy pregnancy, and a healthy early childhood. Positive early childhood conditions, especially loving, responsive and secure relationships with parents/caregivers and whānau, lay the foundations for optimal development and lifelong health and wellbeing.[11-13] Adverse early environments increase the risk of health and developmental problems over the short- and long-term.[11-14] Physical and social environments are both important and are often inter-related. For example, developing children are especially vulnerable to the long term consequences of

deprivation. Deprivation impacts child health and development by restricting access to resources (including healthcare, education, good housing and nutrition), causing disruption and stress for families, and increasing the risk of social isolation.[7,11,15-17] Exposure to severe psycho-social stressors, such as family violence, child maltreatment, or parents/caregivers with unmet mental health need and addictions, can be especially disruptive to a child's emotional development and their future relationships, learning, behaviours and mental health.[11,12,18]

Internationally, New Zealand sits near the bottom of the developed world in children's health and safety.[19] Adverse early childhood environments are common and rates of potentially preventable conditions are high; large inequities in children's health persist.[20,22] In New Zealand, 28% of children grow up in households who meet the criteria for income poverty, a rate much higher than any other age-group.[15,16] Māori and Pacific children have significantly higher rates of poverty and potentially 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, especially from potentially preventable conditions such as sudden unexpected death in infancy (SUDI). Children living in more socioeconomically deprived areas are more likely to grow up in crowded homes, be exposed to tobacco smoke, experience maltreatment, leave school early or without a qualification, or have a teenage pregnancy than those living in the most affluent areas.[16,21,23]

Pre-conception and pregnancy

There is considerable evidence that a complex array of risk and protective factors during the pre-conception period and pregnancy have an impact on birth outcomes (such as stillbirth and prematurity) and child health and development.[11,13] Complex, causal pathways are involved and timing is important. [11,13] Some of the key factors recognised as important include nutrition (at a macro-level such as obesity and underweight, as well as micro-nutrients such as folate and iodine, and vitamin D), immunisation (such as rubella), mental health and psychosocial stress, and exposure to alcohol, drugs and tobacco.[13]

While the evidence base for many specific interventions is strong, such as folic acid supplementation to prevent neural tube defects or immunisation to prevent infection, there are considerable knowledge gaps.[13] Targeted pre-conception assessments will miss the 40% of New Zealand pregnancies that are unplanned.[24] At the individual level, integrating assessment of reproductive planning and health promotion into the routine care of all women of child-bearing age has potential to reduce unintended pregnancy and improve preconception health.[13,25] The evidence suggests that pre-conception assessments 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.[13,26,27] Broader strategies that improve population health are likely to play an important role in improving the health of women of child-bearing age, for example by improving housing or reducing alcohol or tobacco-related harm.[13]

Antenatal care (from early pregnancy through to the first four weeks of life) is an important determinant of maternal and child outcomes, encompassing health promotion, screening, risk assessment, and treatment services. 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.[28,29] Barriers to timely and effective care include unintended pregnancy, financial constraints, substance use, belief that care is unnecessary, and health system failures, especially for women and infants at higher risk of poor health outcomes.[28,29] Increasing early and adequate participation in antenatal care, with a special focus on those most at risk of poor outcomes, and the provision of evidence-based interventions is likely to improve outcomes for babies.[27-29] For example, smoking cessation in early pregnancy reduces the risk of low birth weight and SUDI.[27,30,31] In addition, adequate antenatal care is associated with increased use of preventive care during infancy including immunisation and well-child checks.[32]

Early childhood

Early childhood is a well-recognised time for effective (and cost-effective) interventions to improve lifelong health and wellbeing and reduce inequities. [6,10,11,13,18,33] There is considerable evidence about the effectiveness of targeted early childhood interventions such as nurse-led home-visiting and positive parenting programmes such as the Incredible Years or Triple P.[33,34] Evidence also shows that maternal depression (including postnatal depression) is strongly associated with poor outcomes for children, therefore timely access to support and referral services is needed.[13] Although significant knowledge gaps remain, there is growing evidence about the value of collaborative and population-based health promotion initiatives for early childhood development, that are informed by community aspirations and the strategic use of data.[35-38]

New Zealand has numerous national and local early childhood services. Universal early childhood services include the Well Child/Tamariki Ora programme (for all children from birth to 5 years, with the flexibility to provide additional services in proportion to need), Before School Check, immunisation, newborn metabolic and hearing screening, pre-school dental services, early childhood education, and primary care. Local and targeted services are available in some areas, for example, home visiting programmes such as Family Start and Early Start, Whānau Ora, community water fluoridation and Children's Teams for children deemed to have the highest risk of maltreatment. District Health Boards have various programmes such as smoking cessation, violence intervention, shaken baby syndrome prevention, and some have multidisciplinary teams for maternal wellbeing and child protection. In addition, some regions have conducted strengths-based community-led development initiatives for the early years.[39]

A key challenge for New Zealand relates to the extent of inequities and the lack of cohesion across agencies and providers, and between the many maternal and early childhood services.[20-22,29,40] The NZCPHM recognises there have been considerable efforts to improve the quality, access, co-ordination and equitable delivery of these services. Strategic data use and evidence-based strategies have assisted in this regard. For example, the National Immunisation Register has enabled the identification of children who had fallen through service gaps and facilitated their immunisation through a variety of approaches.[41] Nonetheless there remains considerable fragmentation and variation across New Zealand with little overall coherence.[20-22,29,40]

Recommendations

The NZCPHM therefore recommends the Government and civil society, including Māori and Pacific organisations, work together to:

- Lead, develop and implement a comprehensive and cohesive cross-agency plan for early childhood development based on principles from UNCRC, Te Tiriti o Waitangi, and the Ottawa Charter for Health Promotion.[41]
- Reduce harmful exposures and promote healthy social environments for young children and their whānau at a population level through evidence-informed[3] legislation and policies. This includes: ensuring adequate family incomes, paid parental leave and housing; prioritising, setting targets and investing in the eradication of child poverty; ensuring family-friendly working conditions and adequate pay; supporting breastfeeding and healthy nutrition, including mandatory folic acid fortification; and addressing family violence, child maltreatment and tobacco, drug and alcohol-related harm (intrauterine and in the family environment).
- Improve the accessibility, quality, cohesiveness and equitable delivery of all universal maternal and early childhood services.
- Improve the timely access to additional support and referral services for young children and their parents/caregivers/whānau. This includes maternal and infant mental health services and adult mental health and addiction services; child development services; parenting programmes; whānau ora/family support programmes and crisis intervention.
- Prioritise actions to address social and health disparities, especially for Māori and Pacific children and children from marginalised groups such as those with disabilities/chronic illness or in the care of the State.
- Invest in more community and population-based initiatives to promote early childhood development and fund research and evaluation to assess their effectiveness for the New Zealand context.
- Improve pre-conception circumstances for women of child-bearing age, integrate reproductive planning and health promotion into routine primary health care, and improve early engagement with antenatal care for all women, especially for those most at risk of poor outcomes.
- Monitor early childhood health, development, and equity with a comprehensive set of indicators and use the data to improve service delivery and to inform and evaluate public health interventions.

Links with other NZCPHM policies

Health Equity
Child Poverty and Health
Māori Health
Pacific Peoples' Health
Immunisation
Alcohol
Tobacco Control
Rheumatic Fever
Housing
Water Fluoridation

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