

A midwifery perspective National Women's Maternity Annual Clinical Report



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Aspiring to excellence

- Where have we done well?
- Identify variations
- Identify opportunities for improvement
- Impact on quality of care and service delivery
- Priorities moving forward

Consider:

1. What is best practice?
2. What strategies are required to make improvements?
3. What do I need to do to make a difference?



*"Everyone thinks
of changing the
world, but no one
thinks of
changing
himself."*

Leo Tolstoy

Clinical outcomes - where have we done well?

- Significant reduction in births between 32 and 36 weeks gestation (lowest in a decade)
- SGA babies born between 40 and 42 weeks lower – GROW and SGA guideline/pathway
- Women under care of self-employed LMC 75% up from 65% in 2006
- ECV pathway
 - 43% increase in referrals (104 women)
 - 49% success rate (51 women)
 - 69% vaginal birth (35 women)
- Exclusive breastfeeding at discharge 77%
- Perinatal related mortality rate 11.7/1000 births (lowest rate in past 13 years)
- Contraception information and support (6% reduction in first trimester TOP, 30% reduction in last decade)
- Multiple birth rate low – single embryo transfer policy (Fertility Plus)



Clinical outcomes – no change

- Ratio of multiparous to nulliparous women remained constant at 1:1
- Little change in maternal age over the past 10 years, apart from a significant reduction in teenage mothers
- Rates of PPH>500mls unchanged since 2008
- Hypertensive disease in pregnancy consistent at 7.6%
- Maternal obesity – consistent from 2009 to 2015
 - 41% overweight (BMI>25)
 - 8.7% morbidly obese (BMI>35)
- Very little change in numbers of postnatal transfers to NWH wards and Birthcare

Clinical outcomes - variation

- Reduction in normal birth to 57.3% (only 41.9% of nulliparas achieved a spontaneous vaginal birth)
- Increase in CS rates – highest rate ever at NWH 35.6%
- Increasing CS rate for multiple pregnancy 71%
- Increase in births at 38-39 weeks – elective IOL and CS
- Increase in IOL rates – standard primiparas, 37 and 38 weeks, gestational diabetes less than 40 weeks
- Increase in episiotomy
- Increasing rate of PPH >1L (10.3%)
- Increase in term babies
 - admitted to NICU, 42.4% for respiratory distress (202 of 476 admissions at term)
 - with low Apgar scores at 1 and 5 minutes
 - Requiring CPAP/Hi Flow support
- Reduction in women going directly home from Birth Suite



Midwifery aspiring to excellence 2015

Te Manawa o Hine - Maori Midwifery Team

- Commenced July 2015
- Multi disciplinary, holistic and woman centred
- Culturally appropriate in partnership with women
- Community hub collaboration with Ngati Whatua

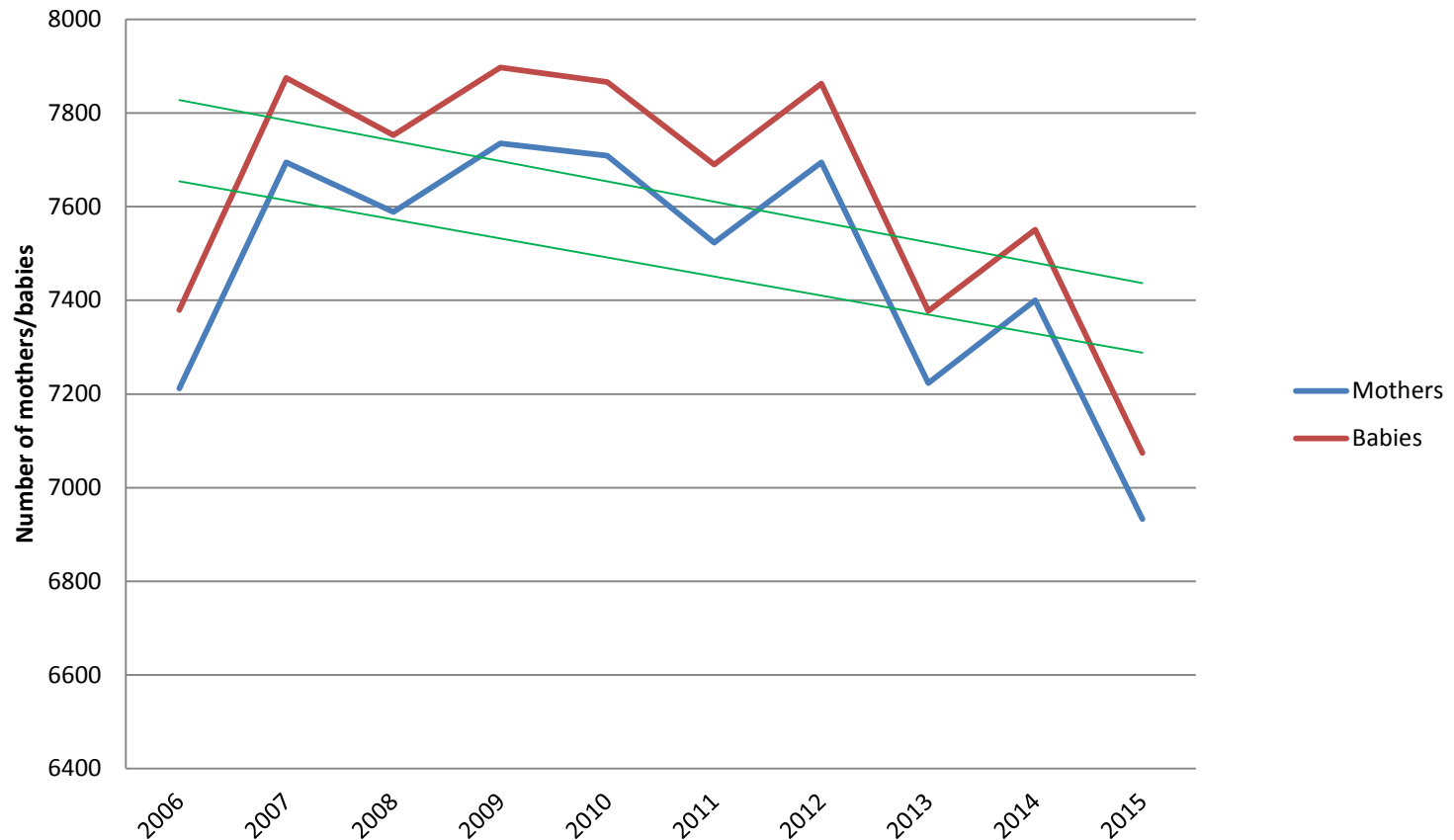
Midwifery aspiring to excellence 2015

Transition to LMC practice

- Commenced December 2015 with graduate midwives
- Inpatient rotation to gain experience across scope
- 6 month rotation to Community Midwifery Team
- LMC experience, build caseload
- Opportunity to establish LMC practice

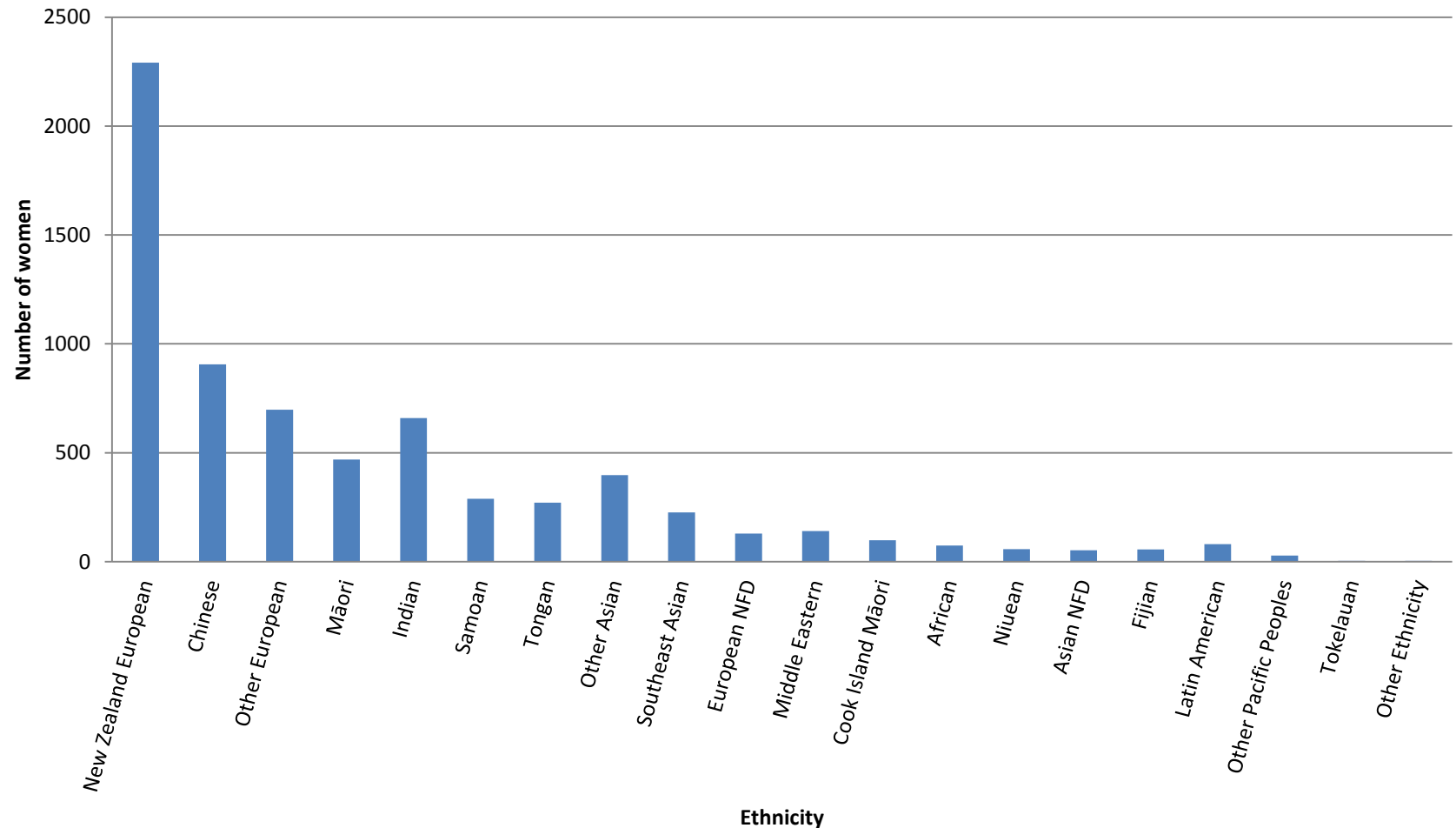


Births - Mothers and babies at NWH 2006-2015

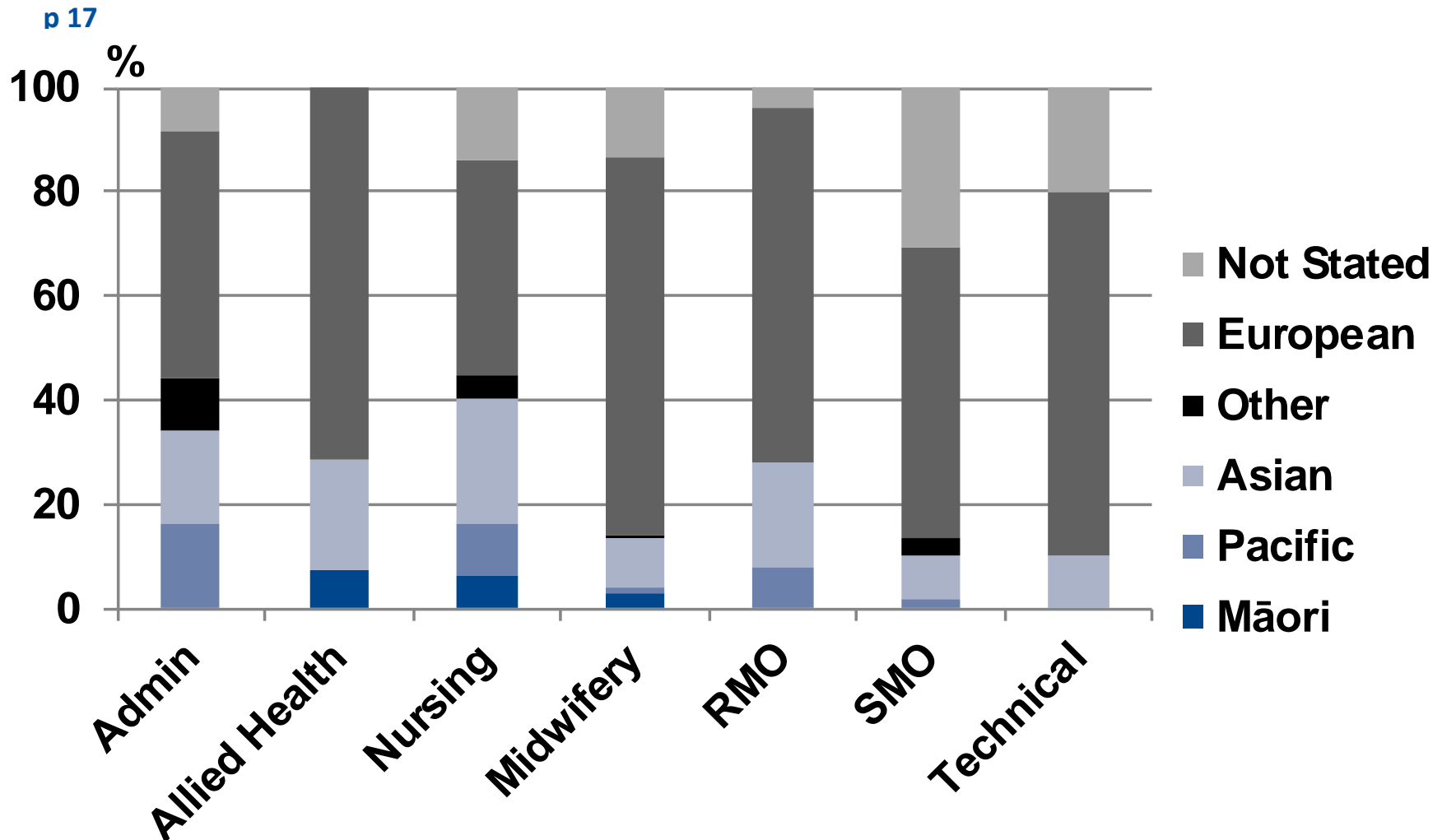


6.3% reduction in the number of women giving birth from 2014 (467 women)

NWH Births by ethnicity 2015



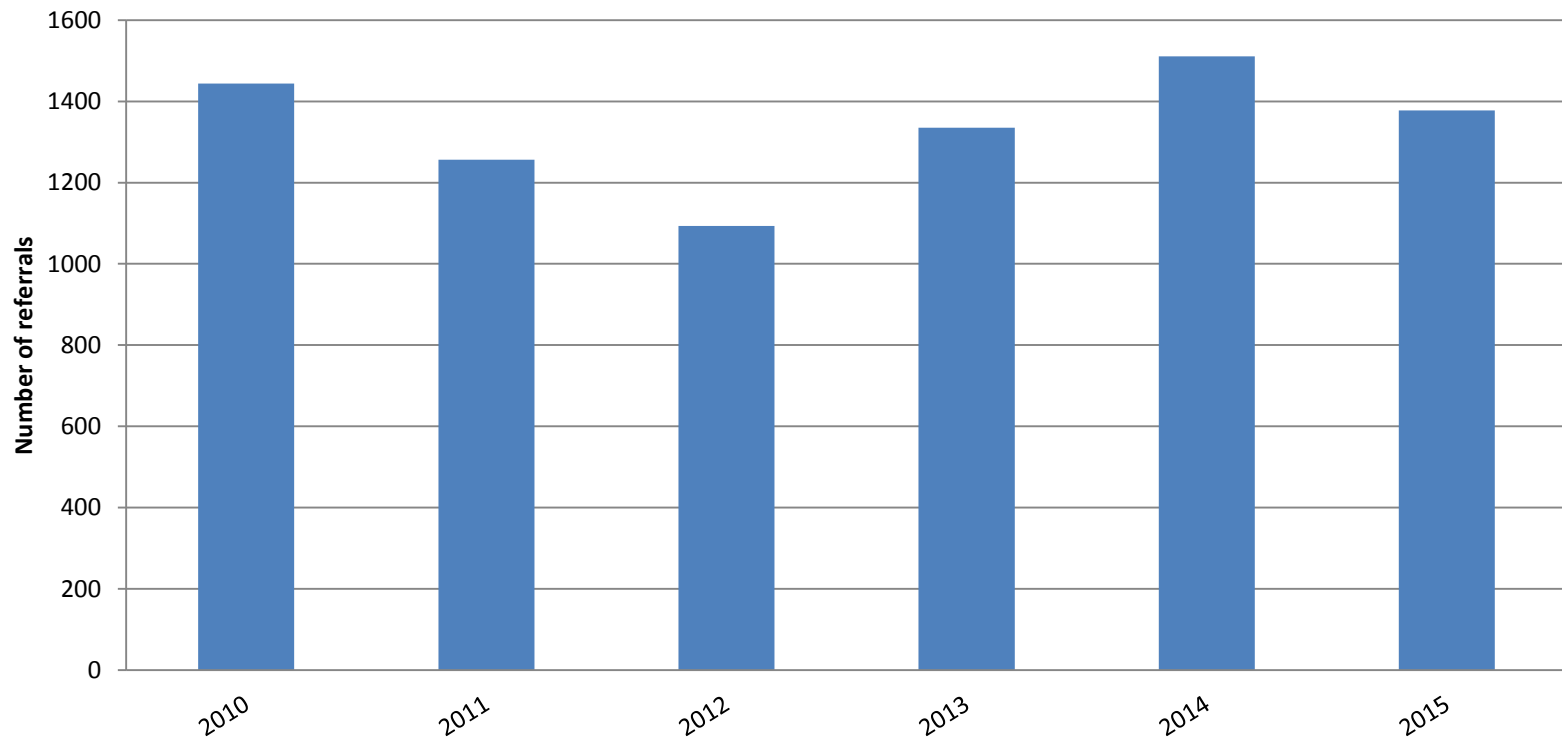
NWH Staffing ethnicity by occupational group



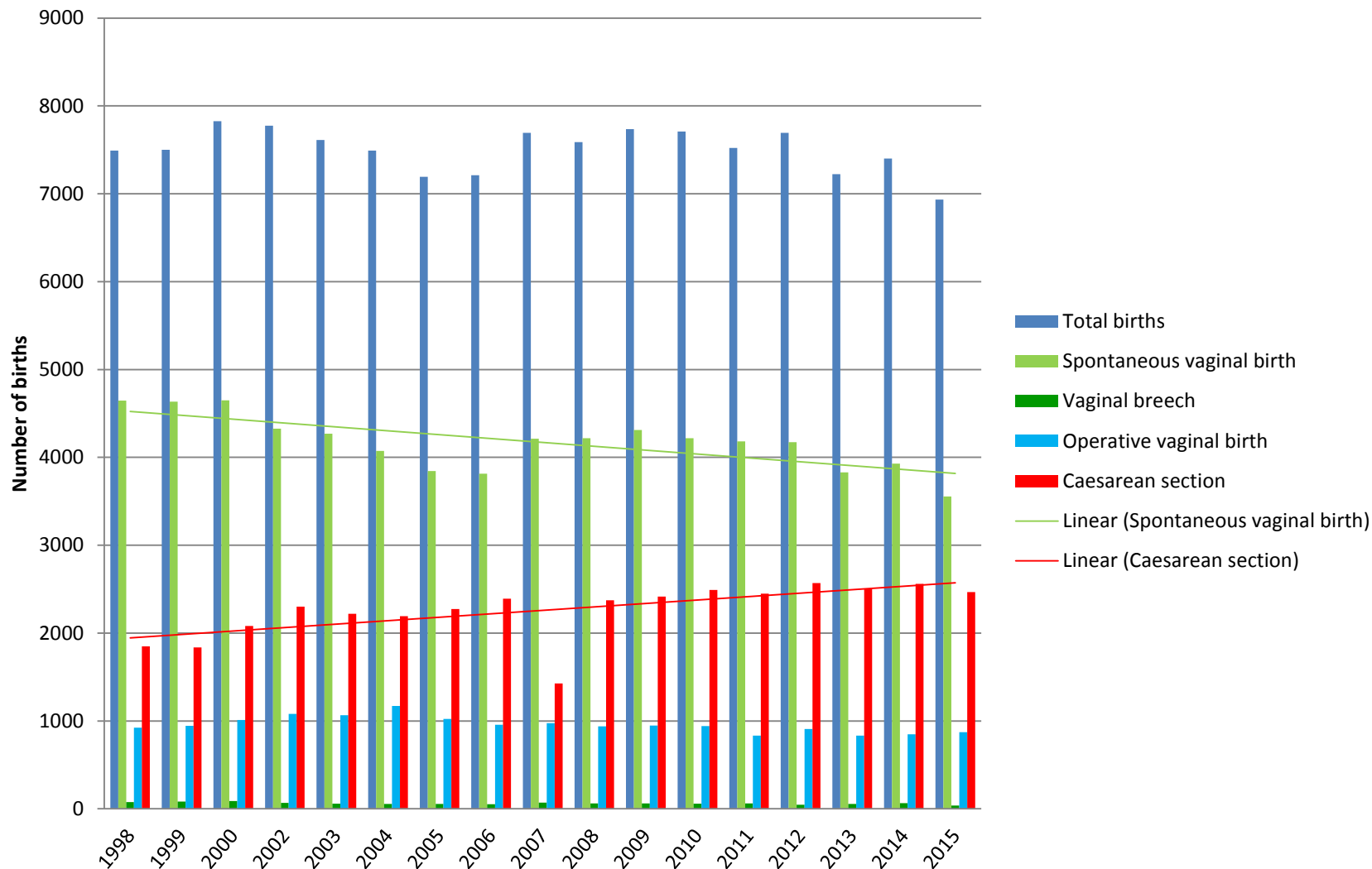
Acute activity

2015 saw 133 less referrals to WAU in 12 months (9% reduction)

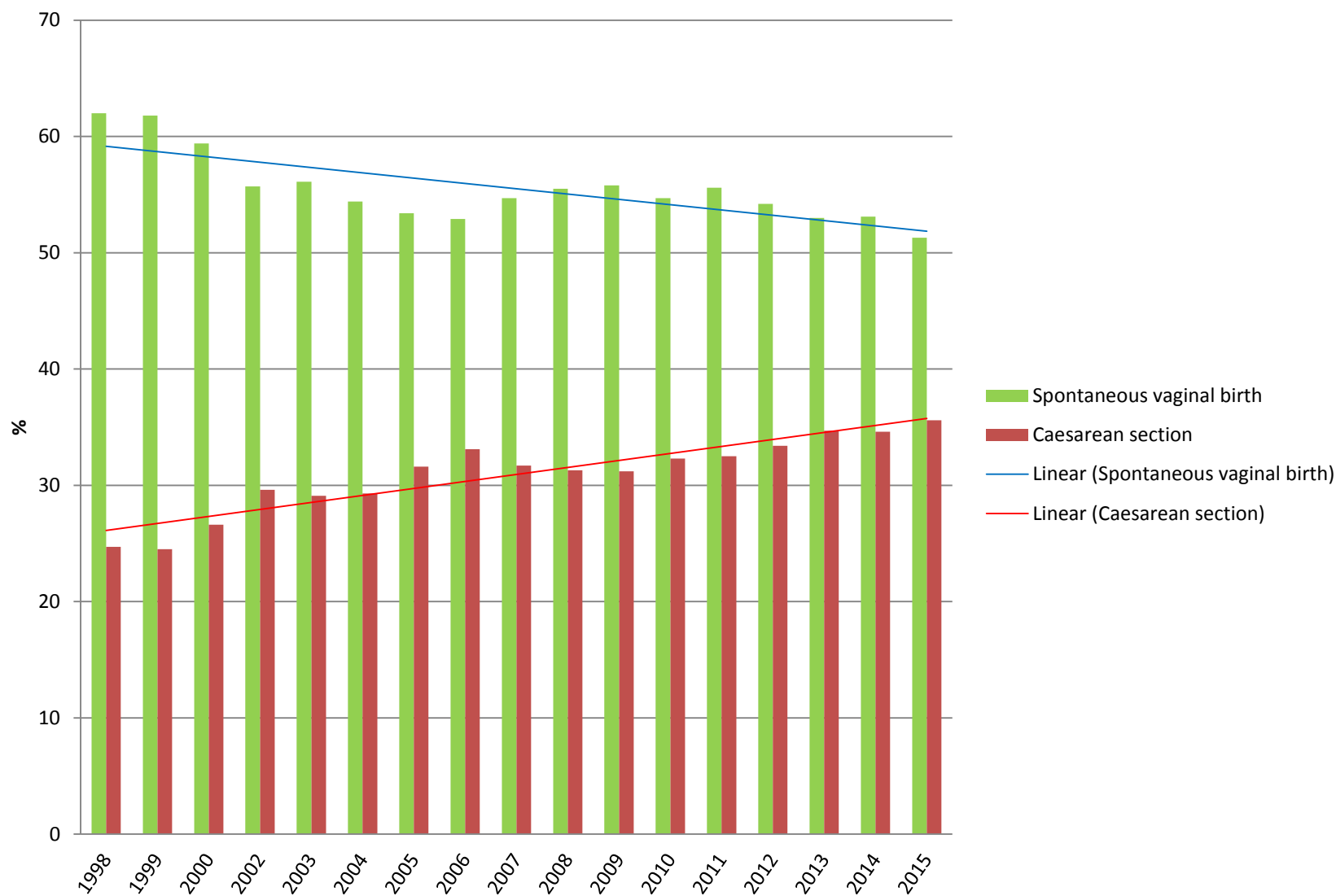
Women's Assessment Unit referrals



NWH birth type 1998 - 2015



NWH normal births and caesarean sections



Opportunities to increase normal birth rates

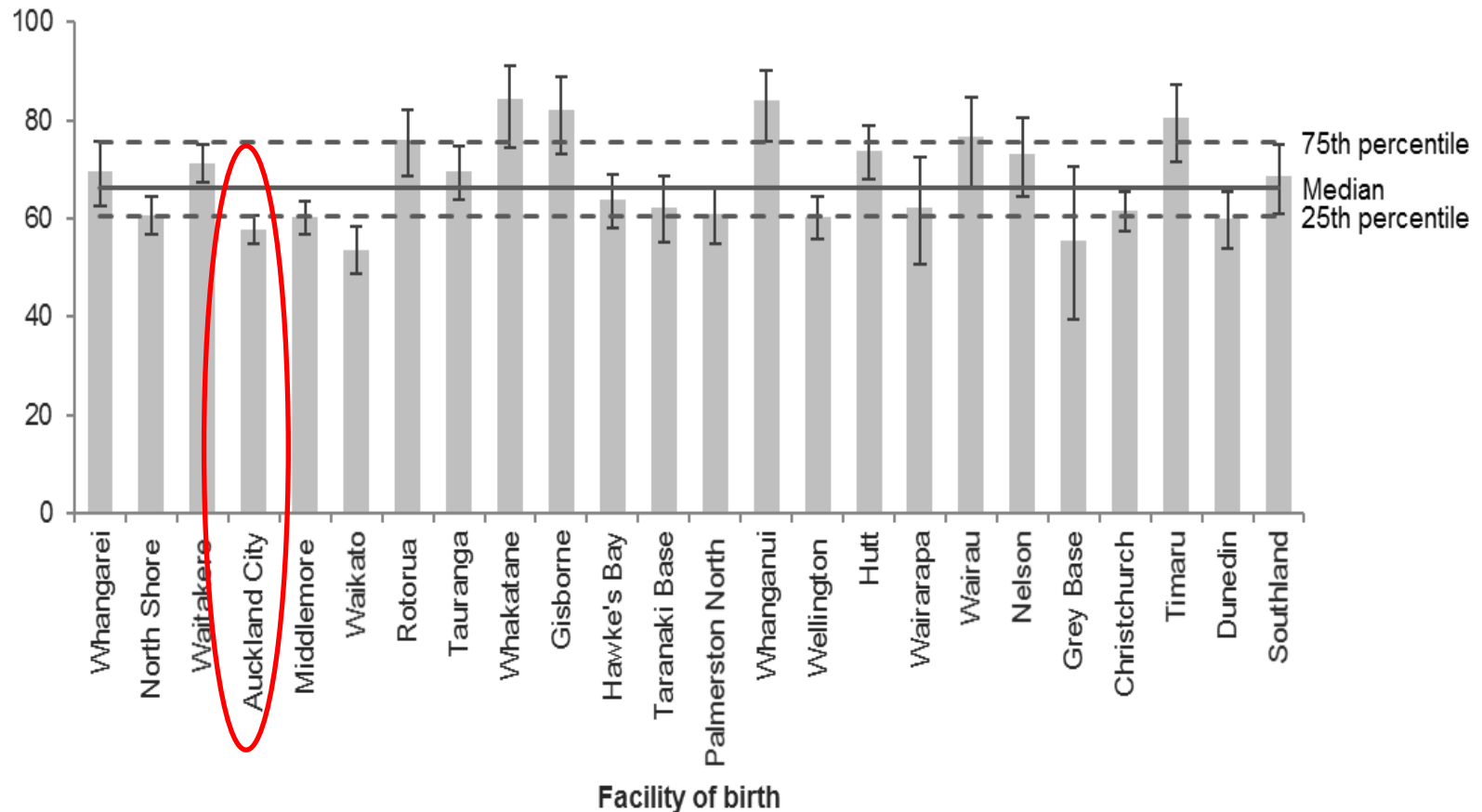
- Continuity of care
- One to one care from a midwife during established labour
- Supporting use of water, upright positions and mobility
- Providing the opportunity to birth in a primary birth unit



New Zealand Data

Figure 6: Percentage of spontaneous vaginal births among standard primiparae, by facility of birth (secondary and tertiary facilities), 2014

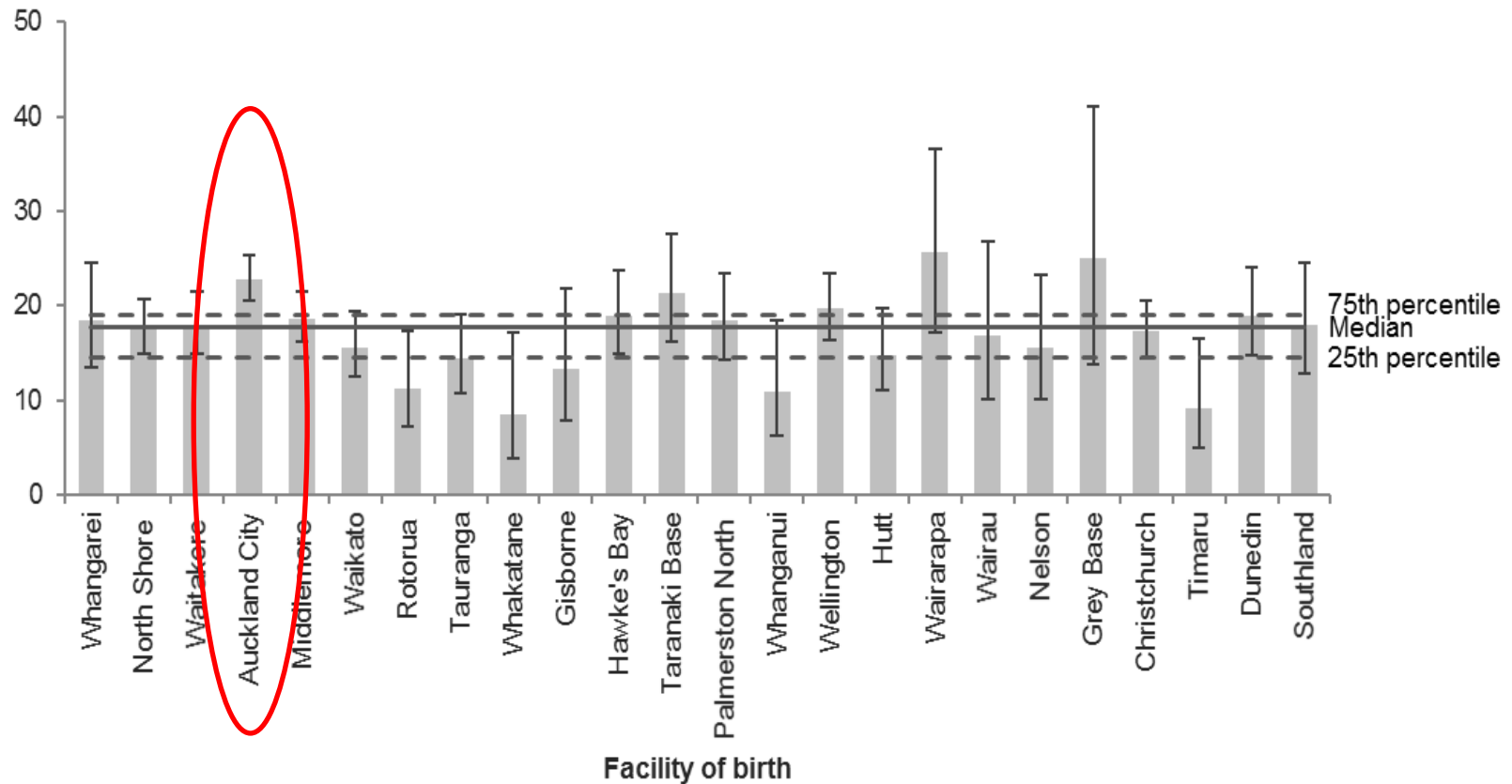
Percentage of standard primiparae having a spontaneous vaginal birth



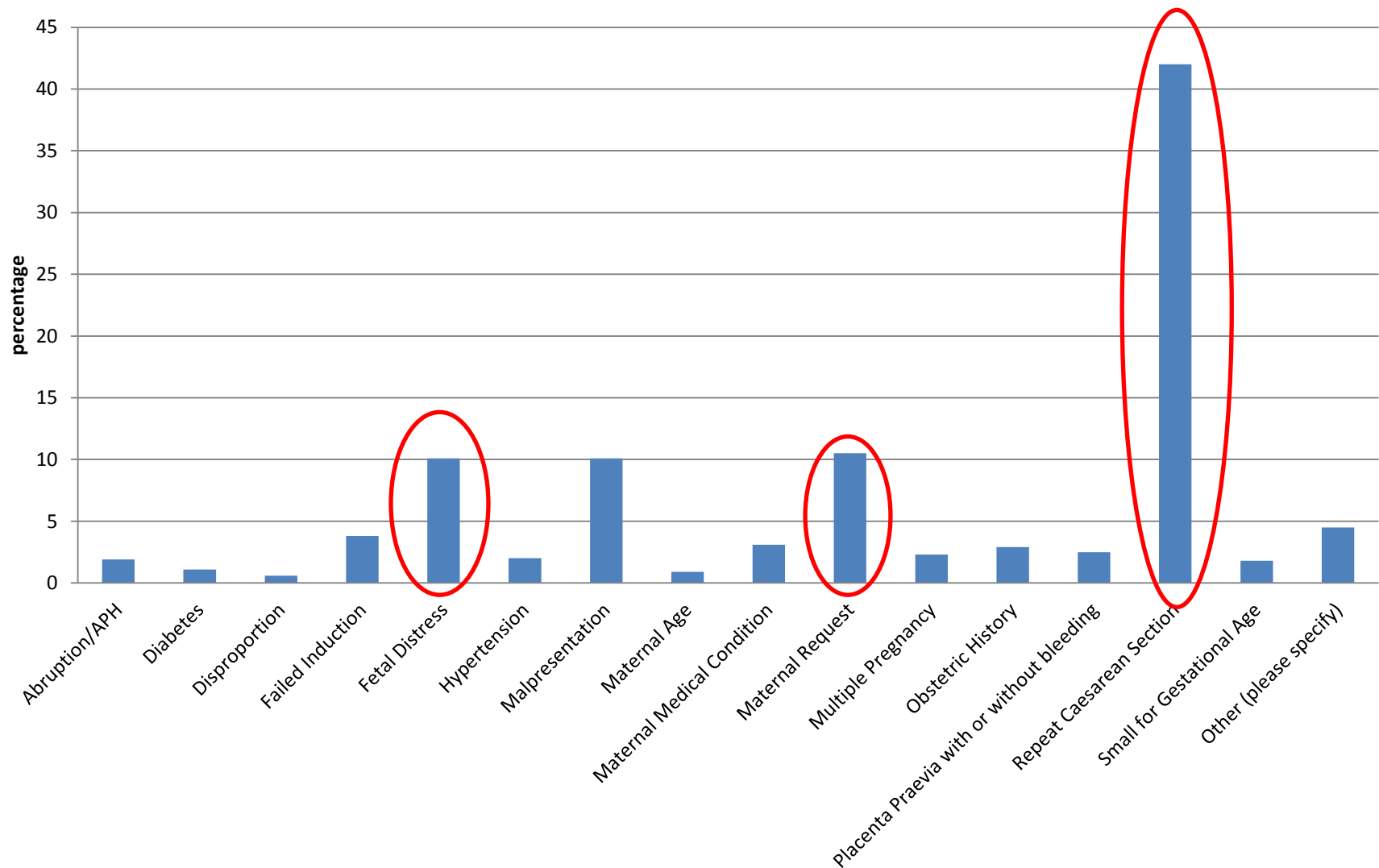
New Zealand data

Figure 10: Percentage of caesarean section deliveries among standard primiparae, by facility of birth (secondary and tertiary facilities), 2014

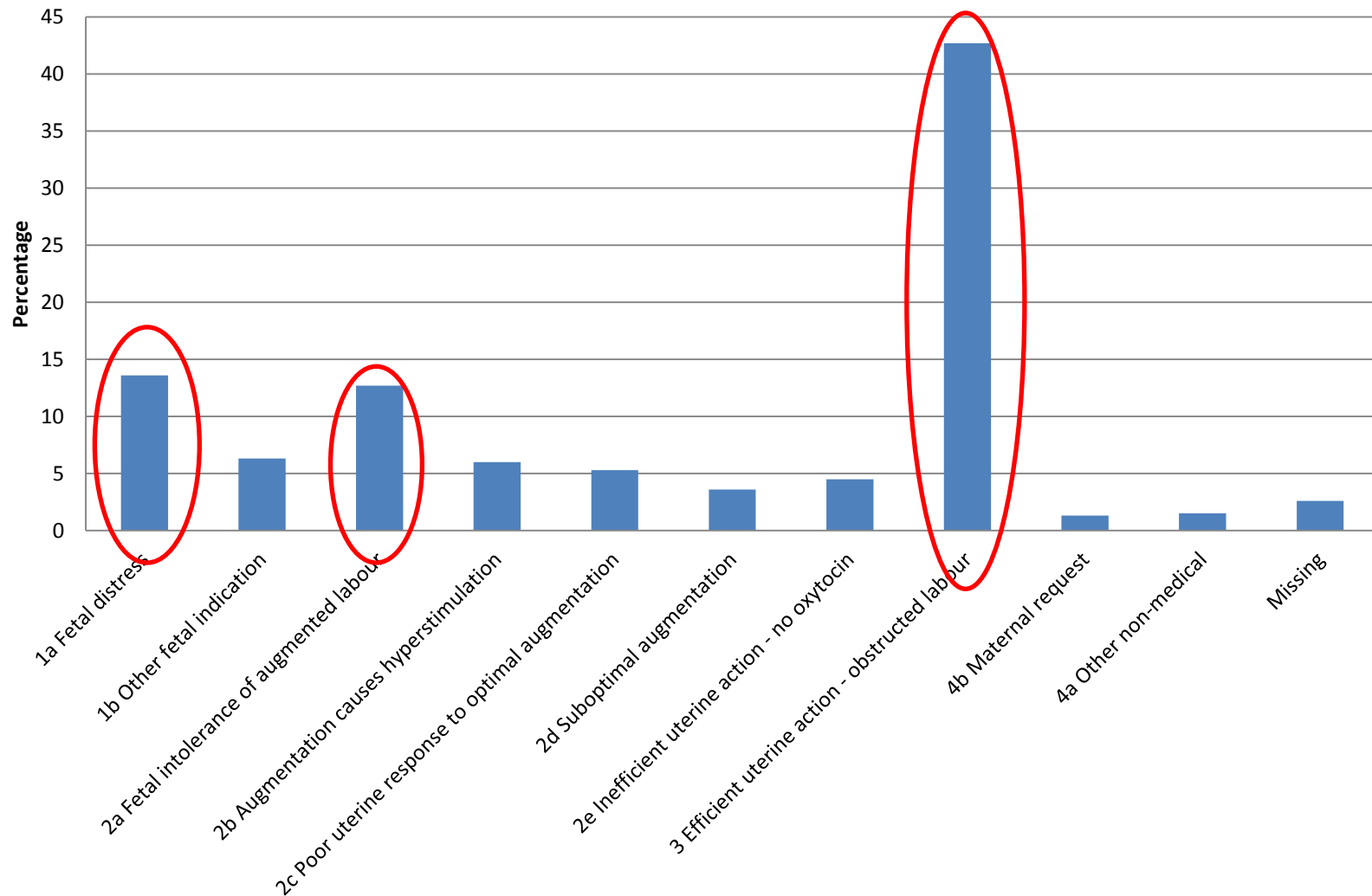
Percentage of standard primiparae having a caesarean section



Indication for elective caesarean section (all gestations)



Indication for in labour emergency caesarean section all gestations



International practice - UK

- <https://indicators.rcog.org.uk/results/indicators>

NHS	Births 2013/14	CS rate Primip	CS rate Multi	Neonatal deaths per 1000 births (perinatal >24wks)
UK National	690,820	22.1%	21.3%	1.77 (5.92)
Leeds	4900	14.9%	18.3%	3.57
King's College	6000+	19.6%	18.9%	1.74
Central Manchester (St Mary's)	8400	17.6%	17.8%	3.09
Imperial College (Queen Charlotte's and Chelsea)	9000	21.8%	19.4%	1.76

- What are they doing differently?
- Latest CS NICE guideline includes aspects of counselling and psychological support for maternal request

International practice - Australia

State	CS rate	IOL rate	Perinatal deaths/1000 births (neonatal)	Comments
Victoria	15.5% public 33% private	2.9%		Standard primip
New South Wales	32.1%	29.6%	7.8	
Queensland	33.8%		10.0 (3.2)	
South Australia	34%	32.5%	9.0 (2.3)	2013 data
Western Australia	34.6%	29.1%	8.4 (1.4)	2012 data
Northern Territory	31%	26.2%	8.8	2013 data

Caesarean Section opportunities to improve

- Continue to benchmark
- Accountability to best practice CS guideline - do we have unnecessarians??
- Reducing rates of primary CS
- Providing evidence based information/support for women antenatally
- Explore and address women's concerns/anxieties
- Elective CS – reducing variation, consistent process, scheduling from 39 weeks
- Use of fetal blood sampling
- Promotion of VBAC
- Documentation – clear plan
- Audit – indications, outcomes
- Research



Caesarean section - service impact

Increases

- Workforce and infrastructure pressures
- Acuity and complexity
- Length of stay
- Pressure on maternal beds – access and flows
- Admissions to NICU
- Costs

- 1.Organisational characteristics
- 2.Keeping first pregnancy and birth normal
- 3.VBAC
- 4.Elective CS


*Institute for Innovation
and Improvement*

Delivering Quality and Value
Pathways to Success:
a self-improvement toolkit
**Focus on normal birth and reducing
Caesarean section rates**



NHS ten characteristics in services with optimal maternity care and lower caesarean section rates

- Pregnancy and birth are kept normal unless indicated
- Clinicians practice as a team, respect of roles and expertise
- Current, evidence based guidelines
- Clinicians practice consistently using the same clinical guidelines – no opting out
- Women are realistically prepared for labour and expectations are managed
- Accurate information is provided regarding risks and benefits in a positive way
- Planned caesarean section processes are efficient and effective
- Maternity service performance measurement is accurate, timely and relevant
- Maternity services involve women and stakeholders in their care

Impact on neonatal outcomes

Figure 115: Neonatal morbidity among live births by mode of onset of birth (all gestations) NWH 2015, p 115

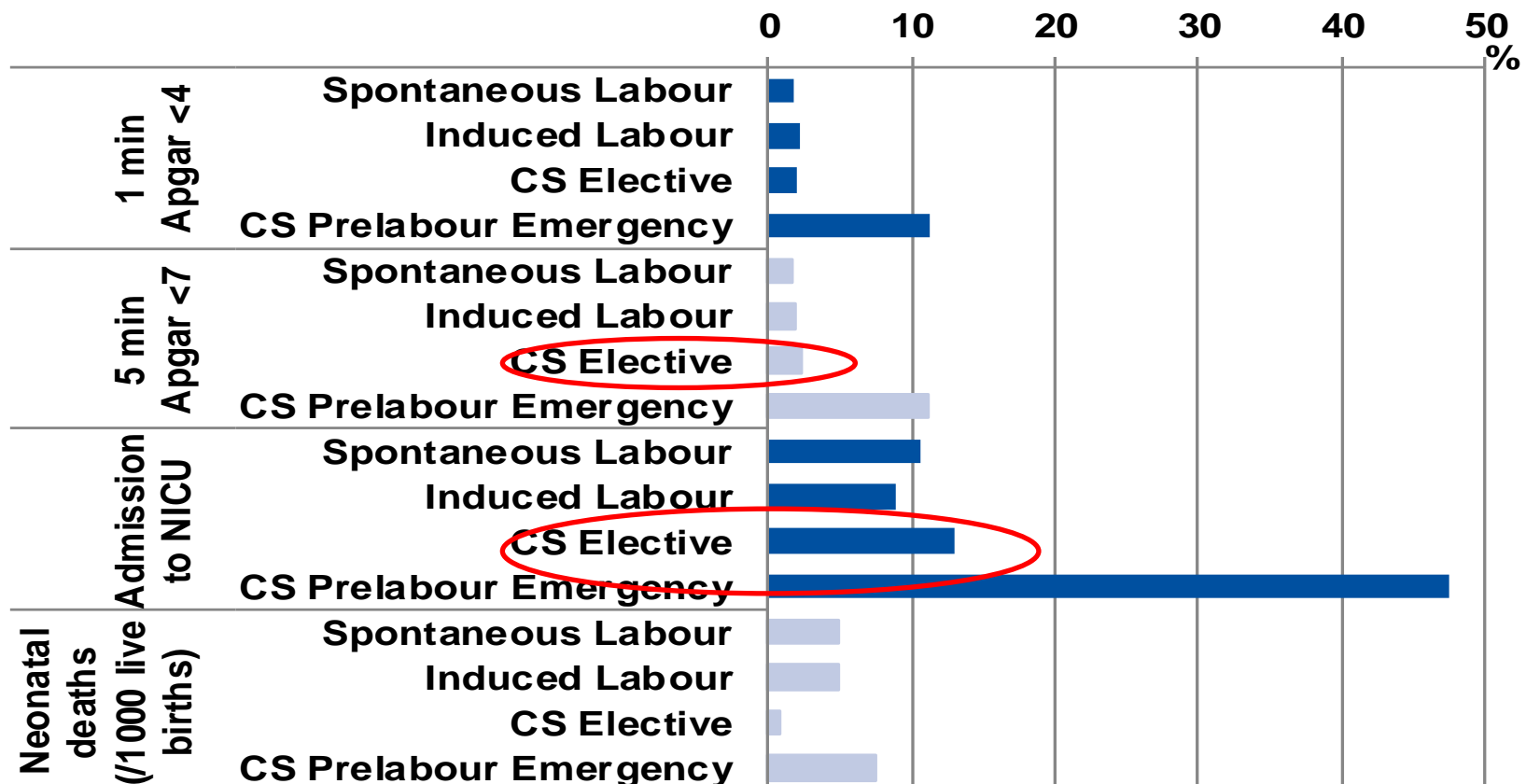


Figure 116: Neonatal morbidity among live births at term (≥ 37 weeks) by mode of onset of birth NWH 2015, p115

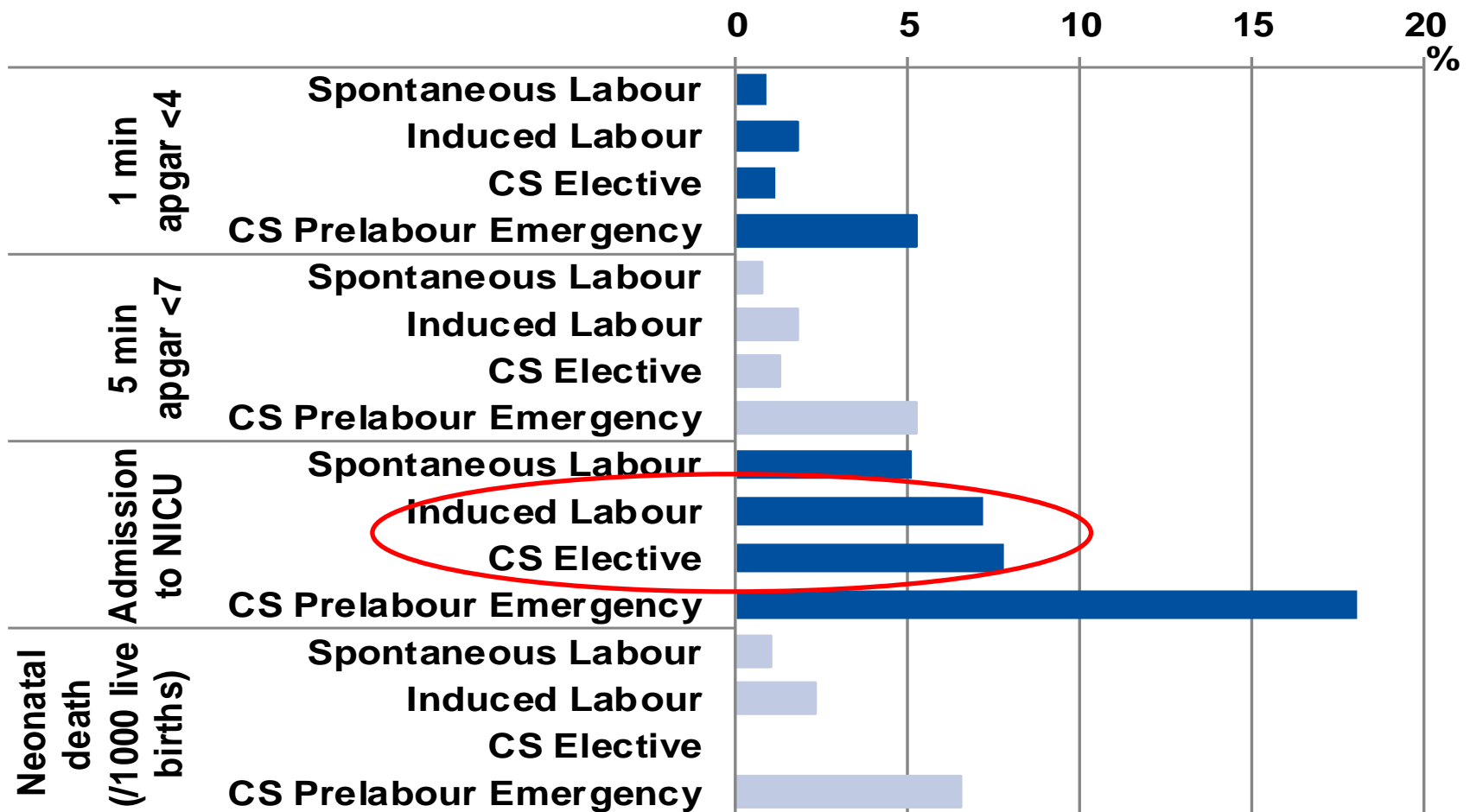
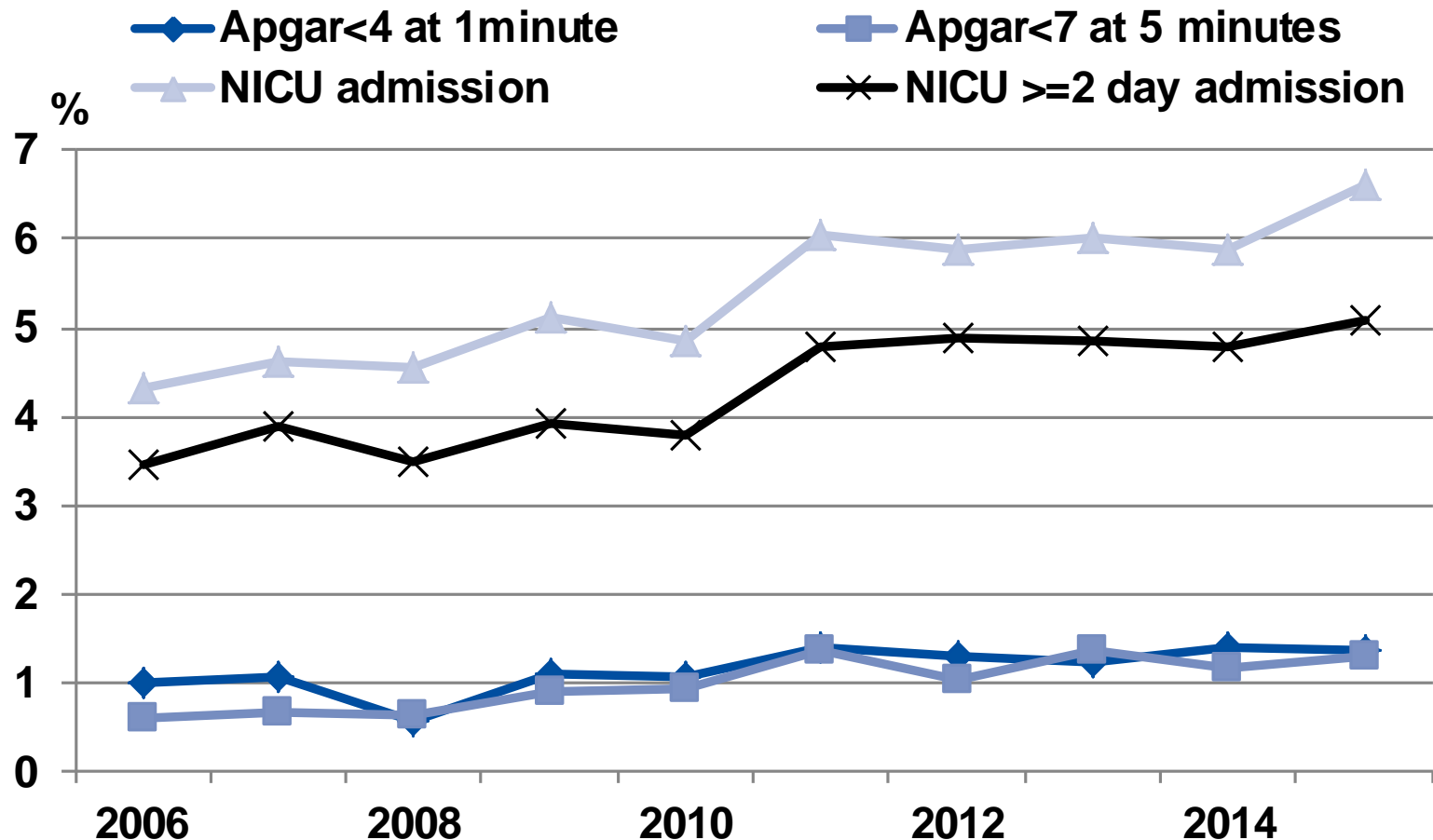


Figure 117: NICU admission and low Apgar scores among live births at term NWH 2007-2015, p115



Admissions to NICU at term or post term 2015

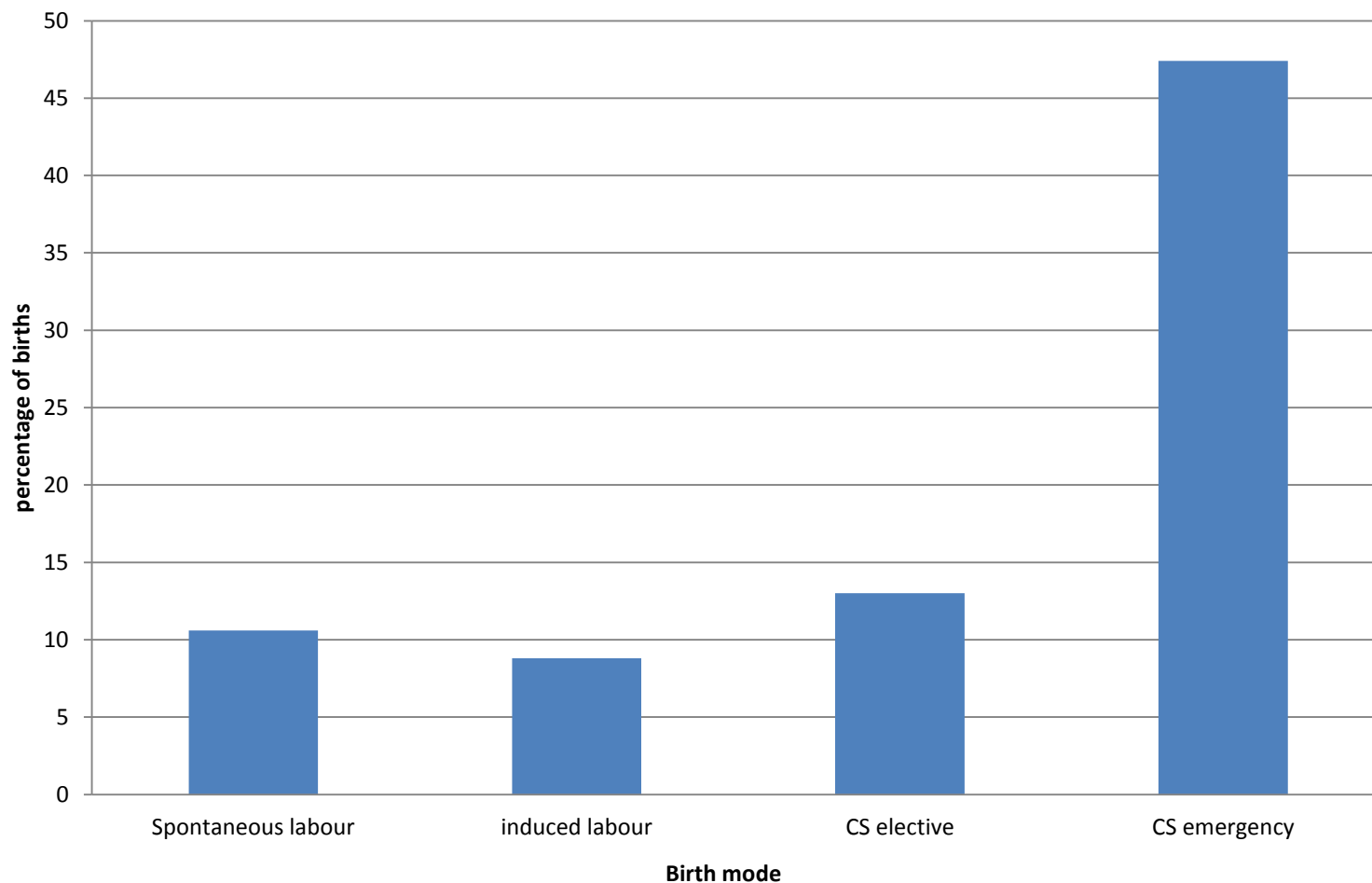


Figure 168: Number of term and post term babies needing respiratory support (IPPV, HFOV, CPAP and HiFlow) NWH 1995-2015, p135

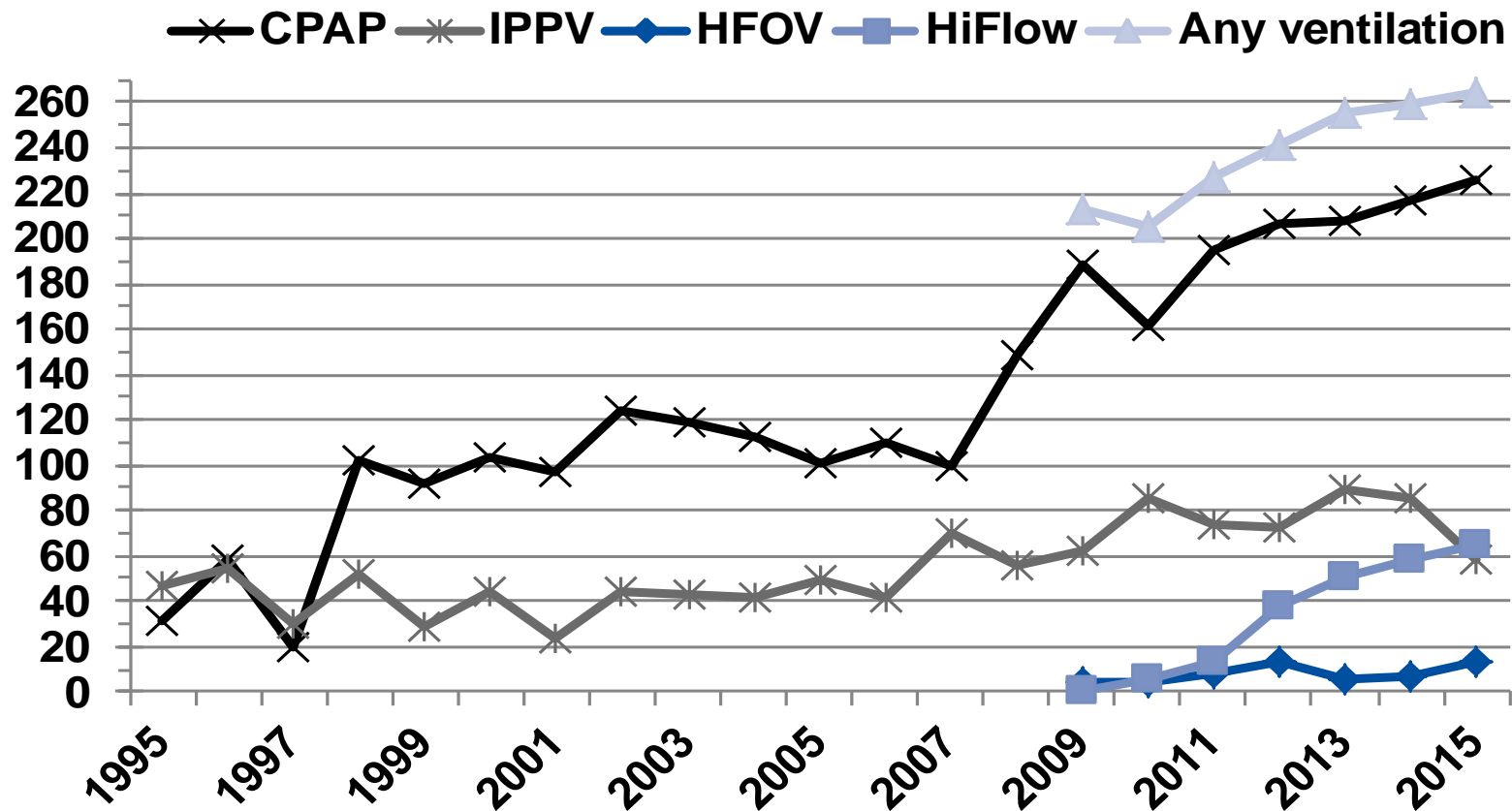
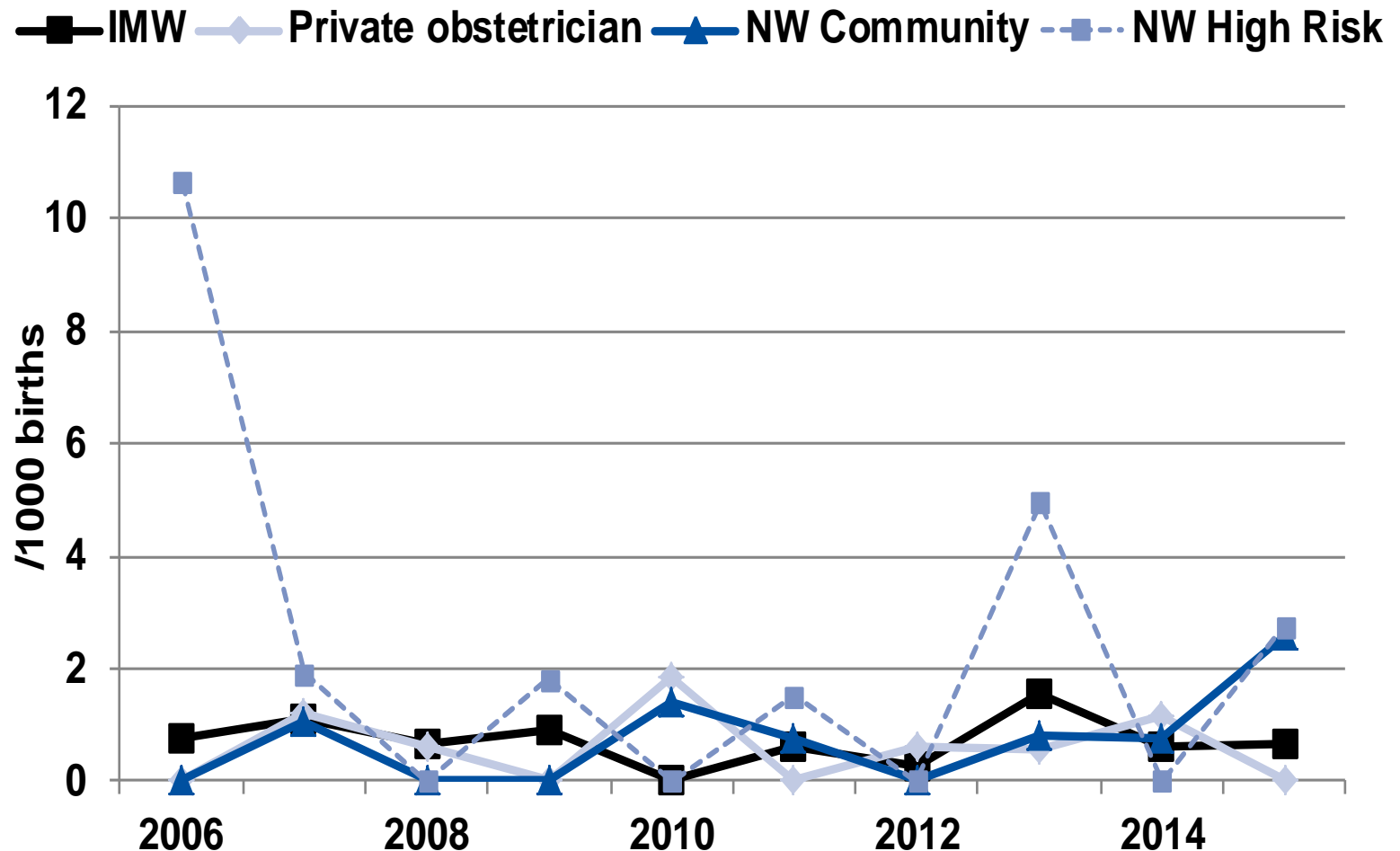
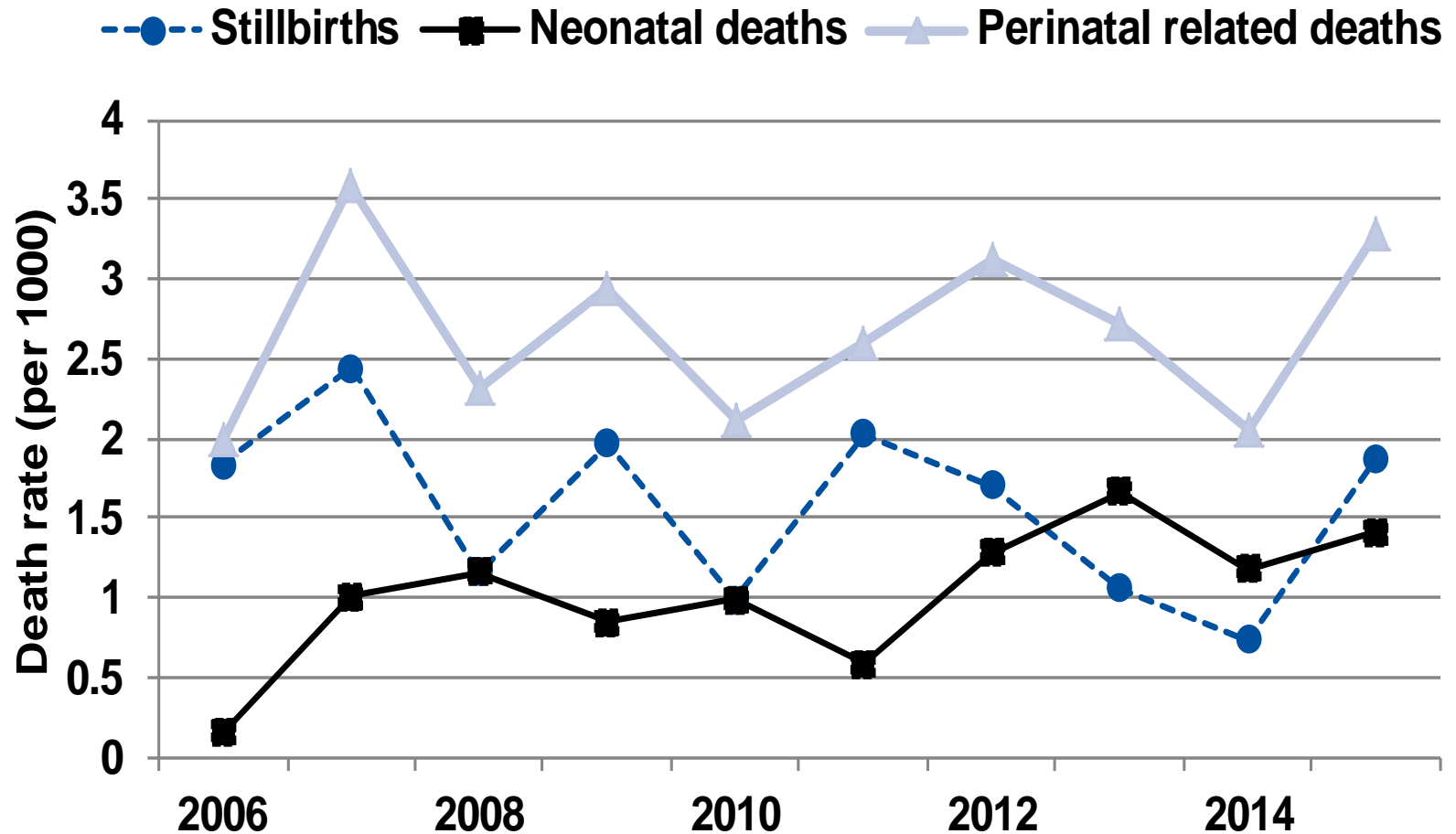


Figure 122: HIE rate (per 1000 term births) by LMC NWH 2006-2015, p116



**Figure 120: Stillbirth and neonatal death rates at term NWH
2006-2015, p116**



Induction of labour

Figure 61: Induction of labour rates NWH 1992-2015, p80

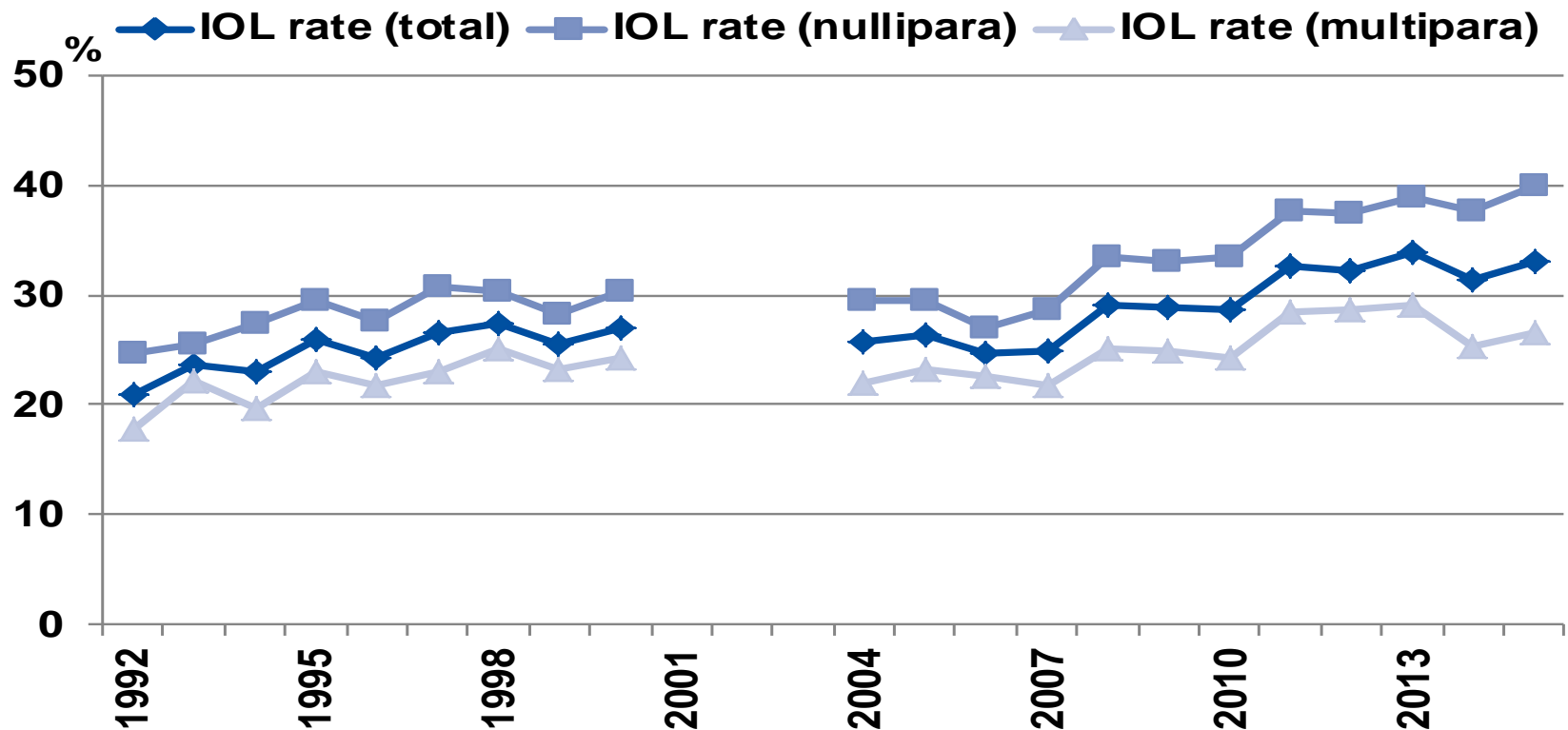
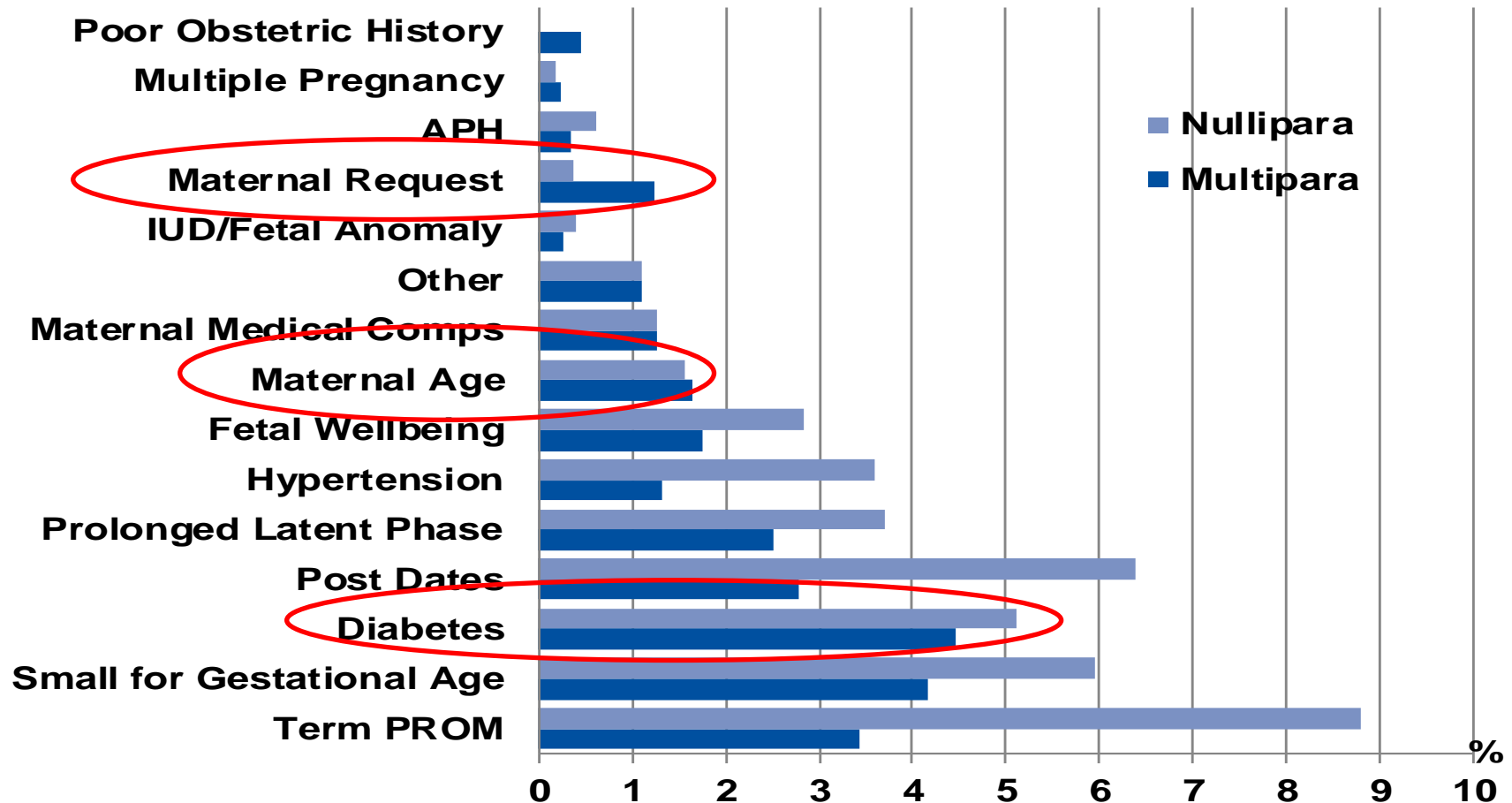


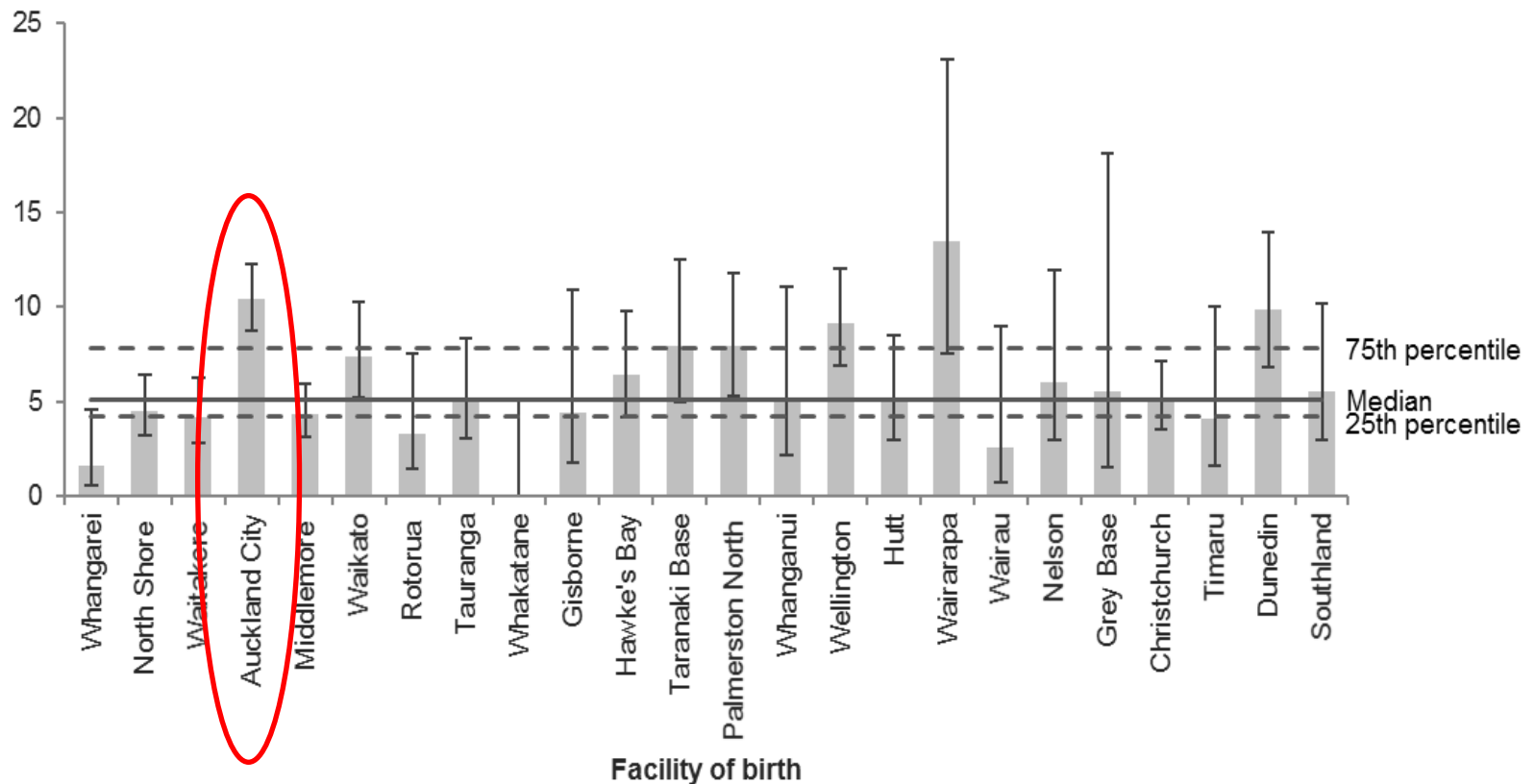
Figure 67: Primary indication for induction at term as a percentage of term births by parity NWH 2015, p81



NZ - Induction of labour

Figure 12: Percentage of inductions of labour among standard primiparae, by facility of birth (secondary and tertiary facilities), 2014

Percentage of standard primiparae who undergo an induction of labour



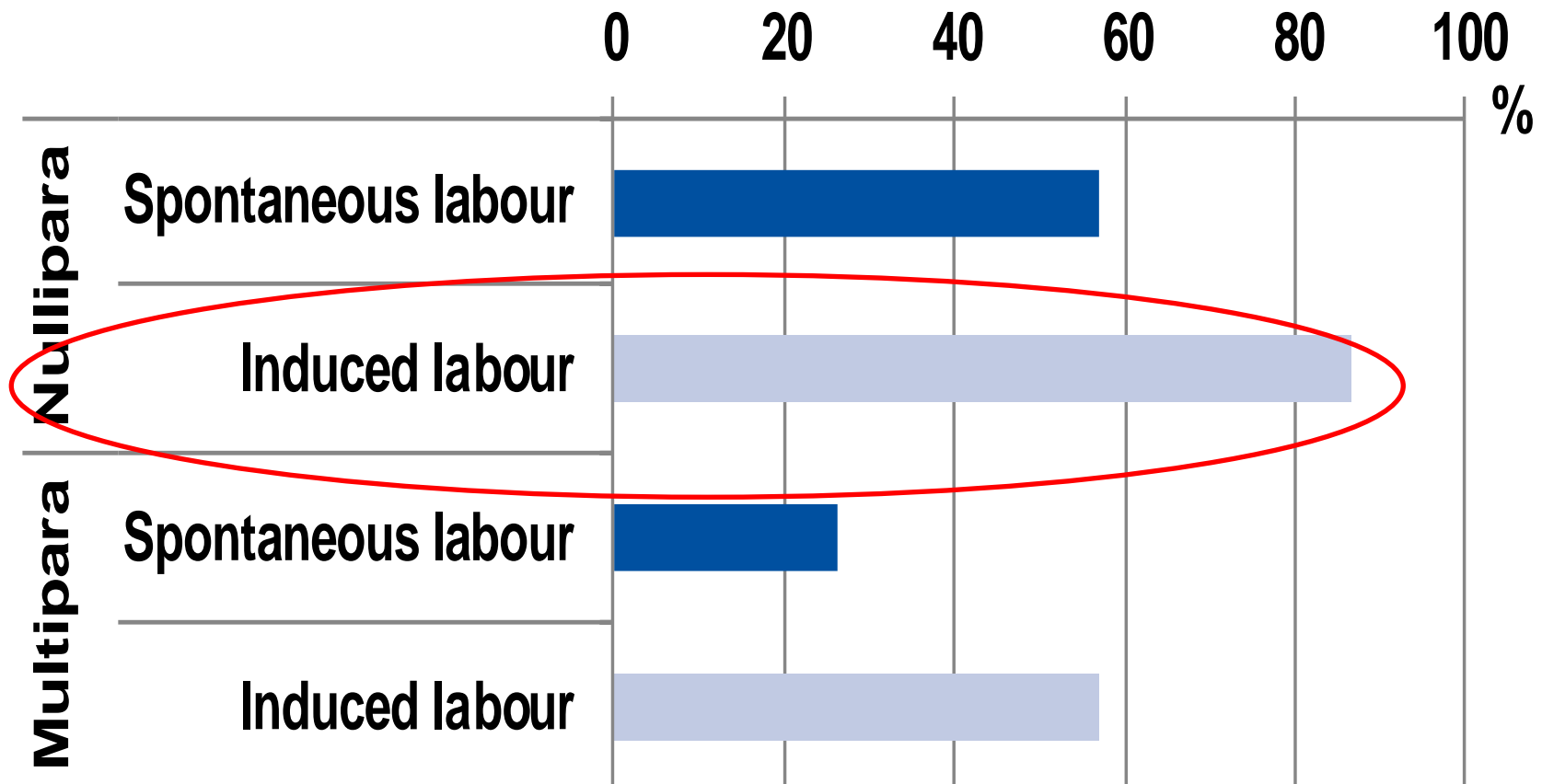
International practice - UK

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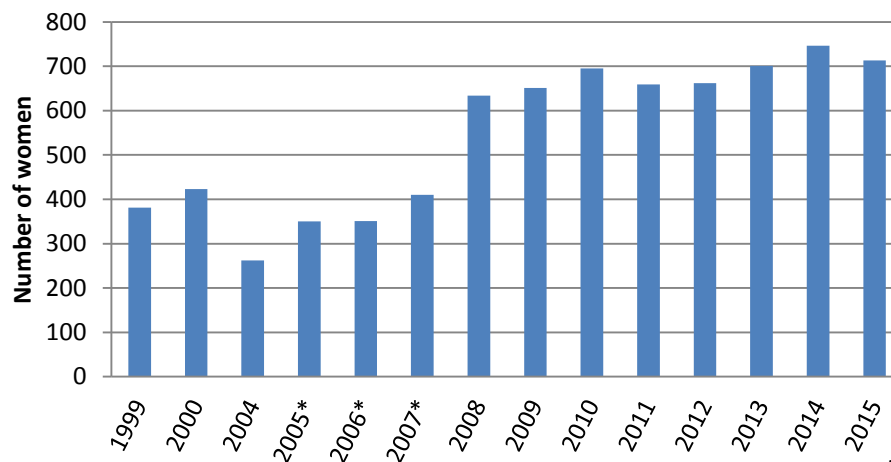
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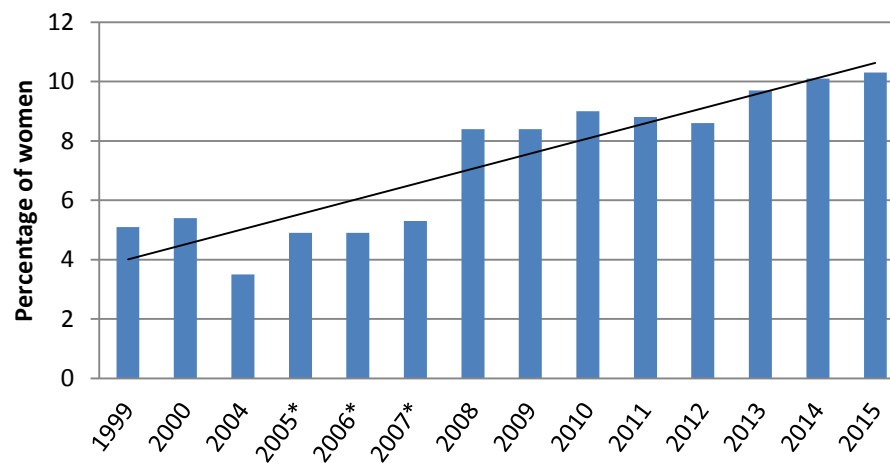
Figure 97: Epidural use among women with spontaneous and induced labour 2006-2015, p103



Primary PPH (>1000mls)



Incidence of Primary PPH (>1000mls)



Induction opportunities for improvement

- Continue to benchmark
- Accountability to best practice IOL guideline
- Clinically indicated and evidence based decision making
- IOL Process – reduce variation, appropriate scheduling
- Providing evidence based information/support for women antenatally
- Explore and address women's concerns/anxieties
- Documentation – plan, variations, rationale
- Audit – indications, variation, outcomes
- Research



Figure 102: Perineal trauma among all vaginal births NWH 1995-2015, p108

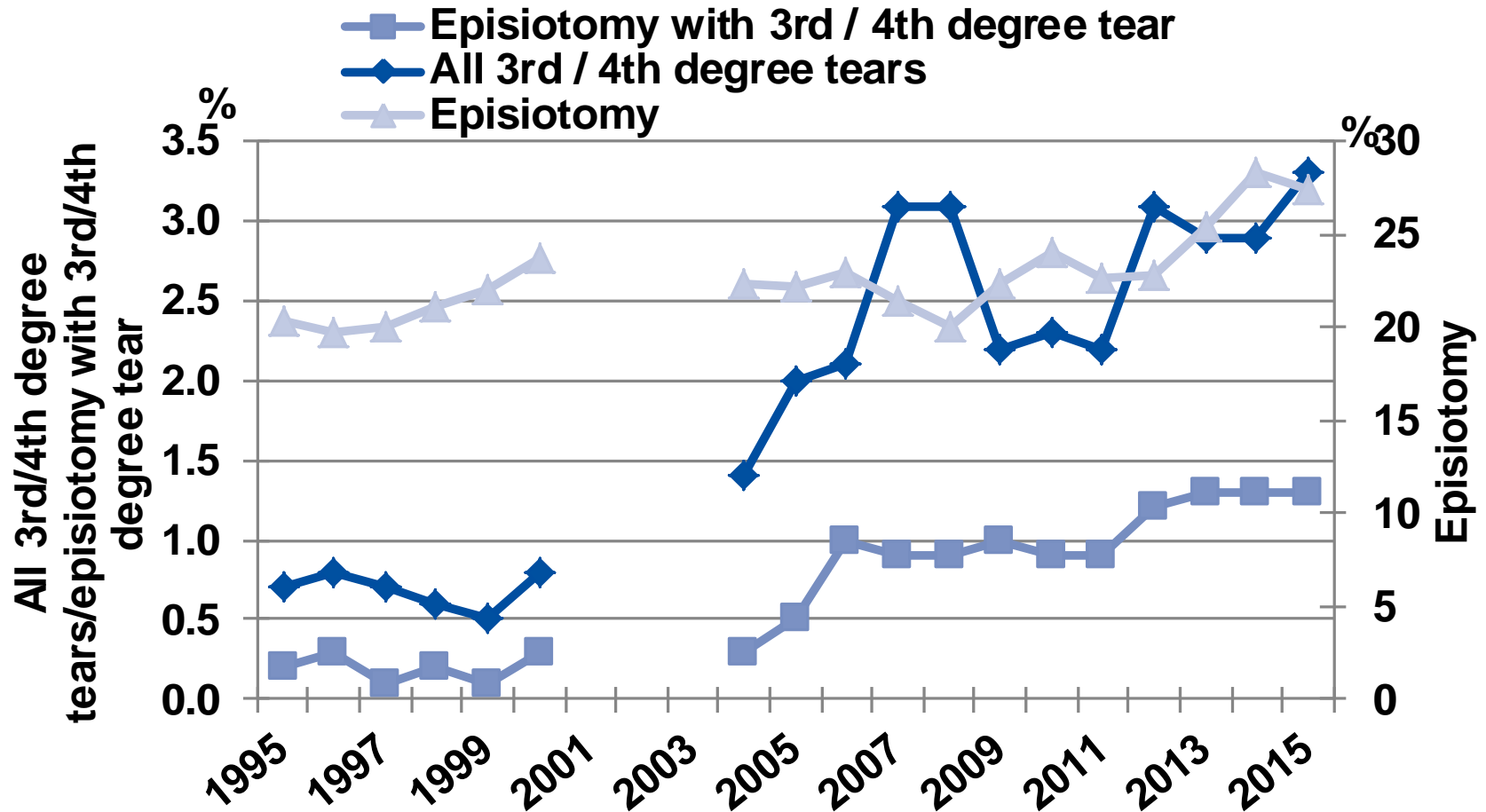


Figure 109: Perineal trauma among vaginal births by LMC and parity NWH 2015, p109

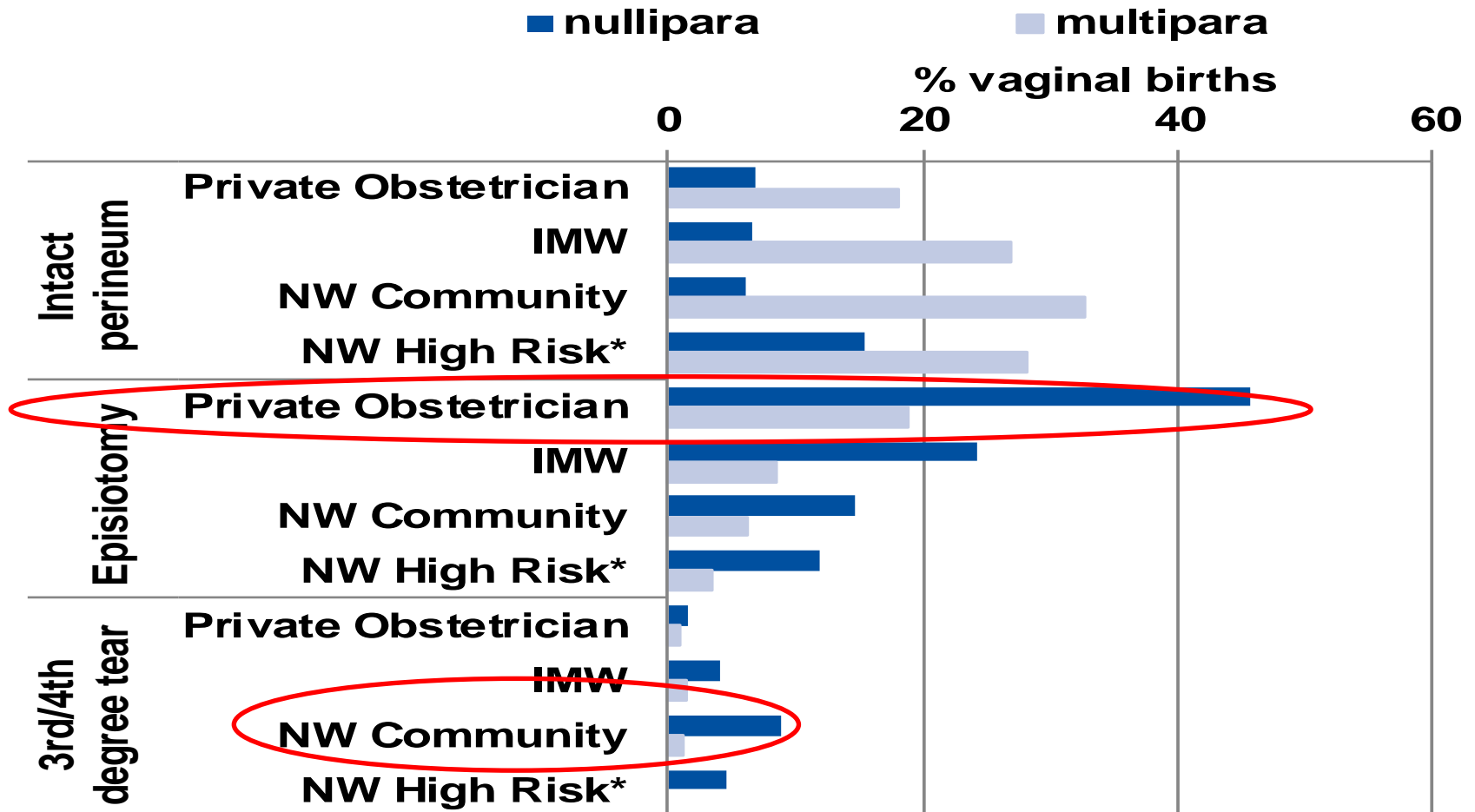


Figure 14: Percentage of standard primiparae giving birth vaginally with intact lower genital tract, by facility of birth (secondary and tertiary facilities), 2014

Percentage of standard primiparae with an intact lower genital tract

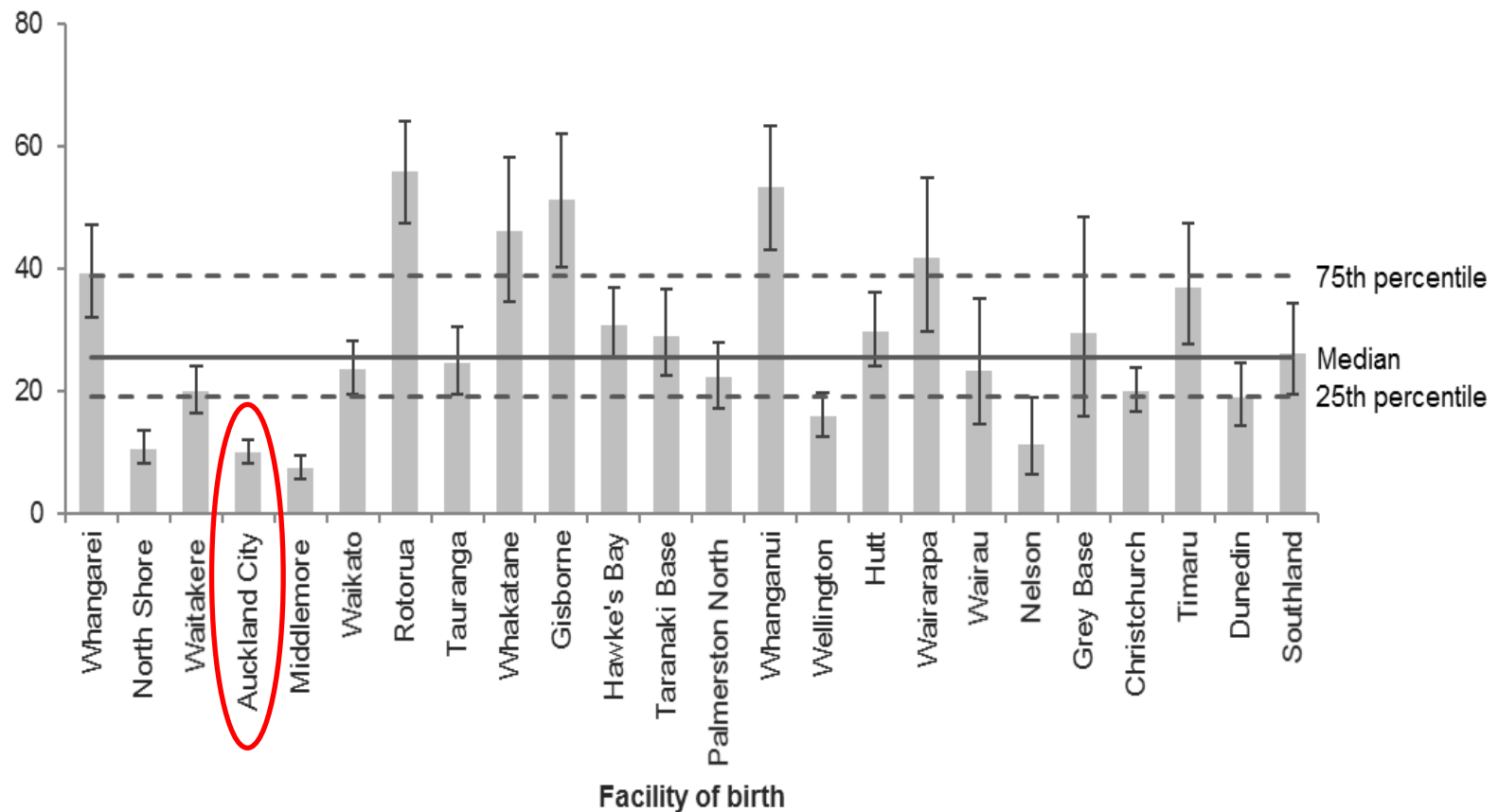
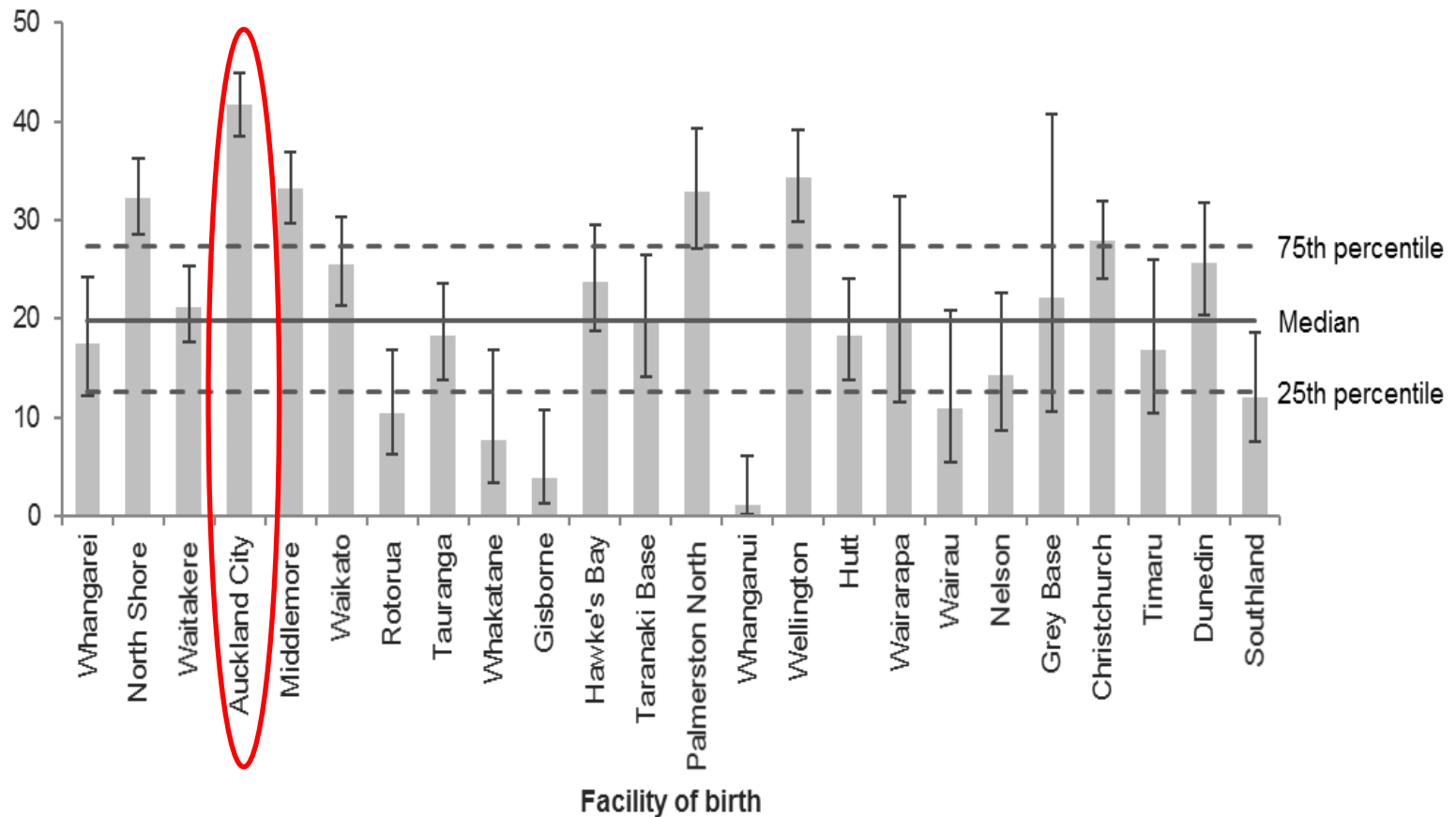


Figure 16: Percentage of standard primiparae giving birth vaginally and undergoing episiotomy without mention of third- or fourth-degree tear, by facility of birth (secondary and tertiary facilities), 2014

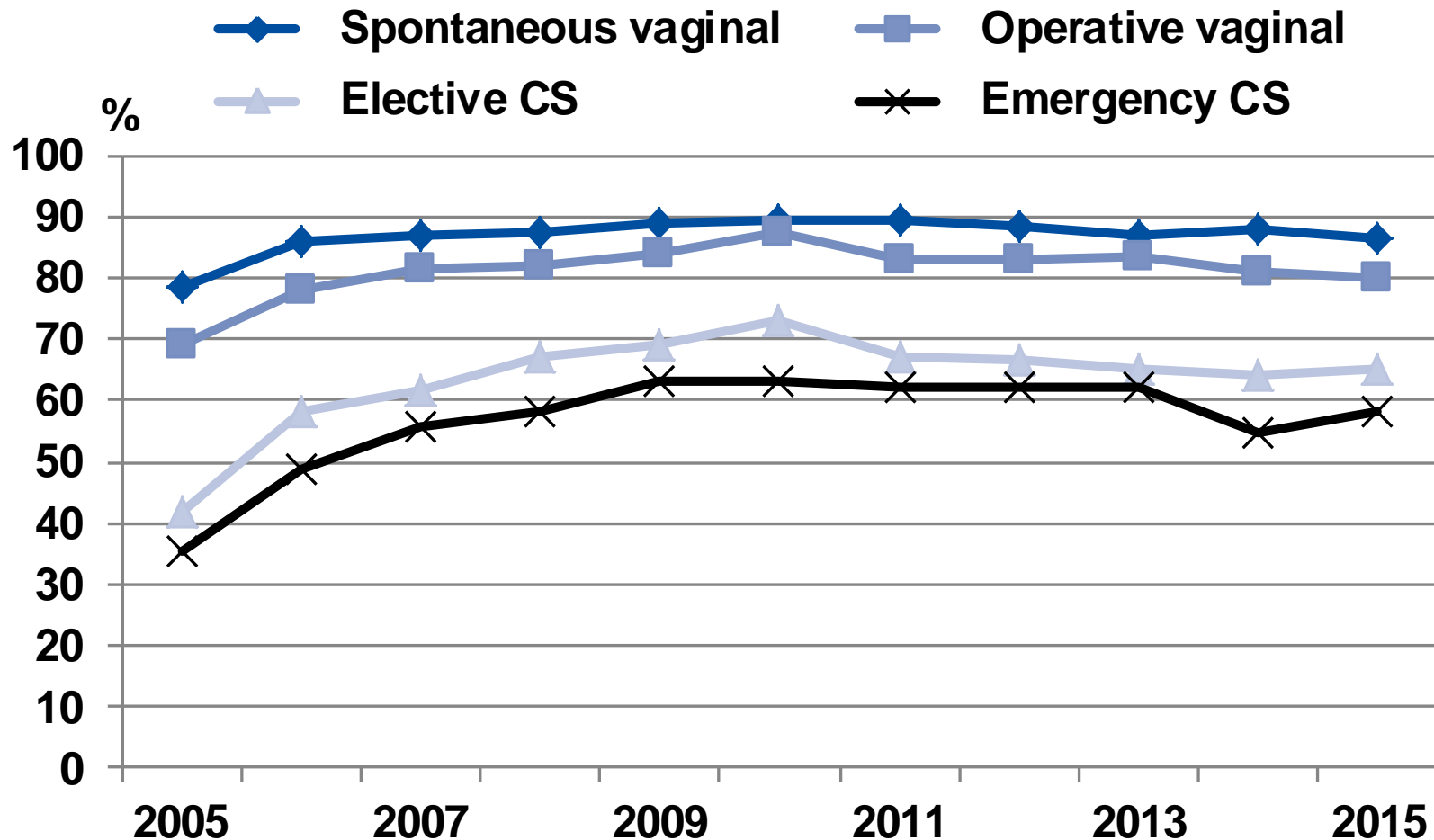
Percentage of standard primiparae undergoing episiotomy and no 3rd- or 4th-degree perineal tear



Perineal outcomes – improvement opportunities

- Continue to benchmark
- Accountability to best practice - do we need to consider the evidence again?
- Providing evidence based information for women
- Managing second stage - reducing variation, improving outcomes
- Assessing current practice
- “Hands on” approach
- Documentation – plan, interventions, perineal outcome, repair and follow up
- Audit – second stage practices, perineal assessment and repair
- Research

Figure 124: Exclusive breastfeeding at discharge from NWH by mode of birth 2005-2015, p119

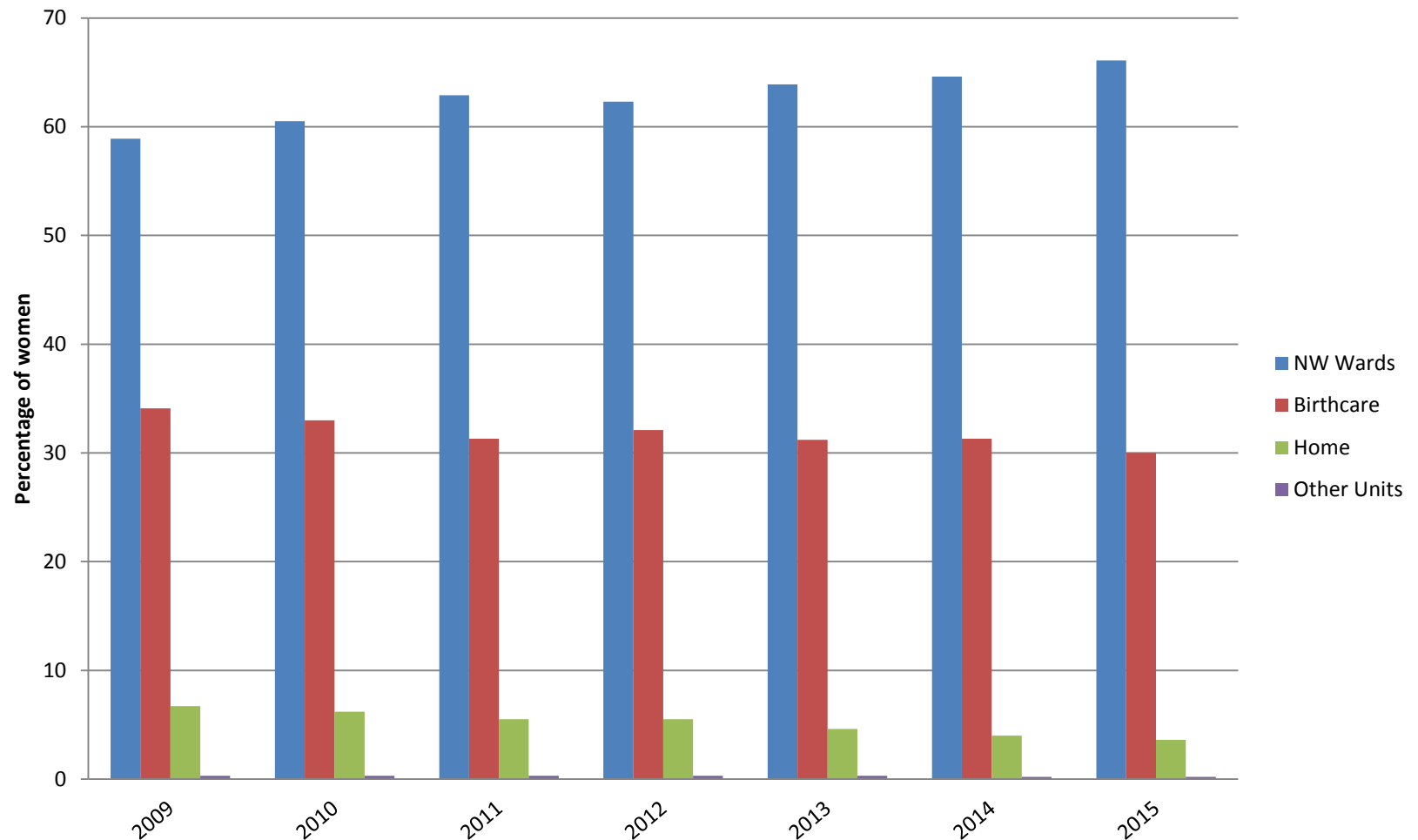


Breastfeeding – improvement opportunities

- Continue to benchmark
- Accountability to best practice BFHI
- Skin to skin for LUSCS
- Evidence based information for women
- Support for women
- Reducing variation in clinical practice and advice
- Documentation – plan, variations, follow up
- Audit – practice, planning, rates
- Research



Maternal destination immediately after birth NWH 2009-2015



Variation in practice

Impact on quality of care and service delivery

- Variation in clinical outcomes (generally poorer)
- Increased clinical risk
- Women's satisfaction
- Staff satisfaction
- Workforce required
- Length of stay variations
- Bed access and flows
- Increased cost

Priorities for 2016-17

- Enhance evidence based clinical practice
- Improve clinical outcomes through reducing
 - Variation in clinical practice
 - Unnecessary, non clinically indicated interventions
 - Clinical risk
- Add value for women
- Improve vaginal birth rates
- Build workforce capacity and capability
- Improve LOS, bed access and flows
- Be sustainable

Questions?

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