

Maternity Commentary 2016

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Te Aroha

Te Whakapono

Me Te Rangimarie

Tatou tatou e

Welcome

- Welcome to our place
- Acknowledgements
- A tour of our maternity service
- Thinking about risk
- Thinking about our practice
- What are we doing well?
- Top Ten Recommendations
- It takes a team

Welcome

- Our facility
- Our families
- Our providers
- Our leaders

Quick Tour

- Primary/secondary/tertiary/regional
- Part of Women's Health
- Part of the wider hospital
- Regional and national milieu
- Ministry funding and governance
- Units, wards, clinics, theatres
 - 16 beds on L&B
 - 5 - 6 IOL per day start in WAU
 - One elective and one acute theatre
 - 67 - 77 inpatient beds
 - DAU - 1441 patients in 2016
 - Tertiary clinics
 - Community Clinics
 - Referrals Hub and Walk In Centre

Facility

1.1 Data tables: Summary statistics

Table 1: Mother and baby numbers: NWH 2016

Total number of mothers birthing at National Women's	7199
Mothers birthing before arrival (BBA)	42
Total number of mothers	7241
Total number of babies born at National Women's	7326
Babies born before arrival (BBA)	42
Total number of babies	7368

BBA = Baby born before arrival and is defined as those babies who were born at home or en route to hospital where the intention was to be born in a hospital.

Population - births

Figure 1: Ethnicity of mothers giving birth at NWH 2006-2016

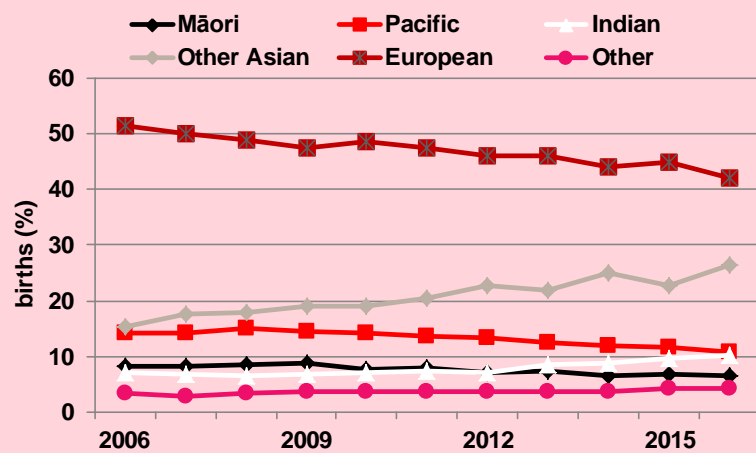
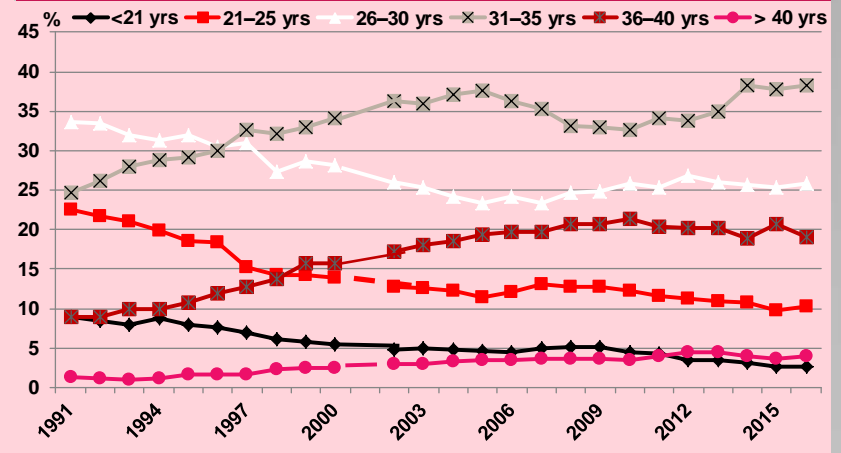


Figure 14: Maternal age distribution among women birthing at NWH (1991-2016)



Population - demography

Smoking

- 4.7% at booking, 2/3 attend NWH clinics
 - SEMW 3.1%
 - PO 0.3%
 - Maori 31%
- 4.1% at birth
- No missing data ✓

Obesity

- 40% BMI > 25
- stable over time
- Minimal missing data 1.3 % ✓
- Concern re quality of data

Diabetes

- 761 births with diabetes
- 128 ACH Diabetes LMC
- 48 Community GDM
- Concern re screening

Population – health issues

Self-employed midwife
49%

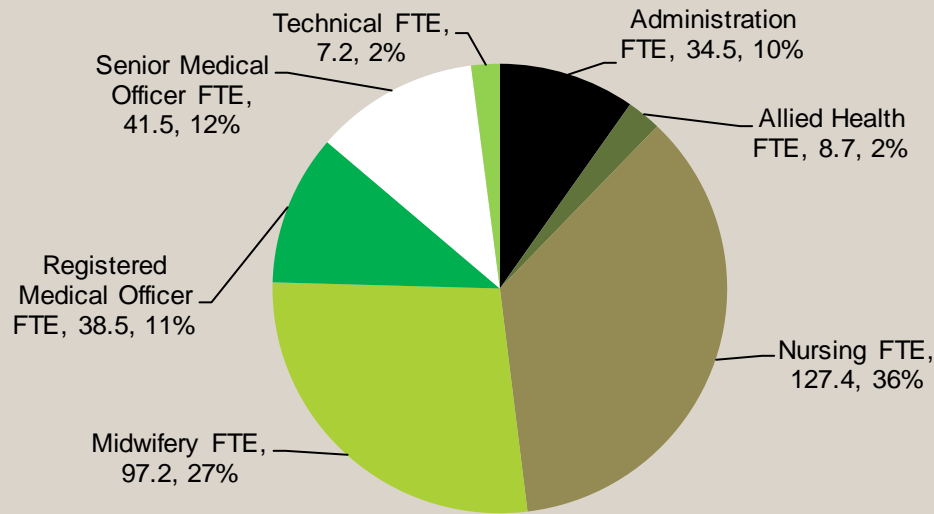
Private obstetrician
27%

Community Team
18%

High Risk Teams
5%

Providers – LMC at birth

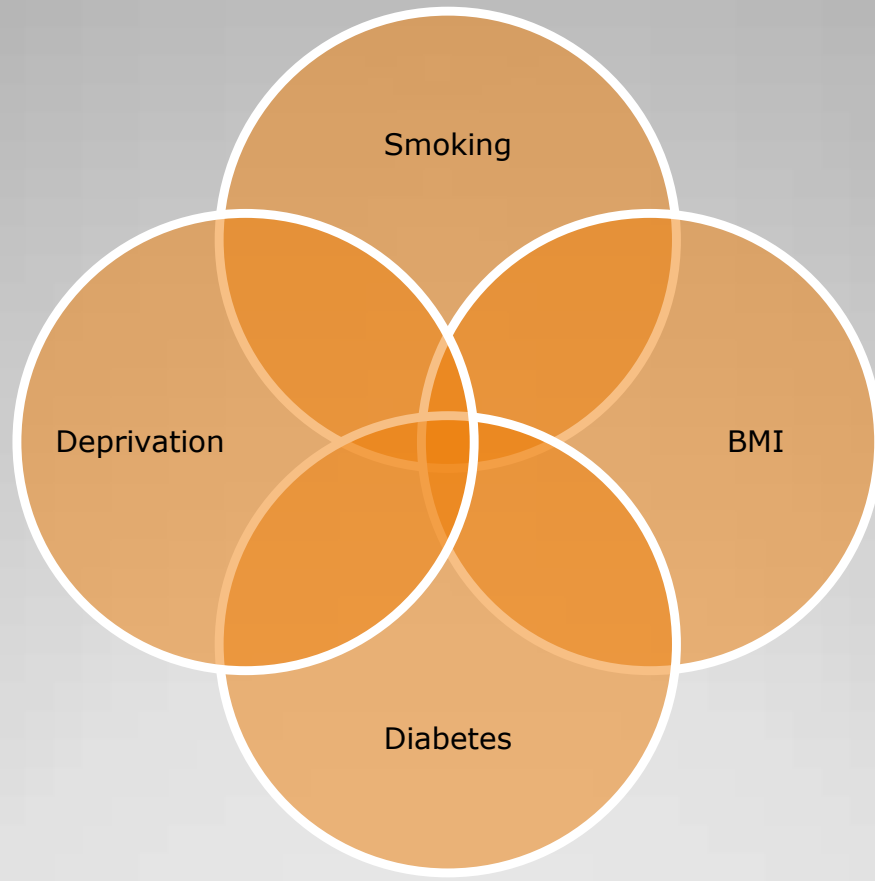
Figure 1: Women's Health staff full time equivalents (FTE) by occupational group



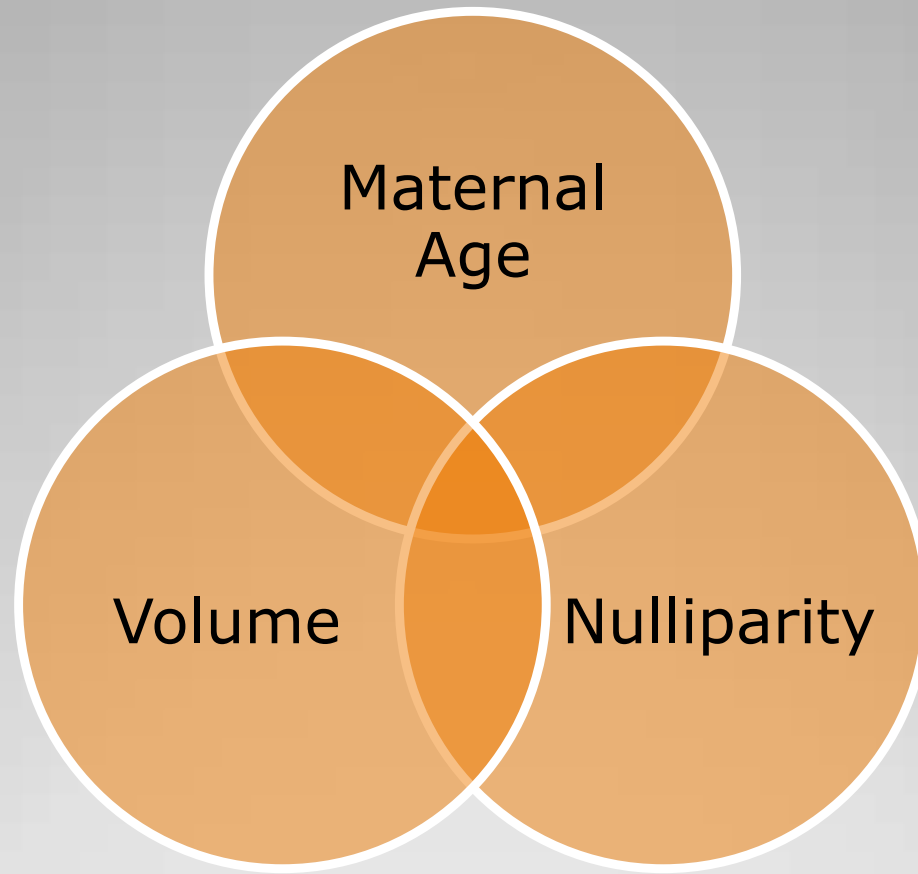
Providers - staff

- Maternity Excellence Group
- MQSP Co-ordinator
- National Maternity Indicators/NMMG
- Specific groups
 - Labour and Birthing
 - MFM
 - Diabetes
- Supporting processes
 - RAMP
 - Quality Department

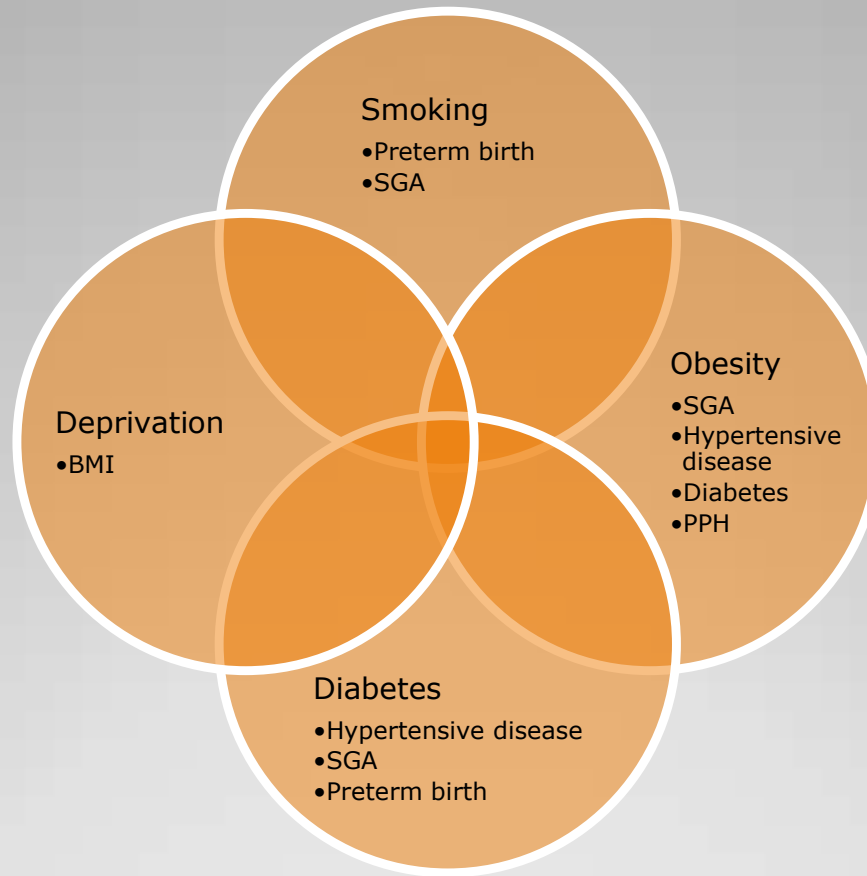
Governance - MQSP



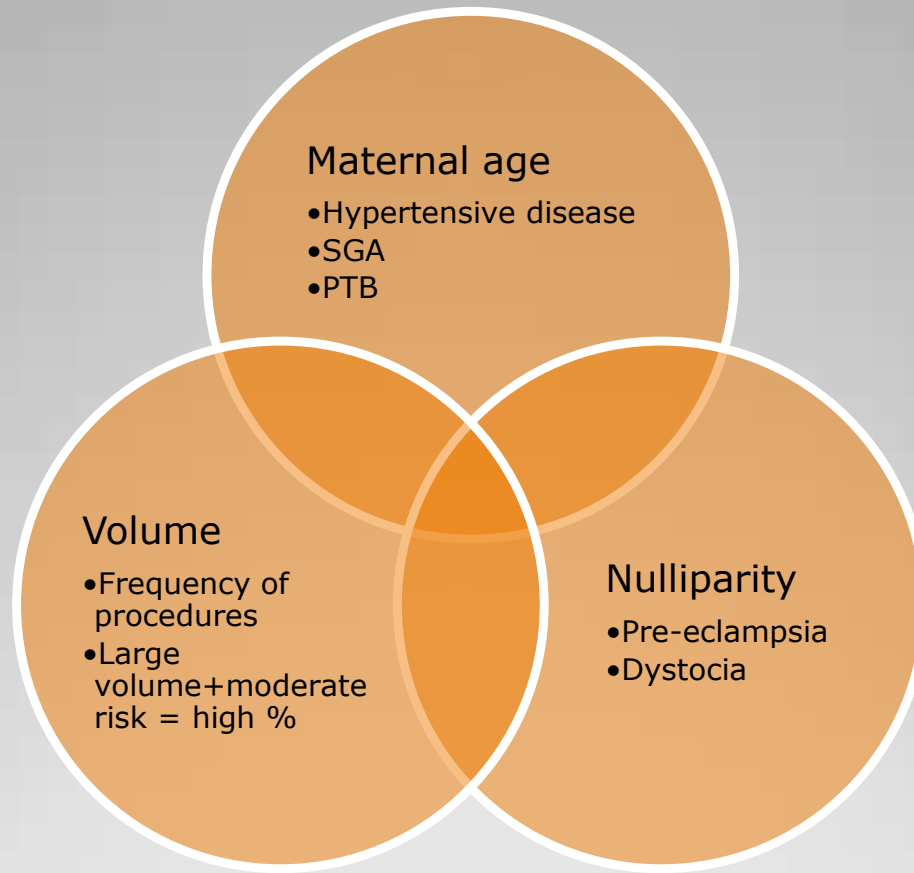
Thinking about Risk



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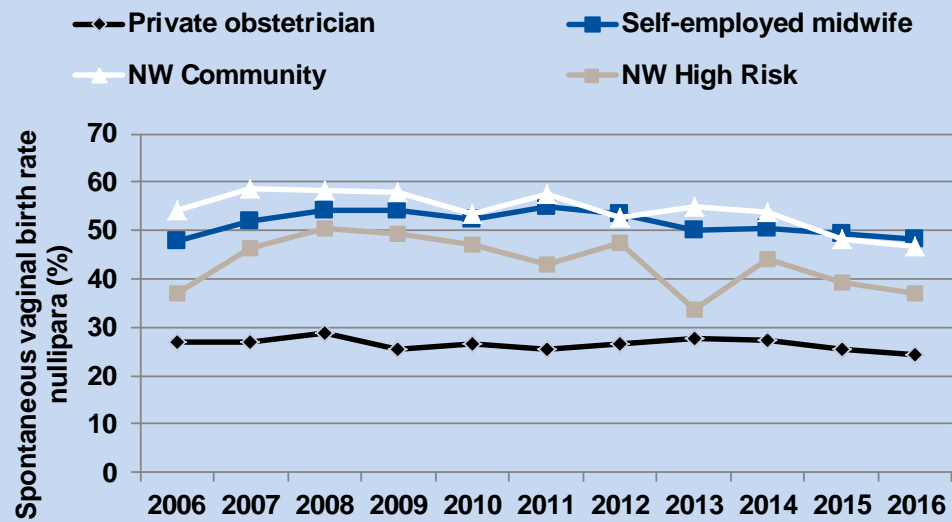


What contributes to outcome?



What contributes to outcome?

Figure 1: Spontaneous vaginal birth rate among all nullipara by LMC 2016



Houston, we have a problem



Benchmarking?

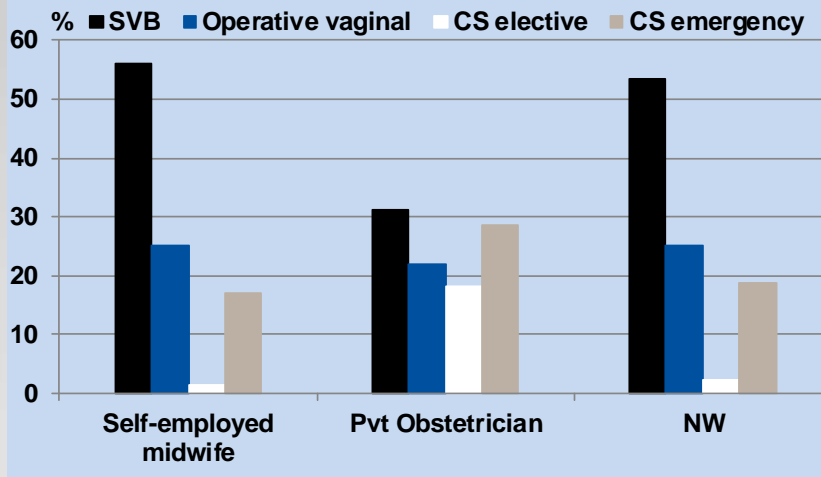
- No prior birth over 20/40
- Age 20- 34 years
- Singleton
- Cephalic
- 37 – 41/40
- BW > 10th C
- No medical disease
- No GDM, GPH, APH

At NWH 36% of primiparae fit this definition
(0,20, 32.5,36,39.6)

The standard primipara

- Induction of Labour in std primiparae
 - 8.4%(6.6%)
- Caesarean section in std primiparae
 - 20.4%(17.8%)
- Peripartum hysterectomy for accreta (4)

Figure 1: Mode of birth at term by LMC at birth among standard primipara NWH 2016



Procedures

- Preterm birth rate reducing ✓
- Multiple rate 1.8%✓
- Perinatal Mortality 13/1000 ✓
- HIE 0.87/1000✓
- Gestation at term (✓)
- NICU admission for low risk groups
- Exclusive Breastfeeding 78%✓
- SGA 40 – 42 weeks low✓
- Perineal trauma in std primip ?
- Postpartum transfusion 1.5%✓
- Postnatal readmissions – no data

Clinical Outcomes

- What risks are we trying to manage?
- For high risk women
 - Risk of PNM
 - HIE
 - Preterm birth
 - PPH
 - Procedural risk
- For low risk women
 - Procedural risk for women and babies

Thinking about Practice

- Preterm Birth Guideline
- GAP programme rollout
- SGA pathway
- Green Prescriptions
- Birth at Birthcare
- Spontaneous birth with GDM despite IOL
- Iron in Pregnancy guideline
- VBAC - LMC midwives
- ECV service – plus spinal

Keep up the good work

What are we doing well?

- Continue strenuous recruitment efforts
- Primary Birthing
 - California Collaboration resource
- Smoking cessation
 - ADHB/WDHB Maternity Smokefree Action Plan
- Measure height and weight
- Use Green Prescriptions
- Improve recruitment to GEMS study
- Use aspirin where indicated
- Explore association btw IOL and CS at NWH
- Audit timing of birth against existing clinical guidelines
- Collect data on postnatal readmission

Top Ten Recommendations

Data-Driven QI: NTSV CS

Pilot Hospital: PBGH / RWJ CS Collaborative

