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UKMidSS Neonatal Admission Study

Interim findings



- Background
- Response and data collection
- Some early results
- What's next?

Background

- Neonatal admission in full-term babies is an indicator of the safety of maternity care
- Neonatal admission following birth in a midwifery unit is a potential indicator of a 'near-miss' event
 - Might different management have made a difference to outcome?
- Very little evidence on neonatal admission in this population

Aims

- To investigate how often neonatal admission (and intrapartum stillbirth or early neonatal death) happens in babies born in AMUs
 - Compare maternal characteristics, labour care and neonatal outcomes in this group with babies born in AMUs who were not admitted to neonatal care
- Can we identify 'risk factors' for neonatal admission in babies born in AMUs?

Case definition

Any woman who gives birth in the midwifery unit and whose baby is:

- Admitted to neonatal care (neonatal intensive care, high dependency care or special care) within 48 hours of birth or before discharge home, whichever is sooner, for at least four hours OR
- Stillborn or dies within 48 hours of birth without admission to neonatal care.





Methods

• National case control study



• 1st March 2017 – 29th February 2018



Potential 'risk factors'

- Maternal characteristics
 - Age, BMI, deprivation, pre-existing medical conditions, obstetric history
- Pregnancy factors
 - Gestational age, sex of baby, current pregnancy complications
- Labour factors
 - Complications at admission, stage of labour at admission, complications during labour, immersion in water, length of labour
- Birth factors
 - Shoulder dystocia, birthweight, birth in water, mode of birth

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Response and 'cases'

- All 123 AMUs across UK contributed data
- 99.8% response to monthly reporting
- 1064 cases reported
- 1025 confirmed cases with complete data – National incidence of 1.2%
- 1960 controls
- 105 (85%) of units reported at least one case – Unit incidence ranged from 0-4%

Outcomes for babies

 441 babies (43%) who were admitted to neonatal care were resuscitated after birth



Outcomes for babies



- Breathing (airway, inflation, oxygen, ventilation, intubation)
- Chest compression
- Drugs

Level of care received

Special care

- Half of babies received special care only
- Less than 1 in
 5 received
 intensive care



Highest level of care

Baby deaths

- Out of 1025 confirmed cases
 - One intrapartum stillbirth
 - Four babies admitted to neonatal care died
- Lower than we would have expected
 - Have we missed some cases?
 - Or have we missed the death of some babies?
 - Could easily happen if midwifery team not aware of subsequent death of baby after transfer, particularly if transferred to another trust
- Really important that we have as complete and accurate picture as possible



Checking against other data

- All stillbirths and neonatal deaths are reported to MBRRACE-UK
 - Data collected include place of birth so can identify deaths of babies born in AMUs
- MBRRACE-UK team have checked deaths reported to them against deaths in UKMidSS cases
- Email to UKMidSS reporter and MBRRACE reporter in units where the death of a baby might have been missed

Summary

- Excellent reporting and data completion
- We are working hard to check and analyse the data
- Some more work still needed!
- If you receive an email from Jenny Kurinczuk, National Programme Lead for MBRRACE-UK,
 - Please read it carefully, get in touch with the MBRRACE-UK reporter in your hospital, and with the UKMidSS team
 - Get in touch with us if you have any questions

In other news...

- Previous PPH Study ongoing
 - Reporting since August 2018 (for one year)
 - 126 AMUs participating
 - Higher number of cases than anticipated
 - Some units struggling to identify cases and controls
- We are monitoring carefully and may end data collection early
- If you are struggling please get in touch
 Silence is definitely not 'golden'

On the horizon...



- Study on PPH occurring in midwifery units
- Including freestanding midwifery units

Thank you!

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