NMPA
National Maternity & Perinatal Audit

NMPA Clinical Report 2019

Lay Summary

Based on births in 2016/17 and the 2017 organisational survey

What is the National Maternity and Perinatal Audit?

The National Maternity and Perinatal Audit (NMPA) is a large scale project that uses information recorded as part of women's NHS care during pregnancy and birth to look at a range of events and outcomes that women and babies may experience.

The NMPA aims to support improvements in maternity and newborn care by providing national figures and enabling comparison between maternity services. This information can be used by midwives and doctors, women and families using the services, NHS managers, collaborative networks and national organisations involved in maternity care. The audit is funded by NHS England and NHS Improvement, the Welsh Government and the Health Department of the Scottish Government.

Find out more

The results are published in the NMPA reports and on the NMPA website, where you can find results per hospital, trust (England) or health board (Scotland and Wales), region and country.

SCAN ME

See the report results

www.maternityaudit.org.uk

Scan the QR code to visit the website on your smartphone.

Where do the data come from?

The NMPA uses information collected as part of women's maternity care, combined with information collected when women are admitted to hospital and information recorded when babies are admitted to a neonatal unit.

The NMPA dataset for 2016/17 contains records for about 97% of all the births that took place in England, Scotland and Wales. Only records and maternity services which passed detailed data quality checks were included in the audit results. This means that not every maternity service has results for every topic.

All maternity services took part in the two NMPA surveys about the organisation of care and services and facilities available, which were held in 2017 and 2019.

Included in the NMPA results for 2016/17

NMPA
151 trusts/boards
728,620 babies born

ENGLAND
130 trusts
642,525 babies born

SCOTLAND
14 boards
54,259 babies born

WALES
7 boards
31,836 babies born

What did the NMPA find?

Services and facilities available

Most maternity services offer women a range of different places to give birth, including support to give birth at home.

Obstetric units provide midwifery and medical care to women with uncomplicated pregnancies as well as to those who have existing conditions or who develop complications during pregnancy or birth.

Midwifery units provide midwife-led care to women at low risk of complications, either on the same site as an obstetric unit (alongside midwifery units) or at a geographically separate location (freestanding midwifery units).

National guidelines recommend that women at low risk of complications are advised that planning birth in a midwifery unit (or at home if this is not their first baby) would be particularly suitable for them, and that women with certain health conditions or pregnancy complications plan birth in an obstetric unit.

Percentage of obstetric unit labour wards and midwifery units with at least one birth pool in 2017.

Percentage of obstetric units co-located with an alongside midwifery unit in 2017.

The number of alongside midwifery units has steadily increased during the past decade. **Two thirds of obstetric units were co-located with an alongside midwifery unit in 2017.**

82% of obstetric unit labour wards and 91% of midwifery units had at least one birth pool.

Birth partners could stay outside of visiting hours if a woman was having labour induced at 71% of obstetric units, and at 62% of units partners could stay at all times on the postnatal ward after the birth.

All but two very small obstetric units had a neonatal unit on site and 64% provided transitional care, where babies who need a little extra support stay together with their mothers.

Place of birth

The majority of women gave birth in a hospital with both an obstetric unit and an alongside midwifery unit. In England, about 11% of women gave birth in an alongside midwifery unit. This information is not yet available for Scotland and Wales.

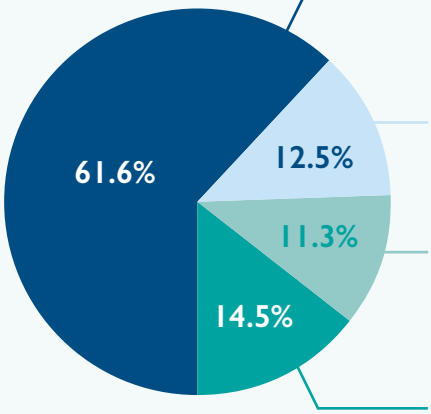
Where did women give birth?	ENGLAND	SCOTLAND	WALES
Planned homebirth	1.8%	Data not available to the NMPA	2.5%
Freestanding midwifery unit	1.6%	1.7%	3.1%
Site with an obstetric unit and alongside midwifery unit	74.3%	47.7%	94%
Site with an obstetric unit only	21.1%	50.6%	0%
Other (for example on the way to hospital)	1.2%	Number too small to report	0.4%

Types of birth

The results included in this summary are for women who had a single baby born at term (37 to 42 weeks of pregnancy). This makes it easier to compare between maternity services.

The majority of women had a spontaneous vaginal birth. About a quarter had a caesarean birth overall. There are no 'ideal' rates for the different types of birth, but by comparing their rates to others', maternity services can identify differences and consider if action should be taken.

What type of birth did women have?



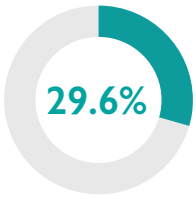
Spontaneous vaginal birth
Birth not assisted by instruments or caesarean section, regardless of how labour started.

Instrumental birth
Birth assisted with forceps or a suction cup (ventouse), if the baby needs to be helped out and labour has progressed far enough.

Planned (elective) caesarean birth
Planned (elective) caesarean birth takes place before labour starts, if a vaginal birth is not recommended or when there are concerns about the health of mother or baby.

Unplanned (emergency) caesarean birth
Takes place after the start of labour; this may be because a complication developed, or where labour started before a planned caesarean birth.

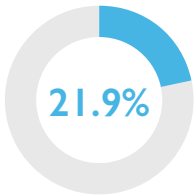
Interventions



Labour induction

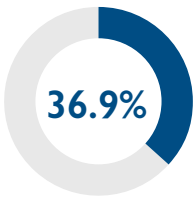
When it is considered better for mother or baby that the baby is born soon rather than to continue the pregnancy, induction of labour may be offered. Induction aims to start off labour by giving medication, breaking the waters, or both. This can be for many different reasons, for example when a baby is not growing well, if a woman has an existing condition like diabetes or if she develops a complication like pre-eclampsia.

Induction is also offered to women without complications between 41 and 42 weeks to prevent prolonged pregnancy, and increasingly before 40 weeks to women aged over 40. About 30% of women had an induction of labour.



Episiotomy

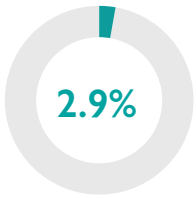
An episiotomy is a cut to make the vaginal opening slightly larger to help with a difficult birth, and in particular when instruments are used. In some cases it may be performed to prevent severe tearing. Around a fifth of women had an episiotomy overall.



Birth without intervention

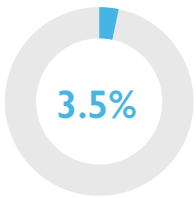
As well as the rates of individual interventions like these, the NMPA reports the rate of women who give birth without such interventions. Slightly over a third (37%) of women had a spontaneous vaginal birth, without labour induction or a drip to increase contractions, without an episiotomy, and without epidural, spinal or a general anaesthetic. While this may include some women who did not have an epidural because of circumstances rather than choice, this measure enables maternity services and women to compare rates and discuss how to support women to make choices that are right for them and their baby.

Complications



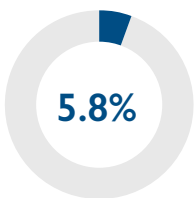
Blood loss of 1500ml or more

Heavy blood loss after birth (postpartum haemorrhage) remains an important cause of ill health and – rarely – death. While heavy blood loss cannot always be prevented, measures can be taken to reduce risks and to deal with the bleeding. Nearly 3% of women lost 1500ml or more, which can lead to longer stays in hospital and a higher chance of needing a blood transfusion, a further operation or intensive care.



Severe tear (3rd or 4th degree)

Tears to the vaginal skin and muscle in childbirth are very common, but a small proportion extend into the anal sphincter muscle (third degree tears) or lining (fourth degree tears). These severe tears can lead to long term continence problems, particularly if not recognised and repaired promptly. 3.5% of women who had a vaginal birth had a severe tear.



Babies admitted to a neonatal unit

Babies who need more specialist care than can be provided on a postnatal ward are admitted to a neonatal unit, which separates mother and baby. Nearly 6% of babies born at term are admitted to a neonatal unit, as well as about 40% of babies born slightly before full term. However, an increasing number of units provides transitional care for babies who need a little extra support, enabling mothers and babies to stay together.

What do the NMPA results mean for me and my care?

The NMPA results are averages and your individual circumstances may affect your chance of some complications, or of being offered certain interventions. You can use the NMPA results as a starting point to discuss this with your midwife or doctor.

The NMPA results take into account that there can be differences between maternity services in terms of the women who give birth; for example, the proportion of first time mothers can influence results, as they have a higher chance of some procedures and outcomes. Adjusting the results for such differences makes it easier to compare services.

Despite this, differences can still remain if some conditions are not well recorded, due to other data quality issues, or due to differences in the care provided. Some variation is to be expected, but if results are higher than the expected range for certain complications, the maternity service is required to take action.

If your local maternity service has a result that is quite different from that of other services, you could ask about the reasons for this, and what action is being taken.

> *The way the NMPA measures processes, outcomes and service provision of individual Trusts against their peers opens up local as well as national conversations between providers and service users. This means that open and honest conversations can take place to co-design services, co-produce personalised care plans and co-create trusting and honest partnerships between healthcare professionals and women and their families, which can only improve safety and experiences.*
>
> **Emma Crookes**
> NMPA Women and Families Involvement Group

For further information and resources please visit the NMPA website where you can also subscribe to the email newsletter for regular audit updates:

www.maternityaudit.org.uk

Alternatively you can contact us at:

nmpa@rcog.org.uk

020 7772 6498

NMPA
National Maternity & Perinatal Audit