

1: The challenge of maternity care

Lawrence Impey

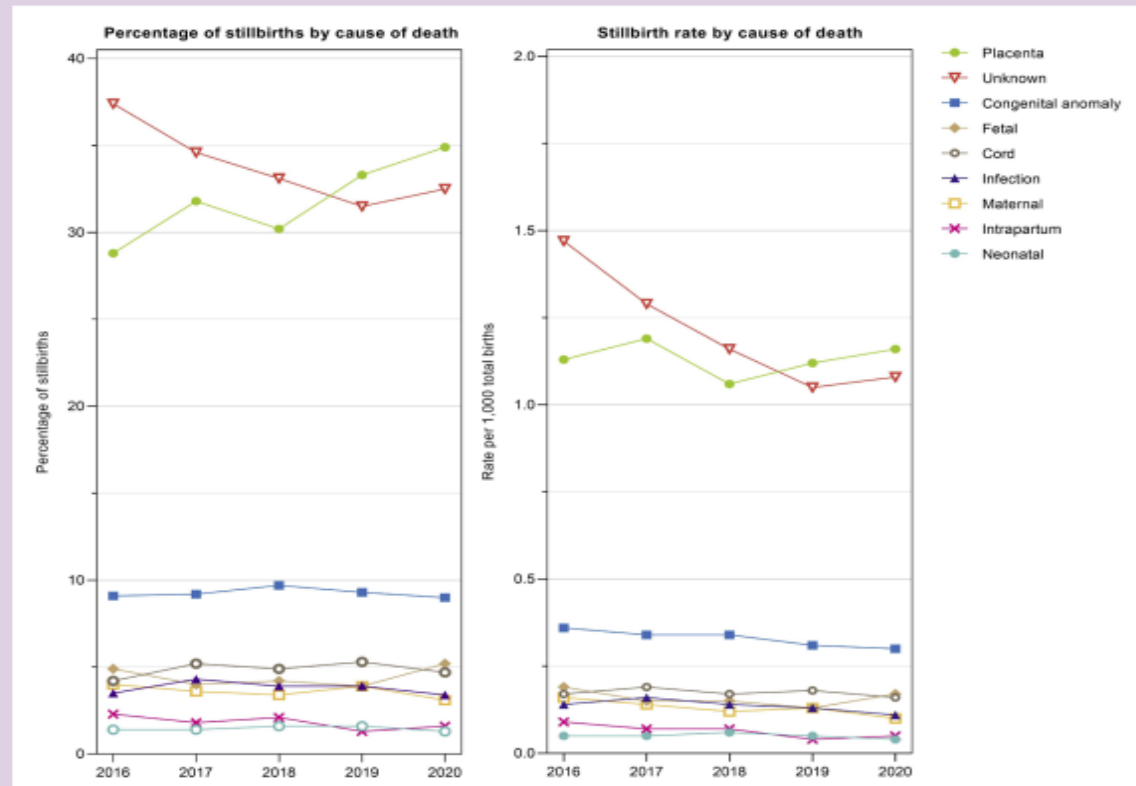
The challenge of maternity care

- 2 'patients'
- We need to care for both
- 1 you never meet until they stop becoming your 'patient'
- Dealing with a normal life event, not an illness
- Any actions have a profound effect on life chances of baby- and mother

Our job is to try to enable a live and healthy mother and baby from the pregnancy
But with at least a third of baby deaths we still don't know why

One third of stillbirths are unexplained

Figure 6: Stillbirths by CODAC level 1 cause of death: United Kingdom and Crown Dependencies, for births in 2016 to 2020

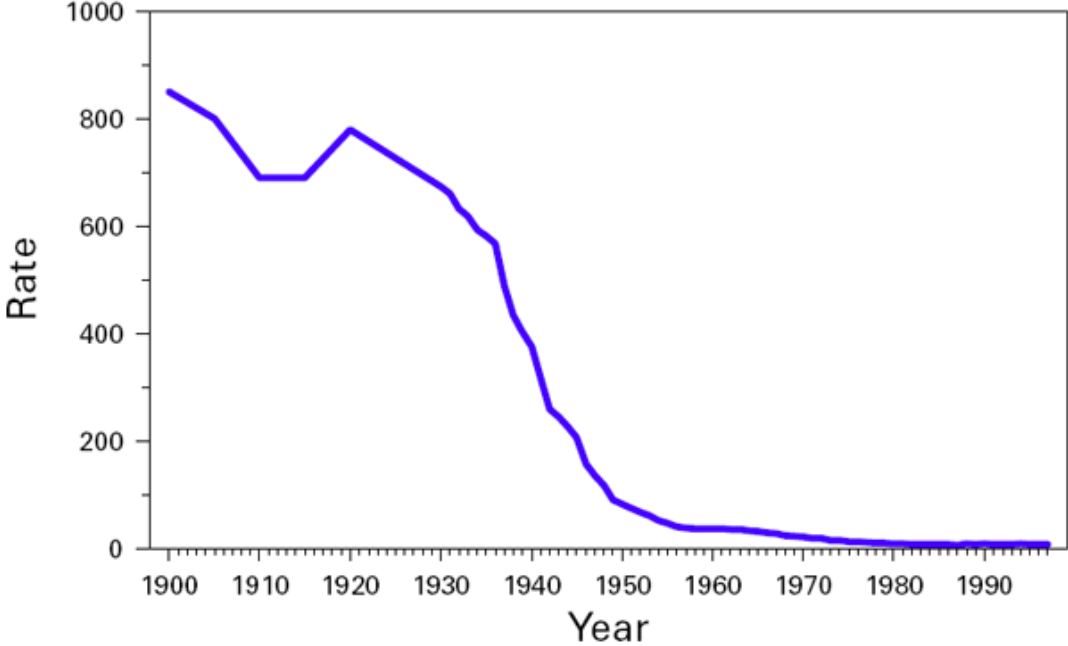


Excluding terminations of pregnancy and births <24th weeks' gestational age
Data sources: MBRRACE-UK, PDS, ONS, NRS, PHS, NIMATS, States of Guernsey, States of Jersey
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Mothers and babies don't die very often



FIGURE 2. Maternal mortality rate,* by year — United States, 1900–1997



* Per 100,000 live births.

15 dead babies.. 3 dead mums..



FAILED
Pippa Griffiths was another tragic tot

SCANDAL
Jenson Barnett died under trust's care



And a scandal to terrify EVERY parent

EXCLUSIVE
BY ANDREW GREGORY
NHS staff are being probed over the deaths of 15 babies and three mums.
Medics at Shrewsbury and Telford Hospital Trust allegedly failed to spot fatal signs. One mum said: 'It's a toxic culture.'
FULL STORY: PAGES 4&5

Donna Ockenden

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“
I can't thank you enough for all the tireless work you have put into investigating the baby deaths at Shrewsbury hospital and the shocking information you have uncovered. I think I speak for all the mothers and fathers affected, there was sadness yesterday, but also some closure that those responsible are being held accountable and our children can finally rest in peace. Thank you again from the bottom of my heart.

Mrs S, Shrewsbury



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1st March 2023



How do we reduce perinatal mortality?

Prevention: general health
specific

eg smoking BMI

eg aspirin

Treatment: of mother
of baby

eg diabetes/ maternal illness

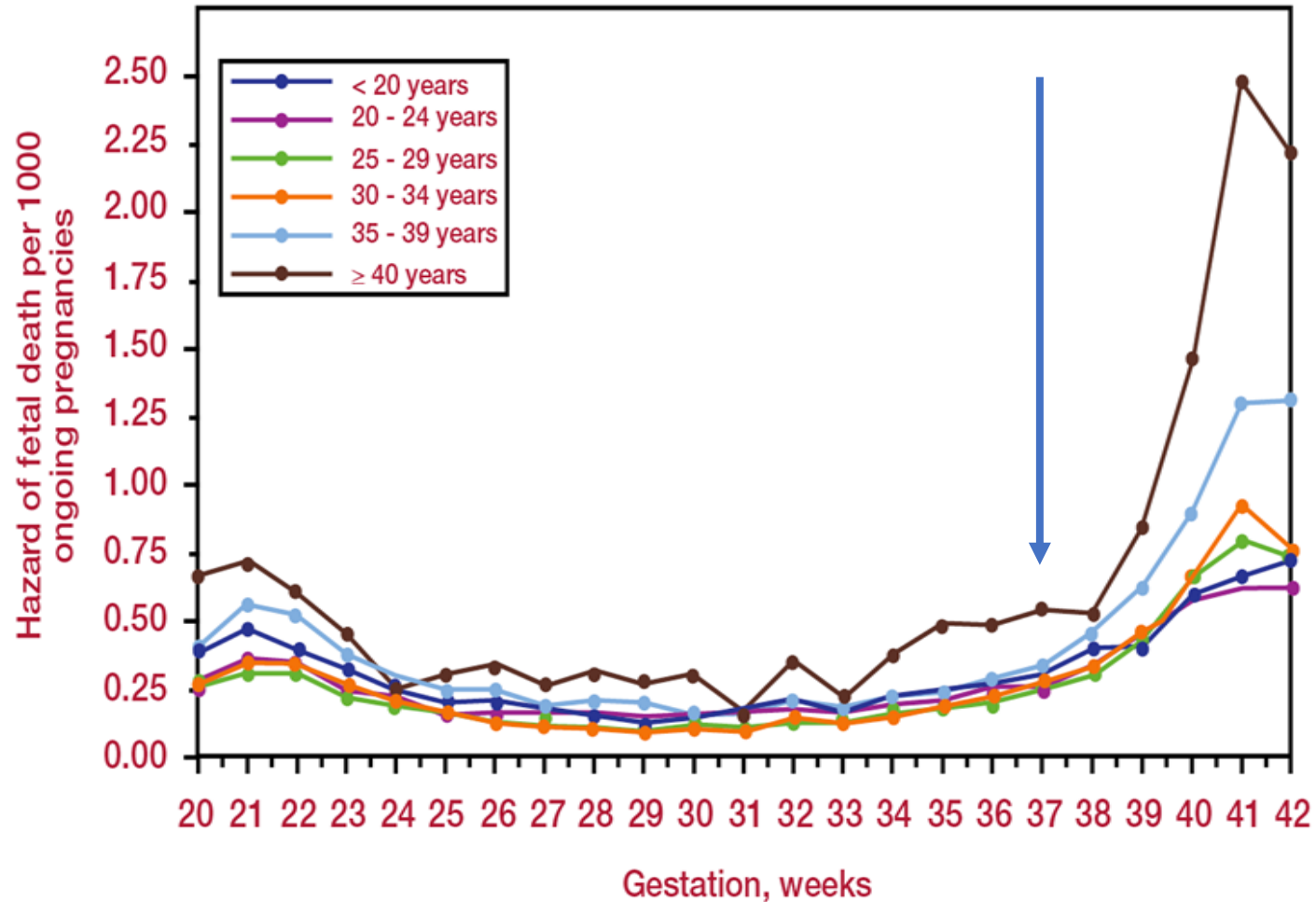
eg in utero surgery etc

measures to optimise neonatal condition

‘Deliver’: 90% of perinatal mortality prevention is delivering the baby before a disaster happens i.e. before what would happen ‘naturally’


...and ‘failings’ are of that process

How do we reduce perinatal mortality? **Make the patient under our care for a shorter time**



Induction of labour at 37w saves lives

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RR 0.30, 95% CI 0.12-0.75

22 trials, 18,795 infants; high-certainty evidence

Induction of labour in women with normal pregnancies at or beyond 37 weeks

Published:
27 August 2020

Authors:
Middleton P, Shepherd E, Morris J,
Crowther CA, Gomersall JC

Primary Review Group:
Pregnancy and Childbirth Group

Does a policy of inducing labour at or beyond 37 weeks' gestation reduce risks for babies and their mothers when compared with a policy of waiting until a later gestational age, or until there is an indication for induction of labour?

This review was originally published in 2006 and subsequently updated in 2012 and 2018.

What is the issue?

The average pregnancy lasts 40 weeks from the start of the woman's last menstrual period. Pregnancies continuing beyond 42 weeks are described as 'post-term' or 'postdate' and a woman and her clinician may decide to bring the birth on by induction. Factors associated with post-term birth include obesity, first baby and the mother being more than 30 years old.

Am score 128

Who is talking about this article?

Video: Systematic reviews explained

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See the full Review on the Cochrane Library ▶

But this may cause long term harm:

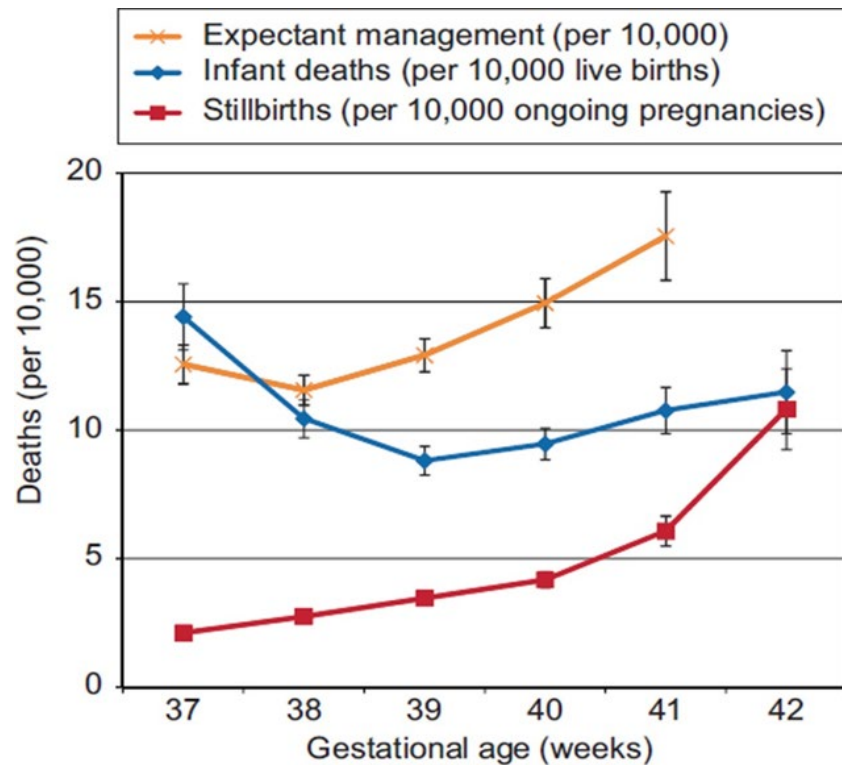
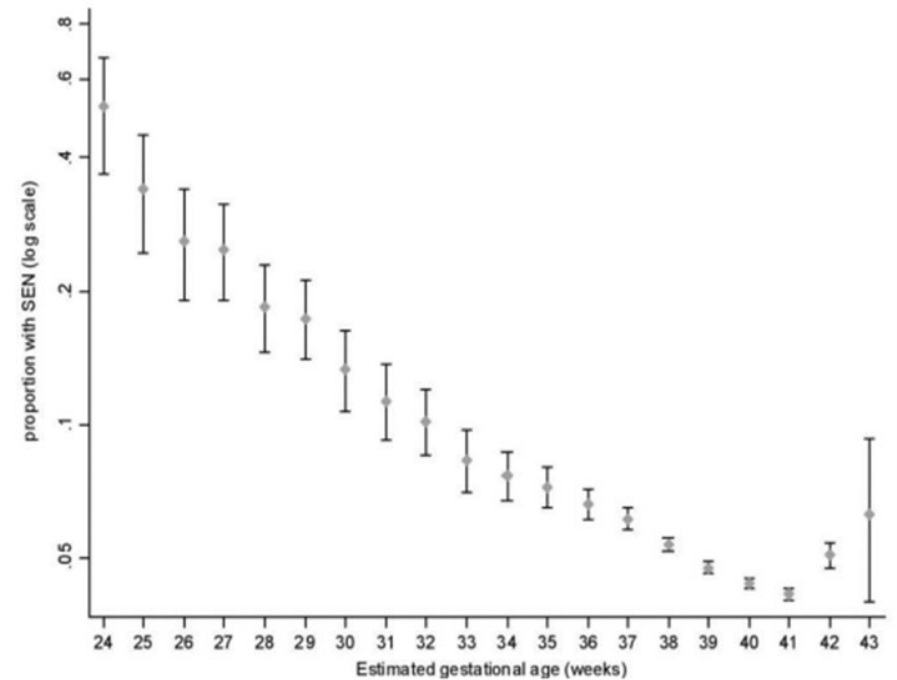


Figure 2: Prevalence of special educational needs by gestation at delivery¹⁸.



...this is the fundamental problem of maternity care

What are the new challenges?

In addition to the fundamental problem of maternity care...

National clinical initiatives (some) that are not effective

Changing demographic: underlying health, BMI, maternal age, migration

Economic situation

Government funding

Patient expectation

Patient anxiety

Staff morale

Increasing national regulation and audit: 'show us you're doing OK' (the same thing in several ways: MiS, Ockenden reviews, PMRT, HSIB)

Aren't we doing well?

2: Prioritising safety in maternity care

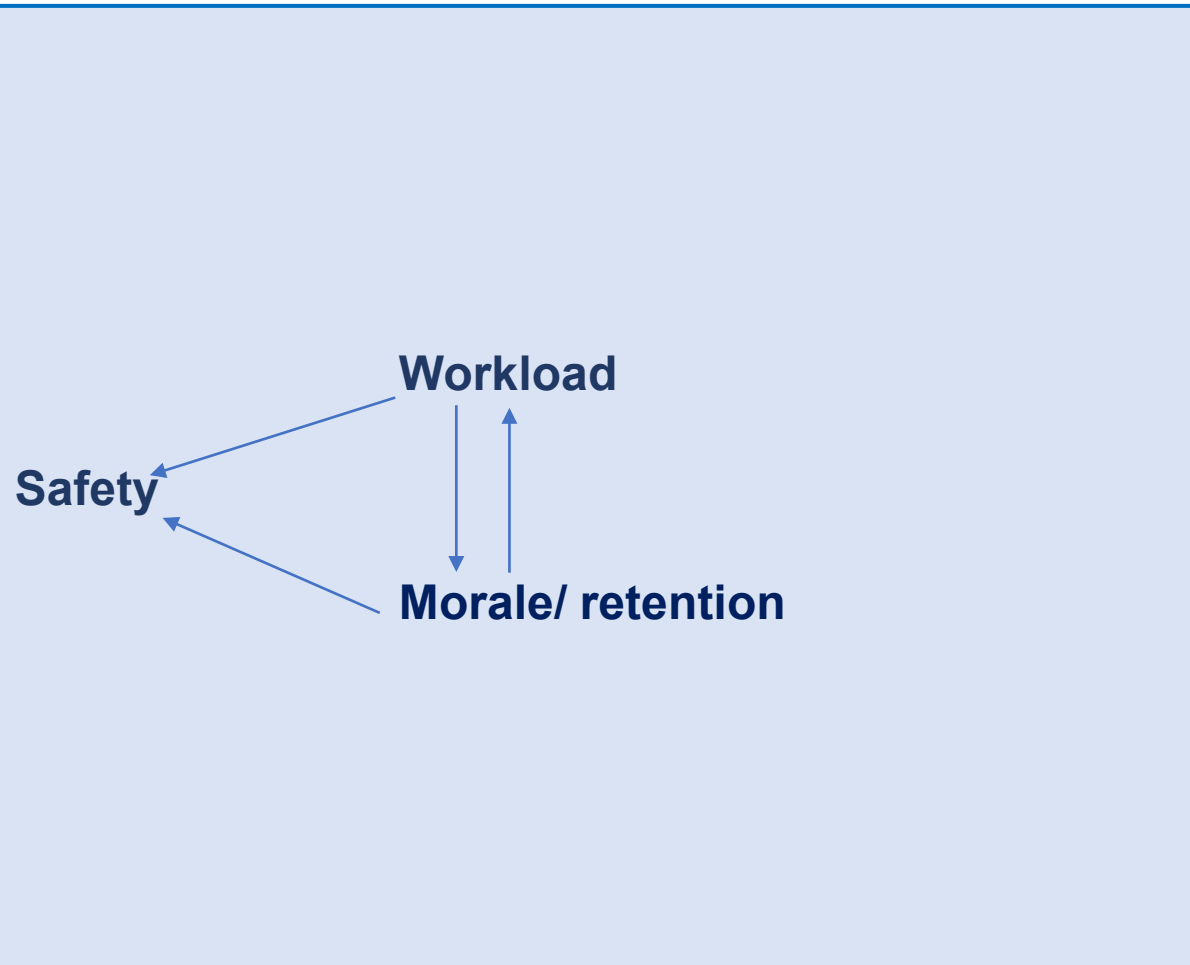
Lawrence Impey

The challenges mean we are busier

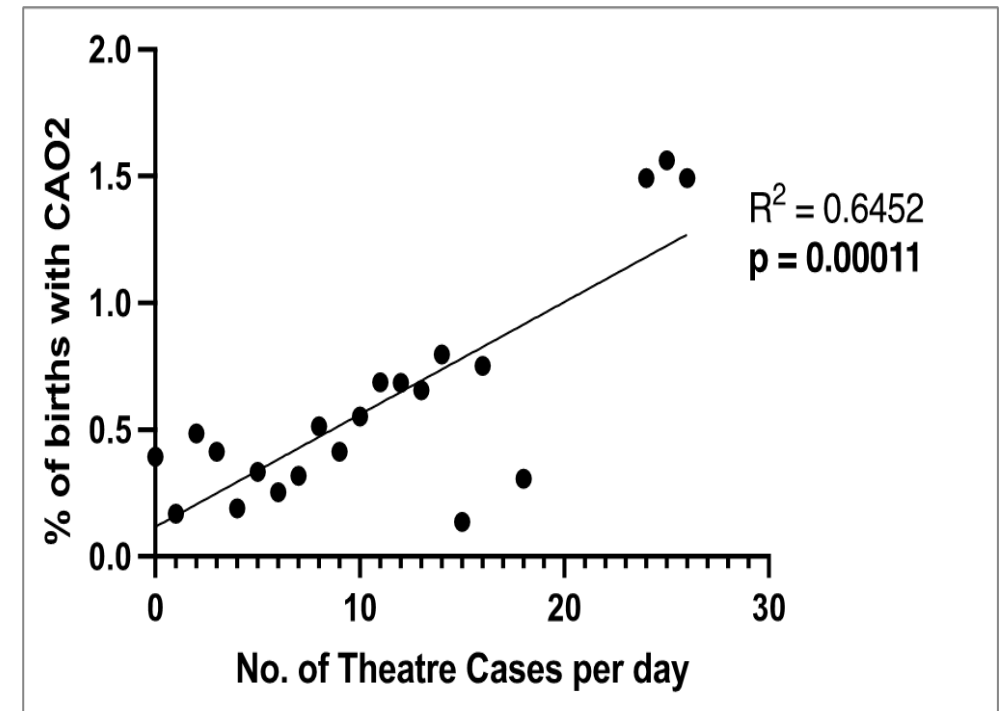
1. What are our priorities with our limited resource (money, staff)?
2. How do we make the best usage of resource to achieve this?

National clinical initiatives (some)
Changing demographic: underlying health, BMI, maternal age, migration
Economic situation
Government funding
Patient expectation
Patient anxiety
Staff morale
Increasing national regulation and audit: 'show us you're doing OK' (the same thing in several ways: MiS, Ockenden reviews, PMRT, HSIB)

Being busier is a safety issue



Data from 44890 births.
CAO2= death or very
severe morbidity.
Vieira, Robertson &
Impey. BMFMS 18/11/22



Safety is our no 1 priority

In our current system, some issues compete (our time and resource) with safety

How far does prioritisation of safety go?

continuity of carer

whatever birth you want

shared decision making

complaints

What is their value: time spent/ £1 spent per 'life saved'

And could concentration on them mean less safety for others?

The maternal request CS 'problem'

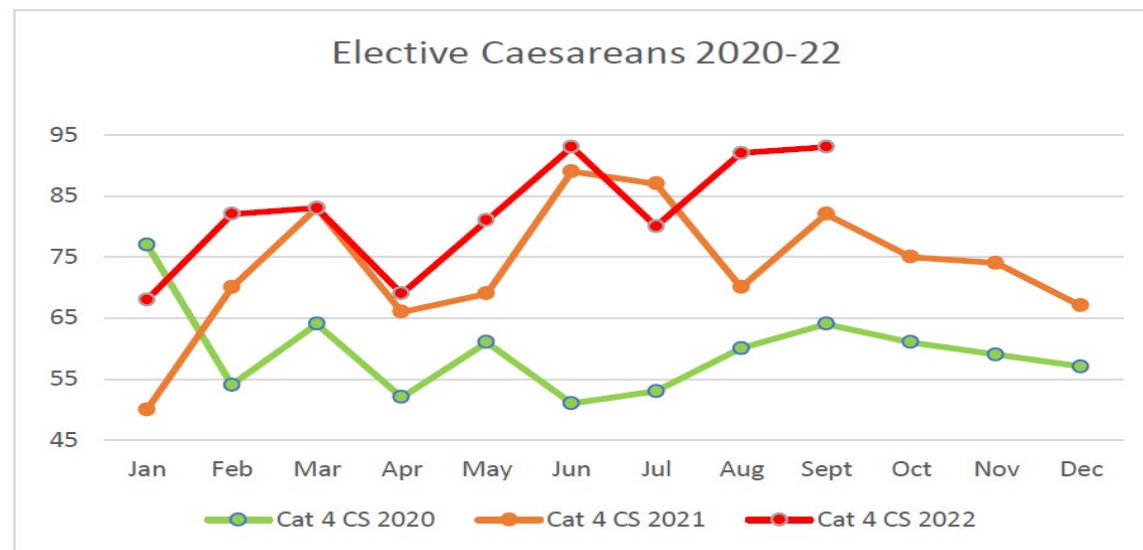
15% of pregnancies labour spontaneously before 39+0

If you stretch to 39+6 you are >40%

These become emergency CS

If you have 1 operating theatre, 1 anaesthetist and 1 registrar this will affect genuine emergencies, and therefore safety of others

Other issues around MRCS aside...



The reduced fetal movements 'problem'

30-40% of pregnancies complain of RFMs: i.e. most are 'normal'

This makes it not useful as a risk factor

RFMs is a terminal/ preterminal event- or it is normal

Encouraging presentation, counting etc creates massive MAU workload-risk for others

Inducing RFMs means less inductions for real, established risk factors- risk for others

Incorrect information creates risk

The infographic is titled "Feeling your baby move is a sign that they are well" and is part of the Tommy's PregnancyHub and NHS resources. It includes a silhouette of a pregnant woman and three key messages: 1) "How often should my baby move?" with the advice that there is no set number and movements should increase from 16-24 weeks. 2) "DO NOT WAIT until the next day to seek advice if you are worried about your baby's movements" with a bell icon. 3) "Get to know your baby's movements" with a checkmark icon, stating that it is not true that babies move less towards the end of pregnancy or in labour, and that you should continue to feel movements until labour.

Tommy's PregnancyHub NHS
Pregnancy expertise at your fingertips

English

Feeling your baby move is a sign that they are well

Most women usually begin to feel their baby move between 16 and 24 weeks of pregnancy. A baby's movements can be described as anything from a kick, flutter, swish or roll. The type of movement may change as your pregnancy progresses.

How often should my baby move?
There is no set number of normal movements.
From 16-24 weeks on you should feel the baby move more and more up until 32 weeks then stay roughly the same until you give birth.

DO NOT WAIT until the next day to seek advice if you are worried about your baby's movements

Get to know your baby's movements
It is **NOT TRUE** that babies move less towards the end of pregnancy or in labour.
You should **CONTINUE** to feel your baby move right up to the time you go into labour and whilst you are in labour too.

enough

- Don't encourage additional resource usage without clear benefit eg MRCS
- Don't ask silly questions ('symptoms and signs' of pre eclampsia or OC)
- Don't coerce, but don't believe shared decision making is asking people what they want to do- and then doing it

The reduced fetal movements problem

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COMMENTARY

BJOG An International Journal of Obstetrics and Gynaecology

Reduced fetal movements: Time to move on?

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Results from the economic model showed that **not formally promoting** a structured fetal movement awareness package was both cost saving and health improving. Therefore, promoting a structured fetal movement awareness package for pregnant women to follow during pregnancy was... not an efficient use of NHS resources.

Therefore, the committee... formed a recommendation raising awareness of the **lack of evidence of effectiveness** for such packages but not explicitly recommending against them.

NICE 2021

The infographic is titled "Feeling your baby move is a sign that they are well" and is presented in English. It features the logos for Tommy's PregnancyHub and NHS. The main text states: "Most women usually begin to feel their baby move between 16 and 24 weeks of pregnancy. A baby's movements can be described as anything from a kick, flutter, swish or roll. The type of movement may change as your pregnancy progresses." Below this, there are three columns of information:

- How often should my baby move?** There is no set number of normal movements. From 16-24 weeks on you should feel the baby move more and more up until 32 weeks then stay roughly the same until you give birth.
- DO NOT WAIT until the next day to seek advice if you are worried about your baby's movements**
- Get to know your baby's movements**

Additional text in the infographic includes:

- It is **NOT TRUE** that babies move less towards the end of pregnancy or in labour.
- You should **CONTINUE** to feel your baby move right up to the time you go into labour and whilst you are in labour too.

How does this add up?

At 37 weeks, say, 1000 expedited births to save 1 baby

1 baby is saved

But the other 999:

(compared with 40w)

Have IQ lowered by 2 points (mean)

1 extra baby has an infant death

2 extra have special education needs

0.5 extra has cerebral palsy