Perinatal Mortality Surveillance Report

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

Lay summary

Babies' deaths in the UK - the national picture for 2013

The number of babies who died either before, during or shortly after birth in 2013 was 5,700.

This means that every day in the UK around 15 families were devastated by the death of their baby.

Between 2003 and 2013, the rate and the number of stillbirths and neonatal deaths fell in the UK. The fall equates to more than 1,000 fewer deaths, despite the fact that the birth rate has risen by 12% in the same period.

Nevertheless, the UK mortality rate for babies of 7.3 per 1,000 births is high when compared with some of our European neighbours. If the UK could match mortality rates achieved in Sweden and Norway, for instance, the lives of at least 1,000 babies could be saved every year.

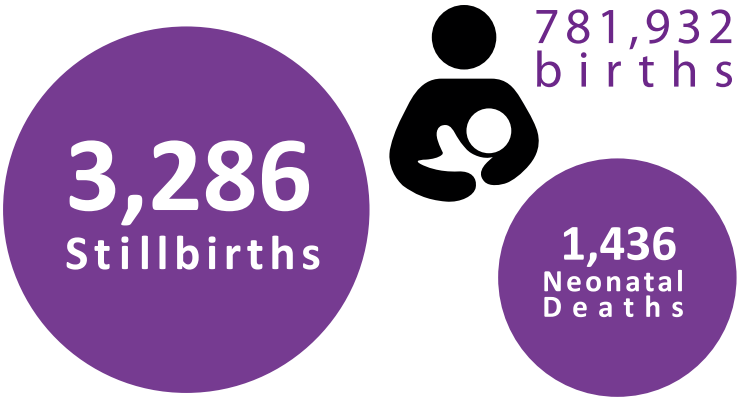
Stillbirth: is a death occurring before or during birth once a pregnancy has reached 24 weeks.

Neonatal death: is a baby born at any gestation who lives, even briefly, but dies within four weeks.

Mortality rate: is the number of babies who die per 1,000 births.

The focus of this report

Since deaths of babies born at 22 to 23 weeks of pregnancy are not all officially registered, the report focuses on babies who were born after 24 weeks of pregnancy. The rate for these deaths is 6 per 1,000. This report also excludes terminations of pregnancy



Looking forward

Future reports will build on this, MBRRACE-UK's first *Perinatal Mortality Surveillance Report*. By setting a high standard for information to be collected, MBRRACE-UK aims to better understand the causes, risks and inequalities which impact on the health and survival rates of babies, so that organisations can measure whether they are providing the right care. The ultimate goal of the work is to support the NHS in improving the quality of services women and babies receive

MBRRACE-UK is a team of researchers, clinicians and charity representatives.

Across the UK: babies' deaths after 24 weeks of pregnancy

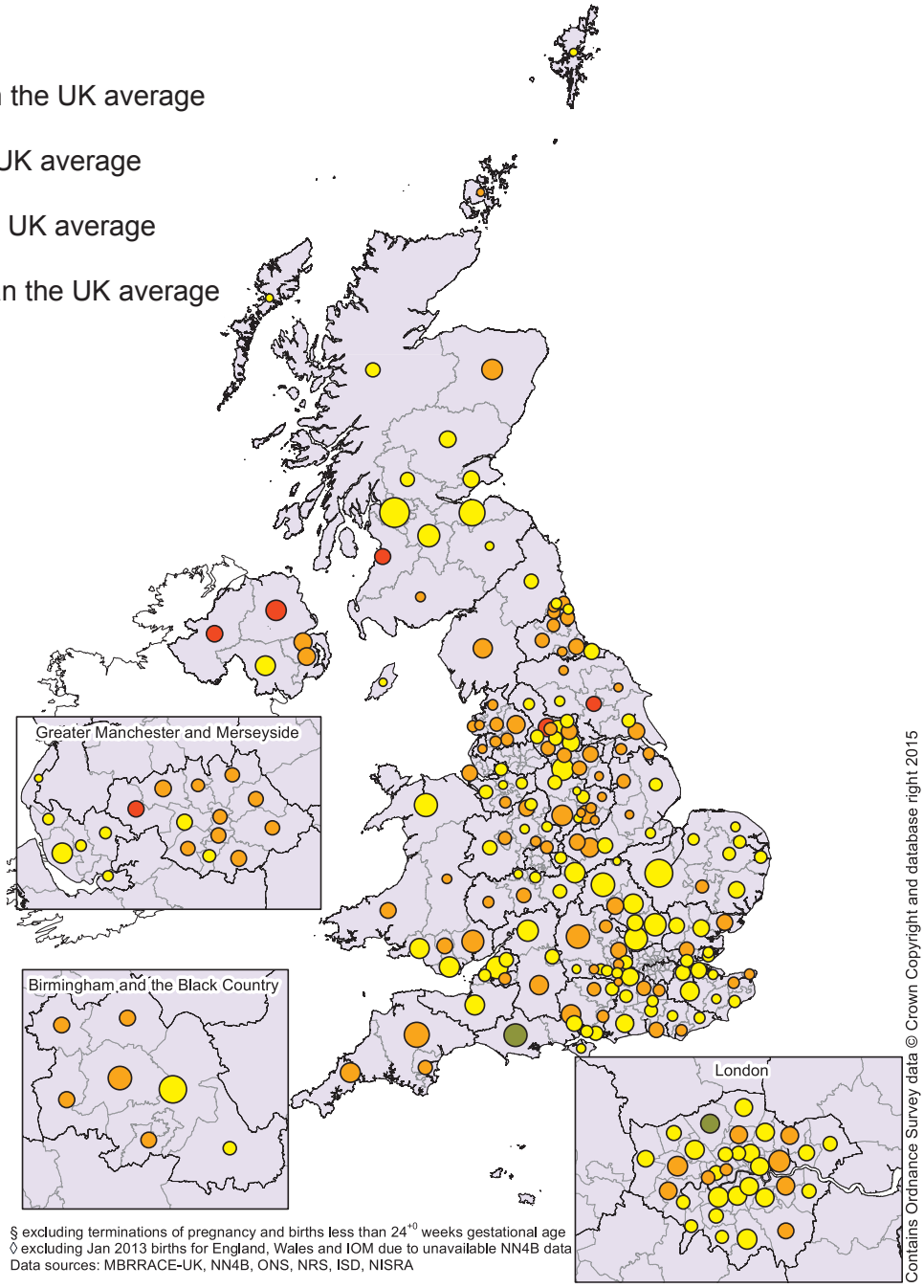
How to read the map

Each dot represents an organisation responsible for local health care; the larger the dot, the greater the number of babies born in hospitals run by that organisation. Mortality rates have taken into account the number of high risk pregnancies that are cared for by each organisation.

The UK average mortality rate for babies born after 24 weeks of pregnancy is approximately 6 deaths per 1,000 births. About half of the organisations will be above the average and half below the average.

The colours represent:

- more than 10% lower than the UK average
- up to 10% lower than the UK average
- up to 10% higher than the UK average
- more than 10% higher than the UK average



The report recommends that a national 'target' should be set for the UK for reducing the number of babies who die, aiming for a rate closer to that achieved in the best performing European countries.

Which babies are most at risk?

Black or Black British Asian or Asian British
>50%
Higher risk

Teenage mothers & mothers over 40
39%
Higher risk

Mothers living in poverty
57%
Higher risk

We know the rate of death is influenced by risks such as poverty, ethnicity and the age of the mum. However, even when we take account of these, there are big differences across the UK in the numbers and rates of babies who die.

In the whole of the UK, only Barnet and Dorset had mortality rates substantially lower than the UK average. No organisation had rates matching the lowest mortality rates in Europe.

Local rates varied across the UK

5.4 to **7.1** Stillbirths and neonatal deaths per 1,000 births

This variation is **not explained** by differences in poverty, ethnicity, or the age of the mother

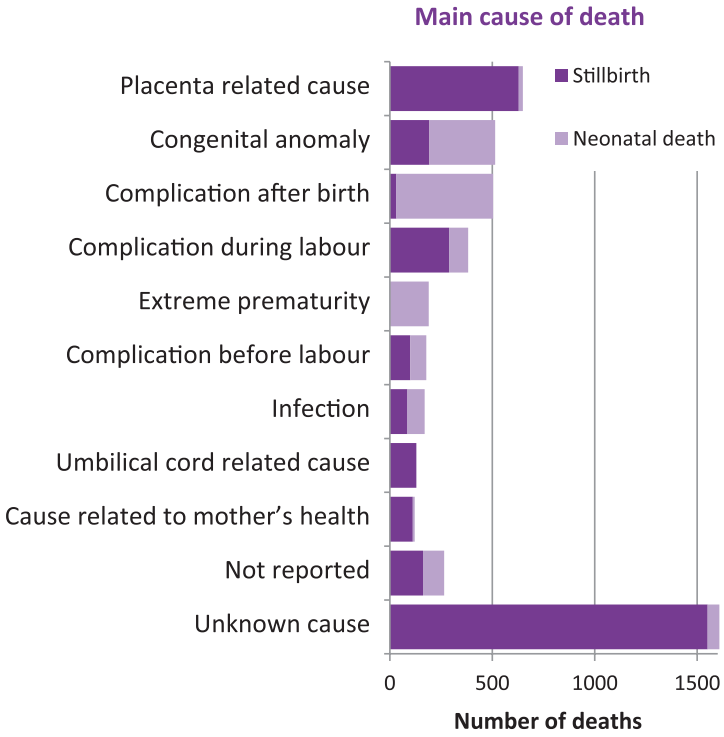
The report recommends that in all those organisations where the mortality rate is higher than the UK average, organisations should review the quality of care mum and baby received to understand whether the death might have been prevented.

Even where rates are below the UK average, local reviews should be carried out. This will help units reach standards for preventing deaths similar to those in other European countries.

Why do babies die?

All babies' deaths are classified to help us understand what the underlying causes are so that care can be targeted to prevent future deaths. This is done by recording the main reason for the death (see right). But there may be other problems that have contributed. A baby who dies of an infection, for example, may also have a congenital abnormality which makes that baby more vulnerable to infection. The system used by MBRRACE-UK also records these underlying factors.

As hospital staff become used to this system of classifying deaths, fewer deaths will be described as 'unknown' in future reports.



Other risks and factors

Just as ethnicity, poverty and the age of the mum affect the risk of a baby dying, other factors carry risks too.

10 X

Higher risk for babies born before 32 weeks

3 X

Higher risk for twins

1 in 3

Deaths occur among babies delivered at term

1 in 12

Deaths are as a result of complications during delivery

While being born too early is a risk, one in three babies who died in 2013 had reached term (37 weeks gestation or more). In some cases issues to do with care may play a role: one in 12 babies died either during or after birth, because of a complication in labour.

Understanding all these factors will help units target better care.

Improving the information

Complete and accurate information are vital for MBRRACE-UK to help improve care for mothers and babies

The information collected from units across the country needs to be complete and accurate in order to understand why babies die every year so that lives can be saved in future years. Some information for 2013 was missing, including **important information about the mothers' ethnicity and health or whether families consented to post mortem examination**.

This report didn't include analysis of babies born before 24 weeks because organisations didn't always report babies who died between 22 and 23 weeks. Around 700 deaths at this gestation were reported but it is likely that a further 300 deaths were not.

The report recommends that all organisations provide complete and accurate information to MBRRACE-UK. This is important so that reports in future years can reflect a true picture of the differences in care across the country.

Only by having accurate information can health providers understand where and how to target improvements in quality of care to save lives.

The lay summary was written by Charlotte Bevan on behalf of the MBRRACE-UK lay summary writing group: Zoe Chivers from Bliss, Jane Plumb from Group B Strep Support, Maureen Treadwell from the Birth Trauma Association; and Elizabeth Draper, Pauline Hyman-Taylor, Jenny Kurinczuk and Lucy Smith from MBRRACE-UK.

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