

Stillbirths in the West Midlands 2011 Update

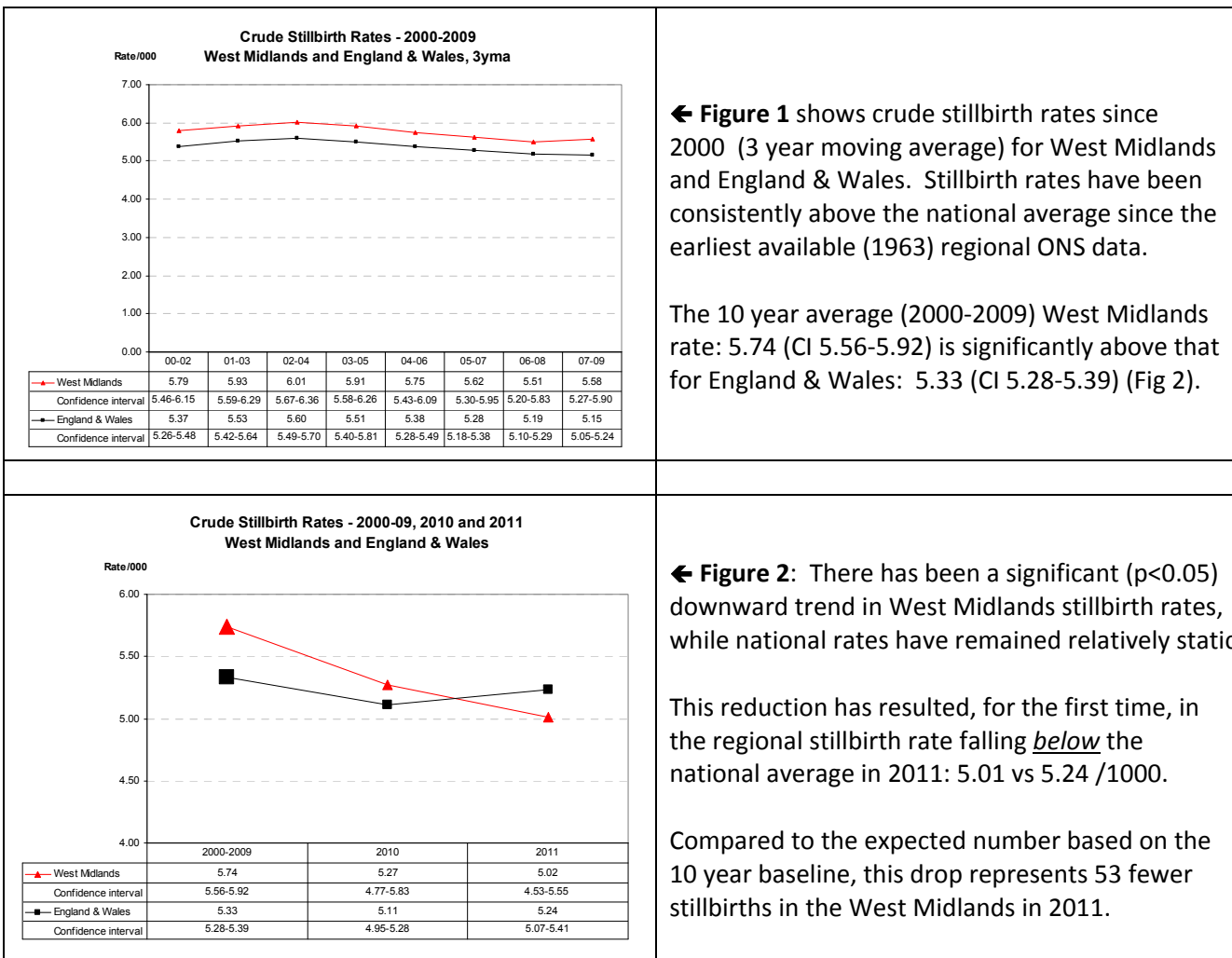


Executive Summary

- Stillbirths are the largest contributor to perinatal mortality. They are a central indicator of patient safety and quality of care, and an essential component of the NHS Outcomes Framework [1].
- West Midlands stillbirth rates have been consistently well above national rates for the last 50 years.
- Recent regional initiatives by the Perinatal Institute, in collaboration with SHA, PCTs and provider Trusts, have led to significantly fewer stillbirths; this has resulted in West Midland rates falling, for the first time ever, to below the national average.
- This reduction is due to fewer deaths associated with fetal growth restriction and follows a comprehensive programme of audit, training, and implementation of protocols to increase antenatal detection of pregnancies at risk.
- The decrease is most marked in areas which have been at the forefront of implementation, and has led to reductions which, if extrapolated across the region, would lead to 78 fewer stillbirth each year.
- It is essential that this momentum is maintained and built upon, and that stillbirth prevention remains a continued priority in the West Midlands.

Section 1: Stillbirth rates - West Midlands and England & Wales

Figures 1 and 2 are based on ONS data [2].



Section 2: Subgroup Analysis

Data from the West Midlands Perinatal Mortality Register, based on regional Perinatal Death Notifications.

<p style="text-align: center;">Stillbirths West Midlands 2000-09 ReCoDe groups</p> <p>Unclassified/Undocumented 18%</p> <p>Other 6%</p> <p>Intrapartum asphyxia 2%</p> <p>Maternal conditions 3%</p> <p>Placenta 9%</p> <p>Umbilical cord 4%</p> <p>Infection 3%</p> <p>Fetal growth restriction 39%</p> <p>Congenital anomaly 17%</p>	<p>← Figure 3 shows the relative proportion of stillbirths according to the main groups of the ReCoDe classification [3] for 2000-2009.</p> <p>The largest groups are Fetal Growth Restriction (39%) Congenital Anomalies (17%) and Unclassified (18%), with a further 27% in smaller groups which have been combined in a 'Miscellaneous' category for Fig 4 (below).</p>																												
<p style="text-align: center;">West Midlands Stillbirths 2000-09, 2010, 2011 Main Categories</p> <table border="1"> <thead> <tr> <th></th> <th>2000-09</th> <th>2010</th> <th>2011</th> </tr> </thead> <tbody> <tr> <td>Fetal Growth Restriction</td> <td>2.28</td> <td>2.15</td> <td>1.79</td> </tr> <tr> <td>Miscellaneous</td> <td>1.57</td> <td>1.70</td> <td>1.36</td> </tr> <tr> <td>Congenital Anomalies</td> <td>1.00</td> <td>0.79</td> <td>0.98</td> </tr> <tr> <td>Unclassified</td> <td>1.04</td> <td>0.90</td> <td>1.04</td> </tr> </tbody> </table>		2000-09	2010	2011	Fetal Growth Restriction	2.28	2.15	1.79	Miscellaneous	1.57	1.70	1.36	Congenital Anomalies	1.00	0.79	0.98	Unclassified	1.04	0.90	1.04	<p>← Figure 4 illustrates the recent stillbirth trend compared to the preceding 10 year average, for the 4 main stillbirth groupings.</p> <p>The overall decrease in stillbirth rates shown in Fig 2 is predominantly due to fewer deaths with fetal growth restriction (FGR), which dropped from a baseline of 2.28 to 1.79/1000 (22% reduction; OR 0.8; CI 0.7-0.9).</p>								
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<p style="text-align: center;">Stillbirth with Fetal Growth Restriction 2000-09, 2010, 2011 West Midlands PCT Clusters</p> <table border="1"> <thead> <tr> <th></th> <th>2000-09</th> <th>2010</th> <th>2011</th> </tr> </thead> <tbody> <tr> <td>West Midlands</td> <td>2.28</td> <td>2.15</td> <td>1.79</td> </tr> <tr> <td>Birmingham & Solihull</td> <td>2.77</td> <td>2.35</td> <td>1.71</td> </tr> <tr> <td>Arden</td> <td>1.67</td> <td>2.35</td> <td>1.98</td> </tr> <tr> <td>Black Country</td> <td>2.64</td> <td>2.45</td> <td>1.98</td> </tr> <tr> <td>Staffordshire</td> <td>2.00</td> <td>1.90</td> <td>1.79</td> </tr> <tr> <td>West Mercia</td> <td>1.90</td> <td>1.58</td> <td>1.50</td> </tr> </tbody> </table>		2000-09	2010	2011	West Midlands	2.28	2.15	1.79	Birmingham & Solihull	2.77	2.35	1.71	Arden	1.67	2.35	1.98	Black Country	2.64	2.45	1.98	Staffordshire	2.00	1.90	1.79	West Mercia	1.90	1.58	1.50	<p>← Figure 5 shows trends in FGR stillbirths by PCT Cluster. Most areas indicate downward trends, even though the incidence of FGR in the population has remained the same.</p> <p>The largest reduction in stillbirths was in Birmingham & Solihull, where the rate dropped by 38% in 2011 vs. 2000-9 (OR 0.6; CI 0.4-0.9).</p> <p>This sharp decrease is attributed to increased efforts in prevention, including the Community Growth Scanning project (CoGS) [4] commenced in 2010, which has led to significantly improved detection of FGR in at-risk pregnancies [5].</p> <p>A similar reduction across the West Midlands would result in 78 fewer stillbirths per year.</p>
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Conclusions

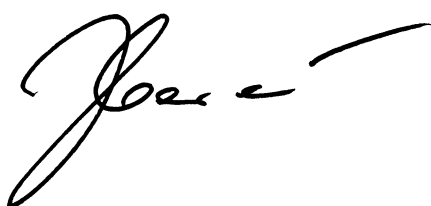
The reduction of stillbirths in the West Midlands follows a concerted regional programme led by the Perinatal Institute, in association with many stakeholders, which has so far included

- identification of avoidable causes of perinatal deaths through a series of Confidential Enquiries [6];
- designation of 'antenatal detection of fetal growth restriction' as a key performance indicator;
- rolling programme of implementation, training and support in the use of customised growth charts;
- benchmarking and reporting on performance, which demonstrated significant increases in detection;
- implementation of enhanced serial scan protocols for high risk pregnancies.

Uptake of these initiatives has varied throughout the region, and it is clearly evident that improvements are related and proportional to efforts put into co-ordinated strategies. Several commissioner and provider groups in the region are already working on adapting a CoGS model [4] in their area.

In addition to improved overall outcome for mothers and babies, detection of fetal growth restriction facilitates QIPP [7]. Furthermore, the devastating impact of stillbirth upon the mother and family leads to additional healthcare needs, including psychological support and added surveillance in future pregnancies.

It is hoped that the momentum generated to reduce avoidable stillbirths is maintained and built upon, and that stillbirth prevention through improving quality and safety of maternity care remains a continued priority in the West Midlands.



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References

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