

Revised Reducing Perinatal Mortality Confidential Case Review Protocol

Revision Date: 5th September 2006

Summary

Confidential case reviews will provide an objective assessment of selected stillbirth cases that occur within Birmingham and the Black Country during the period of the Reducing Perinatal Mortality project. Utilisation of this acknowledged and established methodology will provide both providers and commissioners with valuable evidence to inform and improve maternity service provision.

Background

This PCT Accord project is specifically designed to tackle perinatal mortality across Birmingham and the Black Country by enhancing community maternity care. The agreed key components of an enhanced community maternity service include continuity of carer, early booking, detection of fetal growth restriction, smoking, breastfeeding and screening. Targets for these were set out in the original PID to be achieved over 5 years from start of the project. Three key process indicators have been identified to monitor the implementation of the project: early booking; continuity of carer and antenatal detection of fetal growth restriction. Additional monitoring and evaluation includes a maternal experience survey and confidential case reviews.

Aim of Confidential Case Review

The confidential case review is a major component of the evaluation of the Reducing Perinatal Mortality project. It is an acknowledged method of objectively assessing complex perinatal health information.

Multidisciplinary confidential case reviews, also referred to as confidential enquiries, have successfully been used to objectively assess cases of adverse perinatal outcome nationally, regionally and locally (CESDI 1994-2001; PI refs). The primary aim of a confidential case review is to identify preventable and avoidable factors. Events, actions or omissions attributable to care, management, systems or external factors could all contribute to adverse outcome but could potentially be prevented. Identification of avoidable and/or suboptimal care factors will enable the project to make practice recommendations to improve future maternity service provision. In depth examination of selected stillbirths that occur during the period of the project will be undertaken by an objective panel of expert clinicians who will give professional opinions about the adequacy of the care that was undertaken.

Identification of Cases for Review

Core data, as detailed in the Reducing Perinatal Mortality Dataset, will be collected on all births across Birmingham & the Black Country for the period being evaluated. This data is essential to monitor the three key process indicators of early booking, continuity of carer and antenatal detection of fetal growth restriction. However, the core data does not include opinions of care or value judgements although it will serve as notification of all stillbirths and neonatal deaths. Data will be checked and validated with other data sources available to the Perinatal Institute, such as the Perinatal Death Notifications, as well as with the maternity unit providing the data. Cross-referencing will ensure accurate identification of cases to be considered for confidential multidisciplinary case review.

The Project Initiation Document identifies the cases for confidential review as all antepartum deaths which occurred even though a growth problem was detected

Approved by the Reducing Perinatal Mortality Project Team – 13 July 2006

Revisions approved by Project Team - 5th September 2006

antenatally and all intrapartum deaths. However it has since been acknowledged that the number of cases that meet the selection criteria are less than anticipated with many also being associated with a congenital malformation. It has subsequently been agreed by the project team that the cases for the confidential case review should be widened to include all normally formed stillborn infants that have reached at least 30 weeks gestation and where growth restriction was present. The identification of cases for review will be undertaken at the Perinatal Institute by calculating the customised birth weight centile for each stillborn infant. Growth restriction is defined as birth weight below the 10th customised percentile. As previously, 50 such cases per year will be assessed.

Panels will assess 4/5 cases at each panel meeting.

Units will be advised of cases for confidential case review and will be required to gather all appropriate documentation and submit the records to the Perinatal Institute. All documentation will be anonymised prior to being assessed by either the unit of source or the Perinatal Institute. Units will also need to identify the grades of staff involved in the care to ensure maintenance of confidentiality. Additionally the Perinatal Institute will validate, check, photocopy and distribute the records to panel members for the confidential review to be undertaken.

Multidisciplinary Review Panels

Multidisciplinary review panels will be co-ordinated and administered by the Perinatal Institute and chaired by the director or his representative. Panel members will be invited from outside of Birmingham & the Black Country to optimise confidentiality and objectivity. Panel members will examine the case documentation and assess whether there were any suboptimal care factors that may have been avoidable. Panel members will be paid a nominal fee to cover expenses.

Confidentiality

All NHS employees are subject to the NHS Confidentiality and Data Protection policies. Additionally all participants in panels are expected to comply with the Perinatal Institutes information and security policies.

All case notes and associated documentation are to be returned at the end of the panel meeting for disposal by the Perinatal Institutes administration team.

Panel Membership

This may vary according to the cases being assessed but core members should include at least two obstetricians and two midwives who are currently employed within the NHS. Additional panel assessors from other relevant specialities will be invited to participate in the process eg physicians in cases where the pregnancy has been complicated by medical conditions such as diabetes.

Panel Process

A set of anonymised notes for each case will be forwarded to each panel member by post two weeks before the panel meeting in order to prepare for the multidisciplinary discussions.

A short presentation of each case will be given at the start of each case discussion to summarise the case by the Perinatal Institutes project co-ordinator – a standardised format will be developed to ensure consistency.

Approved by the Reducing Perinatal Mortality Project Team – 13 July 2006

Revisions approved by Project Team - 5th September 2006

Once the presentation has been given all panel members will contribute to the discussion regarding the care the woman received. The panel chair will ensure that enquiries are carried out in an equitable, standardised and timely manner. A semi structured proforma will be developed, utilising any recognised standards, to standardise assessment of cases and to aid analysis. The traditional CESDI grading classification system (Table 1) will be used to score the standard of care of all cases. The panel chair will be responsible for completing the panel enquiry proforma and the CESDI grading score with the panel's consensus assessment of the care.

Grade 0	No Suboptimal care
Grade 1	Suboptimal care, but different management would have made no difference to the outcome
Grade 2	Suboptimal care - different care MIGHT have made a difference (possibly avoidable death)
Grade 3	Suboptimal care WOULD REASONABLY BE EXPECTED to have made a difference (probably avoidable death)

Table 1: CESDI Grading System

Analysis & Reporting

Data from the enquiry proforma will be entered onto a database to be developed by the Perinatal Institute for further analysis and reporting. Qualitative data acquired from the comments about care will also be subject to further analysis.

The Perinatal Institute will disseminate the findings of the confidential case reviews in three ways:

- A final report will be submitted to the project team/project board once all cases have been assessed and analysed.
- Interim reports may be submitted as required by the board.
- The findings of individual cases will be reported back to their provider units via a rolling programme of seminars in order to give timely feed back and improve quality of care.