Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Ms Pauline Tschobotko, Deputy Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust
Date of Meeting:	26 November 2020

PERINATAL AND INFANT MORTALITY

1.0 Purpose of the report:

1.1 To receive an overview of perinatal and infant mortality in Blackpool and the challenges caused by the pandemic.

2.0 Recommendation(s):

2.1 To review and challenge the report as appropriate, identifying any further issues for scrutiny.

3.0 Reasons for recommendation(s):

3.1 To ensure robust scrutiny of the issue of perinatal and infant mortality.

3.2	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.3	Is the recommendation in accordance with the Council's approved budget?	Yes

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Blackpool is one of the 20% most deprived areas in the country, with a poor public health profile across a range of health indices, including those related to maternity care. Teenage conception rates, smoking during pregnancy, breastfeeding initiation rates, levels of obesity

and infant mortality rates are all worse than the national average (PHE 2020). These indices present significant challenges, however there are a number of national reporting bodies that the Trust feeds into that support improvements in maternity care and reduction in perinatal mortality across England, this is also alongside scrutiny by the Care Quality Commission (CQC):

Healthcare Safety Investigation Branch (HSIB) – carry out investigations into incidents of stillbirth, early neonatal death, potential severe brain injury and maternal deaths looking into all clinical and medical aspects of the incident, as well as aspects of the workplace environment and culture surrounding the incident.

Perinatal Mortality Reporting Tool (PMRT) – PMRT supports standardised perinatal mortality reviews across NHS maternity and neonatal units by reviewing the circumstances and care leading up to an surrounding each stillbirth and neonatal death, and those babies who die in the early post-natal period having received neonatal care.

Saving Babies Lives' Version Two (SBL2) - aims to provide detailed information for providers and commissioners of maternity care on how to reduce perinatal mortality across England. The second version of the care bundle brings together five elements of care that are widely recognised as evidence-based and/or best practice: 1) Reduced smoking in pregnancy; 2) Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR); 3) Raising awareness of fetal movements (RFM); 4) Effective fetal monitoring during labour and 5) Reducing pre-term birth.

These investigating bodies put parental involvement very much at the centre, ensuring that parents are informed of the process, are able to contribute to those investigations and are provided with a meaningful report at their conclusion.

6.2 **Local Context**

Reducing Smoking in Pregnancy

SBL2 provides a practical approach to reducing smoking in pregnancy by following NICE guidance. It is achieved by offering carbon monoxide (CO) testing for all women at the antenatal booking appointment and throughout pregnancy as appropriate, to identify those who are smokers or exposed to second hand smoke and refer them to stop smoking support. At Blackpool Teaching Hospitals (BTH) currently our smoking at time of delivery rate is 15.7%.Though this is significantly higher than the national average of 9.8%, it is below the 2019 figure of 25.7% (PHE 2020), and a steady decrease since the 2010/11 figure of 33.2%. Since the beginning of lockdown the monthly figure has remained below 21% (with the exception of the month of June). Despite the inability to undertake CO testing during this Covid-19 pandemic, women identified as being smokers have been given appropriate advice and been referred to the Maternity Health Trainers for smoking cessation support. This is a multi-discipline approach with our health visiting teams providing brief intervention smoking

cessation advice when individuals are identified as smokers at the HV antenatal contact.

6.3 *Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR).*

At Blackpool Teaching Hospitals (BTH) we have updated our fetal movement and growth restriction management in line with SBL2. Scan pathways have been introduced for growth, in line with the recommendations and based upon uterine artery doppler results. BTH is one of the top hospitals in the Local Maternity System (LMS) for identifying FGR, and random reviews of the management of 30 cases are undertaken on a 6 monthly basis, to identify further improvements.

6.4 *Raising Awareness of reduced fetal movements (RFM)*

Leaflets are being added to the antenatal booking packs for reduced fetal movement awareness and contact numbers are provided. The relevant policy has been updated in line with SBL2 with regards to when scans are required and outlining the recommended time to offer induction, based on scan findings. It is no longer routine to offer induction of labour at 37 weeks when ladies present with reduced movements but to work towards 39 weeks (taking into consideration all clinical individual risk factors).

6.5 *Effective fetal monitoring during labour*

Through this element the Trust must be able to demonstrate that all qualified staff who care for women in labour are competent to interpret cardiotocogaphs (CTGs), and are able to escalate appropriately when concerns arise. It includes the introduction of a standardised assessment tool to be used at the onset of labour and the appointment of a fetal monitoring lead in order to improve the standard of monitoring. At BTH a Specialist Midwife for fetal monitoring has been appointed who leads on this area and has responsibility for the training and competency of staff. Women undergoing induction of labour have a clear plan of care documented in their maternity records, which includes the frequency of CTG monitoring for those identified as being high risk.

6.6 *Reducing pre-term birth*

In order to improve outcomes by prediction, prevention and better preparation when preterm birth cannot be avoided, Families Division has employed a new Consultant Obstetrician to lead on this area and has introduced a specialist preterm antenatal clinic. Best practice care in the event of a pregnancy loss is being implemented with the introduction of a Rainbow Team; 2 midwives and a bereavement nurse who offer care to all women who have undergone stillbirth, neonatal death, pregnancy loss (late miscarriage) or a termination for fetal abnormality.

In addition to these measures outlined above and in support of SBL2, the midwifery service is

in the process of developing and implementing continuity of carer for women, where every woman is provided with continuity of care through pregnancy, birth and post-natally, from a small team of up to eight midwives. Continuity models have been shown to improve safety and outcomes, as well as being important for women to form a trusting relationship with the professional caring for them.

The Division produces a dashboard of clinical data which is supplied to the national Maternity Data Set to compare clinical outcome across providers in England and identify areas for quality improvement. A user friendly version of the dashboard is provided on a monthly basis and shared with service users via the Trust intranet site (Appendix 3(a)).

6.7 *Multi-agency Approach*

Improvements in maternity care cannot be seen in isolation from the wider determinants of health that affect perinatal and infant mortality. Many children are born into adverse circumstances than can have an immediate and longer term effect on their health and wellbeing. Adverse childhood experiences (ACEs), where there are no protective factors, cause prolonged activation of stress responses in infants and children which, in the early years, can have a profound effect on how a child's brain develops altering nervous, hormonal and immunological system development (Public Health Wales 2016) and ultimately poor health outcomes through adulthood. Within Blackpool, there is a multi-agency approach to address the impact of ACEs with families, and in particular the effect on parenting from the toxic trio of substance misuse, domestic abuse and mental illness.

Through Blackpool Better Start, training is provided for those working with children and families on brain architecture and the effects of toxic stress on the developing infant. These themes are carried through in the Baby Steps Parent Education Programme which is co-delivered by Health Visitors from Blackpool Teaching Hospitals and Family Engagement Workers from the NSPCC. Though this evidence based programme is primarily designed for those parents who are more likely to require additional help e.g. those with mental health or substance misuse issues, have learning difficulties, are care leavers, have no social support networks, are victims of domestic abuse etc., within Blackpool it is delivered universally across the whole Borough, to provide all parents with the opportunity to give their child the best start in life.

With the 1,001 days from conception to age two being critical for a child's development (HC2019), a Health Visiting model redesign was commissioned by Blackpool Council in collaboration with A Better Start. This service transformation has seen the expansion of health visiting provision across Blackpool from a six contact model to an eight contact model, with increased focus around the time of early infancy with increased visiting up to eight weeks post-natally and, in addition to the nationally mandated contacts, the introduction of a new integrated child development review at three years of age, working with early years settings to promote school readiness.

6.8 *Challenges provided by Covid-19*

Maternity and children's services in Blackpool have continued to be provided in line with national guidance throughout the duration of the pandemic. With the closure of community venues such as Children's Centres, alternative provision has been provided for the delivery of antenatal clinics, with more being delivered on the BTH site, and many children's services have been delivered virtually through telephone and video consultations. With the resumption of more elective work, these clinics and services are being re-instated back into the community in liaison with General Practices and using clinic room availability at the primary care centres.

BTH has been able to provide birth partner support, again in line with national guidance, throughout, and is continuing to manage this, despite the second wave of infection, with attention to social distancing measures and the use of personal protective equipment (PPE).

6.9 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 3(a): September 2020 Maternity Dashboard

8.0 Financial considerations:

8.1 None as a direct consequence of the report.

9.0 Legal considerations:

9.1 None as a direct consequence of the report.

10.0 Risk management considerations:

10.1 None as a direct consequence of the report.

11.0 Equalities considerations:

11.1 None as a direct consequence of the report.

12.0 Sustainability, climate change and environmental considerations:

12.1 None as a direct consequence of the report.

13.0 Internal/external consultation undertaken:

13.1 None as a direct consequence of the report.

14.0 Background papers:

14.1 None.