





# Mapping Maternity Care and Outcomes: the Welsh Perspective 2008

Grace Thomas, Consultant Midwife, Aneurin Bevan Health Board / University of Glamorgan

Debbie Lucey, Senior Lecturer, University of Glamorgan Maggie Davies, Consultant Midwife, Abertawe Bro Morgannwg University Health Board



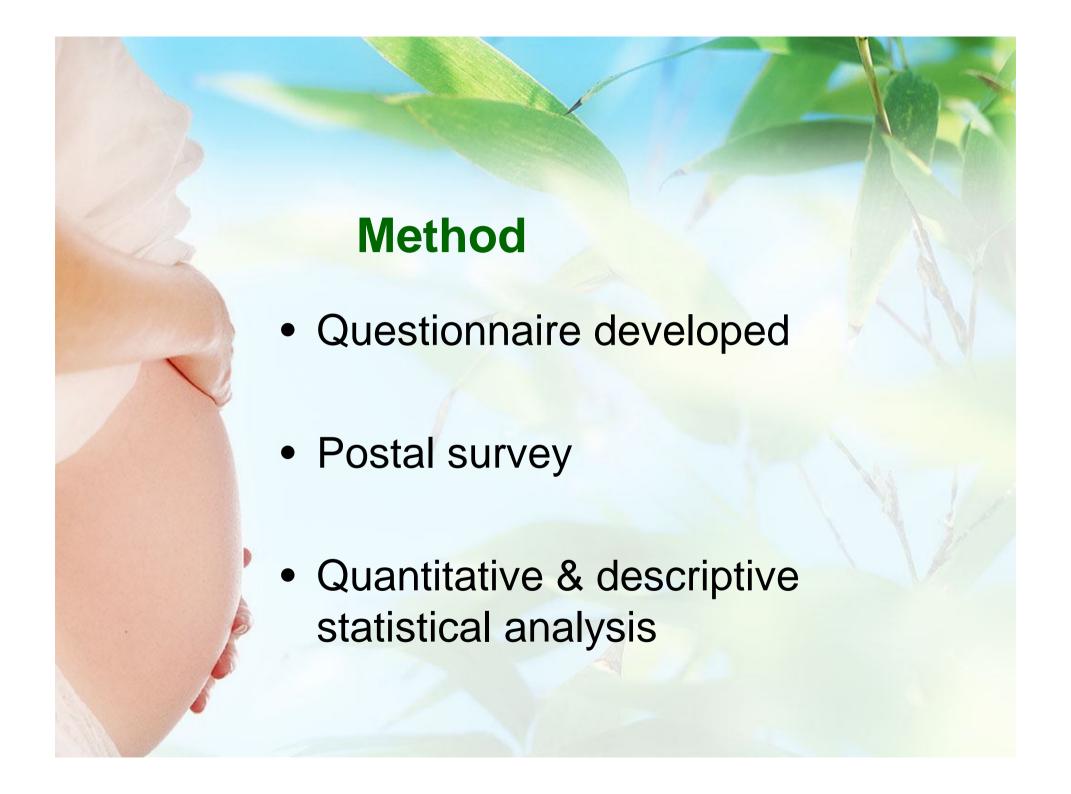
### Background

- Welsh maternity statistics show a rise in rates of medical intervention (CS rate: 19.1% in 1995/96 to 26.1% in 2007/08 increase of 37% in 12 years)
- Range of initiatives are driving changes to reduce interventions:
  - All Wales Pathway for Normal Labour developed
  - Increase of intrapartum care outside obstetric units
  - Homebirth is promoted

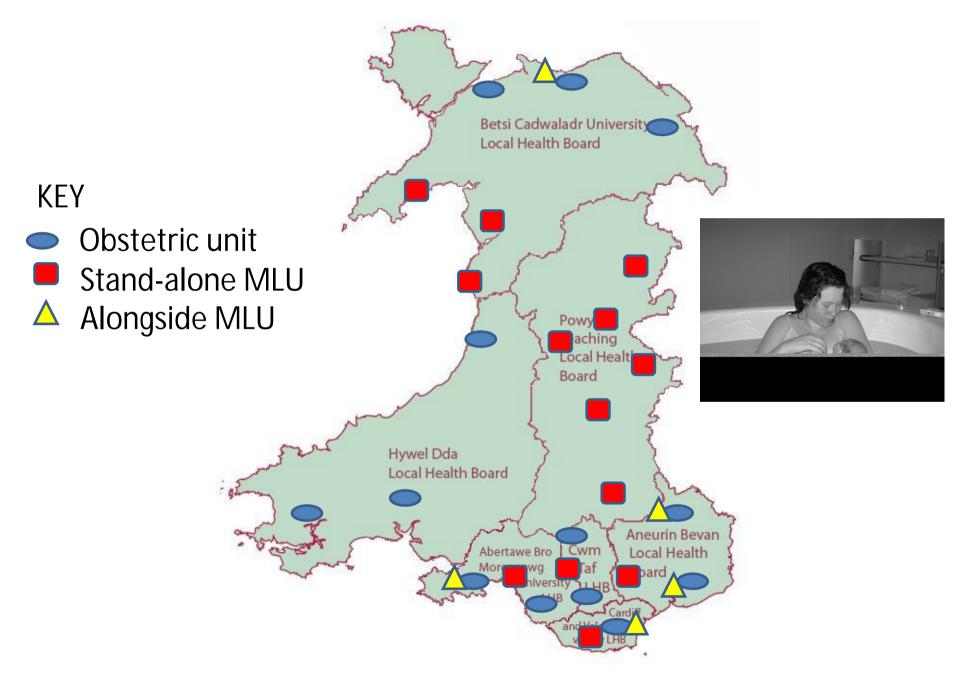
- No data available re outcomes
- National Institute for Health & Clinical Excellence (NICE) published guidance on Caesarean section (2004) and on care of healthy women during normal childbirth (2007)
- Wales was planning to adopt the NHS Institute Pathways to success: a self improvement toolkit – focus on normal birth and reducing Caesarean section rates (2007) in 2009

#### Aim

- Map maternity units in Wales
- Describe practice in 2008
- Explore if care complied with NICE Guidance – specifically practices known to influence spontaneous vaginal birth and reduce CS rate
- Establish baseline of current midwifery & obstetric practice in Wales



#### Place of birth in Wales 2009



## Results: Ranges

Intervention	Range between Trusts
Home birth	2 - 7%
Births in MLU	1 - 24%
Ventouse	3 - 10%
Forceps	3 - 10%
Elective CS	9 - 16%
Emergency CS	12 - 17%
IOL	16 - 22%

## Overview

Unit	Birth	SVD %	IOL %	CS %	Green	Amber	Red
	centre						
1	YES	64	21	26	19	3	3
2	YES	71	16	21	19	1	5
3	YES	63	19	24	19	4	2
4	YES	61	22	28	12	6	7
5	NO	66	22	25	18	1	4
6	YES	66	18	24	17	4	4
8	YES	67	16	24	19	2	4
9	YES	58	20	28	17	4	4
10	NO	61	17	26	14	5	4

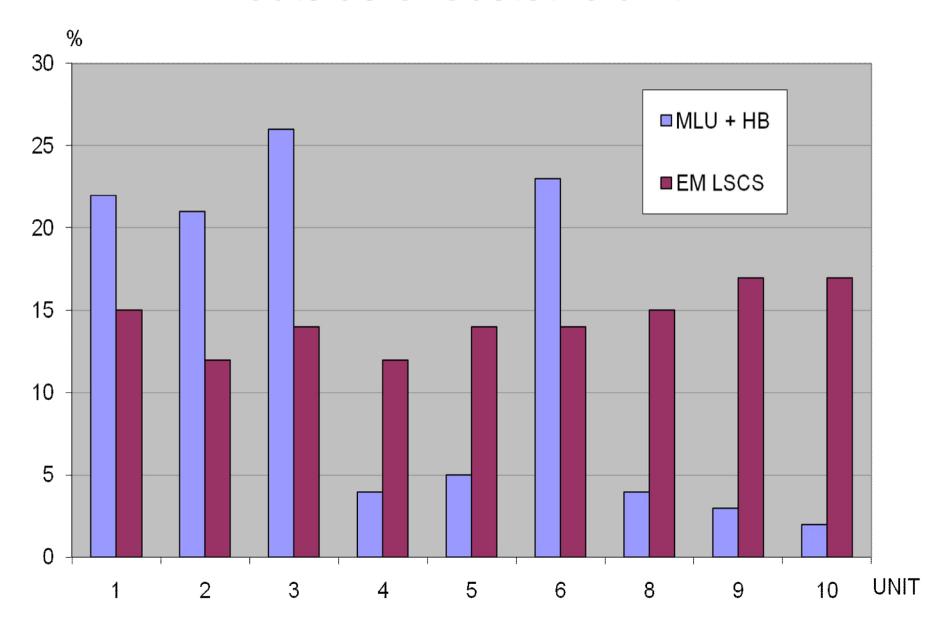
#### Care throughout labour

Unit	SVD rate %	Light diet	Isotonic drinks	Partner present MLU	Mobile MLU	1-1 MW care MLU	Partner present OLU	Mobile OLU	1-1 MW care OLU
1	64								
2	71								
3	63								
4	61								
5	66			No MLU					
6	66								
<b>7</b> (MLC)	100						No OLU		
8	67								
9	58								
10	61			No MLU					

## Factors influencing CS rate

Unit	CS rate %	4 hour action line	Cons decision CS	FBS if fetal acidosis	CS for SGA	Est fetal size	IOL / ELCS LGA	CS mat. request	CS mat request counsel
1	26								
2	21								
3	24								
4	28								
5	25								
6	24								
7 (MLC)									
8	24								
9	28								
10	26								

## Emergency CS rate in relation to birth outside of obstetric unit





- Compliance with NICE guidance is associated with a lower CS rate
- Mobilisation
- Light diet and fluids
- Cervical dilation in active labour
- Routine admission ECTG

#### Main points

- Increased proportion of normal births where birth planned at home or in MLUs
- Not all midwives and doctors follow NICE for delay in first and second stages of labour
- One to one care not always provided in obstetric units

#### Conclusions

- Differences in maternity units across Wales cannot be explained by demographics alone
- Maternity units that adopt guidelines and practice in line with National Evidence-based Guidance tend to have higher normal birth and lower CS rate than units which do not.
- Planning birth outside an obstetric unit seems to be associated with an increase in spontaneous vaginal birth.

#### Recommendations

- Maternity units are encouraged to benchmark standards of clinical care against NICE recommendations and adopt practices known to increase normal birth rates and reduce Caesarean section rates.
- Healthy women with a straight-forward pregnancy should be given the option to give birth outside an obstetric unit in a midwifery-led unit or a homebirth.

#### Recommendations

- This project should be repeated with 2010 data to ascertain if there has been any change since the introduction of the Pathways to success: self improvement toolkit
- Further research is required into the philosophy and attitudes of health care professionals in maternity units regarding normal birth and the reduction of CS.





#### Acknowledgement

 Grateful thanks to the Royal College of Midwives Welsh Board for funding the project

