

The Safe Birth Campaign



Summary

- In the UK, there are growing issues and concerns about the maternity services provided by the NHS.
- Criticism of the current issues at birth raised by the Healthcare Commission and others have not been addressed.
- The growing rate of stillbirth in the UK is a concern for expectant parents, with increasing numbers opting for private care at birth to address staffing issues.
- Despite ongoing media attention over a number of years, no visible change has been made to care.
- In London and the Midlands, stillbirth rates are over one third higher than those in the South East excluding London.
- Current NHS reforms are critical to ensure the quality of service improves.

Agenda

- Giving birth in the UK
- Birth statistics
- Objectives of the Campaign

The story of two sisters

- Sisters are always different, but these two are destined to follow very different paths due to a lack of care at Samara's birth.
- **Gabriella** is a fun loving 3 year old with a fascination with the colour purple.
- **Samara** suffered severe brain damage at birth resulting in severe learning difficulties and blindness. She has been in and out of hospital and has already had 2 operations on her stomach. She takes 5 different kinds of medication and is fed by a tube in her stomach. She cannot sit by herself and needs to be comforted when she is awake.



These two sisters will never be able to talk to each other due to a birth accident.

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Giving birth in the UK

There are two dangerous trends developing in the UK:

1. The NHS is reducing antenatal scans and medical interventions (caesareans) at birth.
2. There is a chronic shortage of midwives in the UK.

Consequences

- Unexpected complications arise due to a reduction in the level of pre-birth monitoring and planning.
- During delivery, NHS guidelines actively discourage medical intervention until the latest possible moment.
- The stigma attached to caesarean delivery results in mothers opting for natural birth when an alternative is safer.
- Any problems during the delivery are compounded by a shortage of midwives and other professional staff.

A baby can suffer brain damage after a very only 20 minutes in distress. A rapid response is critical to prevent injury.

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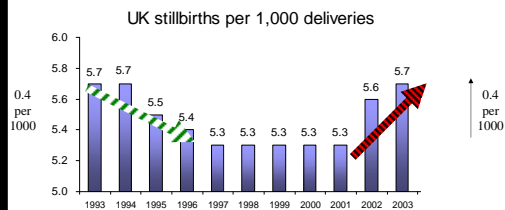
Birth statistics

1. Mortality rates at birth in the UK are rising,
2. The standard of maternity care is erratic and difficult to predict.
3. London and the Midlands have unusually high perinatal mortality rates.
4. Most of the deaths at birth cannot be explained.
5. The statistics fail to capture the full picture – little data exists on the number of birth injuries such as cerebral palsy.

Mortality rates at birth in the UK are rising

During the 1990's, stillbirth rates fell rapidly with a reduction of 0.4 stillbirths per 1,000 lives.

Since 2002, stillbirth rates have been steadily increasing. Figures for 2004 are higher for CEMACH reports.



Source: ONS

The increase in stillbirths represents an extra 200 babies dying per annum.

The standard of maternity care in the UK is erratic

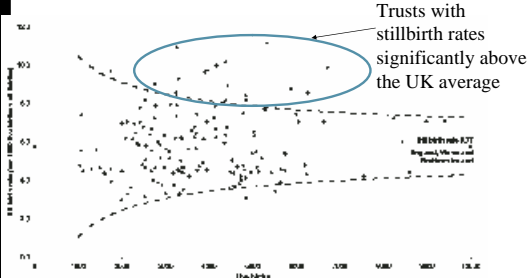


Figure 5.1 Stillbirths in the UK: multiple pregnancies and 2002-2003. --- = UK 2003

Source: Confidential Enquiry into Maternal and Child Health, Stillbirth, neonatal and postneonatal mortality, 2000-2003

Regional variations reflect wide variations in outcomes

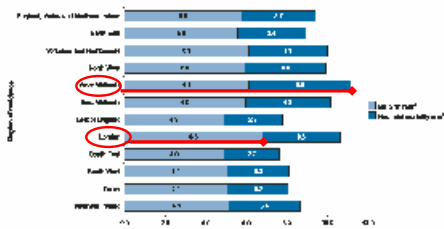
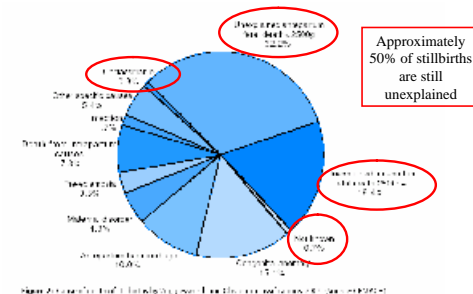


Figure 5.2 Regional variations in stillbirth rates per 1000 live births in the UK: 2000-2003. --- = UK 2003

Source: Confidential Enquiry into Maternal and Child Health, Stillbirth, neonatal and postneonatal mortality, 2000-2003

Cause of stillbirth



We still don't understand why these deaths are occurring.

High risk hospitals

Name	Town/city	Region	Live Births (2002-2004)	Still birth rate (2002-2004)
Birmingham Heartlands Hospital	Bordesley Green (M6)	Midlands	13,066	11.6
University Hospital of Wales	Cardiff	Wales	8,475	11.1
University Hospital Lewisham	Lewisham	London	9,942	10.3
St Marys Hospital for Women and Children	Manchester	North West	13,333	9.2
Royal Victoria Infirmary	Newcastle upon Tyne	North East	14,247	9.0
King's College Hospital	Denmark Hill	London	12,188	8.9
Newham Hospital	Pleaslow	London	12,830	8.6
Elizabeth Garrett Anderson and Obstetrics Hos	Camden	London	9,219	8.5
General Hospital	Leicester	Midlands	10,972	8.4
Maternity Wing Luton and Dunstable Hospital	Luton	Southeast - NW	13,023	8.4
City Hospital	Winston Green	Midlands	9,890	8.3
Scunthorpe General Hospital	Scunthorpe	North East	5,398	8.3
St Thomas' Hospital	Lambeth	London	12,982	8.3
Northwick Park Hospital	Harrow	Southeast - NW	13,069	7.7

Source: Calculated using ONS birth statistics, 2002-2004

The link to cerebral palsy

Mortality statistics at birth are available. Quantifying cerebral palsy cases is more difficult and data is not easily available. There is strong evidence of a link between birth accidents and cerebral palsy:

- The International Cerebral Palsy Task Force confirm that there are cases of cerebral palsy that originate in labour.
- Although many cases of cerebral palsy are caused by events prior to delivery, it is estimated that 10% of cerebral palsy cases are caused by birth injuries.

The combination of high rates of unexplained stillbirths (71%) and high rates (66%) of neonatal death by asphyxia raises question marks about the links to cerebral palsy.

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Objectives of the Safe Birth Campaign

The purpose of our campaign is to raise the standards of care in the NHS and protect babies at birth from medical and other accidents.

We believe in working with the NHS and medical professionals to promote the principle that the safety of baby and mother should always be the first priority.

We cannot allow more young lives to be so needlessly ruined.



How can we achieve this objective?

1. By publicising the issues at birth and linking with charities active in this area.
2. By providing information to expectant parents on the quality of birth services allowing the parents to choose, with the government funding following the parents rather than the trust.
3. By engaging with key stakeholders such as the NHS and the government and finding solutions to address safety concerns in a positive way.



NHS reforms

- Current NHS reforms are critical to improving the quality of care at birth.
- With no reform, there is no incentive to improve quality of care:
 - Improving quality increases the cost per birth
 - A hospital with a reputation for a good quality birthing unit will attract more patients, increasing the cost further.
- The NHS reforms will ensure funding follows the patient, i.e. hospitals will have an incentive to increase the number of deliveries.
- By publicising birth outcomes by hospital, patients will attend the hospitals with the best outcome, thus ensuring that NHS funding follows the best quality hospitals.

Safebirth Campaign

- Campaign launched in June 2005.
- Website for campaign went live in July 2005. Over 100 names collected from website petition.
- Contact unsuccessfully initiated with charities such as Scope in August 2005.
- A number of letters on the issues around birth published in London newspapers (Evening Standard, Daily Mail and Metro).
- A more active PR campaign will be pursued over the next 2 months.

What are the next steps?

Internal / External	Description	Target date
Internal	The Safe Birth website to become more functional and information rich.	June 2006
	Ongoing development requires a full time resource for the charity.	June 2006
	Database of hospitals and ratings to be completed and published.	June 2006
External	Limited funding is needed to ensure progress.	June 2006
	Safe birth protocols to be developed using leading birth specialists.	December 2006
	Other birth charities in the UK need to be engaged.	July 2006
	Discussions with the NHS to increase awareness of birth issues.	December 2006
