

NHS England and NHS Improvement

Safe in your hands?

Professor Jacqueline Dunkley-Bent

Chief Midwifery Officer
National Maternity
Safety Champion

Twitter @dunkleybent

Chief Midwifery Officer key priorities

- **People** –leadership –
workforce - opportunities
- **Quality** – England to be the
safest place in the world to
have a baby (MTP/LTP/safety
champion)
- **Perceptions** –
children/midwives/public
- **130 visits** –mat providers
+HEI's





Midwives matter

“The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being—from obesity, heart disease and mental health, to educational achievement and economic status.”

The Marmot Review 2010 (p. 95)

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A photograph of a pregnant woman with dark hair and a black top, holding her belly. A man with short dark hair and a black shirt stands behind her, also holding her belly. They are both looking towards the camera.

National Maternity Ambition

*To reduce the rate of stillbirths, neonatal and maternal deaths, and brain injuries occurring during or soon after birth by 50% by 2025; and 20% by 2020
Reduce PTB from 8% to 6%*

Maternity Transformation Programme

A cross-system programme set up to implement the vision set out in the National Maternity Review – NHS Long term plan

**35% CoC by March 2020
Most women by 2021**

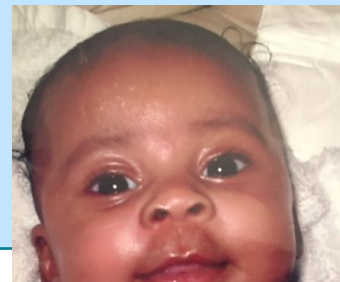
- The Maternity Transformation Programme -2016 -19 national workstreams:



- Local Transformation
 - Safety
- Choice & personalisation
- Perinatal mental health
 - Workforce
- Sharing Data & Information
- Harnessing Digital Technology
- Reforming the payment system
- Prevention & Neonatal review
- 4 Regional Maternity Programme Boards Local Maternity Systems came together across 44 geographies
- 12 Maternity Clinical Networks provide clinical leadership to drive collaboration

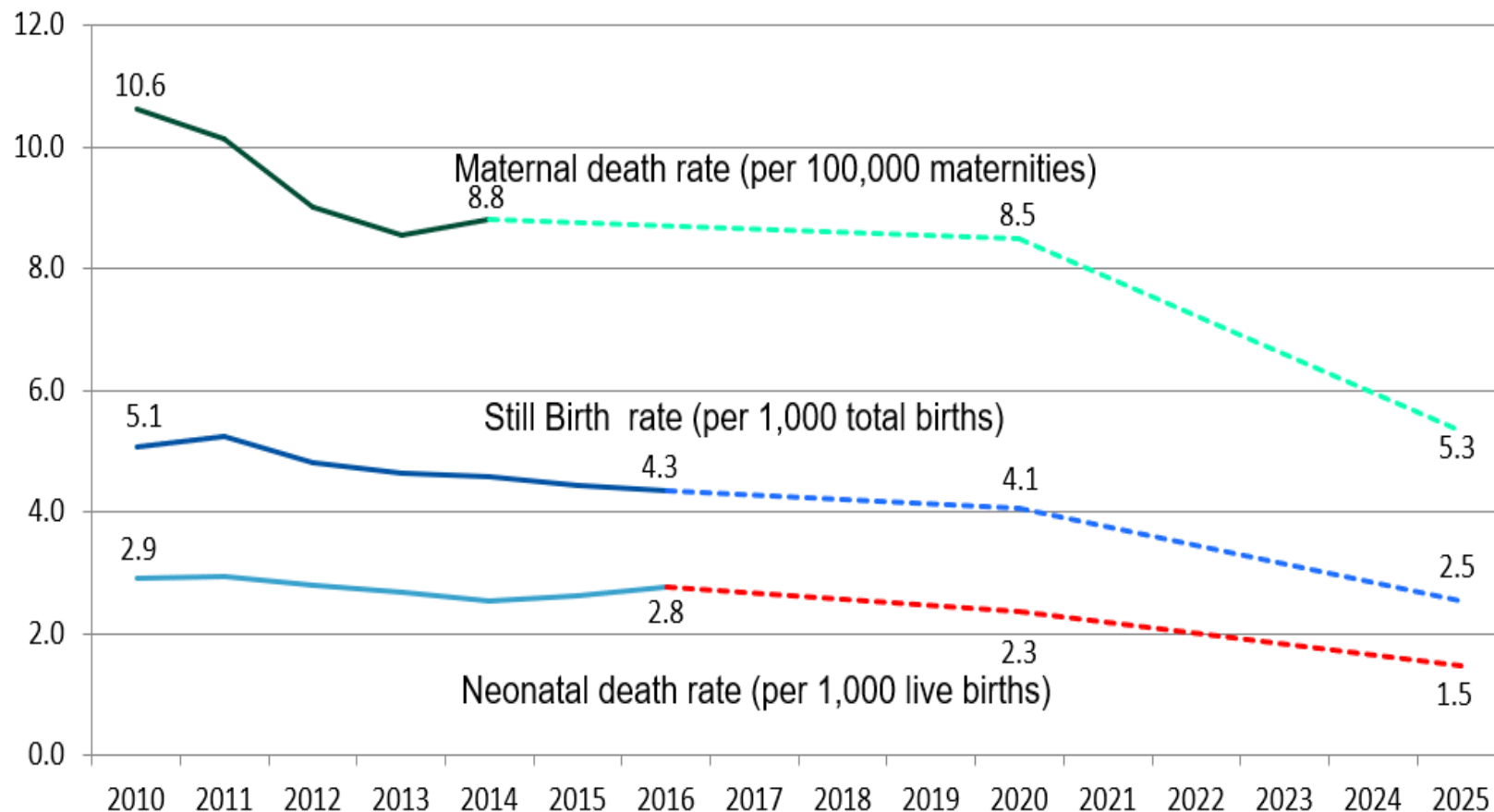
Safety Aim 2020-2025

- Reducing the rate of stillbirths from 5.1 per 1,000 births in 2010 to 4.1 in 2020 and 2.5 in 2025.
- Reducing the rate of neonatal deaths from 2.9 per 1,000 births in 2010 to 2.3 in 2020 and 1.5 in 2025.
- Reducing the rate of brain injury from 4.9 per 1,000 births in 2012 to 4.1 in 2020 and 2.5 in 2025.
- Reducing the rate of maternal deaths from 10.6 per 100,000 maternities in 2010 to 8.5 in 2020 and 5.3 in 2025.
- Reducing the rate of pre-term births by 25% from a 2015 baseline of 8% to 6% by 2025.
- Reducing the prevalence of smoking in pregnancy from 10.5% to 6% or less by 2022.



Improving safety: the 'halve it' ambition

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Maternal mortality rates (MBRRACE-UK 2018)




Black and Asian women have a higher risk of dying in pregnancy

White women		8/100,000
Asian women	 2x	15/100,000
Black women	 5x	40/100,000

In deprived areas women are at greater risk of dying

Least deprived		3/100,000
Most deprived	 3x	11/100,000

Older women are at greater risk of dying

Aged 20-24		7/100,000
Aged 35-39	 2x	14/100,000
Aged 40 or over	 3x	22/100,000

- Unadjusted comparison – other characteristics have not been accounted for

- Having adjusted for these factors (medical co-morbidities, maternal age, inadequate use of antenatal care, previous pregnancy problems, substance misuse, anaemia, diabetes, multiple pregnancy, and unemployment) there was no significant difference in the risk of death from direct and indirect causes between women from different ethnic groups. Nair et al BJOG 2016

Myth busting

Myth 1

Black women 'five times more likely to die in childbirth'

BBC 7 September 2019

Reality



- Women are dying during pregnancy or after pregnancy
- One quarter of women die on the day of birth

Prof. Marion Knight, BBC Radio 4, 2019

Myth 2

Women who were born abroad / who can't speak English are more at risk of dying

Reality

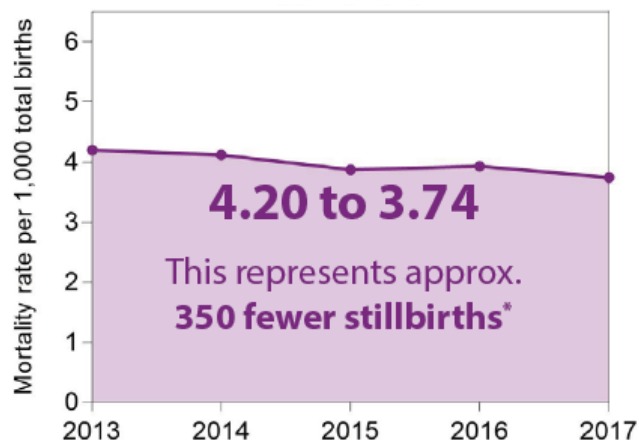
Women born outside the UK have the same risk of dying in pregnancy			
UK born			8/100,000
Non-UK born		1x	9/100,000



Neonatal mortality -Inequalities in health outcomes

- **Black babies** have a 121% increased risk for stillbirth and 50% increased risk for neonatal death and the gap has been widening;
- **Asian babies** have a 66% increased risk of neonatal mortality and this risk is rising and an increased risk of stillbirth of around 55%.
- Babies born to mothers in the **most deprived** quintile have a 30% increased risk neonatal mortality and the gap is widening.

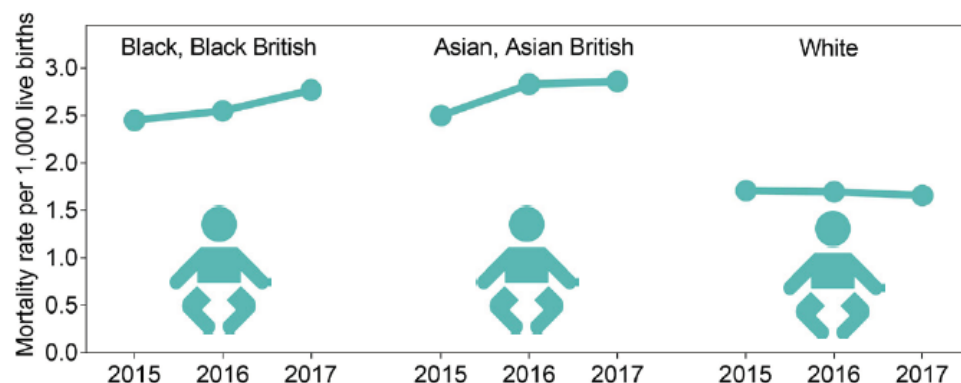
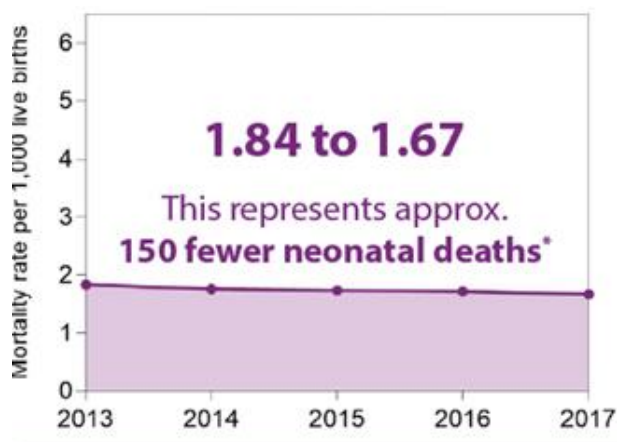
Stillbirths are reducing



Stillbirth rates remain high but are reducing for:

Stillbirth rate for	2015 rate	2017 rate	Movement
Black babies	8.17	7.46	↓
Asian babies	5.88	5.70	↓
Most deprived quintile	5.05	4.84	↓

Neonatal mortality is reducing, but...



Neonatal mortality rates remain high **and are increasing** for:

- Black babies 2.45 to 2.77
- Asian babies 2.50 to 2.86

Infant mortality

- For Black babies, immaturity related conditions are the leading cause of infant mortality
 - Black Caribbean: 3.0 infant deaths per 1,000 live births
 - Black African: 2.4 infant deaths per 1,000 live births
 - White British: 1.0 infant deaths per 1,000 live births
- MBBRACE-UK 2018 (Cause of death by ethnic group, singleton live births, England & Wales, 2006-2007)



Causes, risk & protective factors

- **Causes of infant mortality** (MBRRACE-UK 2018)
 - Congenital abnormalities: Pakistani, Bangladeshi, White
 - Immaturity related conditions: Black
- **Smoking** (MSDS 2017 in PHE 2018 & Long-Term Plan p.41)
 - At booking: 16% White; 2% Asian; 4% Black
 - During pregnancy: x12 in most deprived vs affluent areas
- **Maternal obesity at booking** (MSDS 2017 in PHE 2018)
 - 33% Black; 22% white
 - 28% most deprived vs 14% least deprived
- **Breastfeeding at 6-8 weeks** (PHE Oct-Dec 2017 and NHS ICHSC 2010)
 - 84% London; 32% North East. White c. 52%; Black c.85%
- **Continuity of carer can significantly improve outcomes for ethnic minority women and those living in deprived areas**



Different factors affect different populations: one size does not fit all

(Rayment-Jones et al 2015, Homer et al 2017 in RCM 2018)

Approach to reduce inequalities

- Giving every child the best start in life is the highest priority
- Why? *In-utero* environments affect adult health
- **Proportionate universalism**
 - Action is universal....
 - ...but with a scale and intensity that reflects the level of disadvantage





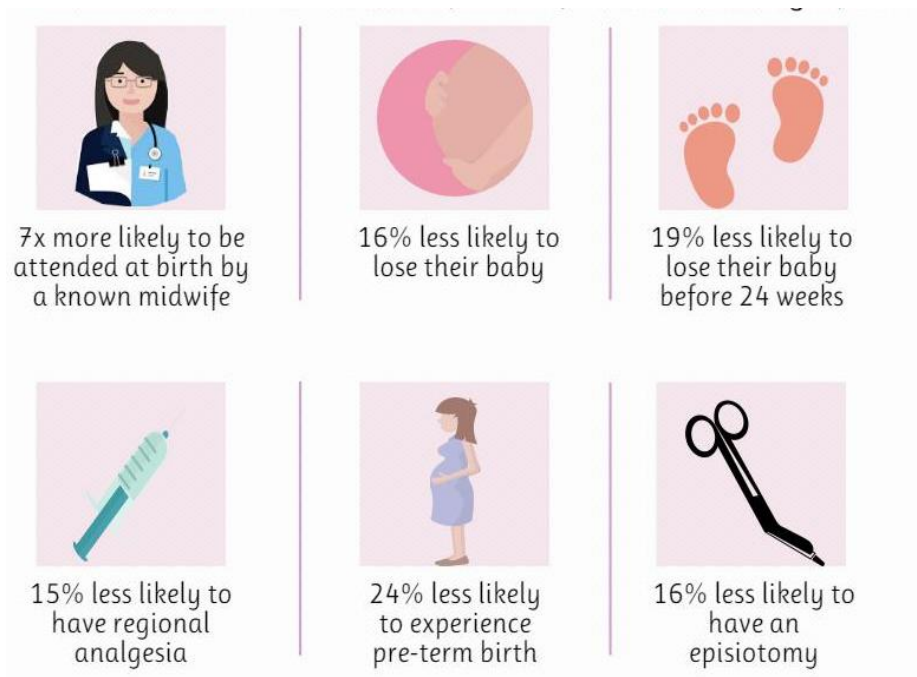
“Midwifery provided by educated, trained, regulated, licensed midwives, is associated with improved quality of care and rapid and sustained reductions in maternal and newborn mortality”



A specific midwifery contribution

It's safer...

Women who received models of midwife-led continuity of care...



...and more personal

Women attended at birth by a known midwife reported high ratings of maternal satisfaction with...



Source: Sandall *et al* 2016. Cochrane review of 15 trials involving 17,674 women.



Continuity of carer can make a difference

- Midwifery-led continuity of carer has shown significant improvement in clinical outcomes for women from ethnic minorities and those living in deprived areas (Rayment-Jones et al 2015, Homer et al 2017 in RCM 2018)

Key points to note

- 16% less likely to lose their baby
- 24% reduction in pre-term birth
- Significantly improved experience across a range of measures

Sandall *et al* 2016.

“...midwives are giving the care and compassion to their women in a flexible way that...also gives...a real sense of job satisfaction.”

Midwife from Cornwall

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- Significant achievement: from 2% baseline to 17.3%
- Over 10,000 women on a continuity of carer pathway
- All regions exceeded the trajectories set in June 2018
- “Sea change” in how midwives feel about working in continuity of carer models
- Wide variety of approaches and models to share and learn from
- LMS results ranged from 34.3% to 0%
- 11 trusts at 0% – intensive support from regions
- Rural LMS did well: 10 out of 15 exceeded 20%. Is this because community teams are well aligned to population need?

So what's the magic formula?

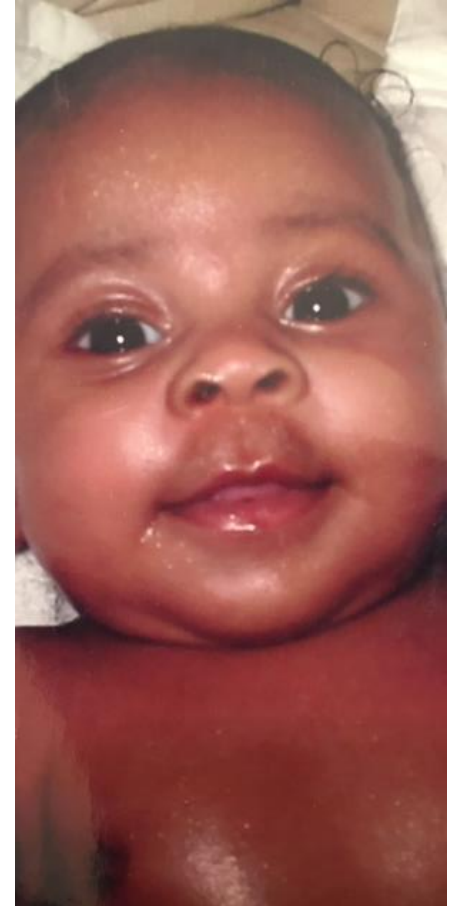
- **Informational continuity** - information on past events and personal circumstances making current care personal
- **Management continuity** - consistent, personalised approach that is dynamic and reflective of needs
- **Interpersonal** (relational) continuity - ongoing therapeutic relationship between a woman and one or more midwives





Initiatives underway to tackle health inequalities

- **Long-Term Plan: targeted and enhanced continuity of carer**
- **The NHS Planning Guidance 2019/20**
- **DHSC Policy Research Programme is funding research to**
 - investigate the factors associated with the excess perinatal mortality experienced by BAME babies; and identify the factors associated with the excess risk of maternal death for Black and South Asian women
- **NHS Resolution's maternity incentive scheme: ethnic coding**
- **Health Safety Investigation Branch (HSIB): learning from parents**
- **Gap analysis for each workstream of the MTP**



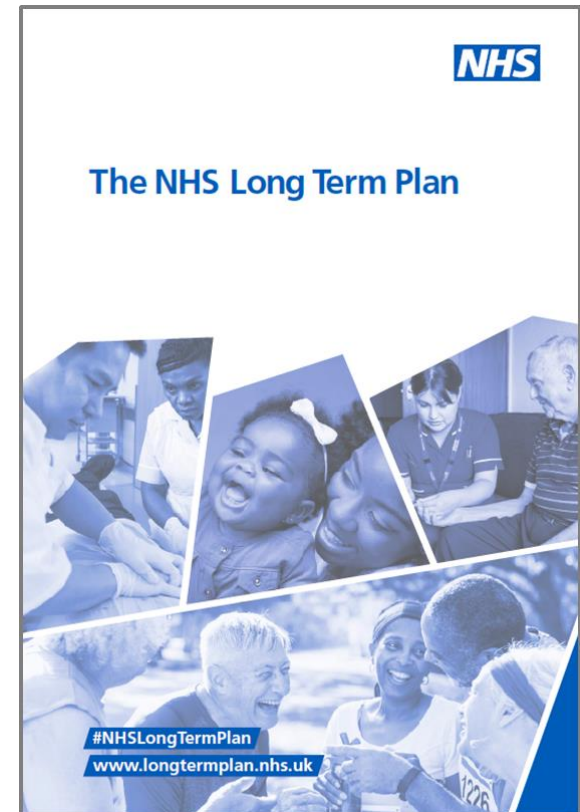
The Long-Term Plan & inequalities

Continuity of carer

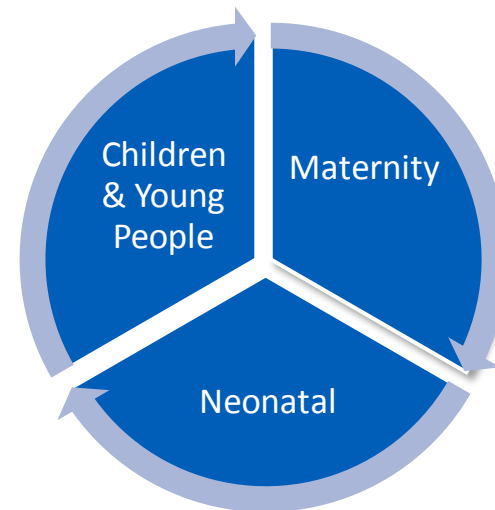
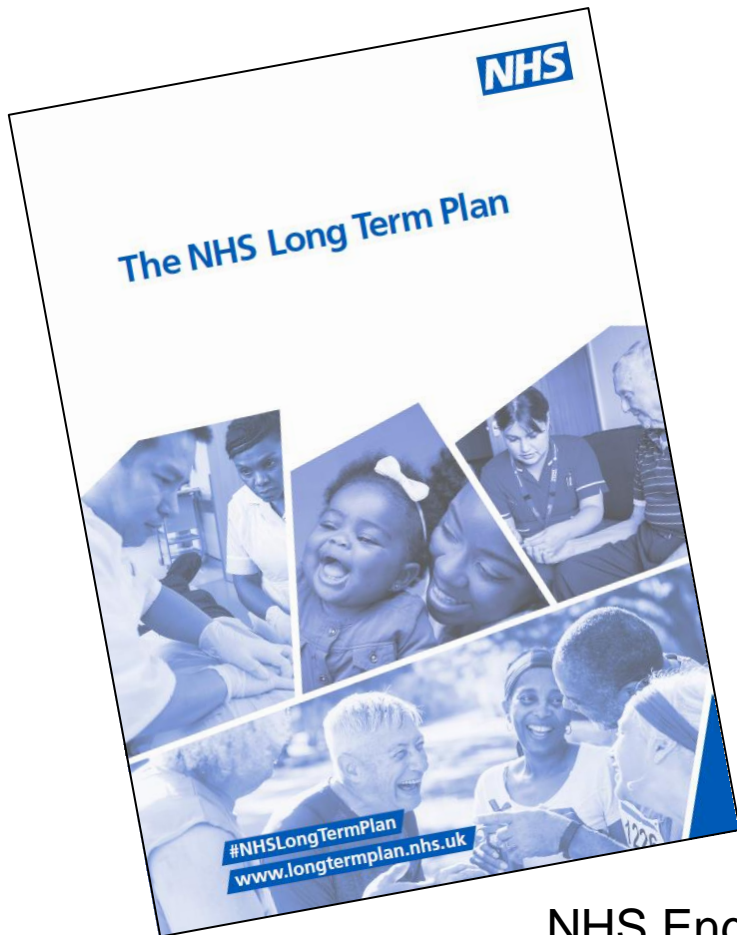
- Universal offer: most women will receive continuity of carer by 2021
- Scale & intensity that reflects disadvantage: 75% of Black and Asian women and a similar percentage of women from the 10% most deprived areas will receive continuity of carer by 2024

Smoking cessation support

All people admitted to hospital who smoke will be offered tobacco treatment services by 2023/24. The model will be adapted for expectant mothers and their partners, with a new smoke-free pregnancy pathway.



- Multidisciplinary pelvic health clinics & pathways across England
- Integrated maternity, reproductive health and psychological therapy
- LTP funding to support providers to adopt and deliver an evidence based programme, such as the UNICEF Baby Friendly Initiative



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Midwifery

- 3,650 additional placements over four years from 2019/20 -expand midwifery training placement numbers by 25%

Medical

- Development of a new obstetric physician role -networked Maternal Medicine Centres - aim to reduce maternal mortality; improve the supply of the obstetrics and gynaecology consultant workforce

Maternity Support Workers

- The Maternity Support Worker Competency, Education & Career Development Framework -role, career and skills opportunities -HEE is working with system partners to implement the Framework.

Neonatal Critical Care Nursing

- HEE will work with partners to: improve the supply and quality of nurse 'Qualified in Speciality' training; implement a career pathway for neonatal nurses; and develop an advanced neonatal nurse practitioner role.



Our time?
Do nothing
Do little
Do your best
Do what's right



Your presence is
evidence that
your purpose is
necessary

#Thankyoumidwives

