COUNTIES MANUKAU HEALTH

Clinical : Women & Kidz First
Proactive Release 31 Sept 2018

20 September 2019

Reporter,
Investigations
NZ Herald

E-mail:

Dear

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 24 August 2018. You requested the following information:

The total number of live born babies at 23 weeks gestation from 2007-2016.

- **Of this group: the number where resuscitation was attempted, the number of live births that survived to 28 days, and the number of resuscitated live births that survived until 28 days.**
- **Please break this information into ethnicity – Maori, Pacific, Indian and Other.**

The total number of live born babies at 24 weeks gestation from 2007-2016.

- **Of this group: the number where resuscitation was attempted, the number of live births that survived to 28 days, and the number of resuscitated live births that survived until 28 days.**
- **Please break this information into ethnicity – Maori, Pacific, Indian and Other.**

The total number of live born babies at 25 weeks gestation from 2007-2016.

- **Of this group: the number where resuscitation was attempted, the number of live births that survived to 28 days, and the number of resuscitated live births that survived until 28 days.**
- **Please break this information into ethnicity – Maori, Pacific, Indian and Other.**

The total number of live born babies at 26 weeks gestation from 2007-2016.

- **Of this group: the number where resuscitation was attempted, the number of live births that survived to 28 days, and the number of resuscitated live births that survived until 28 days.**
- **Please break this information into ethnicity – Maori, Pacific, Indian and Other.**

You further added that for clarity, this information is presented at a national level in Table 2.6 on page 44 of the below report. https://www.hqsc.govt.nz/assets/PMMRC/Publications/12th-PMMRC-report-final.pdf and that you were wanting to capture the same information by regional units for "23, 24, 25- and 26-weeks" gestation.

Counties Manukau District Health Board (DHB) is conscious of the public interest in maternity service provision, but is also conscious of the privacy rights of the individuals concerned. Our response attempts to balance those interests, on the sensitive nature of this information given the small

numbers of babies and mothers involved, and that 'benchmarking' of this small number of cases has the potential to cause further distress for some affected families.

In responding to these questions, the following context may improve interpretation of the data. Counties Manukau Health (CM Health) provides health services to more than 550,000 people, in an ethnically diverse community. Over a third of the Counties Manukau population is classified as being the most socio-economically deprived in New Zealand. More than 8,000 women in Counties Manukau give birth annually. These women and their babies use a mix of DHB and private services, including Lead Maternity Carers and medical specialists in both hospital and community settings.

The data you requested for survival of babies born between 23 and 26 weeks (excluding still births) by ethnicity at CM Health facilities (**Table 1)** is provided. We have added a further statement from our clinical team on the focus and processes related to Perinatal and Maternal Mortality reporting, and follow-up care **(Appendix 1).**

By way of caution, we note that using raw data that is unadjusted for variables of population and demographic factors is potentially misleading. Therefore, we advise caution in attempting to use the data provided in the table to compare outcomes between DHBs and services.

TABLE 1.		**Gestation**				
		23 weeks	**24 weeks**	**25 weeks**	**26 weeks**	**Total**
Maori	Neonatal Death	14	4	1	2	**21**
	Other	3	13	17	21	**54**
Maori Total		17	17	18	23	**75**
Pacific	Neonatal Death	19	11	11	2	**43**
	Other	6	24	33	27	**90**
Pacific Total		25	35	44	29	**133**
European	Neonatal Death	4	5	1		**10**
	Other		6	15	14	**35**
European Total		4	11	16	14	**45**
Indian	Neonatal Death	8	4	1	4	**17**
	Other		6	7	12	**25**
Indian Total		8	10	8	16	**42**
Asian	Neonatal Death	4	3		3	**10**
	Other		2	8	3	**13**
Asian Total		4	5	8	6	**23**
Other	Other	1			1	**2**
Other Total		1			1	**2**
Total		59	78	94	89	320

Date range: Births between 01.01.2007 and 31.12.2016
Data Source: Healthware 2007 to 2015 and MCIS 2015 to 2016
Data sourced on: 29.08.2018
Data Qualifications

- All babies born between 23 - 26 weeks gestation at Counties Manukau Health facilities
- Livebirth (excluding Stillbirths) as outcome
- Neonatal Death = Date of Death within 28 days of Birth
- Other = surviving past 28 days

Notes:

- Because of the small numbers of cases each year, and that we're not able to contact those families retrospectively, we have aggregated the information over the 10-year period, applying section 9(2)(a) of the Act (i.e. "*…to protect the privacy of natural persons, including those deceased*").

- The data provided here may differ to PMMRC reporting slightly where data has been amended upon investigation (PMMRC are provided with the initial assessment made by the midwife, and the PMMRC report incorporates more robust analysis of the data. PMMRC cite as their data source the MAT System (=New Zealand Maternity Collection of births from 20 weeks gestation), which is a different data repository to hospital coding systems.

Regarding the element of your request for data on Resuscitation attempt numbers and proportions within these premature births, our clinical data systems do not provide the ability to retrospectively collate accurately this detail over the 10-year period requested.

We believe that the available information on resuscitation in the PMMRC Report, that you refer to in your request is the most appropriate and robust data for your purposes. The report includes (at identifiable Regional Unit level), further details and commentary to support the data tables, and there is further commentary on page 47, about variation in resuscitation rates between regional units.

Our Clinical Director – Neonatal Intensive Care, and Women's Health staff have provided the following explanations and comments on resuscitation in premature births.

In many cases of premature birthing, antenatal counselling has occurred and a very premature baby will not be resuscitated by either Neonatologists or Obstetrics. This decision would only be documented in a mother's notes, and not always have been included in clinical databases.

The data provided above on birth outcomes needs to be considered in the context of the current New Zealand clinical policy and protocols. The current neonatal resuscitation and support guidance and policy are under national review, but our CMDHB Policy today and for the period data is requested for deliveries of babies at 23-week onward is as follows:

- Any baby delivering before 23 weeks and 0 days was not actively managed.

- At 23 weeks and 0 days through to 23/6 days, the policy was to not actively manage these babies. If, however, there was time for antenatal counselling and the parents were adamant they wanted everything done, we would attempt resuscitation (and give ante-natal steroids if there was time), and assess the baby's response to that. The majority of these babies did not survive the first 24 hours.

- For 24 weeks and 0 days to 24/6 days, the policy was to actively manage, but with the capacity not to resuscitate, if the parents requested that after antenatal counselling. In practice, the vast majority of parents requested active management, and that was administered.

- For 25 weeks and 0 days onward, all babies were actively managed. We would have had a clinical/ ethical dilemma if any parent at this gestation had requested no resuscitation.

We further note the Annual Report on Women's Health and New Born Report – the 2016/17 report is publicly available here:

https://www.countiesmanukau.health.nz/our-services/womens-health/maternity-services/womens-health-and-newborn-annual-report/

We are expecting to release the Women's Health and New Born Report for 2017/18 in the next few weeks. This annual report includes information on all our Maternity, Birthing and Neonatal care and services, and data on the clinical outcomes and standards.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

Margie Apa
Chief Executive

COUNTIES MANUKAU HEALTH

Appendix 1:
PERINATAL RELATED DEATHS - COUNTIES MANUKAU HEALTH

All District Health Boards in NZ are required by law to report every perinatal related loss and maternal death to the Perinatal and Maternal Mortality Review Committee (PMMRC). A perinatal-related death is the death of a baby, either stillborn or a neonatal death, after 20 weeks gestation or over 400 grams, and up to 28 days of life. Maternal death is defined as the death of a woman while pregnant, or within 42 days of termination of pregnancy (including terminations of pregnancy and stillbirth) from any cause related to or aggravated by the pregnancy or its management. It does not include accidental or incidental causes of death of a pregnant woman (although the PMMRC maternal mortality group does review these deaths).

At CM Health, there are currently two health professionals, a perinatal-loss midwife specialist, and a senior medical officer (SMO) who are Agents of the PMMRC, who gather the data regarding the perinatal related deaths and the maternal deaths and report it to the PMMRC.

The perinatal-loss midwife specialist works closely with the women and whaanau who are affected by these deaths, to help them through the process. She is involved with discussions around investigations, making memories, helping with funeral arrangements (assisted by the Bereavement Care Services of the DHB), and is a support for Lead Maternity Carers (LMCs) who have provided antenatal care for the women.

The perinatal loss midwife specialist and SMO arrange a four weekly “Perinatal Meeting” for the DHB (also a requirement of the PMMRC). The Perinatal Meeting is open to health professionals involved in Women’s Health. These meetings are confidential, and attendees asked not to discuss the cases outside the meeting.

Cases are presented in a multidisciplinary forum, with results of investigations discussed. A management plan for future pregnancies is also proposed, and each case is classified according to the Perinatal Society of Australia and New Zealand (PSANZ) criteria. Part of the classification process is a systems-review of contributory factors. These are divided into three categories: organisational and management, personnel, and barriers to accessing / engaging in care. A decision is made as to whether this was a potentially avoidable death, and whether the death fulfilled the criteria of a serious adverse event (SAE). If the death is identified as a SAE, it is referred to the appropriate group.

Following the Perinatal Meeting, attempts are made to contact all affected women - to arrange a meeting with the perinatal-loss midwife specialist, and one of the SMOs from the department of Obstetrics and Gynaecology. The women who have come through the foetal medicine service will meet with the Foetal Medicine specialists. These meetings are an opportunity to answer questions from the family and to feedback the results of the investigations. Plans for future pregnancies are discussed, further referrals are arranged as required, and the mental wellbeing of the family is also reviewed. The DHB is currently piloting a scheme to fund counselling services for these families if required.

The Perinatal and Maternal Mortality Review Committee (PMMRC) recently established a Maternal Mortality Working Group and a Maternal Morbidity Working Group. Information on the committee, the working groups and their respective Terms of Reference are available on the Health Quality and Safety Commission’s website:

https://www.hqsc.govt.nz/our-programmes/mrc/pmmrc/maternal-morbidity-and-mortality-info