

Birth Before arrival (BBA)The Midyorks experience

H Jamie, HY Wan Hussein, D Griffin

Background

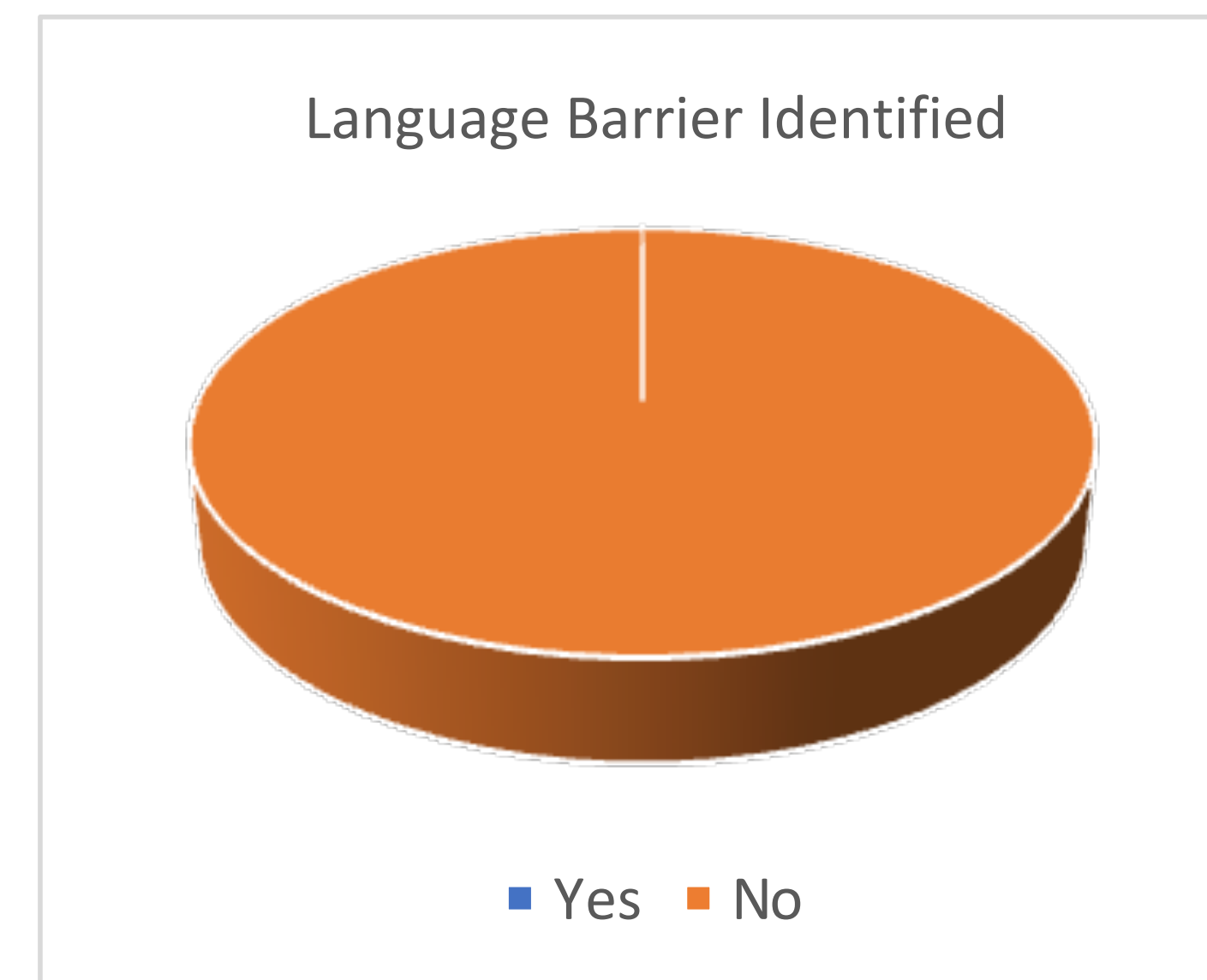
Birth before arrival is defined as babies born to women who intended to deliver in hospital/birth centre but who delivered either unassisted or unintentionally at home with or without paramedic assistance. Despite increasing awareness, BBA continues to occur.

Objective

To identify contributing factors for BBA and observe any trends in demographics and patient experience.

Method

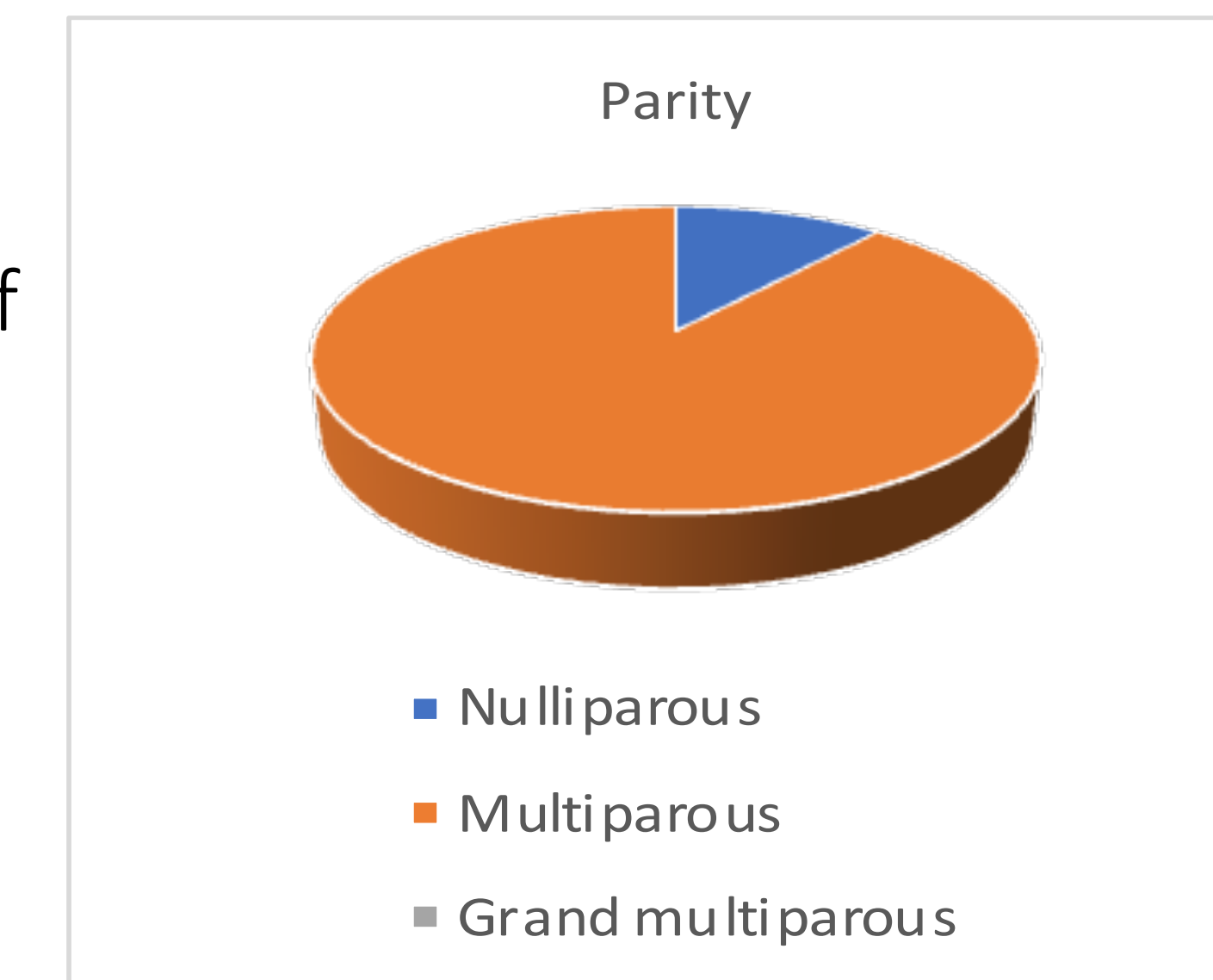
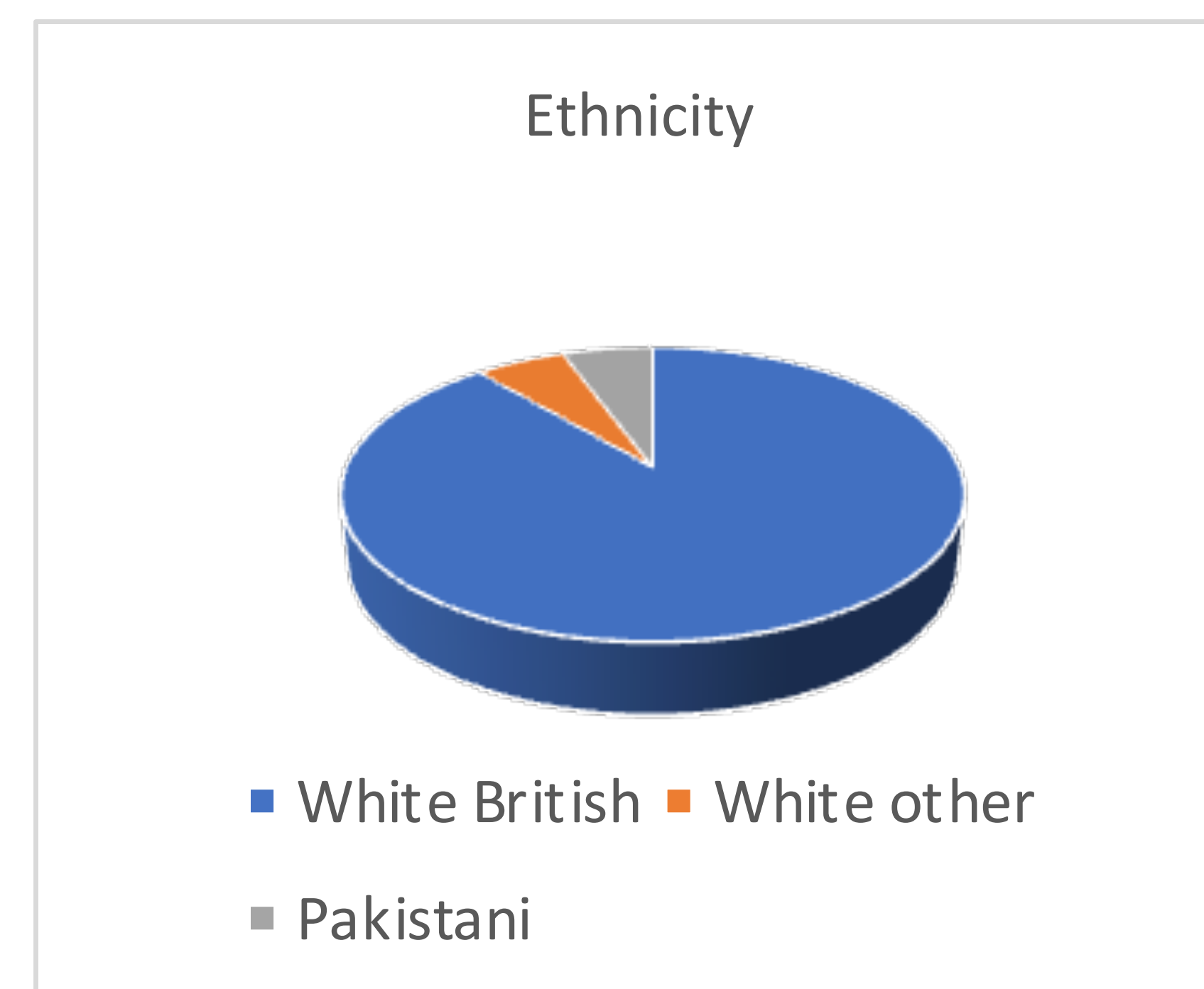
This is a 2-part review. Part one is a statistical review and audit of BBA between July and September 2022. Annual statistics was obtained from the maternity dashboard from the Mid Yorkshire trust. All BBA between July and September had their electronic notes reviewed and relevant data collected. The second part is a qualitative survey of patient experience of women who delivered in September 2022. 8 women were identified. 4 of these women had electronic notes reviewed and contacted via telephone regarding their BBA experience. 4 women were excluded from telephone follow up and only electronic notes were reviewed.



Results

The annual incidence of BBA was 1.47% in 2022 within the Mid Yorkshire trust. 68% of deliveries within MidYorks were to white British women.

In total there were 18 BBA from July 2022-September 2022. The majority of women were multiparous (88.9%) and of White British ethnicity (88.9%). 5.6% were White Other and 5.6% were Pakistani. 61% came from the most deprived areas with social concerns raised in 27.8%.



11% of the women felt unsupported by maternity triage during July to September. 83% of women had contacted maternity triage prior to BBA. There was no language barrier identified for any of these women. 66.7% of births were unattended by either paramedic or midwife. 100% were brought into the hospital by paramedic ambulance afterwards or were seen by a community midwife. Only 11.1% of women had a datix completed for BBA. We conclude that 77.8% of women experienced BBA due to a precipitous birth. From women interviewed by telephone 50% felt that if they had been offered attendance then BBA could have potentially been avoided.

Conclusion

Despite BBA, most women reported a positive birth experience. The majority of cases were felt to be due to precipitous labour. Staff are reminded to report all BBA incidents using the Datix system so cases can be identified and reviewed. BBA remains a risk at Mid Yorkshire Trust. Women should be offered assessment whenever there is concern regarding onset of labour.

