

Epsom and St Helier Hospitals' maternity services aspirations and outcomes in a district general hospital setting

Dr Mudiaga Zini¹, Prof Hassan Shehata¹, Mr Tamal Datta¹, Mr Ramesh Ganapathy¹ and Ms Radhika Viswanatha¹

¹Epsom & St. Helier University Hospitals NHS Trust

Objective

- This review was aimed at analysing the performance of the obstetric units within the trust using national standards as reference in order to identify our performances.



Design

- This review was performed retrospectively with data obtained from the electronic maternity records and trust maternity dashboard between 2015 and 2022.

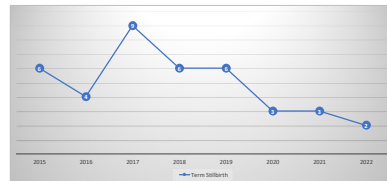
Methods

- The data included in this review was selected based on national standards for assessing the quality of maternity service provision. Data was generated from the electronic database from two maternity units within the trust.

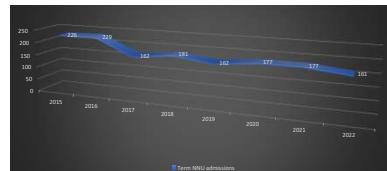
Results

- The annual birth rate over the last 7 years has steadily decreased, reflective of the falling national birth rate.

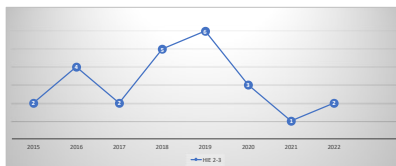
- This review did not identify any significant change in stillbirth during or after the Covid 19 pandemic. The term stillbirth rate per 1000 births remained stable in the unit and was 2.88 in 2022 compared to the national average of 4.1 while the stillbirth rate between 24 – 36 weeks has remained stable over the last 5 years.



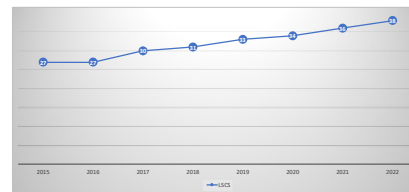
- The number of unexpected term neonatal admissions into the neonatal unit showed a progressive decline in the period under review.



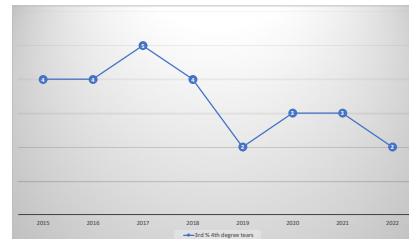
- The HIE grade 2/3 frequency dropped from 6 in 2019 to 2 cases in 2022.



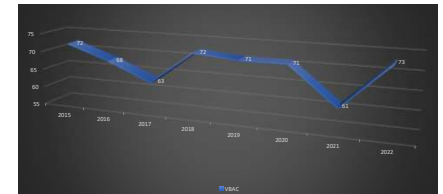
- The caesarean section rate has continued to increase in the period under review and this was attributable to increases in all categories of caesarean sections.



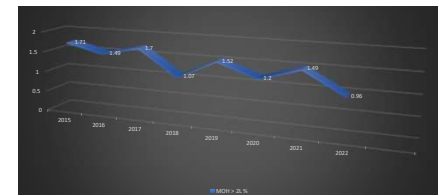
- The frequency of occurrence of obstetric anal sphincter injury (OASI) has reduced from 5% in 2017 to 2% in 2022.



- After a drop in 2021 to 61%, our VBAC rate rose significantly to 73% in 2022.



- We demonstrate a steady decline in the rate of primary postpartum haemorrhage, >1.5L and >2.0L in the last 5 years



Conclusion

- Our review shows that our trust was committed to improving care we provide to mothers and babies by implementing changes in keeping with the national initiatives as part of saving baby's lives care bundle fetal morbidity and mortality. Implementation of OASI care bundle and measures to reduce the 3rd and 4th degree perineal trauma to reduce maternal morbidity has shown greater than 50% decline in OASI.

Reference

Knight M, Bunch K, Patel R, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20.

