Response to Overview and Scrutiny Committee (22 April) Questions

"I would like to know how many births have taken place in each year for the past 3 years. Also the rate of infant mortality during this period with the number of staff on duty at the times of these deaths."

1. Introduction

Infant mortality is not directly linked with maternity units as it is a broader indicator of infant death and relates specifically to a child dying in the first year of life after 28 days of age. For your information, attached is a recent presentation produced by Dr Mitch Blair, Consultant Paediatrician in Public Health concerning Infant Mortality in Harrow and the associated factors.



A more usual indicator for Maternity Units is the perinatal mortality rate which provides the number of still births and early neonatal deaths (deaths up to 7 days of age per 1000 live and still births). This is a nationally benchmarked indicator of performance of maternity services. CEMACH (Confidential Enquiry into Maternal and Child Health) has been collecting perinatal mortality surveillance data since 2003 and publishes an annual report two years following the year of collection. The latest report publishes concerned data collected in 2005.

2. Maternity Activity & Staffing Levels

Considerable investment has been made in Maternity Services since 2005 including a £19m refurbishment and increased consultant and midwifery staffing levels. In September 2006 Special Measures was lifted by the Secretary of State for Health following the completion of the comprehensive investment programme. Since that time, the unit has gone from strength to strength and continues to provide a high quality service.

2.1 Number of Births per year

Birth activity is closely monitored and controlled by the Trust in partnership with the commissioning Primary Care Trusts. Birth activity has increased as planned in line with the appropriate staffing and physical resources.

Financial Year	Number of Births
2005/06	4731
2006/07	4884
2007/08	5240

2.2 Staffing levels

Since 2005 we have had a minimum of 10 midwives on every shift on Delivery Suite and have maintained the appropriate 1:30 birth to midwife ratio. This is supported by a dedicated theatre and recovery staffing team, and by over 30 maternity assistants. There is a strong Consultant Obstetrician presence on Delivery Suite, with a minimum of 60 hours consultant presence on the unit. This compares favourably with other units, and meets the Royal College of Obstetricians & Gynaecologists (RCOG) Guidelines.

Financial Year	Staffing Levels - midwife to birth ratio	Consultant Labour Ward presence	
2005/06	1:36	60 hours	
2006/07	1:30	60 hours	
2007/08	1:28	60 hours	

3. Number of still births per year

The latest data from CEMACH (2005) showed that we were in line with the national rate for still births.

Financial Year	Number of Births	Number of Stillbirths*	Stillbirths as % of total births
2005/06	4731	32	0.68
2006/07	4884	48	0.98
2007/08	5240	41	0.78

^{*}Stillbirths includes antepartum, intrapartum, indeterminate and early neonatal death (infants who died on delivery suite).

4. Summary

Infant mortality rates are not a direct indicator linked to maternity units as they are a broader indicator of health. Harrow Infant mortality rates are high compared to other London boroughs, and this appears to be due to a number of factors, which are outside the direct influence of the maternity unit and subject to work being led by the Public Health Team in Harrow Primary Care Trust. Dr Mitch Blair would be happy to attend a future Overview & Scrutiny Committee to update the Committee on the Infant mortality in Harrow.

NWLH continues to see increased demand for its maternity services, which is line with continued growth across the region, and indeed across London. Activity is closely managed at all times to maintain a safe and high quality service for women and babies. CEMACH data from 2005 suggests that the unit was in line with national stillbirth rates.