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14 April 2010

To: Paul Jennings, Chair IfH2c
IfH 2c Governing Board
NHS West Midlands
Government Office West Midlands
PCT Chief Executives
Directors of Public Health
Directors of Commissioning

Dear Paul,

Herewith the **third interim report of the IfH 2c perinatal data collection programme**. We present the results of the 5 KPIs (key performance indicators) from Q3, together with totals for the first 3 quarters. We now also have sufficient data to be able to include data on KPI3 (detection of fetal growth restriction).

Individual reports have already been mailed out to each PCT and maternity unit with their own results, and copied to you, SHA and GOWM. Here, we are providing an overview of all WM PCTs.

Data	WTE data clerks	Submission rate Q3
Submissions from WM Maternity units	23.2	71%

- Case ascertainment is improving, with 27,536 cases available to report on at end of Q3.
- WMPI have undertaken data quality audits in all units
- There is a need to improve quality of record keeping and units have been made aware
- Representatives from units and PCT's have been given access to PEER to generate their own queries on a range of demographic and commissioning metrics

KPI 1	Target: 80%	WM Q3 average	Range across WM PCTs
Completed health and social risk assessment in pregnancy before 13 weeks gestation		82.0%	63.9 - 89.5%

- Overall good progress towards early booking target
- PCT and Trust managers are utilising this information to validate vital-sign submissions.
- Further improvement required as DH is aiming for 90% target by end 2010/11

KPI 2	Target: 75%	WM Q3 average	Range across WM PCTs
Antenatal continuity of carer		37.2%	9.6 - 74.5%

- Average rate well short of target however range across WM shows that better continuity IS achievable in areas with a locality based model of community midwifery

KPI 3	Target: 10% incr /year	WM Q3 average	Range across WM PCTs
Antenatal detection of fetal growth restriction		29.4 %	10.6 - 39.8 %

- Detection rates for fetal growth restriction are low but vary substantially, with improved performance in some units as a result of training and increased access to growth scans;
- for mothers referred for scan following fundal height measurement, the detection rate rises to 62%.

KPI 4	Target: 15%	WM Q3 average	Range across WM PCTs
Smoking at delivery		14.0%	4.6 - 28.0%
Cessation during pregnancy		25.0%	11.9-45.9%

- National smoking-in-pregnancy targets are met, but often only because of low smoking rates in South Asian populations; rates are significantly higher for British-Europeans (19.1%);
- smoking rates are much higher in teenagers (31.9%);
- overall cessation rates are low, and range widely across the West Midlands.

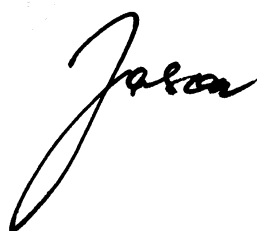
KPI 5	Target: 2% incr/year	WM Q3 average	Range across WM PCTs
Breastfeeding initiation (by 48h)		57.5%	44.2 – 73.4%

- Collection of this indicator is particularly challenging and requires better documentation;
- however, it is already apparent that there is wide variation in breastfeeding initiation rates.

Also included in this interim report are a set variables from the WM database, with preliminary demographics and pregnancy characteristics. This is currently the largest dataset being routinely collected in England, and will provide us with essential, ongoing information on progress.

A more detailed analysis will follow in the 12 month report, due June 2010.

With sincere regards



Professor Jason O. Gardosi
Director, Perinatal Institute

West Midlands Investing for Health - Perinatal Data Collection Project Q3 Report (September – December 2009)

This is the third quarterly report on the regional perinatal data collection established under the WM Investing for Health Perinatal & Infant Mortality Programme (2c). In this interim report we present also totals for the first 3 quarters.

- 1. Data quality:** Over the last few months, a team from the Perinatal Institute have been undertaking a case note audit in each unit to assess the accuracy of the process and validity of the data entered on the Institute's Perinatal Episode Electronic Record (PEER) . **The audit has demonstrated good overall accuracy.** Individual detailed reports are being sent to each maternity unit during April 2010.
- 2.** However the same audit has shown **deficiencies in the quality of record keeping** in the maternity record. This can affect each of the indicators presented in this report. The importance of accurate recording is also being highlighted in each of the Confidential Enquiries into perinatal deaths we are currently reporting on. The SHA's IfH programme has commissioned PI to develop a quality assurance toolkit for maternity records.
- 3.** Submission rates have improved significantly, but ascertainment is still only around 70% for the region. There are still staffing issues in relation to data clerks which we feed back on regularly, together with a fortnightly activity report on whether the submission targets are being achieved. **It is essential that data clerks are fully supported locally and their posts maintained through contract negotiations.**
- 4.** The information collected is allowing us to develop a baseline for KPIs as well as demographics, characteristics of pregnancies and factors affecting outcome. At the end of this report, we are providing preliminary rates for the main data items being collected through the WM maternity dataset. **PEER has rapidly established itself as the largest uniform maternity data collection system in England,** and will be an important source of information about the quality of care, equity and causes of adverse outcome.
- 5.** Since early this year, we have been running a series of workshops for representatives from PCTs and maternity units, and provided them with 'data wizards' which **facilitate direct access to their respective organisations' data collected on PEER.**
- 6.** In the coming weeks, we are commencing **pilots for Digital Pens,** which will allow real time data collection and reporting. This will be particularly important for data items such as Early Booking rates, which we can currently only provide after delivery, i.e. 6 or more months in arrears. It will also provide snapshots of current caseloads and levels of maternal medical and social risk, to facilitate effective workforce planning.

The next report will be in June 2010 and will include 12 months of data together with a comprehensive subgroup analysis. In the meantime, the PI team will continue to respond to individual queries as best possible (for details on submitting data requests, see www.pi.nhs.uk/data)

PEER Team
Perinatal Institute

April 2010



Table 1: Investing for Health perinatal data collection: Data submitted from WM maternity units

Unit	WTE funded	WTE employed (Feb 2010)	Recruitment details	Q1			Q2			Q3			Comments
				Est. Births Q1	Submissions		Est. Births Q2	Submissions		Est. Births Q3	Submissions		
					n	%		n	%		n	%	
West Midlands	23.7	23.2		17973	7385	41%	18154	12769	70%	18229	12985	71%	Continuing improvement in data ascertainment projected for Q4
Alexandra	0.6	0.6	0.6WTE commenced in July	463	1	22%	463	307	66%	480	423	88%	Problems with lack of permanent base & access to notes resulting in less efficient submission rates
Birmingham Womens	2.5	2.5	2.5WTE now in post; commenced July, August & October	1799	641	35%	1870	1784	95%	1860	1842	99%	Data clerks working on Q1 backlog, excellent progress
City	1.2	0	1.0WTE left in October. 1.2WTE advertised	901	674	75%	901	679	75%	901	532	59%	3 temporary clerks recently trained and working on bank
George Eliot	0.8	0.8	0.8WTE commenced late April	626	465	74%	626	571	91%	626	359	57%	Process changed to direct entry onto PEER to increase submissions
Good Hope	1.2	1.6	0.6WTE commenced April but left. Further 0.6WTE commenced Sept. 1.0WTE commenced 02/11/09	904	219	24%	904	212	23%	904	598	66%	Good progress, large backlog due to initial understaffing
Heartlands	1.7	1.7	BHH & Solihull- 1.5WTE commenced July. 1.0WTE commenced Sept	1242	870	70%	1242	1144	92%	1242	825	66%	Difficulty with access to permanent base for data clerks, IT problems
Hereford	0.7	0.7	0.7WTE commenced Aug	477	0	0%	455	277	61%	495	480	97%	Good progress
New Cross	1.2	2	2.0WTE commenced in Sept (1 x 6mth temp contract 1 x 1yr fixed term)	930	85	9%	937	633	68%	1025	972	95%	Rapid catch up since recruitment. Problems with accessing old notes (off-site not available)
North Staffs (UHNS)	1.9	1.9	1.0WTE in post throughout, second 1.0WTE left in the summer and not replaced until 26/10/09 (temp)	1365	1305	95%	1483	1362	92%	1399	719	51%	Good progress despite understaffing
Queens, Burton	1.2	1	0.8WTE commenced in July. 0.2WTE commenced Aug	831	34	4%	856	822	96%	856	809	95%	Excellent progress
Russells Hall	1.5	1.6	1.6WTE commenced June	1080	832	77%	1144	1112	97%	1144	952	93%	Excellent progress
Samuel Johnson		0.2	0.2WTE commenced August (Funding from Burton)	93	81	87%	104	96	92%	98	93	95%	Excellent progress
Sandwell	0.8	0.5	0.5WTE commenced April. 0.3WTE advertised	652	524	80%	652	620	95%	652	541	83%	Good progress despite understaffing
Shrewsbury & MLUs	1.7	1.6	0.6 commenced May. 1WTE commenced October (Temp)	1317	172	13%	1317	102	8%	1317	696	53%	Large backlog due to understaffing, poor access to notes from MLUs, Concerns about dataset disparities
Solihull	0.8	0.8	Clerk moved from BHH to Solihull in November	699	27	38%	699	147	21%	699	260	37%	Data collection at Solihull commenced November - Large backlog to address
Stafford	0.8	0.8	0.8WTE commenced in June.	554	518	94%	619	565	91%	534	534	100%	Excellent progress
Walsall Manor	1.2	1	1.0WTE commenced late June	937	937	100%	913	895	98%	936	925	99%	Excellent progress
Walsgrave (UHCW)	1.8	1.8	1.8WTE commenced data collection 03/11/2009	1412	0	0%	1412	29	2%	1412	542	38%	Clerks commenced November - large backlog
Warwick	0.8	0.8	0.8WTE commenced July	688	0	0%	634	603	95%	646	598	93%	Excellent progress
Worcester	1.3	1.3	1.3WTE commenced July	1003	0	0%	923	809	88%	1003	285	28%	Permanent computer terminal yet to be arranged resulting in less efficient submission rates

Interim (Q1) submission target

<60%	60-79%	≥80%
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Project submission target

<80%	80-89%	≥90%
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Submission rates are calculated as the number of cases submitted from each quarter, as a proportion of all births in that quarter (estimated on the basis of last available data from 2008).

Data received is dependant upon the completeness of notes recorded by care providers, and sustained capacity of data clerks ensured by Units and respective PCTs.

The PI are about to commence pilots of Digital Pens for community midwives to facilitate ascertainment of real-time data.

KPI 1a: Completed health & social assessment before 13 weeks

Target: 80%

< 60%	60-79%	≥ 80%
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www.pi.nhs.uk/rpm/lfh_KPI_Evidence_Targets.pdf

PCT	KPI1a - Completed health and social assessment <13weeks											
	Q1			Q2			Q3			Total /Average over period Q1-Q3		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
Birmingham East and North	780	603	77.3%	930	707	76.0%	1027	839	81.7%	2737	2149	78.5%
Coventry Teaching	20	18	90.0%	50	45	90.0%	435	368	84.6%	505	431	85.3%
Dudley	564	192	34.0%	581	254	43.7%	721	461	63.9%	1866	907	48.6%
Heart of Birmingham Teaching	753	541	71.8%	963	724	75.2%	1040	757	72.8%	2756	2022	73.4%
Herefordshire	1	1	100.0%	231	180	77.9%	393	315	80.2%	625	496	79.4%
North Staffordshire	388	327	84.3%	412	352	85.4%	221	185	83.7%	1021	864	84.6%
Sandwell	788	594	75.4%	915	705	77.0%	815	666	81.7%	2518	1965	78.0%
Shropshire County	81	74	91.4%	89	68	76.4%	368	315	85.6%	538	457	84.9%
Solihull	137	108	78.8%	237	201	84.8%	237	207	87.3%	611	516	84.5%
South Birmingham	408	338	82.8%	1041	856	82.2%	1091	942	86.3%	2540	2136	84.1%
South Staffordshire	744	649	87.2%	1141	1028	90.1%	1349	1207	89.5%	3234	2884	89.2%
Stoke on Trent	846	724	85.6%	851	715	84.0%	420	353	84.0%	2117	1792	84.6%
Telford and Wrekin	79	70	88.6%	41	29	70.7%	297	211	71.0%	417	310	74.3%
Walsall Teaching *	746	431	57.8% *	763	461	60.4%	823	671	81.5%	2332	1563	67.0%
Warwickshire	374	342	91.4%	1052	948	90.1%	1000	874	87.4%	2426	2164	89.2%
Wolverhampton City	113	85	75.2%	550	448	81.5%	780	652	83.6%	1443	1185	82.1%
Worcestershire	33	29	87.9%	1028	824	80.2%	680	569	83.7%	1741	1422	81.7%

Percentages in grey represent small numbers (n<100) and should be interpreted with caution.

Range: 63.9 - 89.5%

48.6 - 89.2%

* Data quality issue identified in Q1-2

West Midlands	6855	5126	74.8%	10875	8545	78.6%	11697	9592	82.0%	29427	23263	79.1%
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Data quality

The gestation at booking is validated by dating scans. However, standards of record keeping, and in particular the record of completion of medical and social risk assessment, vary in quality, as demonstrated by our recent regional audit.

Performance & Progress

The results show that most units are making good progress towards, or have already achieved the 80% project target.

Additional comments

Further improvement is required as the DH's aim is to increase the national target to 90% by end 2010/11.

Units offering a home booking service tend to have a higher attainment rate and a more comprehensive assessment of social needs.

A locality based community midwifery service model would offer economies of scale and increased capacity in achieving this target.

The forthcoming annual report will contain analyses according to subgroups such as parity, maternal age and ethnic origin.

We will also be able to provide rates according to midwifery caseloads and how they relate to medical and social risk.

KPI 1b: Two antenatal contacts before 13 weeks

Target: 60%

< 40%	40-59%	≥ 60%
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www.pi.nhs.uk/rpnm/lfh_KPI_Evidence_Targets.pdf

PCT	KPI 1b - Two antenatal contacts before 13 weeks								
	Q2			Q3			Total /Average over period Q1-Q3		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
Birmingham East and North	935	332	35.5%	1065	498	46.8%	2000	830	41.5%
Coventry Teaching	51	21	41.2%	435	296	68.0%	486	317	65.2%
Dudley	643	139	21.6%	730	173	23.7%	1373	312	22.7%
Heart of Birmingham Teaching	959	402	41.9%	1022	462	45.2%	1981	864	43.6%
Herefordshire	230	141	61.3%	396	258	65.2%	626	399	63.7%
North Staffordshire	411	224	54.5%	221	126	57.0%	632	350	55.4%
Sandwell	899	428	47.6%	773	389	50.3%	1672	817	48.9%
Shropshire County	91	56	61.5%	364	286	78.6%	455	342	75.2%
Solihull	241	78	32.4%	256	99	38.7%	497	177	35.6%
South Birmingham	1039	575	55.3%	1090	695	63.8%	2129	1270	59.7%
South Staffordshire	1224	368	30.1%	1446	557	38.5%	2670	925	34.6%
Stoke on Trent	849	352	41.5%	422	175	41.5%	1271	527	41.5%
Telford and Wrekin	41	22	53.7%	295	183	62.0%	336	205	61.0%
Walsall Teaching	791	561	70.9%	838	604	72.1%	1629	1165	71.5%
Warwickshire	1047	285	27.2%	1000	310	31.0%	2047	595	29.1%
Wolverhampton City	563	175	31.1%	797	273	34.3%	1360	448	32.9%
Worcestershire	1051	389	37.0%	693	401	57.9%	1744	790	45.3%

Percentages in grey represent small numbers (n<100) and should be interpreted with caution

Range: 23.7 - 78.6%

22.7 - 75.2%

West Midlands	11065	4548	41.1%	11843	5785	48.8%	22908	10333	45.1%
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Comment:

KPI 1b is added as a secondary indicator based on recommendation within NSF Standard 11 (collected since Q2).

Many units are currently unable to fulfil this target. Units that do better usually combine the dating scan with a midwifery contact

KPI 2: Antenatal continuity of carer

Target: 75% of visits by the same midwife

< 40%	40-74%	> 75%
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www.pi.nhs.uk/rpnm/lfh_KPI_Evidence_Targets.pdf

PCT	KPI2 - Continuity of carer 75% of community visits with same midwife											
	Q1			Q2			Q3			Total /Average over period Q1-Q3		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
Birmingham East and North	798	327	41.0%	954	402	42.1%	1062	412	38.8%	2814	1141	40.5%
Coventry Teaching	20	5	25.0%	52	24	46.2%	433	150	34.6%	505	179	35.4%
Dudley	592	430	72.6%	655	414	63.2%	732	452	61.7%	1979	1296	65.5%
Heart of Birmingham Teaching	786	216	27.5%	990	245	24.7%	1046	259	24.8%	2822	720	25.5%
Herefordshire	1	0	*	232	58	25.0%	395	89	22.5%	628	147	23.4%
North Staffordshire	393	294	74.8%	413	312	75.5%	220	164	74.5%	1026	770	75.0%
Sandwell	866	240	27.7%	978	255	26.1%	845	218	25.8%	2689	713	26.5%
Shropshire County	84	20	23.8%	96	19	19.8%	358	40	11.2%	538	79	14.7%
Solihull	139	44	31.7%	243	112	46.1%	254	130	51.2%	636	286	45.0%
South Birmingham	415	119	28.7%	1064	272	25.6%	1088	281	25.8%	2567	672	26.2%
South Staffordshire	779	256	32.9%	1241	480	38.7%	1434	654	45.6%	3454	1390	40.2%
Stoke on Trent	852	594	69.7%	861	590	68.5%	421	280	66.5%	2134	1464	68.6%
Telford and Wrekin	81	13	16.0%	38	7	18.4%	291	28	9.6%	410	48	11.7%
Walsall Teaching	790	248	31.4%	808	251	31.1%	844	330	39.1%	2442	829	33.9%
Warwickshire	373	187	50.1%	1058	380	35.9%	999	318	31.8%	2430	885	36.4%
Wolverhampton City	118	32	27.1%	568	282	49.6%	797	473	59.3%	1483	787	53.1%
Worcestershire	34	15	44.1%	1066	232	21.8%	692	147	21.2%	1792	394	22.0%

Percentages in grey represent small numbers (n <100) and should be interpreted with caution

Range: 9.6 - 74.5%

11.7 - 75.0%

West Midlands	7121	3040	42.7%	11317	4335	38.3%	11911	4425	37.2%	30349	11800	38.9%
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Data quality

Ascertainment of this data item is sometimes difficult because of illegible signatures or care providers' names not being recorded.

Performance & Progress

Commentary from midwives suggest that this target is particularly challenging due to limited capacity and working practices. However results show large variation and suggest that better continuity of carer IS achievable.

Additional comments

IfH Project Board will review this indicator upon completion of 12 months of data collection.

Dispersed service models of community maternity care across the region impact upon continuity. Commissioners and providers should consider a locality based service to increase economies of scale, reduce travel and permit greater cohesion of maternity care within the community.

KPI 3: Antenatal Detection of Fetal Growth Restriction

(FGR = fetal growth restriction; IUGR = intrauterine growth restriction; SGA = small for gestational age);
(EFW = estimated fetal weight by ultrasound)

Target: increase by >10% per year

IfH 3-year project target:

60% detection

www.pi.nhs.uk/rpnm/IfH_KPI_Evidence_Targets.pdf

KPI 3: Antenatal detection of fetal growth restriction													
PCT	Q1-Q3												
	Cases with required data (Q1-Q3)	Births with FGR (birthweight <10th cust.centile)		Of all births with FGR, cases where SGA, FGR or IUGR was recorded in antenatal notes		Of births with FGR, cases with one or more EFW <10 cust. centile		Record of <i>either</i> SGA/FGR/IUGR in the notes, <i>or</i> :EFW <10th customised centile		Subgroup: of births with FGR, cases scanned following fundal height assessment		Of cases scanned following fundal height assessment, cases diagnosed as FGR	
		Total	n	%	n	%	n	%	n	%	n	%	n
Birmingham East and North	2705	361	13.3%	76	21.1%	103	28.5%	113	31.3%	136	37.7%	86	63.2%
Coventry Teaching	476	63	13.2%	6	9.5%	14	22.2%	15	23.8%	13	20.6%	6	46.2%
Dudley	1844	271	14.7%	41	15.1%	49	18.1%	61	22.5%	59	21.8%	37	62.7%
Heart of Birmingham Teaching	2670	382	14.3%	63	16.5%	87	22.8%	98	25.7%	100	26.2%	56	56.0%
Herefordshire	586	78	13.3%	2	2.6%	9	11.5%	10	12.8%	2	2.6%	2	100.0%
North Staffordshire	1005	136	13.5%	46	33.8%	44	32.4%	53	39.0%	32	23.5%	24	75.0%
Sandwell	2455	367	14.9%	105	28.6%	100	27.2%	116	31.6%	105	28.6%	79	75.2%
Shropshire County	530	66	12.5%	13	19.7%	5	7.6%	14	21.2%	16	24.2%	8	50.0%
Solihull	614	84	13.7%	25	29.8%	29	34.5%	33	39.3%	43	51.2%	26	60.5%
South Birmingham	2468	340	13.8%	37	10.9%	87	25.6%	91	26.8%	71	20.9%	32	45.1%
South Staffordshire	3285	437	13.3%	116	26.5%	133	30.4%	145	33.2%	134	30.7%	99	73.9%
Stoke on Trent	2086	327	15.7%	121	37.0%	115	35.2%	130	39.8%	87	26.6%	55	63.2%
Telford and Wrekin	409	59	14.4%	13	22.0%	5	8.5%	13	22.0%	21	35.6%	13	61.9%
Walsall Teaching	2275	418	18.4%	100	23.9%	112	26.8%	132	31.6%	177	42.3%	108	61.0%
Warwickshire	2346	272	11.6%	63	23.2%	71	26.1%	84	30.9%	77	28.3%	50	64.9%
Wolverhampton City	1321	188	14.2%	19	10.1%	4	2.1%	20	10.6%	45	23.9%	12	26.7%
Worcestershire	1620	210	13.0%	41	19.5%	56	26.7%	65	31.0%	38	18.1%	23	60.5%

Percentages in grey represent small numbers (n <100) and should be interpreted with caution

Range: 10.6 - 39.8%

Range: 26.7 - 75.2%

West Midlands	28695	4059	14.1%	887	21.9%	1023	25.2%	1193	29.4%	1156	28.5%	716	61.9%
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Data quality

Because this indicator describes a subgroup (antenatal detection) of a subgroup (cases with FGR), we present combined data for Q1-3.

'Antenatal detection' is based on close scrutiny of case notes and growth charts. Case note audit of FGR cases has shown that ascertainment by data clerks is reliable.

However, clinicians' recording of detection of SGA / FGR / IUGR is often poor; therefore an EFW <10th centile was used as an additional indicator.

Performance & Progress

The rates of babies with fetal growth restriction ranges from 11.6% to 18.4% in the West Midlands. FGR varies with factors such as deprivation and smoking.

Antenatal **detection** is well short of the aspirational target of 60%, but the wide range of detection rates between PCTs (10.6 - 39.8%) suggests room for improvement.

The results also show that once a woman is referred for scan on the basis of fundal height measurement, the detection rate is significantly higher.

Additional comments

More detailed analysis will be presented within the 12 month report.

Confidential enquiries into perinatal deaths have highlighted importance of GROW training for all staff (currently provided by PI in fortnightly workshops)

KPI 4: Smoking in pregnancy (at booking)

PCT	Smoking at booking											
	Q1			Q2			Q3			Total /Average over period Q1-Q3		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
Birmingham East and North	786	118	15.0%	947	160	16.9%	1075	157	14.6%	2808	435	15.5%
Coventry Teaching	20	5	25.0%	52	12	23.1%	434	92	21.2%	506	109	21.5%
Dudley	591	114	19.3%	645	116	18.0%	729	147	20.2%	1965	377	19.2%
Heart of Birmingham Teaching	775	84	10.8%	978	72	7.4%	1048	83	7.9%	2801	239	8.5%
Herefordshire	1	0	0.0%	232	43	18.5%	396	80	20.2%	629	123	19.6%
North Staffordshire	393	86	21.9%	407	102	25.1%	223	45	20.2%	1023	233	22.8%
Sandwell	855	176	20.6%	969	187	19.3%	836	164	19.6%	2660	527	19.8%
Shropshire County	83	15	18.1%	96	22	22.9%	378	80	21.2%	557	117	21.0%
Solihull	138	43	31.2%	242	61	25.2%	258	48	18.6%	638	152	23.8%
South Birmingham	413	91	22.0%	1049	218	20.8%	1095	234	21.4%	2557	543	21.2%
South Staffordshire	771	157	20.4%	1235	224	18.1%	1453	287	19.8%	3459	668	19.3%
Stoke on Trent	852	230	27.0%	857	247	28.8%	431	139	32.3%	2140	616	28.8%
Telford and Wrekin	82	13	15.9%	42	15	35.7%	304	83	27.3%	428	111	25.9%
Walsall Teaching	779	195	25.0%	805	175	21.7%	843	193	22.9%	2427	563	23.2%
Warwickshire	369	94	25.5%	1055	198	18.8%	1006	156	15.5%	2430	448	18.4%
Wolverhampton City	118	30	25.4%	563	120	21.3%	803	182	22.7%	1484	332	22.4%
Worcestershire	34	2	5.9%	1057	209	19.8%	696	132	19.0%	1787	343	19.2%

Percentages in grey represent small numbers (n <100) and should be interpreted with caution

Range: 7.9 - 32.2 %

8.5 - 28.8%

West Midlands	7060	1453	20.6%	11231	2181	19.4%	12008	2302	19.2%	30299	5936	19.6%
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British Europeans	4826	1327	27.5%	8351	2130	25.5%	8533	2105	24.7%	21710	5562	25.6%
Teenagers (< 18 at delivery)	160	73	45.6%	248	110	44.4%	251	99	39.4%	659	282	42.8%

To reduce smoking at delivery to
 < 15% by 2010 or 1% per year

> 18%	15-18%	< 15%
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www.pi.nhs.uk/rpnm/lfh_KPI_Evidence_Targets.pdf

KPI 4: Smoking in pregnancy (at delivery)

PCT	Smoking at delivery											
	Q1			Q2			Q3			Total /Average over period Q1-Q3		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
Birmingham East and North	672	73	10.9%	771	100	13.0%	931	112	12.0%	2374	285	12.0%
Coventry Teaching	19	5	26.3%	38	9	23.7%	78	13	16.7%	135	27	20.0%
Dudley	567	71	12.5%	585	51	8.7%	674	61	9.1%	1826	183	10.0%
Heart of Birmingham Teaching	707	46	6.5%	817	47	5.8%	789	36	4.6%	2313	129	5.6%
Herefordshire	1	0	0.0%	158	24	15.2%	272	41	15.1%	431	65	15.1%
North Staffordshire	393	66	16.8%	401	75	18.7%	224	39	17.4%	1018	180	17.7%
Sandwell	764	88	11.5%	815	83	10.2%	781	98	12.5%	2360	269	11.4%
Shropshire County	84	11	13.1%	94	17	18.1%	373	70	18.8%	551	98	17.8%
Solihull	104	19	18.3%	187	37	19.8%	209	35	16.7%	500	91	18.2%
South Birmingham	378	63	16.7%	864	163	18.9%	773	111	14.4%	2015	337	16.7%
South Staffordshire	749	116	15.5%	1194	159	13.3%	1431	206	14.4%	3374	481	14.3%
Stoke on Trent	847	185	21.8%	838	179	21.4%	432	121	28.0%	2117	485	22.9%
Telford and Wrekin	82	12	14.6%	41	11	26.8%	301	75	24.9%	424	98	23.1%
Walsall Teaching	735	124	16.9%	772	109	14.1%	781	92	11.8%	2288	325	14.2%
Warwickshire	325	75	23.1%	924	135	14.6%	763	72	9.4%	2012	282	14.0%
Wolverhampton City	116	23	19.8%	557	110	19.7%	796	166	20.9%	1469	299	20.4%
Worcestershire	31	0	0.0%	888	147	16.6%	539	77	14.3%	1458	224	15.4%

Percentages in grey represent small numbers (n < 100) and should be interpreted with caution

Range: 4.6 - 28.0%

5.6 - 23.1%

West Midlands	6574	977	14.9%	9944	1456	14.6%	10147	1425	14.0%	26665	3858	14.5%
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British Europeans	4486	907	20.2%	7426	1419	19.1%	7237	1323	18.3%	19149	3649	19.1%
Teenagers (< 18 at delivery)	139	50	36.0%	213	73	34.3%	213	68	31.9%	565	191	33.8%

Smoking Cessation

PCT	CASES WHERE BOTH BOOKING AND DELIVERY INFORMATION IS PRESENT (Q1-Q3)			
	Smokers at Booking	Smokers at Delivery	Cessation Rate	
	n	n	n	%
Birmingham East and North	343	274	69	20.1%
Coventry Teaching	27	23	4	14.8%
Dudley	318	172	146	45.9%
Heart of Birmingham Teaching	173	120	53	30.6%
Herefordshire	78	62	16	20.5%
North Staffordshire	228	176	52	22.8%
Sandwell	407	247	160	39.3%
Shropshire County	111	93	18	16.2%
Solihull	107	89	18	16.8%
South Birmingham	426	318	108	25.4%
South Staffordshire	628	459	169	26.9%
Stoke on Trent	599	475	124	20.7%
Telford and Wrekin	109	96	13	11.9%
Walsall Teaching	448	320	128	28.6%
Warwickshire	331	264	67	20.2%
Wolverhampton City	324	285	39	12.0%
Worcestershire	261	214	47	18.0%
Percentages in grey represent small numbers (n <100) and should be interpreted with caution			Range: 11.9 - 45.9%	
West Midlands	4918	3687	1231	25.0%

Data quality

The information represents individual case-by-case data and is therefore more accurate than unit estimates.

Wherever possible, the smoking-at-delivery information should be ascertained as part of the maternal history at the time of admission to delivery suite

Performance & Progress

The target appears to be reached; however this is mainly due to the high proportion of South Asian mothers with very low smoking rates.

British European mothers and teenagers have substantially higher smoking rates. Teenagers also have lower cessation rates (<20%) than the general maternity population. Therefore, a more targeted approach to these groups is needed.

Additional comments

Further analysis of the effect of smoking on perinatal outcome, and its association with prematurity and fetal growth restriction, will be presented in the 12 month report.

NB regionally, referral and cessation rates are higher in units where an OPT-OUT policy is in operation for referral to smoking cessation services

KPI 5: Initiation of breastfeeding within 48hrs

Target: Increase by 2% per year

< 1%	1-2%	≥ 2%
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www.pi.nhs.uk/rpnm/lfh_KPI_Evidence_Targets.pdf

PCT	KPI 5 - Initiation of breastfeeding within 48hrs											
	Q1			Q2			Q3			Total /Average over period Q1-Q3		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
Birmingham East and North	658	367	55.8%	805	418	51.9%	802	392	48.9%	2265	1177	52.0%
Coventry Teaching	19	11	57.9%	36	24	66.7%	118	69	58.5%	173	104	60.1%
Dudley	558	361	64.7%	606	378	62.4%	699	391	55.9%	1863	1130	60.7%
Heart of Birmingham Teaching	316	211	66.8%	850	513	60.4%	774	500	64.6%	1940	1224	63.1%
Herefordshire	0	0	*	118	83	70.3%	202	128	63.4%	320	211	65.9%
North Staffordshire	387	239	61.8%	400	258	64.5%	216	142	65.7%	1003	639	63.7%
Sandwell	660	335	50.8%	900	395	43.9%	735	355	48.3%	2295	1085	47.3%
Shropshire County	81	61	75.3%	92	57	62.0%	372	273	73.4%	545	391	71.7%
Solihull	125	64	51.2%	200	92	46.0%	206	92	44.7%	531	248	46.7%
South Birmingham	128	84	65.6%	1007	607	60.3%	942	542	57.5%	2077	1233	59.4%
South Staffordshire	747	456	61.0%	1179	738	62.6%	1330	748	56.2%	3256	1942	59.6%
Stoke on Trent	825	455	55.2%	843	455	54.0%	435	235	54.0%	2103	1145	54.4%
Telford and Wrekin	79	53	67.1%	41	30	73.2%	303	183	60.4%	423	266	62.9%
Walsall Teaching	680	338	49.7%	777	391	50.3%	749	331	44.2%	2206	1060	48.1%
Warwickshire	366	225	61.5%	962	662	68.8%	897	632	70.5%	2225	1519	68.3%
Wolverhampton City	103	64	62.1%	556	288	51.8%	797	443	55.6%	1456	795	54.6%
Worcestershire	20	16	80.0%	968	662	68.4%	669	439	65.6%	1657	1117	67.4%

Percentages in grey represent small numbers (n <100) and should be interpreted with caution

Range: 44.2 - 73.4%

46.7 - 71.7%

West Midlands	5752	3340	58.1%	10340	6051	58.5%	10246	5895	57.5%	26338	15286	58.0%
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British Europeans	4245	2299	54.2%	7747	4319	55.8%	7501	4036	53.8%	19493	10654	54.7%
Teenagers (< 18 at Delivery)	140	37	26.4%	228	77	33.8%	222	67	30.2%	590	181	30.7%

Data quality

Collection of this indicator is difficult because:

1. Reliance on the labour record is insufficient as breastfeeding may not have commenced yet before discharge;
2. The postnatal notes are taken home by the mother and there is often a delay before they are available to the data clerks; or
3. The time of commencement is not recorded. Improved documentation around time of first breastfeed is vitally important.

Performance & Progress

Target in terms of yearly increase will be reported on next year, with current year used as a baseline. However, it is apparent that there is wide variation in breastfeeding initiation rates around the region.

Additional comments

The annual report will include breastfeeding rates within subgroups, e.g. ethnicity, parity, deprivation

West Midlands - Cases submitted in Q2 & Q3 2009, n = 27,536

Multiple pregnancies	1.4%	Maternal age	<18	2.0%	Place of birth	Hospital	91.5%		
Ethnic origin (main groups)			<20	7.3%		Midwife led unit	6.4%		
British-European	67.9%		35+	12.5%		Home	1.4%		
Eastern Europe	2.9%		40+	1.9%		Born before arrival	0.7%		
African	3.4%	Obesity: BMI			Labour induced		22.8%		
African Caribbean	2.2%		>30	20.0%	Mode of birth	All parities		Primips	(42.5%)
Bangladeshi	1.8%		>35	7.3%		Normal	65.2%	55.2%	
Indian	5.1%		>40	2.3%		Ventouse	5.5%	9.5%	
Pakistani	10.3%	Smoker				Forceps	4.6%	8.8%	
Other	6.5%		at booking	19.3%		Breech	0.4%	0.4%	
Country of birth (main groups)			of these, referred to advisor	56.0%		C Section	24.3%	26.1%	
UK	78.6%		at delivery	14.4%		Type of CS			
Poland	2.0%		other smokers in household	30.2%		Emergency	10.5%	15.2%	
Bangladesh	1.3%	Drug misuse				Urgent	2.3%	3.7%	
India	2.3%		of these, referred	44.8%		Scheduled	0.8%	0.7%	
Pakistan	5.9%	Asked about domestic abuse				Elective	9.4%	4.8%	
Yemen & Horn of Africa	1.4%		of these, DA disclosed	5.4%		Undocumented	5.2%	1.7%	
Other	8.5%	Mental health problems			Episiotomy		14.1%		
Interpreter required	7.5%				Perineum (excl episiotomy)				
Father is blood relation						Intact	61.5%		
Average	7.8%	Diabetes				Tear			
African	9.5%					degree: 1st	12.4%		
African Caribbean	0.9%	Heart disease				2nd	23.1%		
Eastern Europe	4.4%	Pre-existing hypertension				3rd	1.6%		
British-European	1.0%					4th	0.1%		
Pakistani	49.0%	Folic acid taken antenatally				Undocumented	1.3%		
Indian	4.8%					Fetal growth restriction (bwt <10th cust.centile)			
Bangladeshi	22.8%	Pregnancy dated by ultrasound					13.7%		
Middle East	32.7%	Screening for Down's offered				Prematurity			
Other	5.0%					<37 weeks	7.6%		
Employed		Antenatal visits				<34 weeks	2.4%		
full time	35.2%		median	8	mean	8.0			
part time	18.9%	Antenatal visits - same midwife							
looking after home	24.6%		median	5	mean	5.2			
student	4.0%	Seen for decreased fetal movements							
unemployed	14.5%								
other	2.9%	Pregnancy complications:							
Housing		Antepartum haemorrhage		5.8%					
owner	42.2%	Pregnancy induced hypertension		3.4%					
rents	36.7%	Pre-eclampsia		1.2%					
with family/friends	18.8%	HELLP Syndrome		0.1%					
other	2.3%	Gestational Diabetes		3.2%					
No partner	3.8%								
		Put to breast					61.6%		
		Postnatal visits							
			median	4	mean	4.1			
		Postnatal visits - same midwife							
			median	2	mean	2.5			

Note: These are preliminary rates of data based on WM maternity dataset collected in PEER (Perinatal Episode Electronic Record). Further analysis will be presented within the 12 month report.