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1st April 2010

To: Wolverhampton City PCT
New Cross Hospital
Cc: NHS West Midlands

Dear Colleague,

This is the **third interim report of the IfH data collection programme**, sent to all WM PCTs. We present results from Q3 as well as a totals for the first 3 quarters. KPI3, the indicator concerning detection of IUGR, is also included.

For **Wolverhampton**, the key points are

- improved ascertainment of cases;
- however record keeping often substandard, with frequent omissions of essential information;
- achievement of early booking target;
- lowest IUGR detection rates in the Region, likely to be associated with non-use of customised charts;
- national smoking-in-pregnancy targets not met, and cessation rates low.

Also included are a preliminary set of indicators of the WM dataset based on Q2&3 data, with demographics and characteristics of pregnancies for Wolverhampton City PCT. A 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

March 2010



Table 1: 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)	(%)	
Total West Midlands	23.7	23.2		17973	7385	41%	18154	12769	70%	18229	12985	71%	

New Cross	1.2	1	2.0WTE commenced in Sept (1 x 6mth temp contract 1 x 1yr fixed term) 6month term ended March 2010	930	85	9%	937	633	68%	1025	972	95%	Rapid catch up since recruitment. Problems with accessing old notes (off-site not available). NB: Concern about submissions now 2nd data clerk's contract has ended
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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/rpnm/lfh_KPI_Evidence_Targets.pdf

	KPI 1a - Completed Assessment < 13 Weeks											
	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	%
West Midlands	6774	5052	74.6%	10875	8545	78.6%	11697	9592	82.0%	29346	23189	79.0%
PCTs												
Wolverhampton City	113	85	75.2%	550	448	81.5%	780	652	83.6%	1443	1185	82.1%
Units												
New Cross Hospital	78	63	80.8%	599	501	83.6%	910	765	84.1%	1587	1329	83.7%

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

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

Unit has already achieved the 80% project target.

Additional comments

Further improvement is required as the national target will increase to 90% next year.

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 caseload.

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

	KPI 1b - Two antenatal contacts before 13 weeks								
	Q2			Q3			Total / average over period Q2-Q3		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
West Midlands	11065	4548	41.1%	11843	5785	48.8%	22908	10333	45.1%
PCTs									
Wolverhampton City	563	175	31.1%	797	273	34.3%	1360	448	32.9%
Units									
New Cross Hospital	615	202	32.8%	936	336	35.9%	1551	538	34.7%

Comment:

KPI 1b is added as a secondary indicator based on recommendation within NSF Standard 11 (collected since Q2). It reflects practice in some units, however many do not have the capacity currently to fulfil this target.

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

	KPI 2 - Continuity of Carer (75% of visits by the 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	%
West Midlands	7037	3020	42.9%	11317	4335	38.3%	11911	4425	37.2%	30265	11780	38.9%
PCTs												
Wolverhampton City	118	32	27.1%	568	282	49.6%	797	473	59.3%	1483	787	53.1%
Units												
New Cross Hospital	84	16	19.0%	624	292	46.8%	935	541	57.9%	1643	849	51.7%

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

Data quality

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

Performance & Progress

Results show variation between units; commentary from midwives suggest that this target is particularly challenging due to limited capacity.

Additional comments

IfH Project Board have agreed to review this indicator upon completion of 12 months of data collection.

Dispersed service models of community maternity care across the city impact upon community. 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)

Target: increase by >10% per year

IfH 3-year project target: 60% detection

www.pi.nhs.uk/rnm/lfh_KPI_Evidence_Targets.pdf

KPI 3: Antenatal detection of fetal growth restriction														
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	%
West Midlands	28617	4048	14.1%	885	21.9%	1021	25.2%	1191	29.4%	1153	28.5%	714	61.9%	
PCTs														
Wolverhampton City	1321	188	14.2%	19	10.1%	4	2.1%	20	10.6%	45	23.9%	12	26.7%	
Units														
New Cross Hospital	1461	218	14.9%	21	9.6%	1	0.5%	22	10.1%	50	22.9%	11	22.0%	

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 plotted on customised charts was used as an additional indicator.

Performance & Progress

FGR rates in Wolverhampton are similar to those in the West Midlands as a whole (14.2 and 14.1%). FGR rates vary with factors such as deprivation and smoking.

Antenatal detection based on the actual record in the notes is low, and much lower than in WM overall.

For further assessment, we also report on the number of cases where at least one EFW below the 10th centile was recorded.

We also present the detection rate following referral for scan on the basis of fundal height measurement .

NB: Both these rates (overall detection and detection following referral for scan) are the **lowest in the West Midlands**.

Additional comments

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

Confidential enquiries into perinatal deaths have highlighted importance of correct use of customised charts and GROW training for all staff

KPI 4: Smoking in pregnancy

Target: 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

	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	%
West Midlands	6977	1438	20.6%	11231	2181	19.4%	12008	2302	19.2%	30216	5921	19.6%
PCTs												
Wolverhampton City	118	30	5.9%	563	120	21.3%	803	182	22.7%	1484	332	22.4%
Units												
New Cross Hospital	83	28	33.7%	618	143	23.1%	948	214	22.6%	1649	385	23.3%
West Midlands												
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	248	44.4%	251	99	39.4%	659	282	42.8%
British Teenagers (<18)	136	66	48.5%	220	103	46.8%	216	93	43.1%	572	262	45.8%

	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	%
West Midlands	6490	966	14.9%	9944	1456	14.6%	10147	1425	14.0%	26581	3847	14.5%
PCTs												
Wolverhampton City	116	23	19.8%	557	110	19.7%	796	166	20.9%	1469	299	20.4%
Units												
New Cross Hospital	84	24	28.6%	617	129	20.9%	943	193	20.5%	1644	346	21.0%
West Midlands												
British Europeans	4486	907	20.2%	7426	1419	19.1%	7237	1323	18.3%	19149	3649	19.1%
Teenagers (< 18)	139	50	36.0%	213	73	34.3%	213	68	31.9%	565	191	33.8%
British Teenagers (<18)	119	43	36.1%	192	70	36.5%	180	62	34.4%	491	175	35.6%

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

KPI 4. Smoking Cessation

Cases where both booking and delivery information present				
	Smokers at booking	Smokers at delivery	Cessation rate	
	n	n	n	%
West Midlands	4904	3676	1228	25.0%
PCTs				
Wolverhampton City	324	285	39	12.0%
Units				
New Cross Hospital	378	331	47	12.4%
West Midlands				
Teenagers (< 18)	233	187	46	19.7%
British Europeans	4619	3511	1108	24.0%

Data quality

The information represents individual case-by case data and is therefore considered 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 has not been reached in Wolverhampton and cessation rates are much below the regional average.

The smoking rate is higher also than the overall rate for British Europeans in the West Midlands.

Teenagers have higher smoking rates and lower cessation rates than the general maternity population. Because of small numbers, WM figures only are given for this group.

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/rpm/lfH_KPI_Evidence_Targets.pdf

	KPI 5 - Breast Feeding Initiated within 48hrs											
	Q1			Q2			Q3			Total / average over period		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
West Midlands	5671	3279	57.8%	10340	6051	58.5%	10246	5895	57.5%	26257	15225	58.0%
PCTs												
Wolverhampton City	103	64	62.1%	556	288	51.8%	797	443	55.6%	1456	795	54.6%
Units												
New Cross Hospital	64	35	54.7%	610	312	51.1%	947	527	55.6%	1621	874	53.9%
West Midlands												
Teenagers (< 18)	140	37	26.4%	228	77	33.8%	222	67	30.2%	590	181	30.7%
British-Europeans	4245	2299	54.2%	7747	4319	55.8%	7501	4036	53.8%	19493	10654	54.7%

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

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

Breastfeeding initiation rate is lower than the regional average.

Additional comments

Target in terms of yearly increase will be able to be reported on next year, with current year used as a baseline

WOLVERHAMPTON PCT cases submitted in Q2 & Q3, 2009/10: n=1,502

Multiple pregnancies	0.9%
Ethnic origin (main groups)	
British-European	57.8%
Eastern Europe	3.5%
African	6.2%
African Caribbean	5.2%
Bangladeshi	0.1%
Indian	14.3%
Pakistani	4.1%
Other	8.7%
Country of birth (main groups)	
UK	75.9%
Poland	2.0%
Bangladesh	0.1%
India	5.4%
Pakistan	2.8%
Yemen & Horn of Africa	0.5%
Other	13.2%
Interpreter required	9.0%
Father is blood relation	
Average	3.6%
British-European	0.5%
Pakistani	36.8%
Bangladeshi	50.0%
Middle East	42.9%
Employed	
full time	29.8%
part time	17.7%
looking after home	25.3%
student	6.7%
unemployed	17.3%
other	3.2%
Housing	
owner	32.7%
rents	43.6%
with family/friends	21.5%
other	2.3%
No partner	3.2%

Maternal age			
	<18	2.3%	
	<20	8.5%	
	35+	10.6%	
	40+	2.4%	
Obesity: BMI			
	>30	21.3%	
	>35	7.6%	
	>40	3.3%	
Smoker			
	at booking	21.9%	
	of these, referred to advisor	80.3%	
	at delivery	20.0%	
	other smokers in household	34.4%	
Drug misuse		1.4%	
	of these, referred	60.0%	
Asked about domestic abuse		37.7%	
	of these, DA disclosed	7.9%	
Mental health problems		9.0%	
Diabetes		0.9%	
Heart disease		1.7%	
Pre-existing hypertension		2.4%	
Folic acid taken antenatally		70.8%	
Pregnancy dated by ultrasound		99.2%	
Screening for Down's offered		93.8%	
Antenatal visits	median	9	mean 9.1
Antenatal visits - same midwife	median	7	mean 6.5
Seen for decreased fetal movements		30.8%	
Pregnancy complications:			
	Antepartum haemorrhage	9.3%	
	Pregnancy induced hypertension	6.2%	
	Pre-eclampsia	1.4%	
	HELLP Syndrome	0.1%	
	Gestational Diabetes	3.9%	

Place of birth			
	Hospital	97.8%	
	Midwife led unit	0.1%	
	Home	1.1%	
	Born before arrival	1.0%	
Labour induced		24.6%	
Mode of birth			All parities Primips
	Normal	64.0%	52.4%
	Ventouse	6.3%	12.3%
	Forceps	3.7%	6.8%
	Breech	0.3%	0.3%
	C Section	25.8%	28.1%
Caesarean Section			
	Emergency	13.9%	22.3%
	Urgent	0.7%	1.3%
	Scheduled	0.2%	0.0%
	Elective	10.9%	4.5%
	Undocumented	0.3%	0.0%
Episiotomy		12.5%	
Perineum (excl episiotomy)			
	Intact	65.8%	
	Tear - degree: 1st	10.6%	
	2nd	22.2%	
	3rd	1.0%	
	4th	0.1%	
	Undocumented	0.0%	
Fetal growth restriction (bwt <10th cust.centile)		14.0%	
Prematurity			
	<37 weeks	7.7%	
	<34 weeks	2.5%	
Apgar at 1 <4		1.9%	
Apgar at 5 <7		1.2%	
Put to breast		55.4%	
Postnatal visits	median	4	mean 4.5
Postnatal visits - same midwife	median	3	mean 2.9

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.