



11 July 2005

Crystal Court, Aston Cross  
Birmingham, B6 5RQ

Telephone: 0121 687 3400  
Facsimile: 0121 687 3401  
E-mail: office@perinatal.nhs.uk  
Website: www.perinatal.nhs.uk

**Director**  
Professor Jason O Gardosi MD FRCOG FRCSED

Direct Line: 0121 687 34500  
E-mail: gardosi@perinatal.nhs.uk

Dear Colleague,

### **Re: Perinatal and Infant Mortality in the West Midlands**

Please find enclosed a report from the Confidential Enquiry into Maternal and Child Health. It contains national and regional trends in stillbirth, neonatal and post-neonatal mortality for the period 2000-2003. The largest category of death remains stillbirth, the rates for which saw a sustained rise in recent years. The majority of these (71%) are however still classified as 'unexplained'. The West Midlands is again the region with the highest perinatal mortality.

I am also enclosing a reprint of the Perinatal Institute's report in the recently published West Midlands Key Health Data 2004/5, looking at regional trends in perinatal and infant mortality for 1998-2003. Classification of stillbirth by our new ReCoDe system reveals that most of the 'unexplained' deaths over this period have occurred following intrauterine growth restriction. This highlights the importance of strategies for improved antenatal recognition of fetal growth failure, which are already being implemented in most units in the West Midlands.

Analysis of infant mortality rates confirms previous findings that most deaths are associated with prematurity, and occur in the first week of life. Our report also includes an assessment by ward-based social deprivation, showing significant links with most categories of stillbirth and infant death. Worryingly, the gap in mortality rates between the most deprived and the rest of the population appears to be getting bigger, contrary to the aspirations of the Public Service Agreement (PSA) targets to reduce inequalities in health outcomes.

Regrettably, the information we are able to analyse is limited while we do not have denominator data, i.e. relevant demographics and characteristics of all pregnancies and births. We are therefore re-doubling our efforts to establish data collection along the lines of the regionally agreed Maternity Core Data Index.

These findings are being presented at various stakeholder meetings to raise awareness and foster discussion. I would welcome your feedback and suggestions on ways to move these matters forward.

With sincere regards,



Professor Jason O. Gardosi

Distribution:

WM Trust Chief Executives, Clinical Directors, Heads of Midwifery,  
Consultants in Maternal Fetal Medicine, Neonatology & Paediatrics;  
Clinical Risk Managers, CESDI Co-ordinators, WMPI Advisory Group;  
PCT PEC Chairs, Directors of Public Health, Maternity Leads;  
SHA Chief Executive, Medical Directors, Directors of Nursing, Children's Leads;  
Government Office, Public Health Observatory, WM Specialised Services Agency.