

# Report on stillbirth and neonatal death rates for local areas across the UK

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Research published today shows the wide regional variation in the incidence of stillbirth and neonatal deaths in the UK.

The MBRRACE-UK report focuses on rates of stillbirth and neonatal death across the UK. MBRRACE-UK focuses on babies born at 24 weeks of gestation or more. The report found that in 2014 there was a slight fall in both the stillbirth and neonatal death rates (4.161 and 1.772) compared to 2013 (4.201 and 1.842) although this pattern was not uniform across the UK.

However the report reveals that behind these headline figures there remains significant variation across the UK that is not solely explained by factors that influence the rate of death such as poverty, mother's age, multiple birth and ethnicity.

MBRRACE-UK is a team of academics, clinicians and charity representatives (commissioned by the Healthcare Quality Improvement Partnership as part of the Maternal, Newborn and Infant Clinical Outcome Review Programme) whose remit is to monitor and investigate these deaths.

The report presents the results for individual NHS Trusts and Health Boards which have been grouped into five different categories based on the complexity of neonatal care they are able to provide or, for those organisations without the highest levels of specialised [neonatal care](#), by the number of births. The five groups of NHS Trusts and Health Boards

are as follows:

- (i) Level 3 Neonatal Intensive Care Unit with routine neonatal surgical provision;
- (ii) Level 3 Neonatal [intensive care unit](#);
- (iii) 4,000 or more births per annum at 24 weeks or later;
- (iv) 2,000-3,999 births per annum at 24 weeks or later;
- (v) Less than 2,000 births per annum at 24 weeks or later.

The [mortality rates](#) for NHS Trusts and Health Boards have been compared within groups to the group average, using a traffic light system to highlight those where action needs to be taken.

Dr Brad Manktelow, Senior Lecturer at the University of Leicester, who led the statistical analysis said: "We have used innovative statistical methods which allow us to better take into account unit size, the type of care provided and known risk factors for stillbirth and neonatal death in order to identify organisations with high mortality rates which cannot be explained just by chance alone."

In 2014 the effect of gestational age on these mortality rates was examined and shows that around two thirds of stillbirths and neonatal deaths were preterm. This indicates that the targeting of initiatives to reduce stillbirth and neonatal death must include a focus on reducing preterm birth.

Professor David Field, Professor of Neonatal Medicine at the University of Leicester, stated: "The very significant impact of this group on overall rates of [stillbirth](#) and neonatal death is stark. Funding for work into the reduction of preterm birth is vital in the battle to reduce these numbers."

One area of unexplained variation is in the proportion of deaths coded as being due to major congenital anomalies (such as serious heart defects).

In some areas of the UK there were no deaths reported from this cause whereas in others over half of the deaths were linked to underlying congenital anomalies. This could be due to how the cause of death for these babies was interpreted and requires further investigation.

Professor Elizabeth Draper, Professor of Perinatal and Paediatric Epidemiology at the University of Leicester, said: "Having a better understanding of the impact of babies with major congenital anomalies, where death is inevitable, is of key importance in identifying the group where avoidable deaths may be occurring. Local standardised review of all stillbirths and neonatal deaths should enable a better understanding of which deaths might be amenable to prevention strategies."

A related issue of concern is the low rate of post mortem which can provide vital information about why the baby has died. In 2014 the cause of death for around half of stillbirths and a tenth of [neonatal deaths](#) was unknown and despite over 90% of all parents whose baby died being offered a post mortem, only just over 40% agreed that this should be carried out.

Provided by University of Leicester

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