

<b>Subject:</b>	<b>Multiple Births: Update</b>		
<b>Date of Meeting:</b>	<b>01 February 2017</b>		
<b>Report of:</b>	<b>CCG Chief Operating Officer/Executive Director Health &amp; Social Care</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Kathy Felton</b>	<b>Tel:</b>
	<b>Email:</b>	<b>Kathy.felton@nhs.net</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE****1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 This report is an update of the report presented to the Health & Wellbeing Board in February 2016 in response to a Notice of Motion (as detailed in paragraph 3A below).
- 1.2 Information from the previous report is repeated or summarised where this is helpful and updates to the data, national and local initiatives are provided only where this is available and relevant.
- 1.3 This report also provides, in the summary section (at 3.8), confirmation of completed actions highlighted in the previous report:

*During 2016 the CCG plans to work with the Trust and the Maternity Services Liaison Committee (a parent led group with parent representation from across the City) to use all of the national and regional initiatives available to continue to drive improvements forward.*

*And*

*The local JSNA will be reviewed in 2016 to ensure that it highlights needs related to multiple pregnancy, and stillbirths / neonatal deaths.*

**2. RECOMMENDATIONS:**

- 2.1 To note the report.

**3. CONTEXT/ BACKGROUND INFORMATION****3A Notice of Motion – Multiple Births**

“This Council notes with regret figures from the Twins & Multiple Births Association (Tamba) which state that multiple pregnancies make up 3% of all births but account for more than 7% of stillbirths and 14% of neonatal deaths.

This Council notes the £3.8bn of additional funding for the NHS allocated for 2016/17 announced by the Chancellor of the Exchequer and resolves to:

1. Call on NHS England to consider the allocation of funds for further assistance to parents who have experienced multiple births and investigate improvements in care to reduce the number of stillbirths and neonatal deaths.
2. Request the Chief Executive to write to Brighton and Hove CCG to ask to what degree the clinical guidance and quality standards published by the National Institute for Health and Care Excellence (NICE) have been implemented in Brighton and Hove.
3. Request the Health and Wellbeing Board ensure that a Joint Strategic Needs Assessment on Multiple Births is added to the work programme.”

## **3B Supporting documents and information**

### **3.1 Multiple pregnancies – an overview**

- 3.1.1 The incidence of multiple births has risen in the last 30 years. In 1980, 10 maternities per 1,000 were multiple maternities in England and Wales compared with 16 per 1,000 in 2015. Multiple births currently account for 3% of live births.
- 3.1.2 This increase in multiple births is due mainly to the use of assisted reproduction techniques, including in vitro fertilisation (IVF). Older women are more likely to have a multiple pregnancy and, because the average age at which women give birth is rising, this is also a contributory factor. For those aged under 20 years only 6 in every 1,000 maternities is a multiple, rising to 22 per 1,000 for 35-39 year olds, 28 per 1,000 for 40-44 year olds and 102 per 1,000 for mothers aged 45 or over.
- 3.1.3 Many women pregnant with twins or triplets will have an uncomplicated pregnancy which will result in a good outcome for both mother and babies. However multiple pregnancies have higher risks compared with a singleton pregnancy. For the mother, there is an increased risk of miscarriage, anaemia, hypertension, vaginal bleeding, preterm delivery, and an assisted birth or caesarean. Risks to babies include low birth weight and prematurity which can result in admission to a neonatal intensive care unit, congenital malformations, cerebral palsy, and impaired physical and cognitive development. The stillbirth rate for twin births is also 2.2 times that for singleton births (with 10.1 still births per 1,000 live and still births for multiples compared with 4.5 per 1,000 for singletons). It is therefore important for health professionals to be vigilant for complications to help manage these risks and provide the best possible outcome for mother and babies.

### **3.2 National statistics on perinatal mortality (including stillbirths)**

- 3.2.1 In 2014 in England and Wales 4,630 babies died just before, during or within the week after birth (including 3,254 stillbirths).

**3.2.2** 39 percent of all stillbirths (approximately 1,270 per year) are now known to be the result of fetal growth restriction (babies who are not growing as well as they should be in the womb). It is estimated that 725 of these could be saved every year, an overall reduction of stillbirth rates by 22 percent.

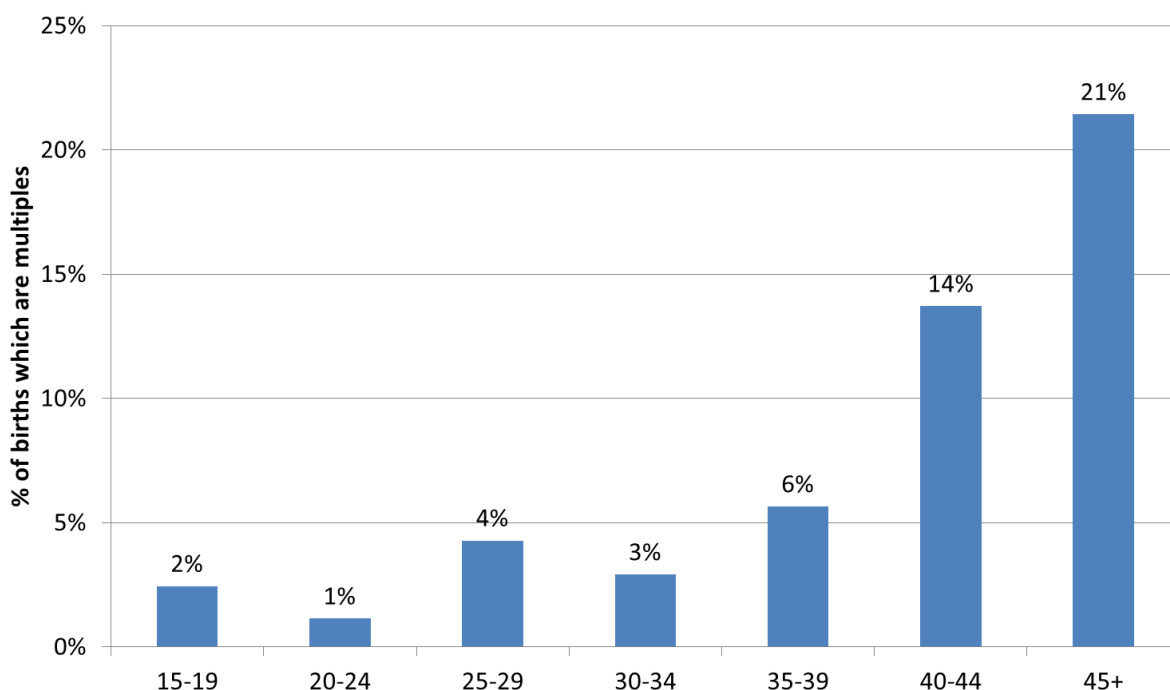
### 3.3 Multiple births, and stillbirths, in Brighton & Hove

#### *Number of multiple births and outcomes*

3.3.1 For Brighton & Hove residents for the five year period 2011-2015 (unless otherwise stated):

- There were 15,363 live births (640 live born multiples) and 60 still births. 4% of all births were multiples. Slightly higher than for England and Wales.
- As is the case nationally, multiple births are much more likely amongst older mothers. For 2014-2015, only 2% of births to mothers aged 15-19 years are multiples rising to 14% of births to 40-44 year olds and 21% of births to mothers aged 45 years or over (See Figure 1).

**Figure 1: Percentage of all births which are multiples by age group, Brighton & Hove, 2014-2015**



- Of the 60 stillbirths over the five year period, five (8%) were multiples and 55 singletons. On average, each year since 1999, there have been 1.4 stillbirths of multiple babies per year and 13.3 of singleton babies.
- In terms of still birth rates, the stillbirth rate for singletons is 3.7 still births per 1,000 live and still births (95% confidence interval 2.9-4.8) and the still birth rate for multiples is 7.8 per 1,000 live and stillbirths (95% confidence interval 3.3-18.0). There is not a statistically significant difference between the two rates, but this may be due to the large confidence interval for multiple still births due to the very small numbers. The higher rate in multiple births however does reflect the picture nationally.

- The overall stillbirth rate in Brighton & Hove is similar to the national rate: in 2015 in Brighton & Hove it was 4.7 per 1,000 live and stillbirths compared with 4.5 per 1,000 across England and Wales.
- Comparable data for neonatal deaths in multiple births for Brighton & Hove residents is not available. Nationally, to identify neonatal deaths which are babies from multiple births the Office for National Statistics (ONS) link births and deaths registration data through NHS number. The ONS have legal authority to link these two sources but this authority is not the same for Local Authorities and so this analysis cannot be carried out locally.

### ***Comparative rates of stillbirths by NHS Trust***

3.3.2 In May 2016, MBRRACE-UK (the Maternal, Newborn and Infant Clinical Outcome Review Programme) published a report into perinatal deaths for births from January to December 2014<sup>1</sup> with comparative rates by area and by hospital trust. Within this report Brighton and Sussex University Hospitals NHS Trust had:

- A stillbirth rate of 4.6 per 1,000 live and still births – the same as its comparator group.<sup>2</sup>
- A neonatal mortality rate (a live born baby dying within 28 days of birth) of 2.58 per 1,000 live births compared with 2.73 per 1,000 for the comparator group.
- And an extended perinatal mortality rate (a still birth or neonatal death) of 7.29 per 1,000 births compared with 7.31 per 1,000 for the comparator group.

3.3.3 The report identified organisations which should conduct a local review based upon their higher rates – Brighton and Sussex University Hospitals Trust, and Brighton & Hove CCG were **not** recommended to conduct a review based upon their rates.

3.4 **Local Application of National Institute of Clinical Excellence (NICE) guidelines** (includes an update from BSUHT): *Multiple pregnancy: antenatal care for twin and triplet pregnancies guidelines [CG129]*, September 2011. And *Multiple pregnancy: twin and triplet pregnancies quality standard [QS46]*, September 2013.

3.4.1 These clinical guidelines and standards provide evidence-based advice on the care of women with multiple pregnancies in the antenatal period and are intended to drive measureable quality improvements in care.

3.4.2 In Brighton and Hove, Brighton & Sussex Universities Hospitals NHS Trust have a very clear protocol for care of mums with multiple pregnancies and this is consistent with the current NICE and best practice guidelines. It was last reviewed in January 2016 and includes “welcome” information sheet for mothers

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<sup>1</sup> , MBRRACE-UK (the Maternal, Newborn and Infant Clinical Outcome Review Programme). UK Perinatal Deaths for Births from January to December 2014. May 2016. Available at: <http://www.hqip.org.uk/public/cms/253/625/19/552/2016%20perinatal%20surveillance%20final.pdf?realName=p9Bnx4.pdf&v=0> [Accessed 03/01/2017]

<sup>2</sup> The comparator group includes trusts and health boards with neonatal surgical provision and a level 3 NICU

detailing BSUHT multiple pregnancy antenatal classes and details of multiple pregnancy support groups eg. TAMBA.

3.4.3 The Trust also performed their own stillbirth audit in May 2016 (looking at BSUH stillbirths between May 2014 and November 2015) and the overall stillbirth rate was 3.6/1000 births. This is lower than the figure quoted in 3.3.2 above but covers a different time period. From this the Trust appears to be lower than the national average. Note that this does not relate specifically to multiple pregnancies.

3.4.4 Still birth prevention remains a high priority at the Trust and they are engaging with all national policies and initiatives. They have recently appointed a fetal medicine consultant at both Hospital sites. They should provide a significant contribution to antenatal scanning capacity and the antenatal and intra-partum care of high-risk pregnancy, including multiples.

### **3.5 National and regional initiatives on stillbirth – update**

3.5.1 The previous report highlighted a range of key initiatives in 2015 that would support the reduction of still births and neonatal deaths. These were launched by the Health Secretary, Jeremy Hunt, announcing a new ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% by 2030.

3.5.2 **National Maternity Review** report – *Better Births* – A five year forward view for maternity care was published by NHS England in April 2016. This report highlighted seven key priorities to drive improvement and ensure women and babies receive excellent care wherever they live.

- i. Personalised care
- ii. Continuity of carer
- iii. Better postnatal and perinatal mental health care,
- iv. A (new, more personalised) payment system
- v. Safer care
- vi. Multi-professional working
- vii. Working across boundaries (STP footprint)

3.5.3 *Better Births* provides a framework for longer term structural and transformational change in maternity services with actions for NHS England, Commissioners and Providers. The Report encompassed all of the previous national initiatives and safety programmes in one place and is now providing the focus for improving maternity care across larger geographical footprints in England.

3.5.4 Brighton and Hove CCG in collaboration with other CCGs and the Maternity Services Liaison Committee (a parent led group with parent representation from across the City) is developing a transformation plan to take all of this forward. Safety and quality improvements will be a fundamental part of this. NHS England has provided funding for a number of vanguard sites and the learning from these will be available in 2017.

### **3.7 Brighton & Hove Joint Strategic Needs Assessment**

3.7.1 The topics of multiple births and still births / neonatal deaths are particularly relevant within three sections of the Brighton and Hove JSNA

3.2.4 Population groups: Pregnancy and maternity

7.1.2 Starting well: Maternal & Infant Health

8.3 Health services: Maternity care

<http://www.bhconnected.org.uk/content/needs-assessments>

3.7.2 Following the decision at Full Council the Public Health Directorate, as part of the annual JSNA programme, included data on multiple births and still births in the 2016 update of the relevant sections of the JSNA.

### **3.8 Summary**

3.8.1 Multiple pregnancies have higher risks compared with a singleton pregnancy, including for still birth and neonatal deaths. BSUH NHS Trust is not a significant outlier on either still birth or neonatal death rates. It also has a very clear protocol for care of mums with multiple pregnancies and this is consistent with current NICE and best practice guidelines.

3.8.2 National initiatives, have been incorporated into the National Maternity Review Report *Better Births*. This is now providing the focus for transformational plans being developed for maternity services in collaboration with other CCGs.

3.8.3 The local JSNA has been updated as highlighted in 3.7.1 above.

## **4 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

4.3 Not applicable to this report which is not for decision

## **5 COMMUNITY ENGAGEMENT & CONSULTATION**

5.3 None undertaken in regard to this report.

## **6. CONCLUSION**

6.1 This report is an update of the report presented to the Health & Wellbeing Board in February 2016 in response to a Notice of Motion from Cllr Taylor.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

7.1 None to this report for information

### Legal Implications:

7.2 None to this report for information

Equalities Implications:

- 7.3 The development of a maternity plan as referred to in section 3.5.4 above will require an equality impact assessment before it can be formally adopted.

Sustainability Implications:

- 7.4 None for this report

Any Other Significant Implications:

- 7.5 No implications for this report.

**SUPPORTING DOCUMENTATION**

**Appendices:**

None

**Documents in Members' Rooms**

None

**Background Documents**

None

