National Maternity and Perinatal Audit

UPCARE: 0.01 Programme name - please do not change this field.*
National Maternity and Perinatal Audit

0.02 Workstream name (if applicable) - please do not change this field.*
Not applicable

0.1 Contract status
Ongoing

0.2 Audit or non-audit
Audit

0.3 HQIP commissioned*
Yes

0.41 HQIP AD
TS

0.42 HQIP PM
GC

1.0 Included in current NHS Quality Accounts*
Yes

1.1a Geographical coverage - HQIP agreement*
England; Wales

1.1b Geographical coverage - External agreement*
Scotland

1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.*
Gynaecology, Maternity & Midwifery

1.3a Healthcare setting*
NHS secondary or tertiary care

1.4a Does your patient cohort include the following?*
Both adults and under 18s

1.4b Inclusion and exclusion criteria*
https://maternityaudit.org.uk/FilesUploaded/NMPA%20Methods%20for%20births%20from%201%20April%202018.pdf

1.5 Methods of data submission*	Extraction from existing data source(s)
1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*	Not applicable, routine data used
1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*	Not applicable, routine data used
1.7 Data flow diagram	https://maternityaudit.org.uk/FilesUploaded/Data%20Flow%20Diagrams%20ESW%20May%202025.pptx
1.8 Data quality & analysis plan	A range of methods are used to validate data quality and analyses including testing and refining data management and cleaning techniques, validation by the Project Teams and statistical analyses of data quality. For example, at site level there are internal consistency checks (e.g. no C-sections in freestanding midwifery led units), review of data completeness with a minimum threshold of more than 70% and assessment of plausible distribution (e.g. gestational age mostly term).
	The analysis in NMPA report is restricted to sites that pass NMPA data quality checks, as well as birth records within those sites that contain the required data to construct a measure.
	The number of sites for which results are available therefore varies from measure to measure, depending on specific data requirements.
1.9a Link to the outlier policy*	https://maternityaudit.org.uk/FilesUploaded/NMPA%20Outlier%20Policy1.pdf
2.1 Outcome measures	Two outcome measures were selected for outlier reporting. These were: • proportion of vaginal births with a severe (3rd or 4th degree) perineal tear • proportion of singleton, term, liveborn babies with a 5-minute Apgar score of less than 7
2.2 Process measures	None recorded
2.3 Organisational measures	None recorded
2.4 Patient reported outcome measures	None recorded
2.5 Patient reported experience measures	None recorded
2.6a Do measures align with any of the following sources of evidence (select all that apply)	NICE clinical guideline; NICE quality standard; Professional society; Other (please describe in next question); Royal College; Scottish intercollegiate guideline network
3.1 Results visualisation	Interactive online portal (run charts available); Annual report

3.2a Levels of reporting*	Trust or health board; Hospital or specialist unit; National; NHS region or other geographic area
3.3 Timeliness of results feedback	Within 2 years
3.4 Link to dynamic reporting*	https://maternityaudit.org.uk/Audit/Charting/Clinical
4.01 2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2024 - 12/31/2024
4.02 2024/25 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2025 - 12/31/2025
4.03 2025/26 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2026 - 12/31/2026
4.04 2026/27 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2027 - 12/31/2027
4.10 Dataset #1 name	Clinical Audit
4.11 Dataset #1 type	Clinical audit
4.12 Dataset #1 population coverage*	All eligible patients
4.13 Dataset #1 items collected (n)	0
4.15 Dataset #1 use of existing national datasets	Hospital episode statistics (HES); Patient episode database for Wales (PEDW); Maternity services dataset (MSDS); Office for National Statistics (ONS)
4.30 Dataset #3 name	Not applicable
4.40 Dataset #4 name	Not applicable
5.00 When was your healthcare quality improvement plan	01/01/2026

(referred to as a QI Plan) last reviewed? Please upload under 'Files' below using the HQIP naming convention (click on response to see pop-up help text).	
5.10 When were your clinical performance indicators (referred to as metrics) signed off by funders? Please upload under 'Files' below using the HQIP template and naming convention (click on response to see pop-up help text).	10/02/2023
5.11 Please add the hyperlink to where your clinical performance indicators (referred to as metrics) are published on your project website.*	https://maternityaudit.org.uk/Audit/Charting/Clinical
5.20 National report publication date (within calendar year 01/01 - 31/12/2023)*	September 2025 - [Clinical Audit Publications](#)
5.21 Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*	August 2026
5.22 Planned national report publication date (within calendar year 01/01 - 31/12/2025)*	March 2027
6.0 Please add the most recent date that you have reviewed and updated an online version of	02/28/2025

UPCARE Workstream section(s) on your project's website (click into the response to see pop-up guidance).

6.1 Please add a hyperlink to UPCARE Workstream section(s) on your website (click into the response to see pop-up guidance).*

https://maternityaudit.org.uk/pages/resources