

NMPA Update

National Maternity & Perinatal Audit

August 2024

In this edition: An update on data, a future NMPA 'snapshot' audit on induction of labour, the publication of our Perinatal Mental Health Report, and a new State of the Nation Report from MBRRACE-UK on perinatal mortality.

English data

As you may be aware, the NMPA has experienced significant delays in receiving the Maternity Services Data Set (MSDS) V2.0 from NHS England, which has meant a lack of timely reporting. We finally received this in February 2024 and the team have been hard at work cleaning and analysing these data. The data are in a brand new format, covering five years (2019-2023) and present analysis challenges owing mainly to the complex nature of their structure.

We recognise the importance of being able to publish timely data, a need highlighted by national reports and from feedback to the NMPA. Due to the complex nature of this new dataset and the requirement to analyse five years' worth of data being received, it will take us some time to produce results. Our plan is to prioritise a 2023 report. This will be a 'State of the Nation' Report, including data for England, Wales and Scotland and covering as many indicators as is feasible at this time. The report will include a written commentary from the team. We hope to publish this in early 2025 and we will be in touch with stakeholders when the publication date has been finalised.

Induction of labour 'snapshot' audit

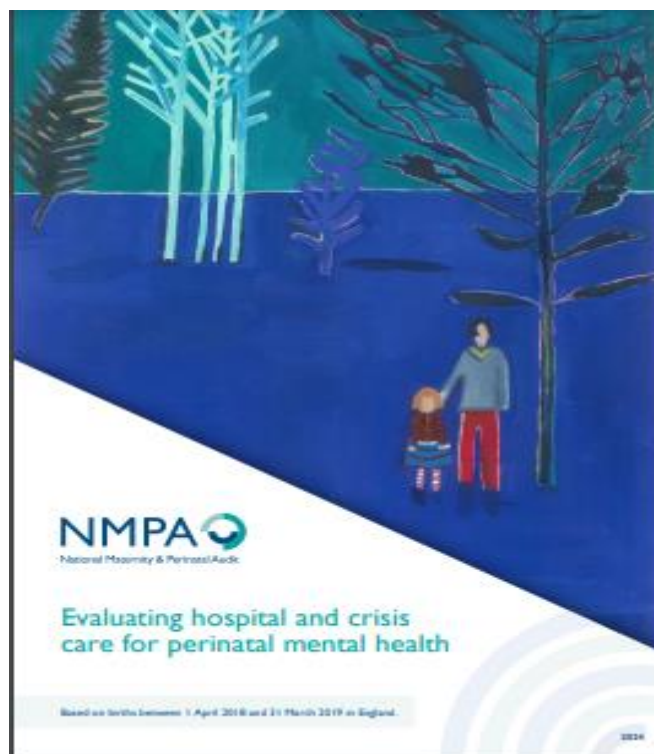
The NMPA team is currently working on a 'snapshot' audit on induction of labour. The aim of this short, focused audit is to examine the variation in practice that exists before induction starts and variation in outcomes following induction of labour.

The team are currently starting the analysis stage for this report, with an aim to publish in early 2025. Our Women and Families Involvement Group provided valuable input during the early stages of this project and we are now in the process of recruiting a small group of lay members to help guide the report. Please keep an eye on our website for further information.

> [NMPA website](#)

Perinatal Mental Health report

In July the NMPA published 'Evaluating Hospital and Crisis Care for Perinatal Mental Health', a technical report on the feasibility of linking NHS maternity and NHS secondary mental health datasets. The report was based on births in England between 1 April 2018 and 31 March 2019.



Key findings

Of the 555,494 women and birthing people who gave birth between 1 April 2018 and 31 March 2019, 9% (1 in 11) had accessed NHS secondary mental health services before the start of their current pregnancy.

The rate of a prolonged hospital stay on a postnatal ward following birth (more than three days) was higher for women and birthing people with any previous contact with secondary mental health services (26%) than for those without (19%).

The rates of the English Maternal Morbidity Outcome Indicator (EMMOI) were similar for women and birthing people with no previous NHS secondary mental health services contact (1.3%) to those with

any previous contact (1.4%). However, the rate was higher (3.0%) for women and birthing people with a previous NHS mental health services inpatient admission.

> English Maternal Morbidity Outcome Indicator (EMMOI)

The rates of stillbirth and infant deaths for babies born to women and birthing people who had contact with secondary mental health services in the past were similar to rates for those who had not. However, rate of neonatal morbidity for babies born to women and birthing people who had previously been admitted to an NHS hospital for their mental health were higher than for those who had not (13% and 7% respectively).

> Neonatal morbidity

The number of mother and baby unit (MBU) admissions is identified from a field that specifies “hospital bed type” for NHS inpatient hospital admissions. However, data in this field, which provides further information on whether an admission was to an MBU or to a general acute NHS psychiatric ward was missing for approximately 60% of all inpatient admissions.

Of the 283,015 women and birthing people who gave birth between 1 April 2018 and 30 September 2018, and for whom there was six months of follow up data available, 4% (1 in 24) accessed NHS secondary mental health services during their current pregnancy or in the six months following childbirth.

For 1 in 49 (2%), the care they received during pregnancy or in the six months following childbirth was their first encounter with NHS secondary mental health services (that is, no record of community mental health service contact was identified prior to the beginning of the current pregnancy from records dating back to 2006).

Just over one quarter (27%) of women and birthing people who had had contact with NHS secondary mental health services before their current pregnancy required secondary mental health services during the current pregnancy or in the six months following childbirth.

Of those with secondary mental health services contact during the current pregnancy or in the six months following childbirth, a recorded mental health diagnosis was missing for 84% who had not had contact with inpatient or community mental health services in the past. A diagnosis was missing for

57% of those who had previously accessed inpatient or community mental health services prior to the current pregnancy.

Recommendations

1. More complete recording of hospital bed type is required to understand the patterns of bed usage by bed type. Future research should include the distance from home to an available bed and the experiences of those receiving care, including the effects of relocation and the impact on the individual and their family.
2. In order to better understand the care pathway for inpatient psychiatric care, we suggest that start and end dates are recorded for all inpatient admissions. Details of the ward or bed type should be recorded for each episode of care.
3. Ensure that women and birthing people who have previously accessed secondary mental health services are given support and information before they become pregnant, or in the perinatal period, which is tailored to their individual circumstances. As described in NHS England's Perinatal Mental Health Care Pathways, this should include referral to a specialist community perinatal mental health team.
4. Mental health diagnoses for inpatient care are comprehensively recorded in the Mental Health Services Data Set (MHSDS), however improvements are required to the recording of diagnoses for those who received community mental health services.

You can access and download the report on our website via the following link:

[> Read the full report](#)

MBRRACE-UK report on perinatal deaths

In July, MBRRACE-UK published a State of the Nation Report on perinatal deaths of babies born in 2022. The report covers all babies who died during pregnancy or within 28 days of being born. To read more about the key findings and the response from Dr Raneer Thakar, RCOG President, click on the button below.

> RCOG response to MBRRACE-UK report

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