



Royal College of
Obstetricians &
Gynaecologists

NMPA



National Maternity & Perinatal Audit

Update

March 2025

In this edition

Publication date set for the next NMPA State of the Nation report; the outlier process gets underway; news about the Avoiding Brain Injury in Childbirth project; our NMPA colleague receives a Humanitarian Medal from Buckingham Palace.

Publication timeline

We are pleased to share that we now have a projected publication date of early May 2025 for the next NMPA State of the Nation report. This will be at trust/board level in the first instance and will cover births over 2023. Alongside the summary report, interactive data will be available on the NMPA website, allowing a review of results at a trust/board level.

Prior to publication, all maternity services providers will be given the opportunity to review their own data. Within the next month, we will be writing to all maternity services to ask for details of one or more designated contacts, who will be given access to the secure area of our website for data checking. Log in details will be provided, and should be tested prior to the data checking window starting.

Outliers

We have now commenced our outlier process in advance of the State of the Nation publication in May. Three measures have been selected as indicators which are subject to 'outlier reporting'. These indicators

have been case-mix adjusted to take into account the different maternal demographic and clinical characteristics at each trust/board, as far as is currently possible. The three indicators are:

- Proportion of women and birthing people giving birth vaginally to a singleton baby between 37+0 and 42+6 weeks of gestation, who experience a third- or fourth-degree tear
- Proportion of women and birthing people giving birth to a singleton baby between 34+0 and 42+6 weeks of gestation, who have a postpartum haemorrhage of 1500 ml or more
- Proportion of liveborn, singleton babies born between 34+0 and 42+6 weeks of gestation, with a five-minute Apgar score less than seven

Any trusts/boards flagged as a potential alarm level outlier (greater than three standard deviations above the mean) on one or more of these indicators have received a notification letter asking them to review their data.

Full details of our outlier process can be found in the NMPA outlier policy, which is available on our website.

[> NMPA outlier policy](#)



Brain injuries around the time of birth can have serious and life-changing effects for babies and their families

A maternity improvement programme called Avoiding Brain Injury in Childbirth (ABC), which is a DHSC-funded programme led by a collaboration between the Royal College of Obstetricians & Gynaecologists (RCOG), Royal College of Midwives (RCM) and The Healthcare Improvement Studies Institute (ThisInstitute), aims to support maternity services in improving two key areas where brain injuries, including Hypoxic Ischaemic Encephalopathy (HIE), may be preventable:

1. The management of impacted fetal head during caesarean births
2. The recognition and response to a baby's deterioration during labour

A third workstream of the ABC programme focuses on improving the collection and use of routinely collected data related to potentially avoidable brain injury around the time of birth. We need high quality data to help us to understand how and why these types of injuries happen and what could be done to prevent them. Maternity and neonatal professionals routinely enter data into a local electronic patient record (EPR) as part of their clinical practice. Some of these EPR data are later extracted into national digital datasets aimed to help improve services, but it wasn't clear which data relevant to brain injuries were being captured by these national datasets. It also wasn't clear what the most important challenges are to make better use of available data.

With the help of members of the NMPA team, the ABC team reviewed maternity and neonatal datasets used in the UK. Alongside this, a multi-professional group of specialists were interviewed to explore challenges to making better use of available data.

The study found a need to standardise the definition of avoidable perinatal brain injury, resolve inconsistencies in capturing data, improve linkage of data collected across existing data sources, and co-design a strategy for meaningful use of data.

[> Access the full paper](#)

Next steps

The ABC data workstream is working on a strategy that will aim to:

- develop a single national database dedicated to avoidable brain injury
- make recording of data more consistent and easier in practice
- inform activities to reduce the risk of brain injury

Continuing the workstream on the management of impacted fetal head during caesarean births, the ABC programme is seeking views to help understand the outcomes most important for women, birthing people and babies when an impacted fetal head occurs during caesarean. Take part in a short survey to tell us the outcomes you think are most important for both mother and baby. Your views will help develop a core outcome set for interventions undertaken to manage an impacted fetal head at caesarean, which will be used in future research to improve care. The survey is seeking the views of women and birthing people and their families, healthcare professionals and stakeholders.

[> Access the survey](#)

NMPA colleague receives Humanitarian Medal from Buckingham Palace

Our Midwifery Fellow Alessandra Morelli has moved on from the NMPA to work as a researcher and lecturer at the University of Oxford, Oxford Brookes, and Nuffield Department of Clinical Neurosciences.

While Alessandra was with us, she was deployed by UK-Meds medical aid charity to Turkey following the earthquakes in February 2023 and to Libya in the wake of storm Daniel in September of 2023. A few weeks ago Alessandra was invited to Buckingham Palace, along with thirteen other frontline medical responders, to be presented with a humanitarian medal by King Charles. We're very proud of her and everyone who volunteered in response to these humanitarian emergencies.





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