National Maternity and Perinatal Audit

Quality Improvement plan

Summary

The overarching aim of this quality improvement plan is to articulate the means by which the National Maternity and Perinatal Audit (NMPA) will enable improvements in NHS maternity and perinatal care, in order to optimise outcomes for women and their babies for the current contract period.

Background

Since 2016 the NMPA has built an expert, multidisciplinary audit team of healthcare professionals, methodologists, analysts and project management staff based within the Clinical Quality department at the RCOG.

Infrastructure to support the audit includes relationships with centralised data providers and Trusts and Boards, an interactive web tool and an integrated Women and Families Involvement group.

As the current providers, the NMPA provides clinically relevant and methodologically robust evaluation of care processes and outcomes in order to identify good practice and feedback areas for improvement in the care of women, birthing people and babies.

Audit Design

The design of the audit for the new contract period from 2023 will build upon and evolve the existing successful strands of the audit by delivering:

- Interactive online data presenting results at national, trust/board and site level. This will include new presentation of data over time, as well as comparisons between trusts/boards.
- 'State-of-the-nation' style, short reports presenting selected key findings and recommendations in the accessible style championed by the NMPA Women and Families Group for the 'lay summaries'.
- A series of 'snapshot audits', produced in years 2 and 3 of the contract. While these topics have yet to be agreed there are opportunities for any bespoke data to be collected whilst minimising the data burden on trusts/boards.

Update on relevant audit activity

Revision of audit measures

At the start of the current contract (2023), the NMPA undertook a review of its measures to respond to changes in the digital maternity landscape, advances in clinical maternity care and following landmark events including the COVID-19 pandemic, and publication of reports such as the Ockenden and Kirkup reports.

The aim, process and outcome of this review is reported in a separate paper however, for the purposes of this Quality Improvement (QI) plan, amendments to two measures have been proposed, along with six new measures that were developed with key stakeholder groups including the Clinical Reference Group and Women and Families Involvement Group (acknowledging some of these measures may be unfeasible due to their inadequate data quality and/or completeness).

This exercise to review and refresh NMPA measures – to ensure they are as aligned to the audits' overall aim as possible – is an important first step in the development of improvement goals.

Optimising the NMPA's audit and feedback cycle

At the start of this contract period the team also undertook the Self-Assessment Report Card for Audit Programmes (https://www.hqip.org.uk/wp-content/uploads/2022/04/A-brief-guide-to-effective-audit-and-feedback-March-2022.pdf), which aims to help leaders of audit programmes identify areas for improvement.

Our findings were reviewed and discussed within meetings with Robbie Foy and Sarah Alderson from the University of Leeds.

Measured using a traffic light scheme, the NMPA scored 'green' in most areas (with the caveat sufficient data has not been received to report against all measures beyond April 2019) and the key areas where the NMPA could be a more effective audit have been agreed to be outside the audit's control (e.g., minimise any delay between data collection and feedback).

Proposed plan to develop improvement goals

The QI goals for the next phase of the NMPA are a priority for the team and are a central tenant of the new QI plan.

The goals will build upon the previous work of the NMPA and will be aligned to both the overall aim of the audit and its underlying mechanism of change articulated within its driver diagram (see Appendix one).

The NMPA team have proposed the foundation of these goals will be:

- To reduce adverse outcomes for mothers and babies.
- To improve the number of healthy pregnancies.
- To improve outcomes in disadvantaged groups.
- To identify poor performing services early.
- To explore the feasibility of developing measures to capture the experience of women and people giving birth.
- To improve data quality and reporting.

In order to ensure the improvement goals deliver on the most urgent and pertinent issues in maternity care, the process for developing these goals were deferred to 2025, a point at which the most recent data request from NHS England had been received, analysed and validated.

The goals were developed closely with the NMPA Multidisciplinary Project team, as well as seeking key input from the Clinical Reference Group (CRG) and Women and Families Involvement Group (WFIG).

This collaboration with key stakeholder and governance groups will ensure the audit remains integrated within the national maternity landscape and adds value.

A meeting took place with the CRG in September 2025, the CRG consists of:

- senior representatives from collaborating organisations
- representatives from each of the devolved administrations
- representatives from key data partners
- representatives from specific stakeholder organisations
- commissioning representation
- independent academic clinicians

A meeting took place with the WFIG in October 2025, the WFIG consists of individuals with recent experience (within the last 2 years at appointment on group) of using maternity services within the NHS in England, Scotland and Wales, representing diverse experiences and views.

At both of these meetings, the groups were asked for their thoughts for the topics of NMPA QI Goals. As a result of the discussion in both of these meetings, we arrived at the following main themes, and specific ideas for Improvement Goal topics:

Theme 1 – Data Quality

- Smoking and BMI both have such poor data completeness that they cannot be used in the 2025 State of the Nation report. We would like to improve the data completeness of these fields.
- PPH data quality is insufficient. We would like to improve PPH data quality, especially in Scotland and in specific Trusts in England.
- Chorionicity data completeness is very poor. We would like to improve the data completeness for this field to improve our reporting on multiple births.
- NMPA data reporting could be more effective if published on a more timely basis. We would like decrease the interval between provision of care and reporting of outcomes.

Theme 2 – NMPA Indicators

- We would like to facilitate a decrease in the percentage of late booking.
- We would like to facilitate a decrease in variation in adverse pregnancy outcomes by ethnicity and/or deprivation.

- We would like to facilitate a continuation in the reduction of SGA born after 40 weeks.

Theme 3 – Wider collaboration across maternity

- Supporting the capture of experience measures of people giving birth.
- We would like facilitate closer links and collaborations with organisations using maternity and neonatal data such as NNAP, MBBRACE and MNSA as well as providers of neonatal and maternity care

NMPA Quality Improvement Goals

After taking away the above themes and requests from our wide range of stakeholders that were consulted, the NMPA Project Team decided to focus on the 'NMPA Indicators' theme, and narrowed down these into 3 goals for review by the groups:

Goal 1 - Reduce late booking to 20% across Great Britain by 2030.

We recognise the importance of timely and accessible antenatal care. In 2023, 1 in 4 (26.7%) women and birthing people attended their first appointment with a midwife after 10+0 weeks of gestation, with a wide distribution of rates between maternity care providers (IQR 16.7–30.2%).

Such variation is unwarranted, the NMPA encourage services to ensure that at least 4 in 5 women attend their first appointment with a midwife within 10 weeks.

Goal 2 - Reduce the proportion of babies who are small for their gestational age at birth to one third (33%) by 2030

The rate of babies born small for gestational age (SGA) at or after 40 weeks has reduced in recent years from 55.4% in our first report on births in 2015/16, to 42.6% in 2023. Despite this improvement, there remains considerable between-provider variation across Great Britain, and the rate is higher in Wales than in England and Scotland.

The overall reduction may be the result of enhanced antenatal monitoring, diagnostic pathways and the impact of national initiatives such as the NHS England Saving Babies Lives Care Bundle; however, we are not aware of equivalent resources in Scotland or Wales. Shared learning across Great Britain and further improvements in England should be made to continue this trend.

Goal 3 –Reduce the variation in the overall rate of PPH between different ethnic groups

The NMPA have previously identified that women and birthing people from ethnic minority groups have a higher likelihood of postpartum haemorrhage (≥1500ml). In 2023, 3.41% of women experienced a PPH, an increase from overall rates previously reported by the NMPA. Using data from 2015-2018, the rate of PPH for women and birthing people from Black and "Other" ethnic backgrounds was 50% and 37% higher respectively than women from white backgrounds, despite case-mix adjustment for factors such as mode of birth and maternal age.

It is likely that increases in PPH rates are associated with persisting or worsening in ethnicity inequalities for PPH rates. Recent advancements in the management of PPH include advocating for early administration of tranexamic acid and transitioning to weighed blood

loss, which are reflected in national guidelines. The effect of these changes on overall PPH rates and rates amongst different ethnic groups are yet to be fully examined.

Evaluation

As part of this process, we also plan to evaluate how NMPA data is currently used by maternity teams for example, whether the current methods for presenting data supports quality improvement and whether alternatives – aligned to the specific improvement goals - could improve its accessibility.

Following publication of the improvement goals, we will review and revise our methods for stimulating healthcare improvement at national, regional and local level.

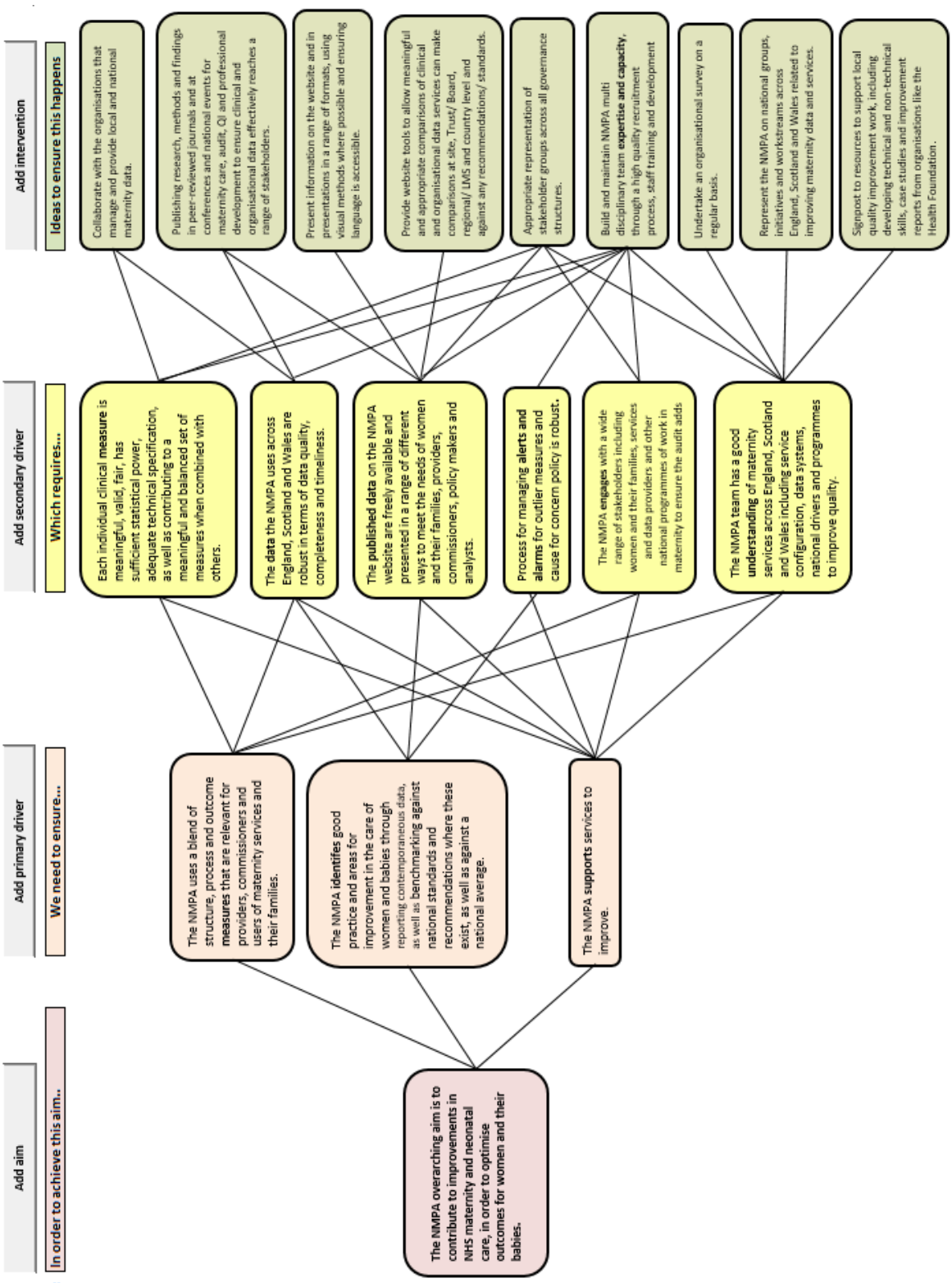
At the time of writing, the proposed methods include:

- Relevant and timely data on agreed clinical measures presented both over time and in comparison with other Trusts/ Boards on the NMPA website to support maternity teams to identify local improvement priorities.
- Implementation of appropriate statistical methods and the NMPA outlier policy will ensure poorly performing services are identified as early as possible and supported to improve.
- Bespoke recommendations and targeted advice to Trusts and Boards on how to improve data quality.
- Accessible reports reporting data at the national level, published (at least) annually on the website, including targeted recommendations for improving the quality of care.
- Granular dissemination of findings via webinars, newsletters, podcasts, social media engagement and bespoke events to reach wider audiences.
- An improved 'quality improvement (QI) area' of the NMPA website with QI interventions aligned with audit measures and recommendations, case studies on how NMPA data has been used for QI and legacy tools for the 'snapshot audits' to allow re-audit.
- Developing the NMPA 'Family Gateway' designed and built by women, birthing people and their families to contextualises NMPA data and provides an accessible way to using the audit.

These methods will be reviewed and agreed within a context of developing relationships with regulators, data providers, National Maternity Voices, and all other organisations involved in assessing, assuring and improving maternity services to ensure value is added, duplication is reduced and opportunities for collaboration are identified.

Impact will be evaluated in a large range of areas using an existing impact assessment framework developed within the RCOG (see Appendix two), also working with HQIP on impact assessment visualisations.

Appendix one: The NMPA Driver diagram



Appendix two: Clinical Quality Framework for measuring impact

Impact Area- Criteria and Suggested Measures/Metrics	**Impact Evidence** (Please provide as much information as possible including dates/timeframe, sources and links, as appropriate)
Impact by numbers: • Website data incl. number of page visits, number of downloads, number of audio version listens • Social media engagement (Twitter, Facebook, Instagram) • Press coverage • Citations • Altmetric scores of publications • Number of publications	
Impact by influence: • Where other organisations signpost to our work • Changes to policy or practice have been made as a result of our work • Impact by engagement with external organisations • Press releases from other organisations • Members of the team asked to advise or attend external conferences/ events.	
Impact through PPI and women's engagement: • Examples of types of PPI and women's engagement • Quotes from women about their experience of being involved • How engagement resulted in changes to the project	
Impact by resourced evaluation and feedback: • Findings from commissioned evaluations • Findings from any workshops or surveys undertaken • Feedback from funders/ commissioners • Case studies	
Impacts by outputs: • Type of publications e.g. reports, GTGs, SIPs • Publication of new data or findings e.g. NMPA data, articles in peer review journals • Events	

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