National Clinical Audit - Line of sight table on report recommendations	
Provider to complete the following details to allow for ease of access and rapid review	
HQIP Ref. Project name, Title of report	**Ref. 734 National Maternity and Perinatal Audit (NMPA)** **State of the Nation Summary, Based on births in NHS maternity services in England, Scotland and Wales during 2024**
1. What is the report looking at/what is the project measuring?	**Maternity and neonatal care outcomes at NHS trusts and boards**
2. Which countries are covered?	**England, Scotland and Wales**
3. The number of previous projects	**6th annual clinical report**
4. The date the data is related to	**1 January 2024 to 31 December 2024**

Intended audience	**Underpinning evidence in the report** *(with page no.)*	**Current national audit benchmarking standard**	**Guidance available (e.g., NICE guideline)**
Recommendation no: 1			
Commissioners of maternity care and local maternity networks should work with their constituent units and local community stakeholders to determine the barriers to booking before 10 weeks of gestation. Local level initiatives and campaigns targeted at improving rates of timely pregnancy booking should be co-designed with groups and communities most likely to receive care after 10 weeks to ensure their needs are met.			
Commissioners of maternity care in England, Scotland and Wales (e.g., Integrated Care Boards (ICBs), Scottish Government, and Welsh Health Boards) and local maternity networks (ICBs, or English local maternity networks where these exist, the Scottish Perinatal Network, and the Wales Maternity and Neonatal Network)	Across GB, 24.4% of women and birthing people attended their first (booking) appointment with a midwife after 10^{+0} weeks of gestation Late booking by ethnic group White: 20.2% Asian: 29.8% Black: 42.8% Mixed: 28.3% Other: 37.3% Late booking by IMD Q1 (least deprived): 18.1% Q2: 19.6% Q3: 22.1% Q4: 26.3% Q5 (most deprived): 31.3%	None known	Antenatal Care, NICE guideline [NG201], August 2021 Antenatal Care, NICE quality standard [QS22], September 2012 (updated February 2023) Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors, NICE guideline [CG110], September 2010 Guidance on Access to Maternity Care for Women Affected by Charging, RCM/RCOG/Maternity Action, April 2024 Understanding the relationship between social determinants of health and maternal mortality, RCOG [SIP No. 67], February 2022

	Late booking by parity Primiparous: 22.0% Multiparous: 26.3% **[pages 3, 5–6]**		
Recommendation no: 2			
Maternity networks should work with their constituent units using local trends in maternal characteristics and mode of birth to target adequate allocation of resources, such as obstetric theatres and workforce.			
Local maternity networks (e.g., Integrated Care Boards (ICBs), English local maternity networks where these exist, the Scottish Perinatal Network, and the Wales Maternity and Neonatal Network)	Vaginal births without the use of instruments 2015/16: 62.3% 2023: 49.4% **2024: 46.4%** Unplanned caesarean (emergency) 2015/16: 14.2% **2024: 24.9%** Planned caesarean (elective) 2015/16: 10.8% **2024: 17.9%** Caesarean by Robson Group 1 2023: 18.0% **2024: 19.9%** Caesarean by Robson Group 2 2023: 56.0% **2024: 60.5%** Caesarean by Robson Group 5 2023: 81.8% **2024: 83.1%** VBAC overall 2015/16: 24.9% **2024: 13.7%**	None known	Intrapartum Care, NICE guideline [NG235], September 2023 Assisted Vaginal Birth, RCOG [GTG No 26], April 2020 (updated June 2023) Caesarean Birth, NICE guideline [NG192], March 2021 All Wales Midwifery-Led Care Guideline 6th Edition, Wales Maternity and Neonatal Network, October 2022 Birth after Previous Caesarean Birth, RCOG [GTG No. 45], October 2015 Inducing Labour, NICE guideline [NG207], November 2021 Midwifery Care for induction of labour, RCM, Blue Top Guidance, September 2019 Safe midwifery staffing for maternity settings, NICE guideline [NG4], February 2015 A snapshot of neonatal services and workforce in the UK, RCPCH, September 2020 Neonatology, GIRFT Programme National Specialty Report, January 2022

	Induction of labour **2024: 32.5%** **[pages 3–4]** **Pre-existing conditions** BMI of 30kg/m^2 or over at booking 2016/17: 19.4% **2024: 26.7%** Gestational diabetes **2024: 12.0%** **[page 2]**		The British Association of Perinatal Medicine Service and Quality Standards for Provision of Neonatal Care in the UK, BAPM, November 2022 Maternity and Gynaecology, GIRFT Programme National Specialty Report, January 2021 RCOG Workforce Report 2022, RCOG, February 2022 Maternity Staffing Level Tool, Health Improvement Scotland, March 2024 Maternity Triage, RCOG [GPP No. 17], December 2023 Maternity Service Standards Framework, RCOG, December 2025 Care of Women with Obesity in Pregnancy, RCOG [GTG No. 72], November 2018 Diabetes in Pregnancy: management from preconception to the postnatal period, NICE guideline [NG3], February 2015 (updated December 2020) Care of the Critically Ill Woman in Childbirth; Enhanced Maternal Care, RCoA/RCOG/RCM/ICS/FICM, August 2018
Recommendation no: 3			
Update the digital maternity standards* in England, Scotland and Wales to include mandatory data capture on the indication for interventions, and where applicable, the method and timing of induction of labour. **Digital maternity standards include the Digital Maternity Record Standard in England, the Maternity Data Record Standard in Wales and SMR Input Record in Scotland.*			
Digital teams in NHS England,# Public Health Scotland, and Digital Health and Care Wales # NHS England or succeeding responsible organisation in England.	Unplanned caesarean (emergency) **GB mean: 24.9%** Min/max: 16.7–32.8% IQR: 22.6–26.8%	None known	Intrapartum Care, NICE guideline [NG235], September 2023 Assisted Vaginal Birth, RCOG GTG No 26, April 2020 (updated June 2023) Caesarean Birth, NICE guideline [NG192], March 2021

	Planned caesarean (elective) **GB mean: 17.9%** Min/max: 12.2–25.5% IQR: 16.5–19.2%) Induction of labour **GB mean: 32.5%** Min/max: 16.6–52.1% IQR: 29.0–37.9% Episiotomy **Eng/Wales mean: 24.7%** Min/max: 11.4–41.1% IQR: 21.7–27.3% Preterm birth (before 37 weeks) **GB mean: 6.23%** Spontaneous: 42.0% Iatrogenic: 58.0% **[pages 3–4]**		Inducing Labour, NICE guideline [NG207], November 2021 Midwifery Care for induction of labour, RCM Blue Top Guidance September 2019 Preterm labour and birth, NICE guideline [NG25], June 2022
Recommendation no: 4			
Commissioners of maternity care and local maternity networks should work with their constituent units to use their local rate of small for gestational age births to: • Review their policies and protocols that support detection, monitoring and intervention when there are concerns about fetal growth. • Promote shared learning between units, networks and countries to continue the improvement in rates.			
Commissioners of maternity care in England, Scotland and Wales (e.g., Integrated Care Boards (ICBs), Scottish Government, and Welsh Health Boards) and local maternity networks (ICBs, or English local maternity networks where these exist, the Scottish Perinatal Network, and the Wales Maternity and Neonatal Network)	The rate of SGA babies born at/after 40 weeks has declined since our first report 2015/16: 55.4% **2024: 41.4%** SGA babies born at/after 40 weeks whose birth was recorded as: **Spontaneous: 50.0%** **Iatrogenic: 50.0%**	**Included in national ambition to halve rates of stillbirth, neonatal mortality and brain injuries by 2025**	Investigation and Care of a Small-for-Gestational-Age Fetus and a Growth Restricted Fetus, RCOG [GTG No. 31], May 2024 Saving Babies Lives Care Bundle version 3 (SBLCB v3), NHS England, 2025 Small for Gestational Age and Fetal Growth Restricted Babies – Antenatal Management, Wales Maternity and Neonatal Network, August 2024

	SGA babies born between 37–39 completed weeks whose birth was recorded as: **Spontaneous** **England: 28.7%** **Scotland: 38.9%** **Wales: 26.3%** **Iatrogenic** **England: 71.3%** **Scotland: 61.1%** **Wales: 73.7%** **[pages 3, 9–10]**		Maternity Service Standards Framework, RCOG, December 2025
Recommendation no: 5			
Commissioners of maternity care and local maternity networks should work with their constituent units to objectively measure and record all volumes of blood loss during labour and birth.			
Commissioners of maternity care in England, Scotland and Wales (e.g., Integrated Care Boards (ICBs), Scottish Government, and Welsh Health Boards) and local maternity networks (ICBs, or English local maternity networks where these exist, the Scottish Perinatal Network, and the Wales Maternity and Neonatal Network)	PPH ≥ 1500 ml Eng/Wales mean: 3.50% **[pages 3,10]**	None known	Prevention and Management of Postpartum Haemorrhage, RCOG [GTG No. 52], December 2016 Placenta Praevia and Placenta Accreta: Diagnosis and Management, RCOG [GTG No. 27a], May 2026 Prevention and Management of Postpartum Haemorrhage, All Wales Maternity and Neonatal Network Guideline, April 2023 Intrapartum Care, NICE guideline [NG235], September 2023 All Wales Midwifery-Led Care Guideline 6th Edition, Wales Maternity and Neonatal Network, October 2022