**Perinatal and Maternal Mortality Review Committee (PMMRC) Report**

**Frequently Asked Questions, June 2015**

**What is New Zealand’s perinatal death rate?**

In 2013, there were 598 deaths of babies aged from 20 weeks gestation to less than 28 days old (or weighing at least 400g if gestation was unknown). The perinatal related mortality rate in 2013 was 10.0 per 1000 births. This was the lowest rate since the PMMRC started collecting data on baby deaths, but not yet low enough to be sure that the apparent reduction is not due to chance.

**What is the main cause of perinatal death in New Zealand?**

In 2013, the main cause of perinatal death in New Zealand was congenital abnormality, which accounted for 26.4 percent of deaths. From 2007 to 2013 the second most common cause of death was spontaneous preterm birth which accounted for 14.4 percent of all perinatal deaths, followed by unexplained antepartum death (babies dying before birth without a known cause) which accounted for 13.4 percent of deaths.

**How does New Zealand’s perinatal death rate compare internationally?**

The perinatal-related mortality rate in New Zealand in 2013 is similar to the rate reported by England and Wales for 2013 and by Australia for 2012.

**How many deaths were potentially avoidable?**

In 95 cases, or 15.9 percent of perinatal-related deaths, the local perinatal mortality review group determined deaths were potentially avoidable. This means that if at least one of the factors identified as contributing to the death had been absent, the death may not have occurred. This is lower than the 18.5 percent rate in 2012, but is not statistically lower.

**Are there any groups more at risk of losing a baby?**

Women who smoke in pregnancy, who have a BMI of over 25, live in areas of high socioeconomic deprivation and who are of Māori, Pacific and Indian ethnicity are more at risk of losing a baby.

There has been an increase in the rate of perinatal death of babies among mothers under 20 years old.

**How many babies had neonatal encephalopathy?**

In the four years 2010 to 2013, 298 babies were reported as having neonatal encephalopathy, a syndrome usually resulting from lack of oxygen to the brain around the time of birth.

The incidence of neonatal encephalopathy is significantly higher among Pacific mothers than among New Zealand European mothers, and the incidence increases with increasing socioeconomic deprivation.

**How many maternal deaths were there?**

In 2012, there were 12 maternal deaths. A maternal death is the death of a woman while pregnant or within 42 days of the end of pregnancy. There has been no statistically significant change in the maternal death rate since PMMRC began analysing maternal mortality data in 2006.

**Were any of the maternal deaths preventable?**

Between 2006 and 2013, 36 percent of maternal deaths were identified as potentially avoidable. Contributory factors were identified in 60.7 percent of deaths, these factors included lack of policies, protocols or guidelines, lack of recognition of complexity or seriousness of the condition by the caregiver or woman and no or limited antenatal care.

**Why are deaths from amniotic fluid embolism (AFE) and suicide higher in New Zealand than elsewhere?**

The PMMRC reports that in 2013 the rate of maternal death from amniotic fluid embolism in New Zealand was six times higher compared to the UK, and maternal suicide was seven times more common in New Zealand than in the UK. It is not known why, and during 2015-16 the PMMRC is planning further work to investigate both amniotic fluid embolism (death and woman who survive AFE) and suicide.

**What is the reason behind the reduction in stillbirths and what does it mean for people expecting a baby?**

This reduction in stillbirths is due to fewer babies dying from lack of oxygen around the time of birth, fewer babies dying following bleeding in pregnancy, fewer babies dying of infections prior to birth and fewer babies dying before birth without a known cause.

In 2007, there was one stillbirth for every 180 births but in 2013 there was one stillbirth for every 200 births, which is a small but significant improvement. The reduction in stillbirths is a reduction in babies dying from 37 weeks onwards. Fewer families are experiencing the death of their baby prior to birth.

**What is being done, or could be done, to improve access and engagement in general and specifically for Māori and Pacific mothers and those in areas of high deprivation?**

The Ministry of Health and DHBs are looking into different ways of providing care so it is easier for pregnant women to access a lead maternity carer (LMC)/DHB care.

Following a previous recommendation from the PMMRC an independent review was commissioned by Counties Manukau DHB to understand the higher rate of perinatal mortality in their region. In April 2015, the Maternity Review Action Plan was released which describes the actions Counties Manukau are taking as a maternity care system in response to this review. This can be accessed at: <http://www.countiesmanukau.health.nz/assets/About-CMH/Reports-and-planning/Maternity/2014-maternity-review-action-plan.pdf>

A three-bed mother and baby unit has been opened in the Child and Family Unit in Starship Hospital in Auckland. It has been operational since September 2014. It is expected that the planned expansion of community-based supporting mental health services across other North Island DHBs will be in place by 30 June 2015.

Many DHBs have initiated media and social media campaigns, and recently the College of Midwives, supported by the Ministry of Health, launched the Find Your Midwife website, which helps women to find and book an LMC. <http://www.findyourmidwife.co.nz/>

The TAHA Well Pacific Mother & Infant Service has launched a smart phone app with information for pregnancy and parenting. This can be accessed at: [www.tapuaki.org.nz](http://www.tapuaki.org.nz)

From 2015 the Ministry of Health is monitoring and reporting on registration with an LMC (within first 12 weeks).

Each year the PMMRC provides an update on previous recommendations – more detailed comments on all previous PMMRC recommendations can be found in the Appendix on page 156