



# Information about deaths of babies and mothers in New Zealand in 2014

*He matenga ohore, he wairua uiui, wairua mutungakore.*  
The grief of a sudden, untimely death will never be forgotten.

This is the most recent information about the risks of pregnancy and childbirth in New Zealand.

Sadly, sometimes a baby or a mother dies during pregnancy or shortly after birth.

In New Zealand the risk of death for babies or mothers is quite low.

If your baby has died, we hope this information helps you to understand you are not alone.

## Where did this information come from?

This information comes from the 10th report of the Perinatal and Maternal Mortality Review Committee (the PMMRC). The information is about New Zealand babies and mothers who died during pregnancy or shortly after childbirth.

## What does the PMMRC do?

The PMMRC believes that every baby's life, no matter how short, should be investigated.

The PMMRC:

- investigates the deaths of babies born from 20 weeks of pregnancy up until 28 days after birth
- investigates the deaths of all mothers who die at any stage during pregnancy, or in the six weeks after childbirth
- looks at information about the pregnancy and birth, and findings of medical tests to try and understand why a baby or mother died.

The PMMRC has been investigating the deaths of babies and mothers since 2007 to see if anything has changed over this time.

## Why do babies die during pregnancy or childbirth?

**Birth defects and premature births were the most common cause of death for babies born in 2014.**

Nearly **60,000 births** were registered in New Zealand in 2014. In 2014, **656 babies** died after 20 weeks of pregnancy or within the first four weeks after birth. This means that 11 babies died for every 1000 registered births. This is very similar for babies born in England and Wales, and Australia.





**Birth defects** (also known as congenital abnormalities) are caused by the baby's genes or something in the baby's environment that prevented the baby from developing normally. Birth defects are the most common cause of death for babies during pregnancy or in the first month of life. In 2014, **188 babies** died because of birth defects.

**Premature birth** is another common cause of death. In 2014, **105 babies** died because they were born too early, before their lungs and other parts of their body were fully developed.

**Bleeding** (also known as haemorrhage) from the vagina shows that something might be wrong with the pregnancy. Bleeding from the vagina was common among women who lost a baby, even if the bleeding was not the direct cause of death. In 2014, **69 babies** died because of bleeding in pregnancy.

**Unexplained causes** of death mean there were no obvious medical problems with the baby or the mother that could explain why the baby died, or there were no investigations done to try and find a cause of death. In 2014, **97 babies** died from unexplained causes.

**Specific pregnancy complications** are a group of conditions that includes complications of twin pregnancy. In 2014, **69 babies** died from specific pregnancy complications.

## Why do mothers die during pregnancy and childbirth?

**The risk of death for mothers during pregnancy is very low.**

As the risk is so low, it can be difficult to measure whether there have been any changes over time. On average, 10 women die every year from pregnancy-related causes. Usually these women were suffering from pre-existing medical problems that contributed to their deaths.

Since the PMMRC began investigations in 2006:

- 26 women died from pre-existing medical problems that were made worse by the woman's pregnancy
- 22 women died from suicide
- 12 women died from an amniotic fluid embolism around the time of childbirth. This is a rare pregnancy complication that occurs when the fluid surrounding the baby during pregnancy enters the mother's bloodstream and causes an allergic reaction.

## More information

Sands New Zealand is an organisation that offers support for families and whānau whose baby has died. It has a lot of helpful information on its website: [www.sands.org.nz](http://www.sands.org.nz).

If you had a miscarriage before 20 weeks there is useful information about miscarriage on the Ministry of Health's website: [www.health.govt.nz/your-health/pregnancy-and-kids/services-and-support-during-pregnancy/miscarriage-and-stillbirth](http://www.health.govt.nz/your-health/pregnancy-and-kids/services-and-support-during-pregnancy/miscarriage-and-stillbirth).

You can access the PMMRC's full report here: [www.hqsc.govt.nz/our-programmes/mrc/pmmrc/publications-and-resources/publication/2550](http://www.hqsc.govt.nz/our-programmes/mrc/pmmrc/publications-and-resources/publication/2550).



## Thinking of having a baby?

### **Advice on how to keep you and your baby safe during pregnancy:**

**Prepare** before you get pregnant. Talk to your doctor if you have a health condition. Stop smoking and drinking alcohol. Eat healthy food and exercise to achieve a healthy weight. Take folic acid and iodine. If you are already pregnant, find a lead maternity carer (LMC), usually a midwife, as soon as you can. Your LMC will answer all your questions and help you through your pregnancy and childbirth.

What are the **Risks**? Ask your LMC what tests you can have to check that your baby and you are well. Your LMC also needs to know if you already have a health condition or had problems with a previous pregnancy. Your LMC will be able to arrange medical care to reduce the risks to your baby and you.

Is this an **Emergency**? Talk to your LMC, doctor or nurse straight away if you have any bleeding from your vagina, you notice your baby does not move as much or if you feel unwell.

**Gestational** diabetes is a type of diabetes some women get when they are pregnant. Your LMC will talk to you about getting tested for diabetes and tell you what you need to do if you have it.

Say **No**. Stop smoking, drinking alcohol and taking drugs before you are pregnant or as soon as you think you may be pregnant. This will reduce the risk of your baby being stillborn, being born prematurely or having birth defects.

Physical **Activity** helps keep your baby and you healthy.

**Nutrition**. Eat healthy food for your baby and you. Talk to your LMC about how much weight gain is healthy for you.

Have regular **Check-ups** with your LMC so you can find any problems early.

**You** are just as important as your baby. Ask your LMC, doctor or nurse where you can get help if you are feeling depressed or having problems in your relationship.