

Victoria's mothers, babies and children 2019

Mothers and babies

About CCOPMM



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The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) is a statutory authority appointed by the Minister for Health

Chair: Adjunct Professor Tanya Farrell

Operates under the *Public Health and Wellbeing Act 2008*



About CCOPMM

Legislative responsibility for data collection

- Victorian Perinatal Data Collection (VPDC)
- Victorian Congenital anomalies register (VCAR)

Legislative responsibility for health surveillance

- Mortality collections and review of perinatal, child and adolescent, and maternal mortality
- Morbidity collections: severe acute maternal morbidity (SAMM)

Undertaking case reviews

Four subcommittees report to CCOPMM:

- **Stillbirth** – Chair: Professor Susan McDonald
- **Neonatal Mortality and Morbidity** (0-27 days) – Chair: Professor Rod Hunt
- **Maternal Mortality and Morbidity** – Chair: Professor Mark Umstad
- **Child and Adolescent Mortality and Morbidity** (28 days-17 years) – Chair: Professor Paul Monagle

Undertaking research

CCOPMM conducts research itself and also provides data for research purposes

CCOPMM identifies research priorities by:

- analysis of our reports, data and through case reviews
- collaborating with external research projects

Why do we do what we do?

- Independent oversight of all deaths and severe maternal morbidity
- Highlight areas that require improvement – hospital and community
- Highlight areas for further research
- Inform the development of policies and guidelines
- Provide advice on areas for prioritisation and investment

Trends and comparisons



Births in 2019

77,779
women
gave birth
in 2019



↗ **423 more**
women gave birth
than 2018

78,954
babies
were born
in 2019

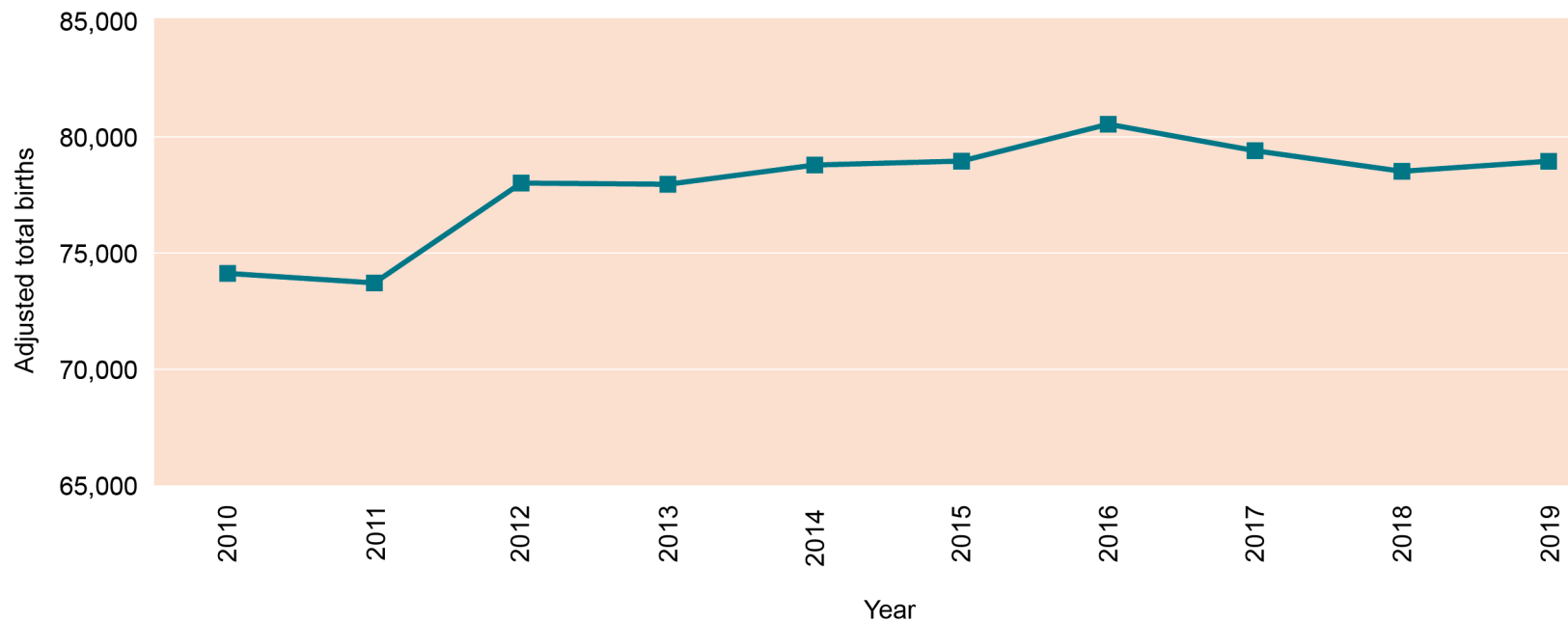


↗ **433 more**
babies born 2019
than 2018



birthrate
decreased to
56.5
per 1,000 EFRP

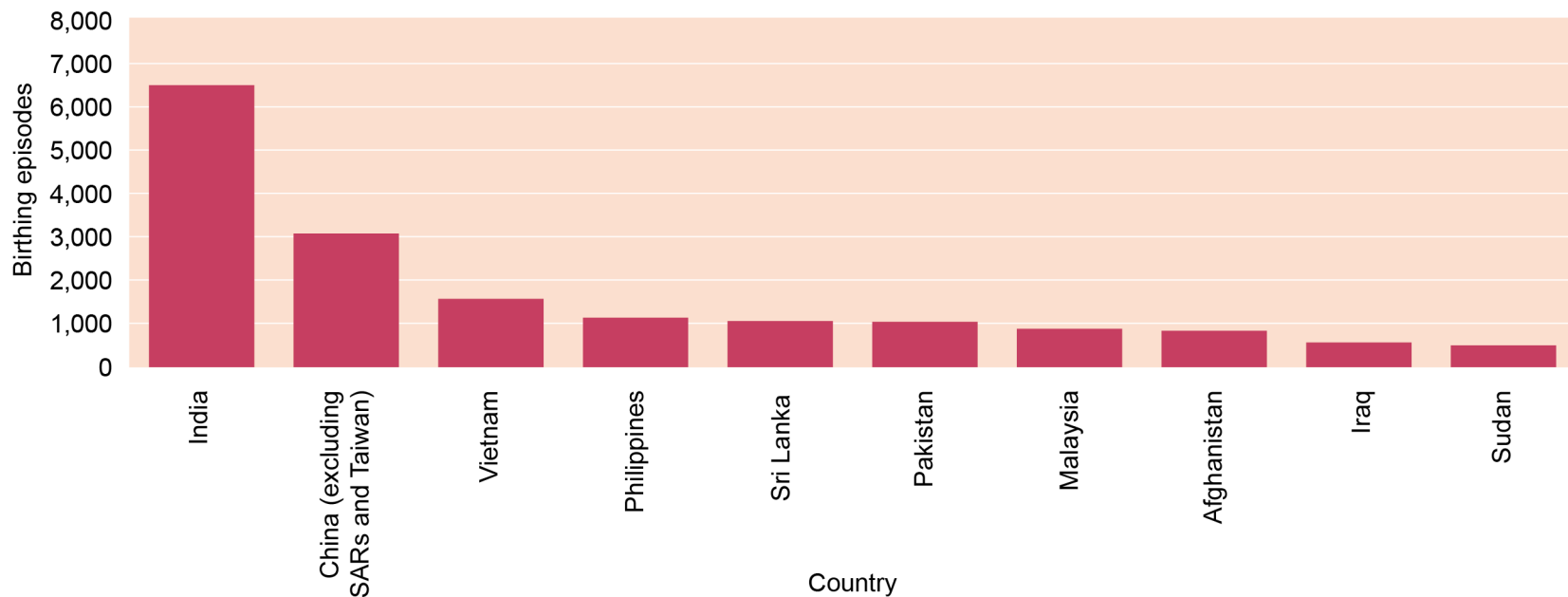
Birth numbers over time



Trends in birthing numbers and gestation (%)

Gestation	2000	2005	2010	2015	2016	2017	2018	2019
	61,562	65,115	72,864	77,752	79,319	78,226	77,355	78,954
20–27 weeks	0.7	0.6	0.6	0.5	0.6	0.5	0.6	0.6
28–31 weeks	0.7	0.6	0.7	0.7	0.6	0.7	0.6	0.7
32–36 weeks	5.5	5.5	5.8	6.4	6.2	6.4	6.4	7.0
37–41 weeks	91.8	91.9	91.6	92.0	92.2	92.1	92.1	91.5
42+ weeks	1.3	1.3	1.2	0.5	0.4	0.3	0.2	0.3
Not reported	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0

Top 10: mothers born in Non-English speaking countries



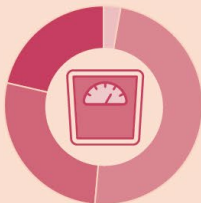
Characteristics of mothers and babies

At booking:

3% women underweight
48% women healthy weight
27% women overweight
21% women obese



Similar to 2018



7.7% women smoked
at any time during their
pregnancy (6,016)



Slight reduction from
8.0%, 6,192 women in 2018

1.4% women
who gave birth (1,118)
were Aboriginal

They gave birth to
1,133 babies

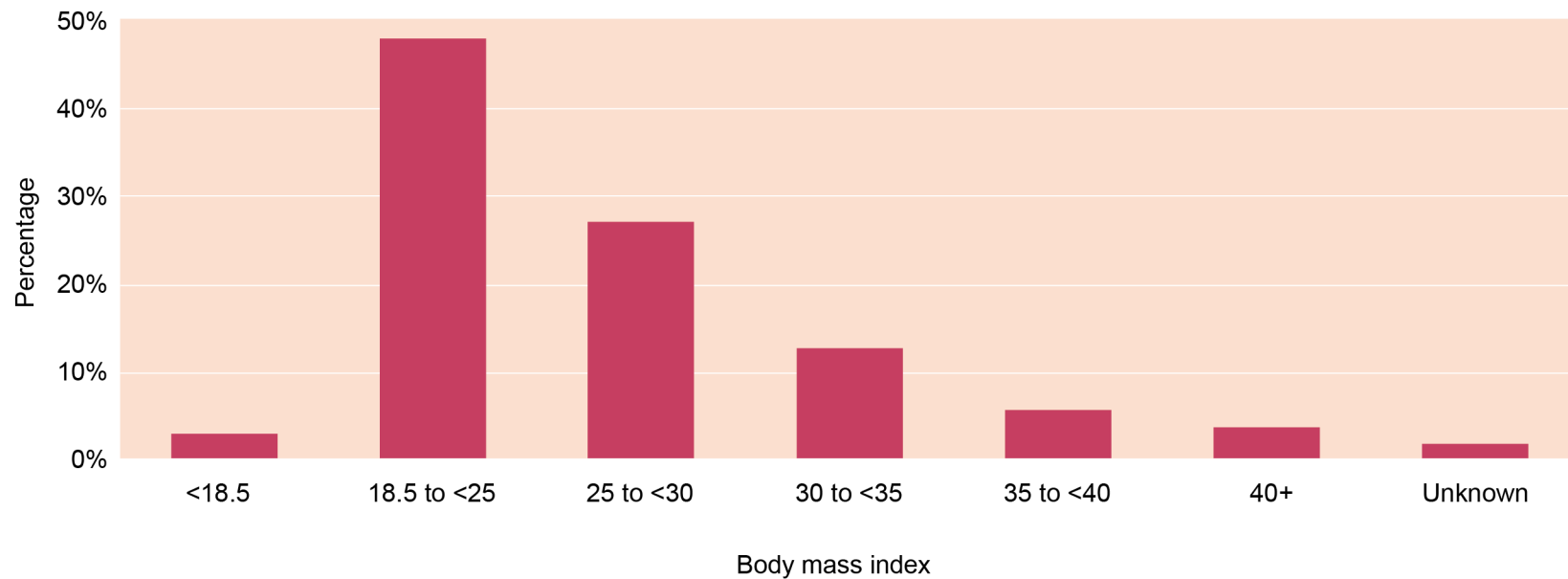


Slight decrease
from 2018



1.9% of all babies
born in 2019 (1,536)
were reported as being
Aboriginal

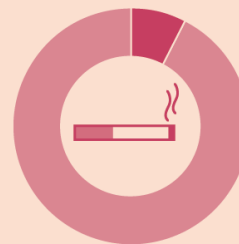
Body mass index at booking



Smoking reported during pregnancy

7.7% women smoked
at any time during their
pregnancy in 2019

→ 175 fewer women
(-0.3%) from 2018



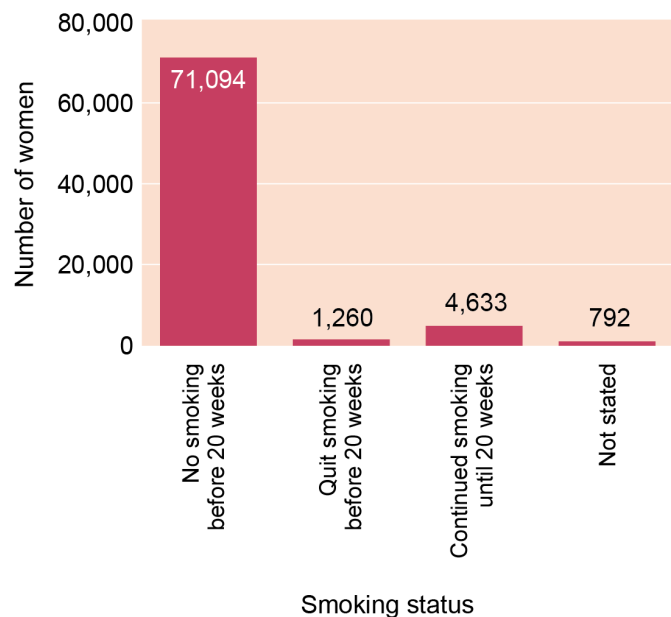
7.6%
women
smoked
in first half
pregnancy



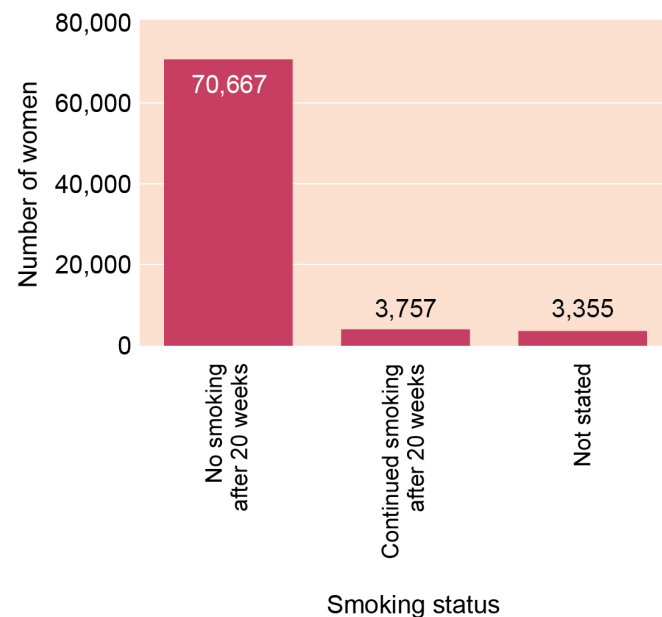
4.8%
women
smoked
in second half
pregnancy

Smoking reported during pregnancy

First 20 weeks



After 20 weeks



Method of birth

36,498 women
(46.9%) unassisted
vaginal births 2019

↓ Down from 48.5% in 2018



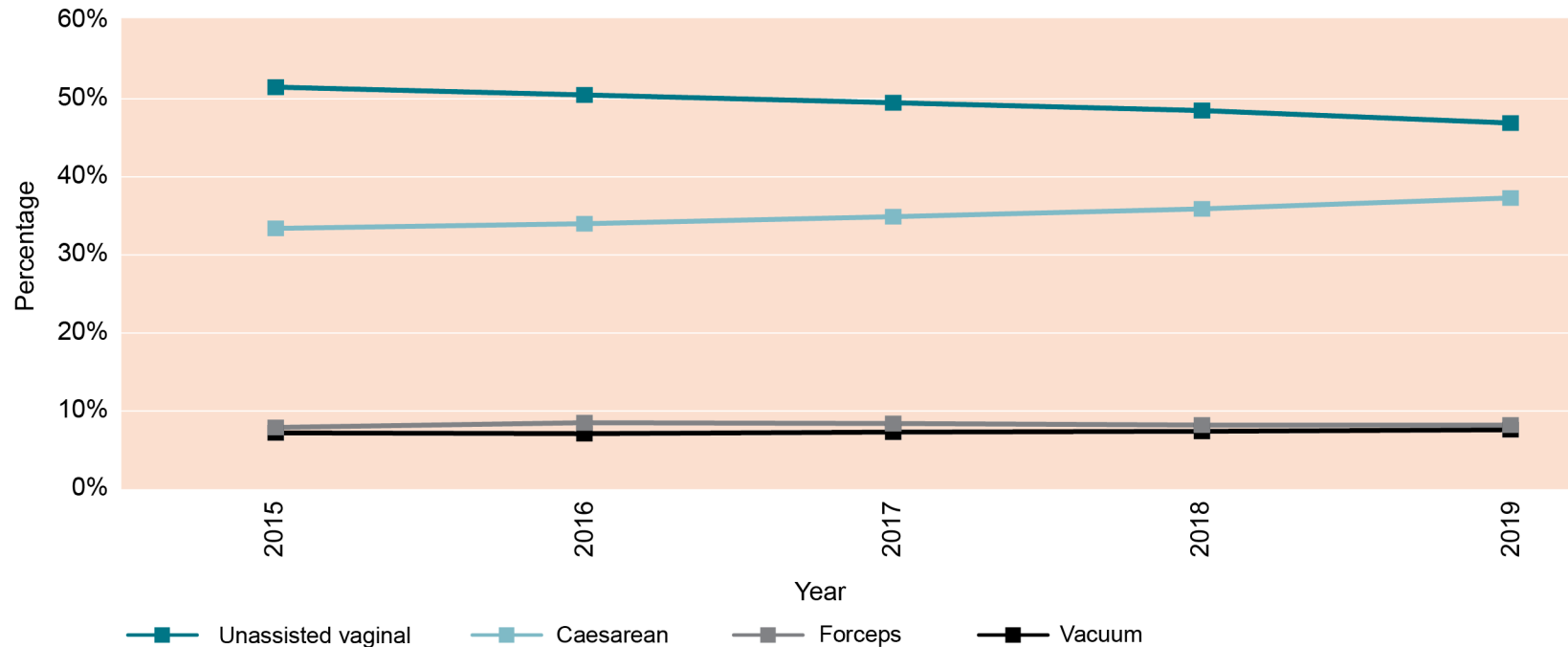
12,329 women
(15.8%) instrumental
vaginal births 2019

→ Similar to 2018

28,953 women
(37.2%) caesarean
section births 2019

↗ Up from 35.9% in 2018

Trends in method of birth



Onset of labour

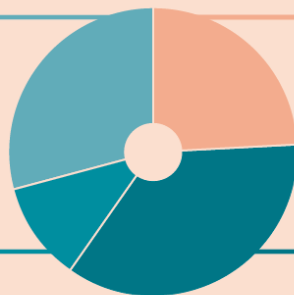
of 77,779 women who gave birth

**spontaneous
and not
augmented**

29.0%

**spontaneous
and augmented**

11.1%



**no labour
pre-labour
caesarean**

24.3%

induced

35.5%

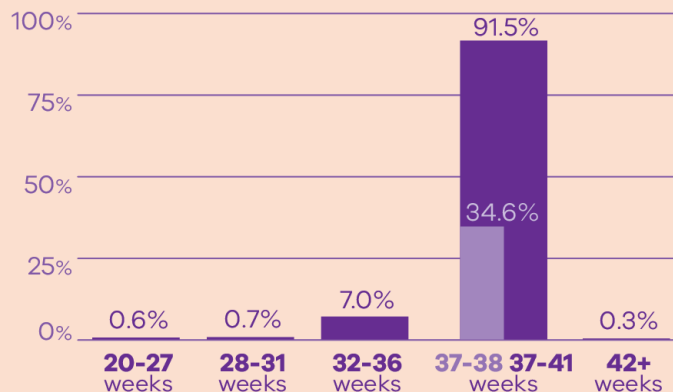


All similar to 2018

Babies in 2019

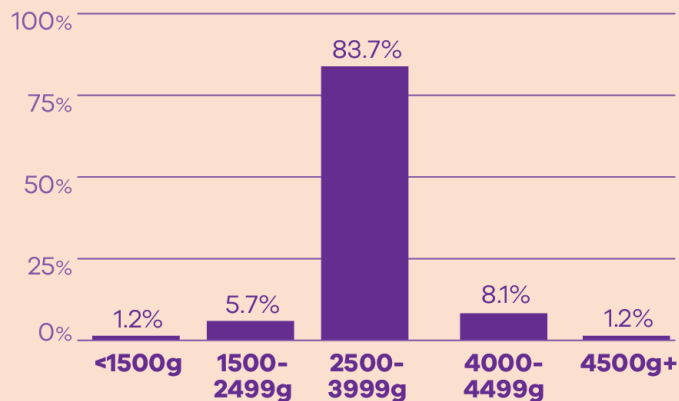
gestation

of 78,954 babies born



birth weights

of 78,954 babies born



Trends and comparisons: Aboriginal mothers and babies



Aboriginal births in 2019

1,118

Aboriginal women
gave birth in 2019
(1.4% of all women
who gave birth)



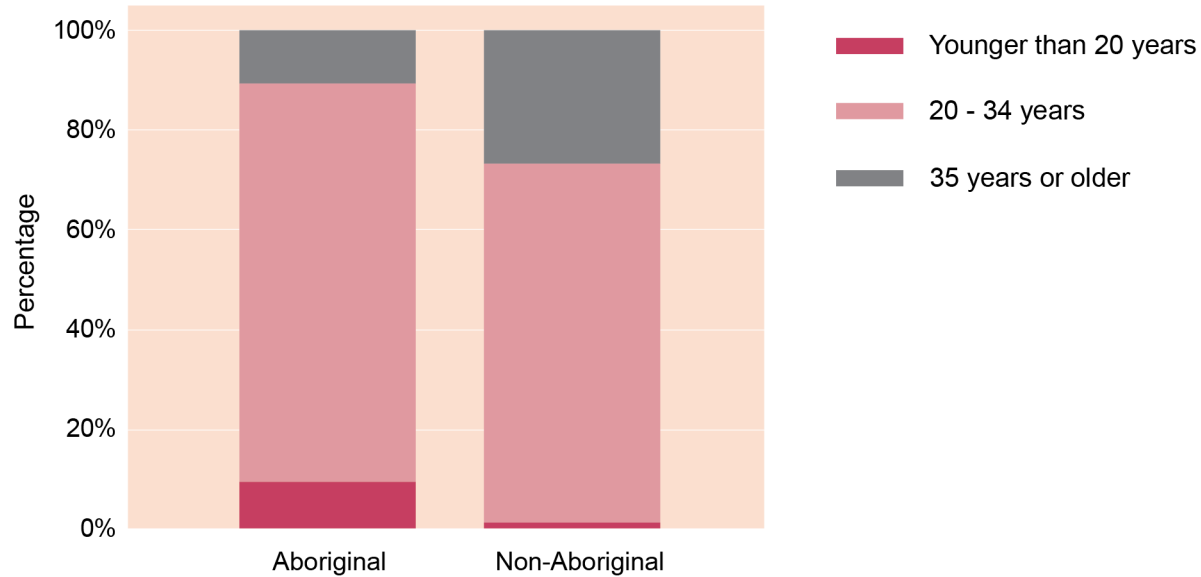
Increase from 376 women
(0.6%) in 2000



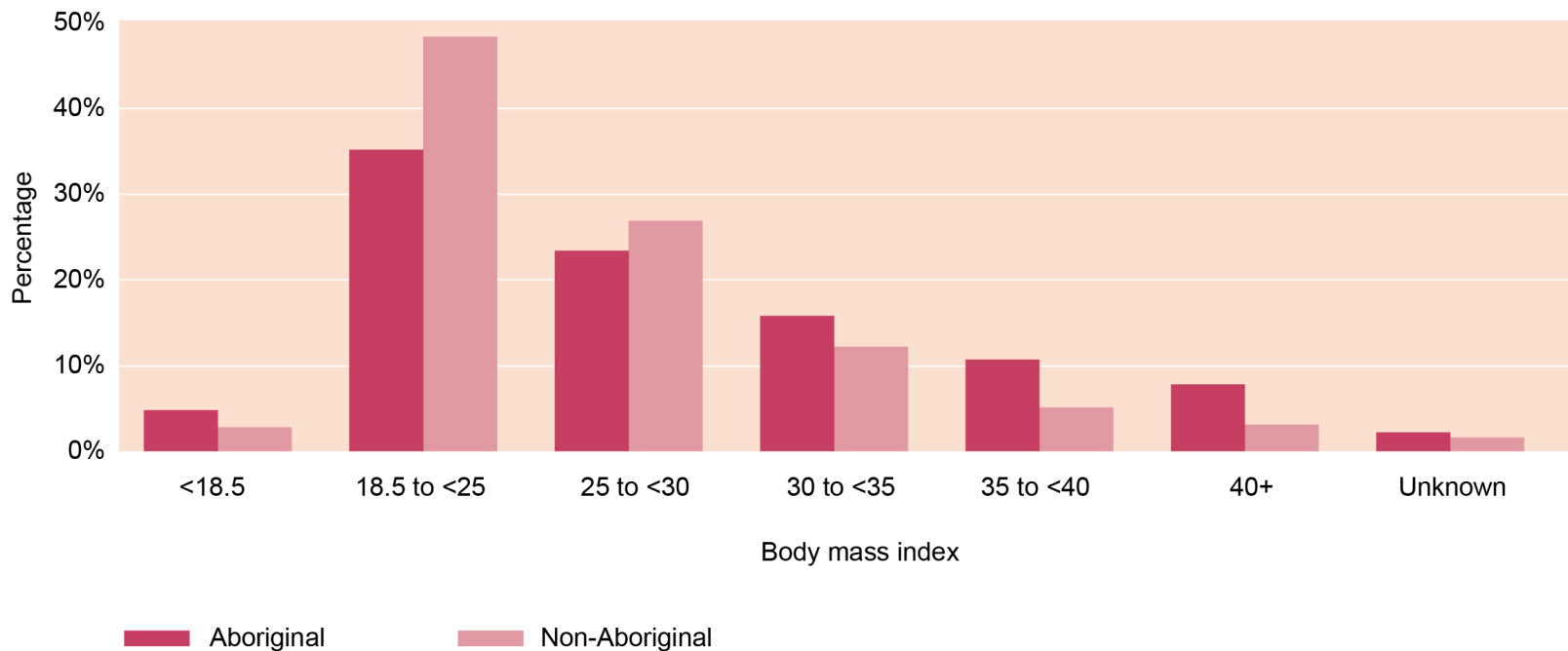
1,133

babies were born to
Aboriginal women
(1.4% of all babies born)

Age comparison: Aboriginal and Non-Aboriginal



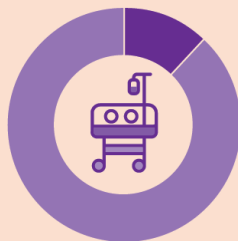
Body mass index at booking by Aboriginal status



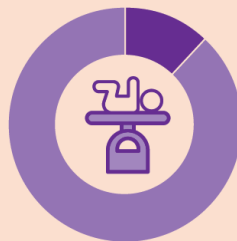
Birth outcomes in 2019

12.1%

of babies born to
Aboriginal women
**were born before
37 weeks' gestation**



Compared with
8.2% of babies born to
non-Aboriginal women



12.0%

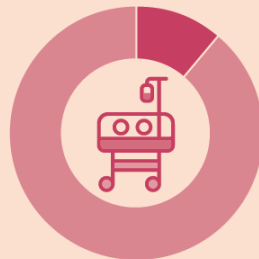
of babies born
to Aboriginal
women had a
**birthweight below
the 10th centile**

Compared with
8.5% of babies born to
non-Aboriginal women

Birth outcomes in 2019

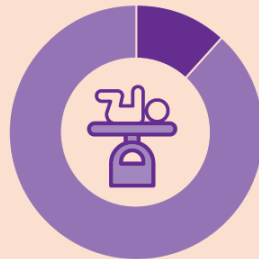
11.3%
of Aboriginal women
gave birth preterm

Compared with
7.3% non-Aboriginal women



11.7% of babies
born to Aboriginal women
weighed <2,500g

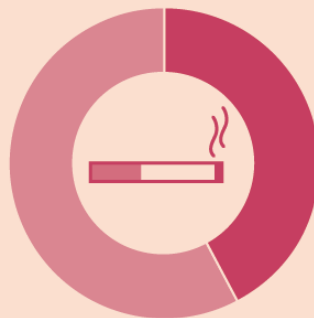
Compared with
6.9% non-Aboriginal babies



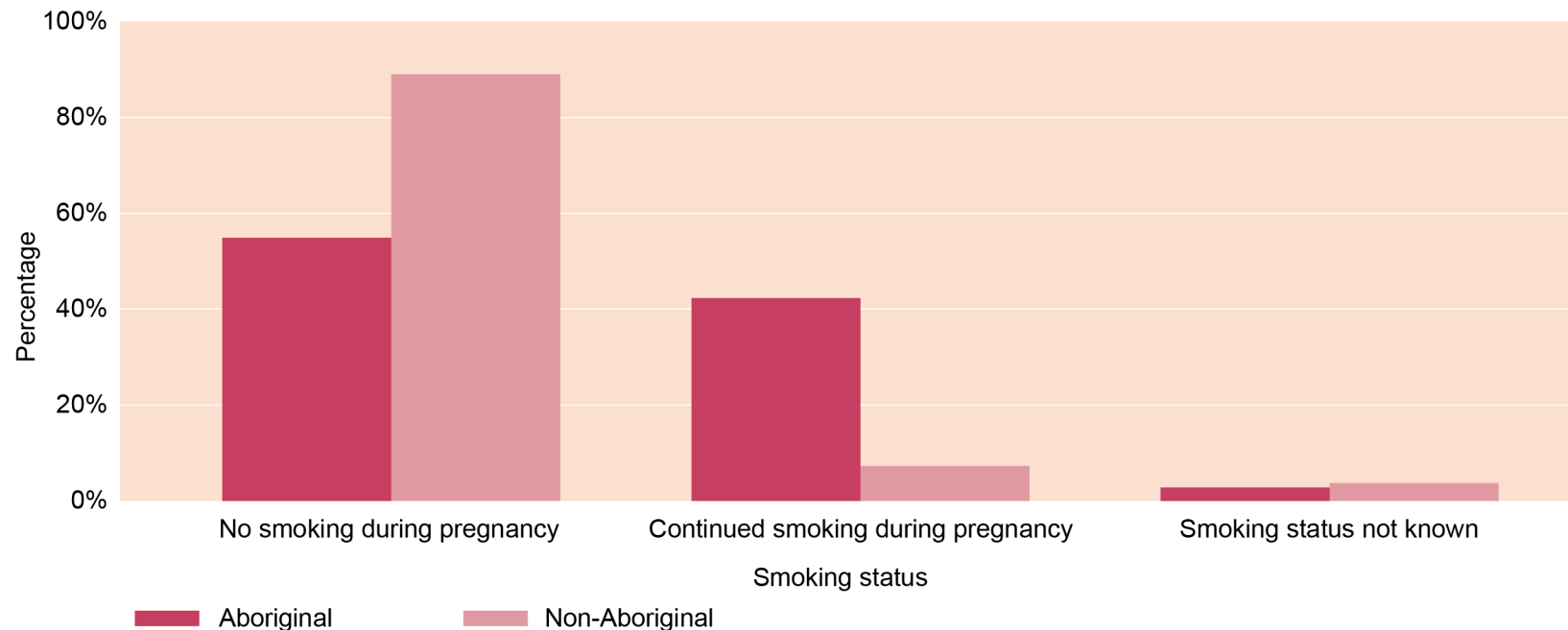
Smoking during pregnancy

42.3%
of Aboriginal women
smoked during pregnancy

Compared with
7.3% non-Aboriginal women



Smoking during pregnancy by Aboriginal status



CCOPMM recommendations: Mothers and babies



Recommendations

1a) Maternity services must develop and regularly audit a **pathway that facilitates rapid access to an emergency operating theatre 24/7** to prevent significant maternal or perinatal morbidity or mortality

1b) For all Category 1 caesarean sections, services must **record the time in which the decision was made to perform the caesarean section** – to enable the accurate recording of the **time taken from the ‘decision to deliver’ to the birth** of the baby

Recommendations

2. Develop and implement a **formal time out process prior to every instrumental birth and emergency caesarean section**, whether in a birth room or in the operating theatre, to improve situational awareness and decision making about whether it is the right mode of birth, in the right location, with the right instrument/s, and the right clinical team in attendance

Recommendations

3. Develop and implement a **credentialing process for medical staff practising obstetrics** at all levels of training and experience who are undertaking instrumental births and complex caesarean sections

4. Formalise pathways for women to have **timely access to specialist clinical consultations from a named tertiary (level 6) service** for secondary and primary maternity services

Recommendations

5. Develop and implement a system-wide improvement program to prevent women experiencing postpartum haemorrhage (PPH)

6. Evaluate the effectiveness of current services in meeting the specific needs of women during pregnancy and in the year following birth. If gaps are identified, implement strategies to improve the health and wellbeing of women and families. The areas of mental health and family violence require specific focused attention



For more information

Refer to CCOPMM's other slide packs on:

- Maternal mortality and morbidity
- Perinatal mortality
- Child and adolescent mortality
- 2019 recommendations

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