

Consultative Council on
Obstetric and Paediatric
Mortality and Morbidity

SCV
Safer Care
Victoria

Victoria's mothers, babies and children 2019

Trends and recommendations

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: 2019



Births in 2019

77,779
women
gave birth
in 2019



 **423** more
women gave birth
than 2018


birthrate
decreased to
56.5
per 1,000 EFRP

78,954
babies
were born
in 2019

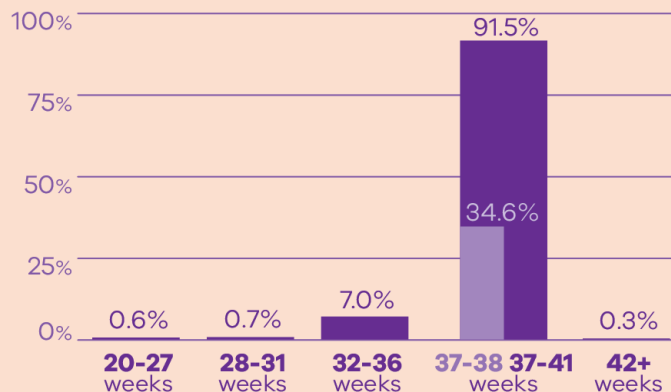


 **433** more
babies born 2019
than 2018

Babies in 2019

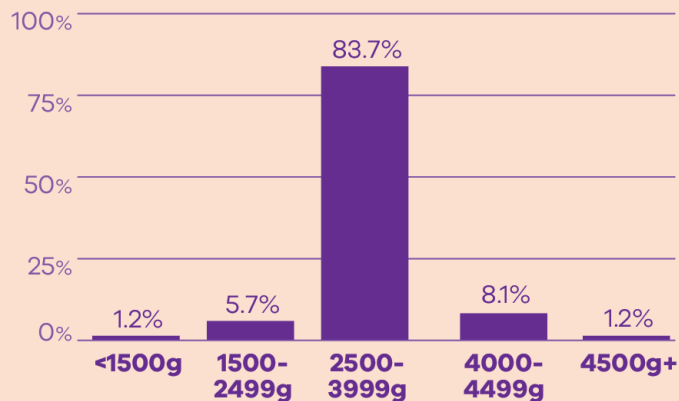
gestation

of 78,954 babies born



birth weights

of 78,954 babies born



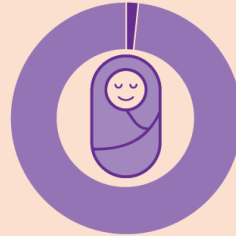
Aboriginal mothers and babies in 2019

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)



Trends and comparisons: Perinatal mortality



Perinatal deaths in 2019

860

perinatal deaths 2019

➔ Slight increase
from 848 in 2018



688 **adjusted**
perinatal deaths 2019

➔ Slight increase
from 675 in 2018

8.7 per 1,000 births
adjusted perinatal
mortality rate 2019

➔ Slight increase
from 8.6 in 2018

31.7% of adjusted
perinatal deaths in 2019
underwent an autopsy

➔ Down from 35.5% in 2018

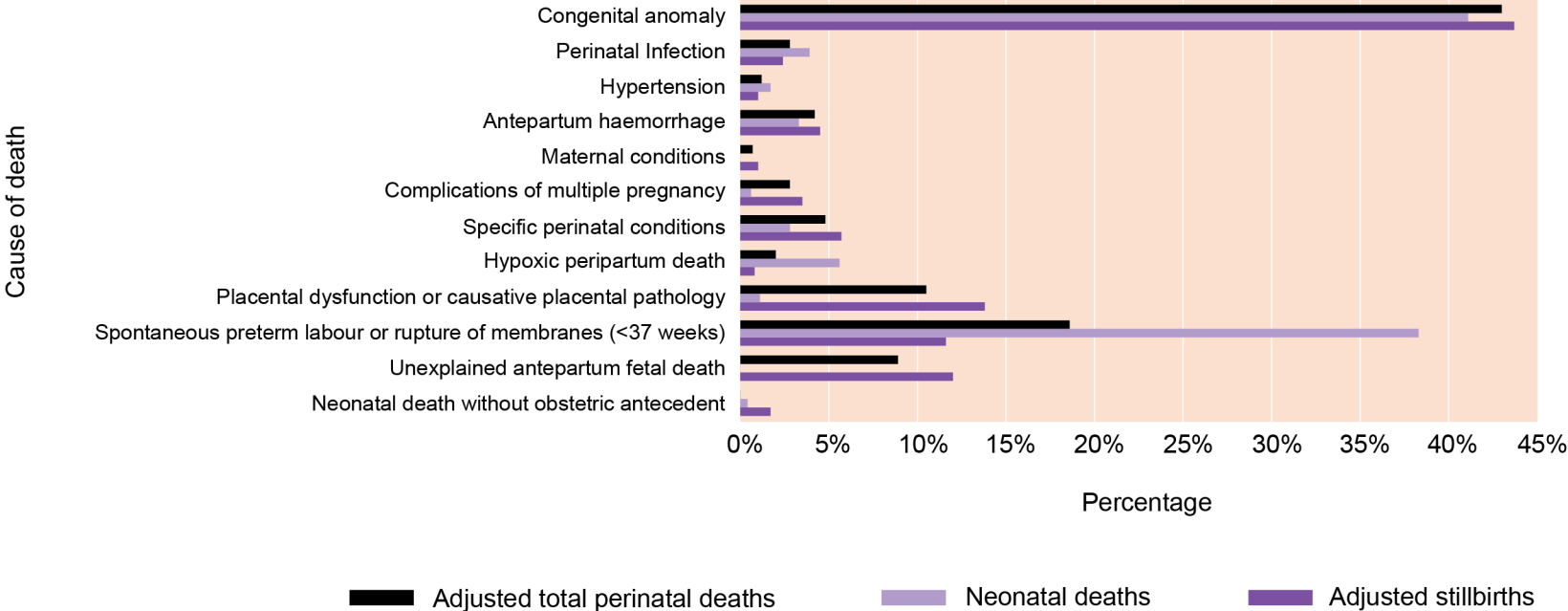
34.4% of stillbirths
underwent an autopsy

➔ Down from 39.5% in 2018

23.9% of neonatal deaths
underwent an autopsy

➔ Down from 26% in 2018

Causes of deaths using PSANZ classifications



Perinatal mortality rates in 2019

8.7 per 1,000 births
adjusted perinatal mortality rate 2019

➔ Slight increase from 8.6 in 2018

6.4 per 1,000 births
adjusted stillbirth rate 2019
for babies born after 20 weeks' gestation

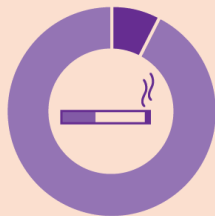
➔ Compared with 6.0 per 1,000 in 2018

2.3 per 1,000 live births
neonatal mortality rate 2019

➔ Compared with 2.6 per 1,000 live births in 2018

Smoking and outcomes in 2019

6,109 babies born to women who smoked at any time during their pregnancy in 2019. (7.7% of all adjusted births)



10.5 adjusted PMR per 1,000 births



47 stillbirths

17 neonatal deaths

in women who smoked at any time during their pregnancy in 2019.

8.6 adjusted PMR per 1,000 births

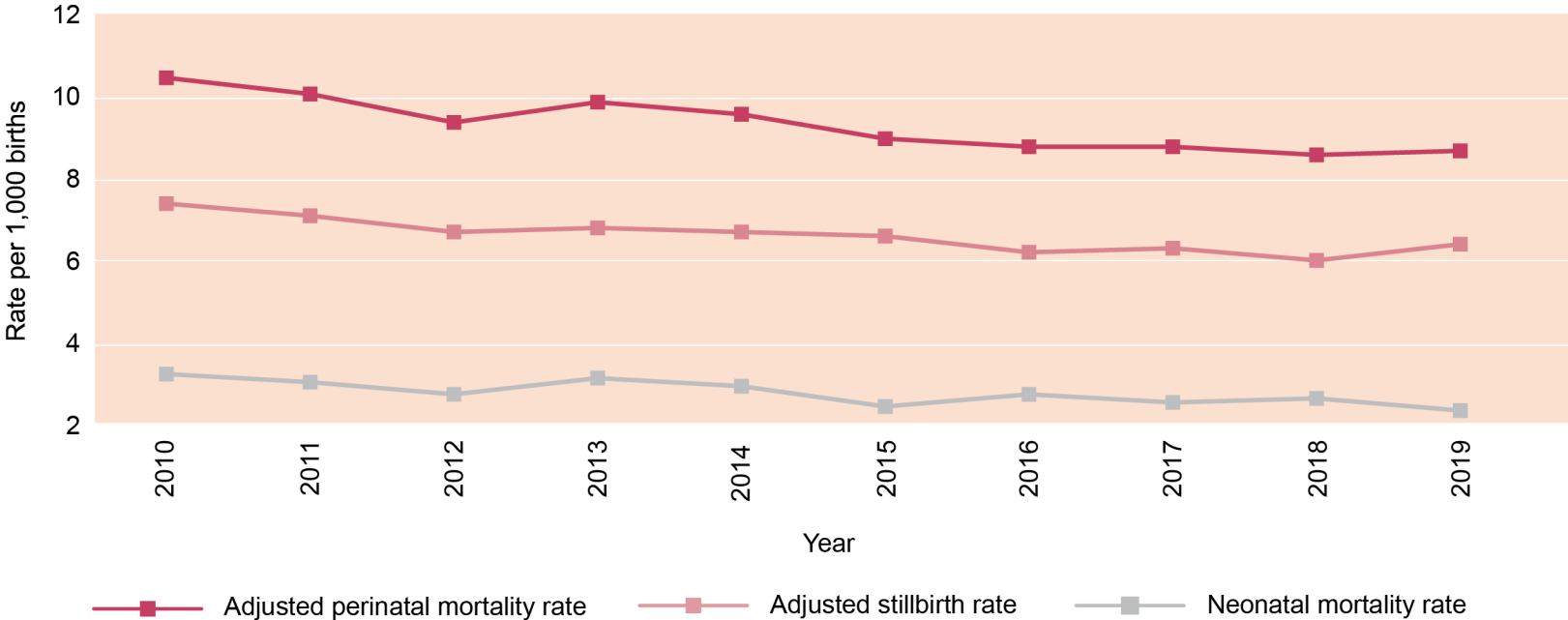


443 stillbirths







162 neonatal deaths

in women who did not smoke at any time during their pregnancy in 2019.

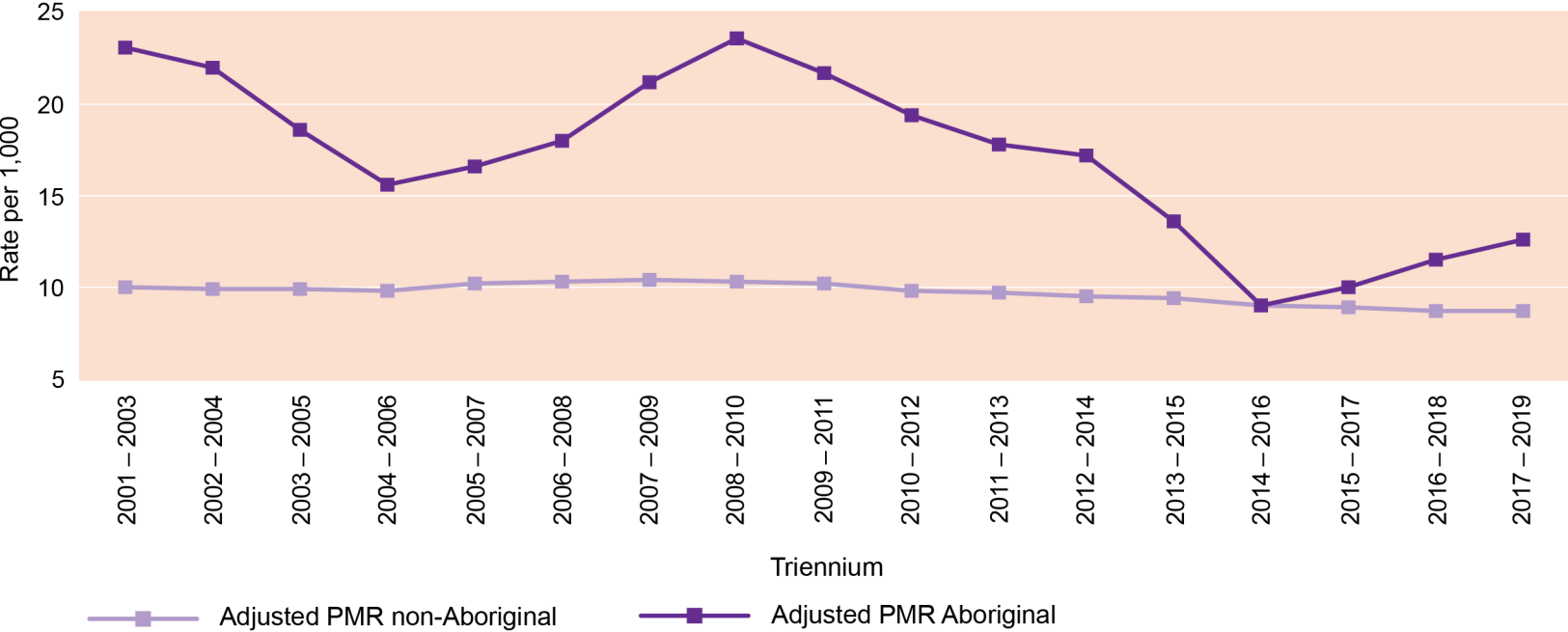
Trends in perinatal mortality rates



The gap: Aboriginal and Non-Aboriginal women

	Aboriginal women	Non-Aboriginal women
Perinatal Mortality Rate (PMR)	12.6 deaths per 1,000 births for 2017-2019  Compared with 11.5 in 2016-2018	8.7 deaths per 1,000 births for 2017-2019  Compared with 8.7 in 2016-2018
Stillbirth Mortality Rate	7.9 deaths per 1,000 births for 2017-2019  Compared with 7.1 in 2016-2018	6.2 deaths per 1,000 births for 2017-2019  Compared with 6.2 in 2016-2018
Neonatal Mortality Rate	4.7 per 1,000 live births for 2017-2019  Compared with 4.4 in 2016-2018	2.5 per 1,000 live births for 2017-2019  Compared with 2.6 in 2016-2018

Perinatal mortality rate by Aboriginal status – rolling triennia



Trends and comparisons: Maternal mortality and morbidity



Maternal mortality: 2017 to 2019

Victorian maternal mortality ratio (MMR)

8.1 deaths per 100,000 women who gave birth during 2017-19 triennium

this is lower than 10.2 deaths per 100,000 women who gave birth during the 2016-18 triennium



Maternal deaths per year



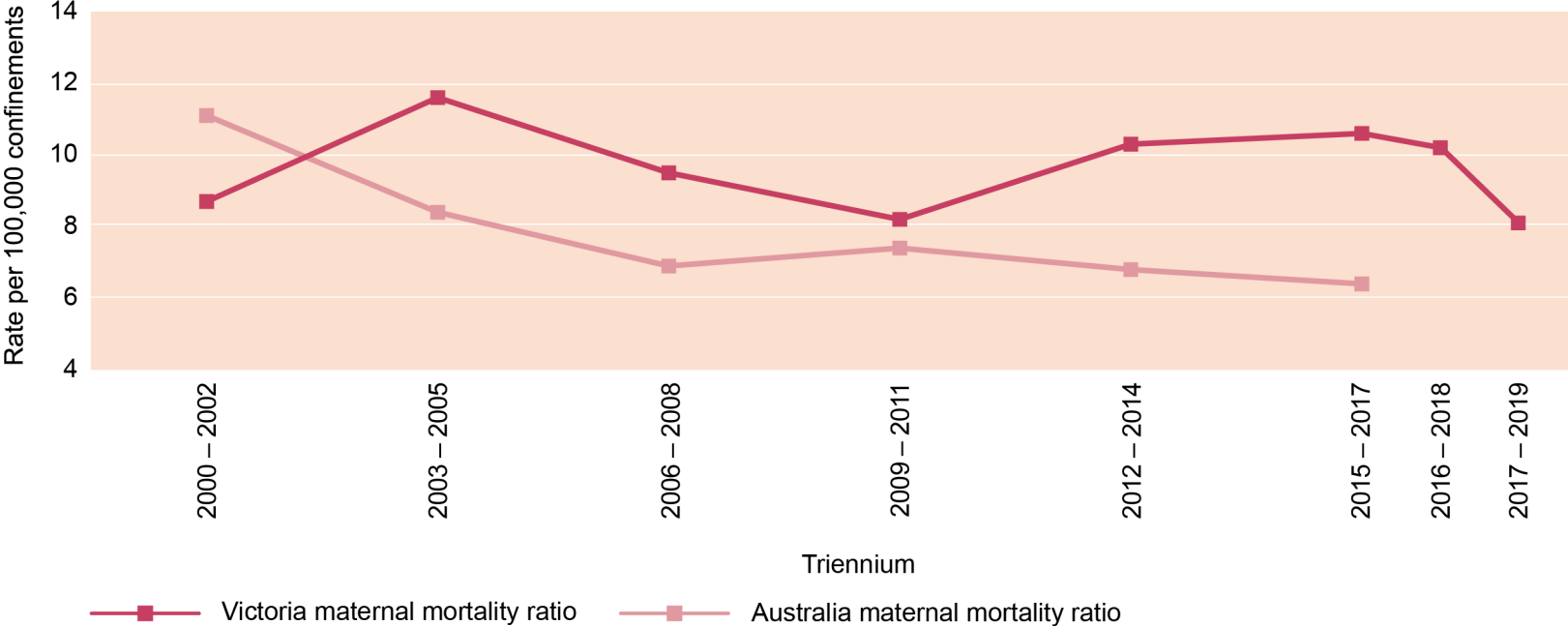
Suicide

was the most common cause of all maternal deaths in 2017-19



10 suicides

Maternal mortality ratios: Rolling triennia



Severe Acute Maternal Morbidity (SAMM)

262

women were
admitted
to an ICU
with SAMM



Of these 262 women

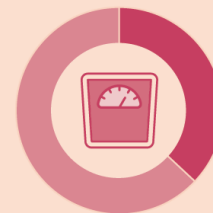
60.6% (159)
were born in
Australia

Of these 262 women

0.11% (3)
were
Aboriginal

Of these 262 women

37% had a
BMI of 30
or higher



Trends and comparisons: Child and adolescent mortality



Child and adolescent deaths in 2019

234

post neonatal infant, child and adolescent deaths reported to CCOPMM in 2019



highest number of deaths reported since 2012
a substantial increase across all ages compared with recent years



76
post neonatal infant deaths
aged 28–364 days in 2019



158
deaths in children
aged 1–17 years in 2019



Infant and under 5 mortality

infant mortality rate

age 0 – 364 days



2.8 deaths
per 1,000 live births
for infants in Victoria



3.1 deaths
per 1,000 live births
for infants in Australia

under-5 mortality rate



3.3 deaths
per 1,000 live births
for under-5 in Victoria



3.6 deaths
per 1,000 live births
for under-5 in Australia

Rates of death by age group



Causes of death in 2019

Post-neonatal infant deaths

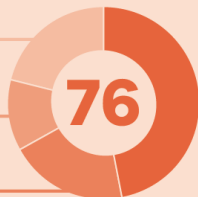
(28–364 days old)



Other (22%)

Prematurity (12%)

Sudden Infant
Death Syndrome (20%)



Congenital
anomaly (46%)

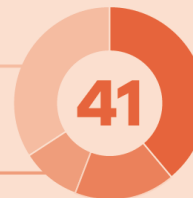
Children aged 1–4yrs deaths



Other (34%)

Malignancy (10%)

Infection (17%)



Congenital
anomaly
(39%)

Causes of death in 2019

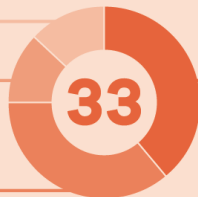
Children aged 5–9yrs deaths



Other (13%)

Infection (12%)

Congenital anomaly (36%)



Malignancy (39%)

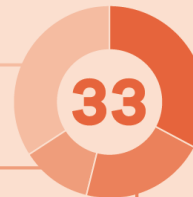
Adolescents aged 10–14yrs deaths



Other (34%)

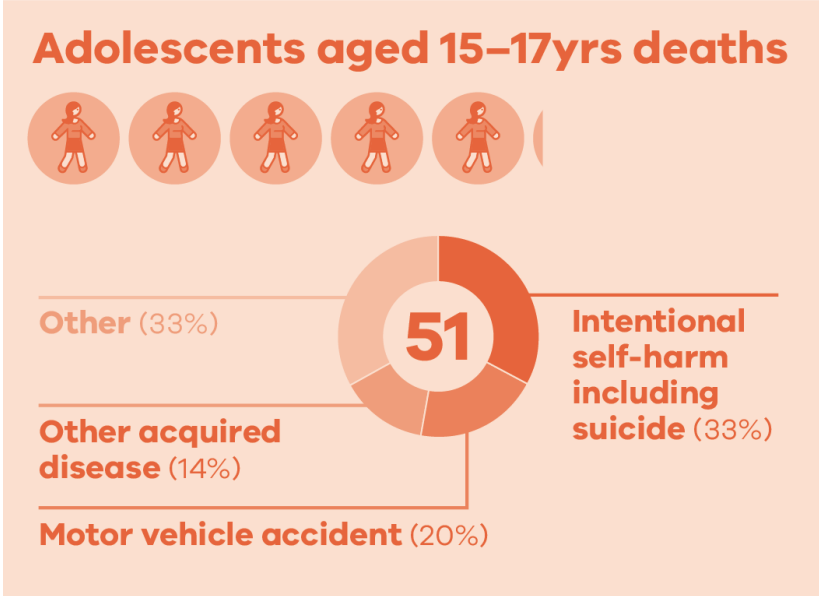
Malignancy (12%)

Intentional self-harm including suicide (21%)



Congenital anomaly (33%)

Causes of death in 2019



CCOPMM recommendations: 2019



Recommendation – 1

a) 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

b) 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.

Recommendation – 2 & 3

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

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

Recommendation – 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

Recommendation – 5 and 6

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

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

Recommendation – 7

Reform of statewide services is needed to ensure there is a coordinated and timely system response that supports the health and wellbeing of Victorian children in vulnerable situations

Recommendation – 8 and 9

Develop and roll out an **annual public health campaign on the importance of influenza vaccination for children** using co-design principles with families and their communities

Ensure all children have easy access to **free influenza vaccination** annually

Recommendation – 10

Develop and implement a **public information campaign regarding the dangers for children on farms**, using co-design principles with families and their communities, in conjunction with organisations such as WorkSafe Victoria and the Victorian Farmers Federation



For more information

www.bettersafecare.vic.gov.au/publications/victorias-mothers-babies-and-children-2019

Refer to CCOPMM's other slide packs on:

- Mothers and babies
- Maternal mortality and morbidity
- Perinatal mortality
- Child and adolescent mortality



Connect with us



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