Safer Care Victoria

Consultative Council on Obstetric and Paediatric Mortality and Morbidity

22 March 2024

Consultative Council on Obstetric and Paediatric Mortality and Morbidity

Chair: Professor Mark Umstad

OFFICIAL

VICTORIA State Government

About CCOPMM

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

Chair: Professor Mark Umstad AM

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 undertake case reviews and report to CCOPMM.

- **Stillbirth**
- **Neonatal** (0-27 days)
- **Maternal**
- **Child and Adolescent** (28 days-17 years)

Undertaking research

CCOPMM conducts research itself and provides data for research purposes

The CCOPMM **Research and Reporting Subcommittee** leads this work

CCOPMM identifies research priorities by:

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

Why 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

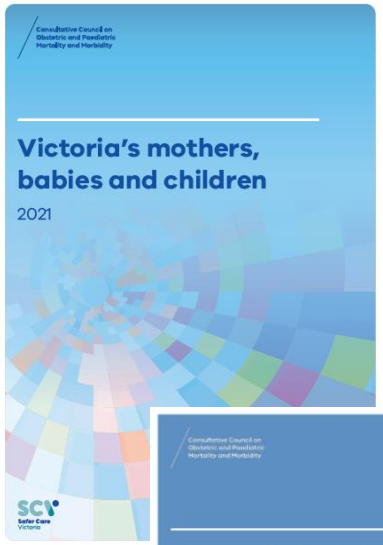
CCOPMM Reporting

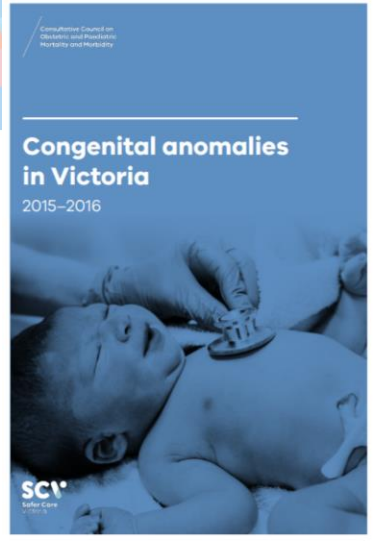
De-identified reports published on maternal, perinatal and paediatric outcomes

- *Victoria's Mothers, Babies and Children (annual)*
- *Victorian Congenital Anomalies Report (periodical)*

Report includes:

- Major recommendations
- Key themes and findings
- Good practice points (for clinicians)
- Messages for consumers
- Narrative and summary data of key findings





Reporting congenital anomalies

- The Victorian Congenital Anomalies Register needs you to notify anomalies.
- Confidentiality of individual persons and hospital sites assured under the Public Health and Wellbeing Act 2008
- Data collected has many uses including research, service provision planning, surveillance and trend analysis.
- Report congenital anomalies at https://www.safercare.vic.gov.au/report-manage-issues/congenital-anomalies

Recommendations

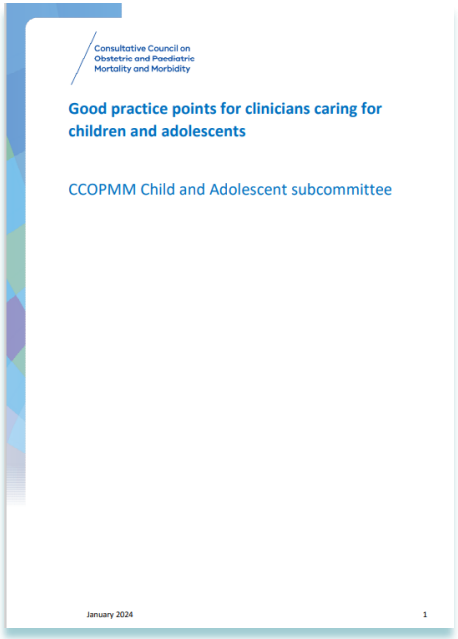
CCOPMM recommendations aim to influence system level change in the health sector or beyond, to reduce avoidable mortality and severe morbidity.

Recommendations are developed from the :

- review of approximately **1250 mortality cases** per year
- analysis of other CCOPMM data
  - **Victorian Perinatal Data Collection** (VPDC), approximately **80,000** births per year (characteristics and outcomes)
  - **Victorian Congenital Anomalies Register** (VCAR) , approximately **3,000** congenital anomalies per year

Emerging issues are identified by CCOPMM, the DH or the Minister

Good practice points



Good practice points (GPPs) are developed for clinicians and services to support continuous improvement.

Clinicians and services should:

- review
- implement and
- evaluate GPPs.

Closing the circle

Malnutrition in children – case study

Case study – Malnutrition

A 15-month-old boy was brought into a Maternal and Child Health (MCH) centre by an aunt due to concern about the child's weight.

The family was very mobile locally as well as interstate. The child was last seen at a MCH centre at 10 months of age, when he weighed 9.0 kgs (50th centile), length 71cm (15th centile), head circumference 45.5cm (50th centile). The child was formula fed and was reported to be eating baby foods with textures. Anticipatory guidance was given about increasing texture of foods. Some concern was noted regarding the child's posture and a referral to a paediatric physiotherapist and GP was made. The child was rebooked at that MCH service for follow-up at 12-months.

The child was not brought to the paediatric physiotherapist, GP nor the 12-month key age-and-stage MCH consultation and the family could not be contacted.

At 15 months, the child weighed 8.0kgs (<3rd centile), a decrease of 1kg from 10 months of age, length: 72cm (<3rd centile), head circumference: 46cm (25th centile). The child was reported to be crying all the time. He was referred to the local regional emergency department for immediate paediatric review. He was admitted and ultimately discharged into foster care.

At 18 months, his weight was 11.8kg (75th centile), an increase of 3.8 kg in 3 months, length 77cm (3rd centile), head circumference 47.5cm (75th centile). He was beginning to use words, walking, following simple instructions and enjoying food.

Malnutrition in children – Recommendation and GPP

- Malnutrition in children is a high-risk factor for morbidity and mortality.
- Urgent need to strengthen Primary Health care systems, including Maternity, Maternal and Child Health and General Practice services to:
  - detect,
  - monitor and
  - treat malnutrition
- Especially in vulnerable families

Malnutrition in children – areas for improvement

- In-person appointments – telehealth consultations are a barrier
- Awareness of the complications of syringe feeding babies
- Diagnosis awareness – malnutrition is less considered than other causes of poor growth.
- Strengthening the transition of care
- Strengthening the Electronic Client Development Information System flagging tool for maternal and child health nurses and general practitioners.
- Referral to Child Protection if families disengage

Unfamiliar sleep sites for infants - GPP

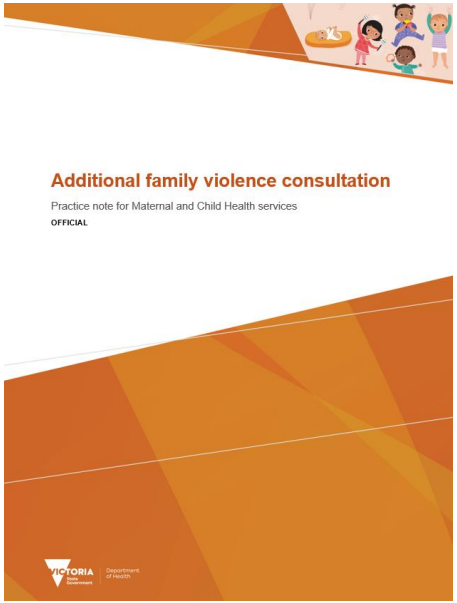
- Make every sleep for a baby a safe one.
- A portable cot (that meets Australian standard 2195:2015 folding cot) is recommended.
- A baby should never be put down to sleep on a sofa, bean bag, sheepskin, or pillow.
- The safest place for a baby to sleep is in a safe cot that meets the Australian Standard
- Take a range of sleep wear (clothes, sleeping suits, bedding) to suit variations in climate.

Mothers

Vulnerability matters for women and their babies

The increasing complexity of women's needs poses a significant challenge for clinicians in both the acute and primary health sectors. Women are facing issues such as substance use, mental health disorders, family violence and social isolation that, in conjunction with pregnancy and in early parenting, can further increase the challenge of providing them appropriate individualised and timely care. It is important for these issues to be identified and addressed to ensure that women giving birth in Victoria, whoever and wherever they are, receive the right care in the right place, at the right time, by the most appropriate clinical team, and that they are fully informed and actively involved in their care.

Additional family violence consultation (from 2017)



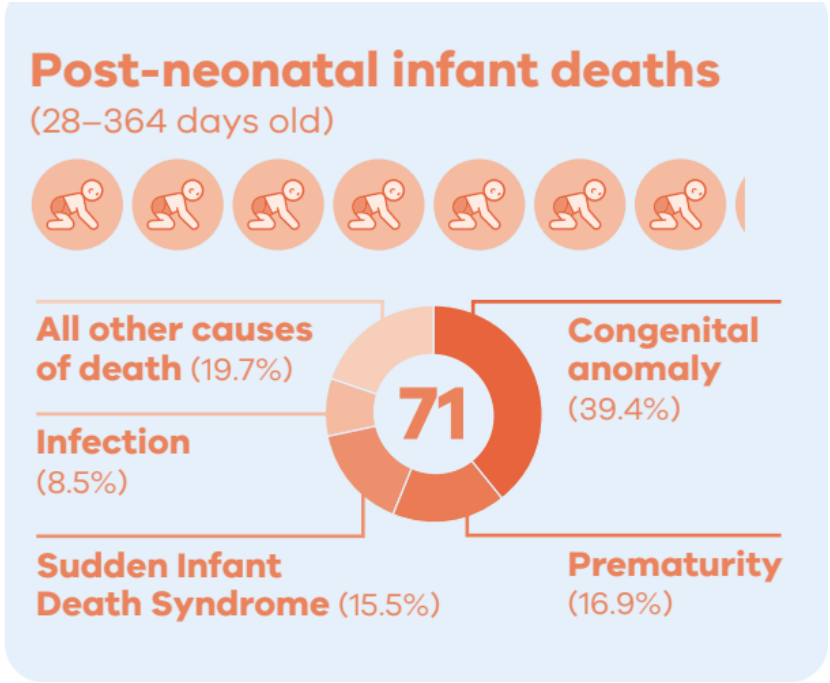
Aims to increase capacity of MCH nurses to provide greater support to families where family violence may be a concern, or nurses have been unable to address questions at previous consultations.

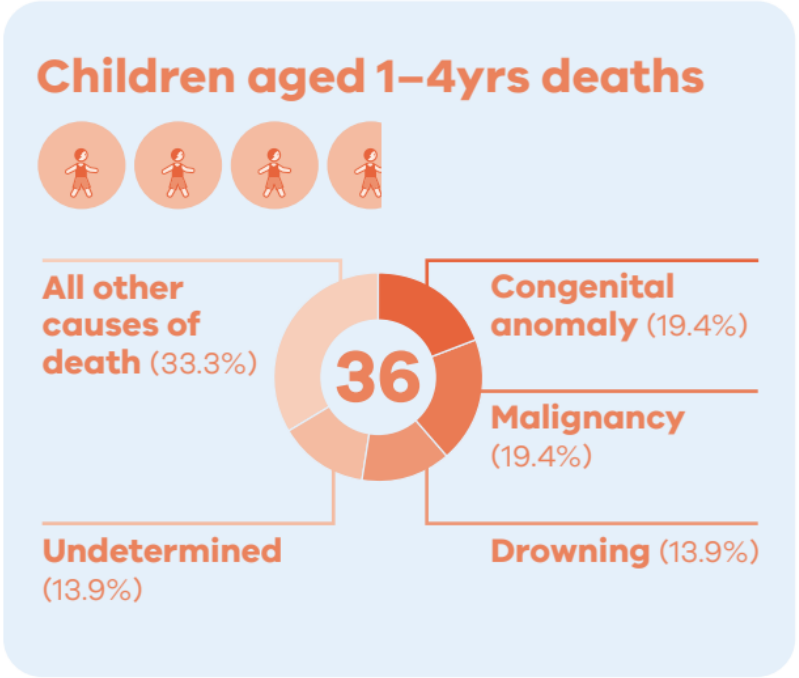
MCH practice note provides guidance on identifying and responding to family violence risks and needs including:

- Undertaking a family violence consultation
- Screening for family violence
- Information sharing
- Mandatory reporting, referrals and record keeping

https://www.health.vic.gov.au/publications/additional-family-violence-consultation

Death in the community





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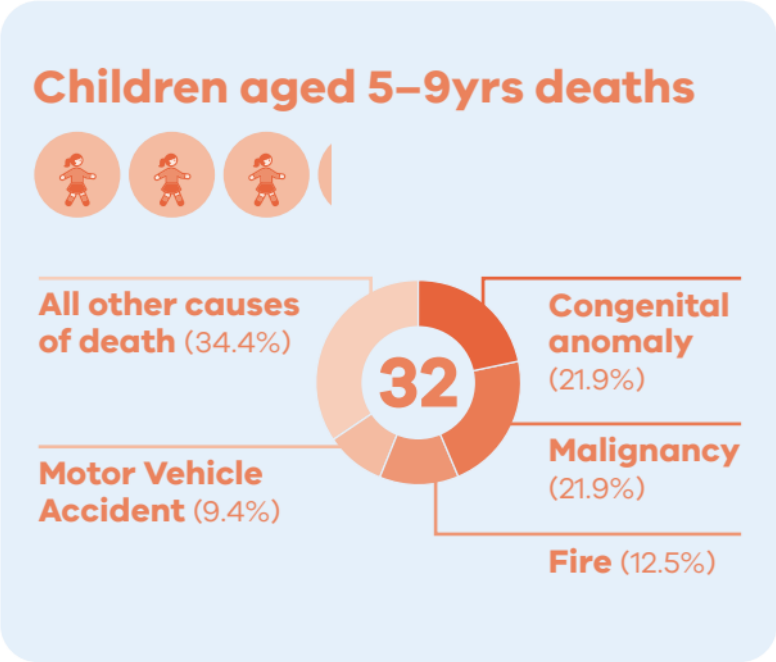

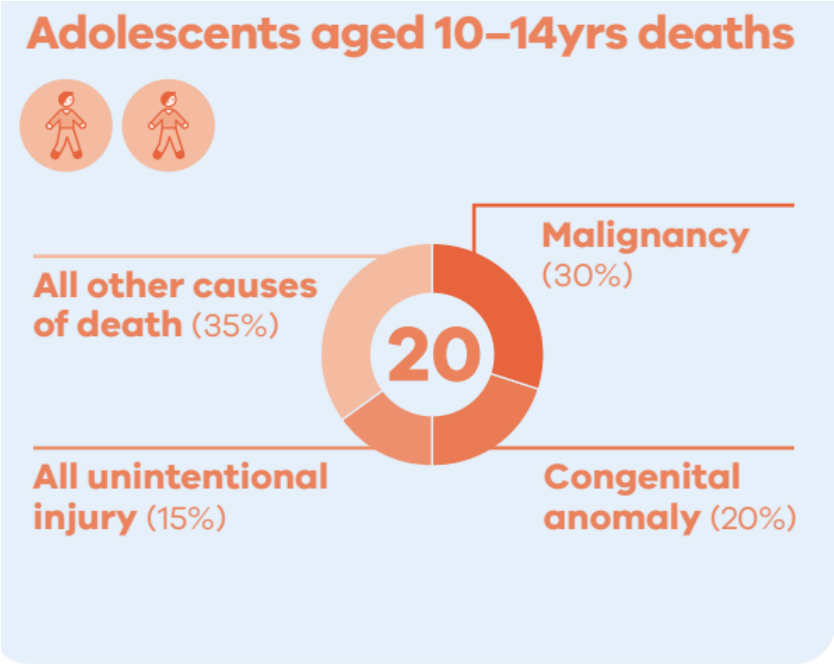

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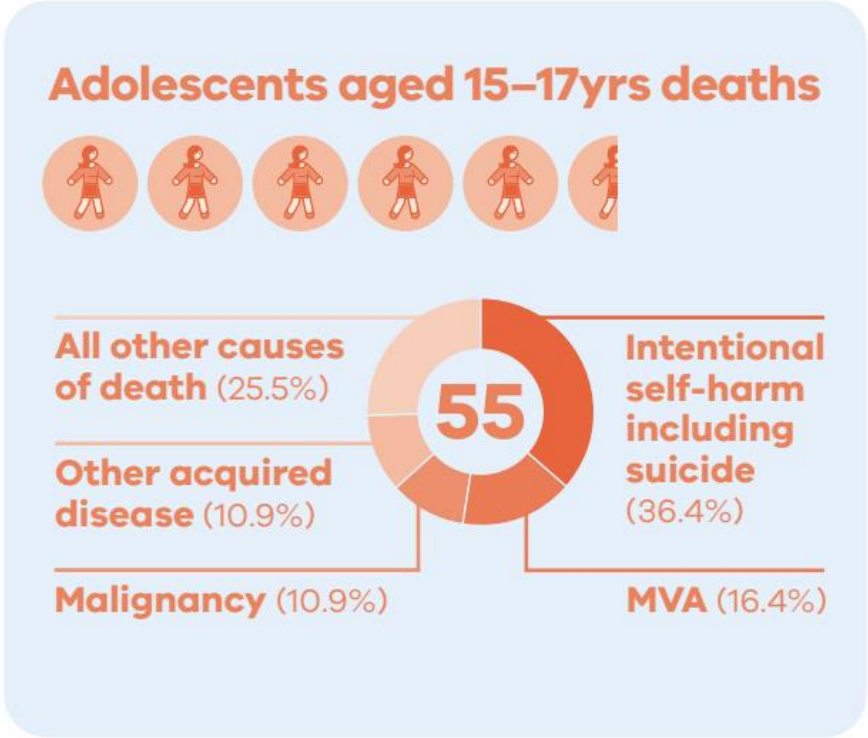

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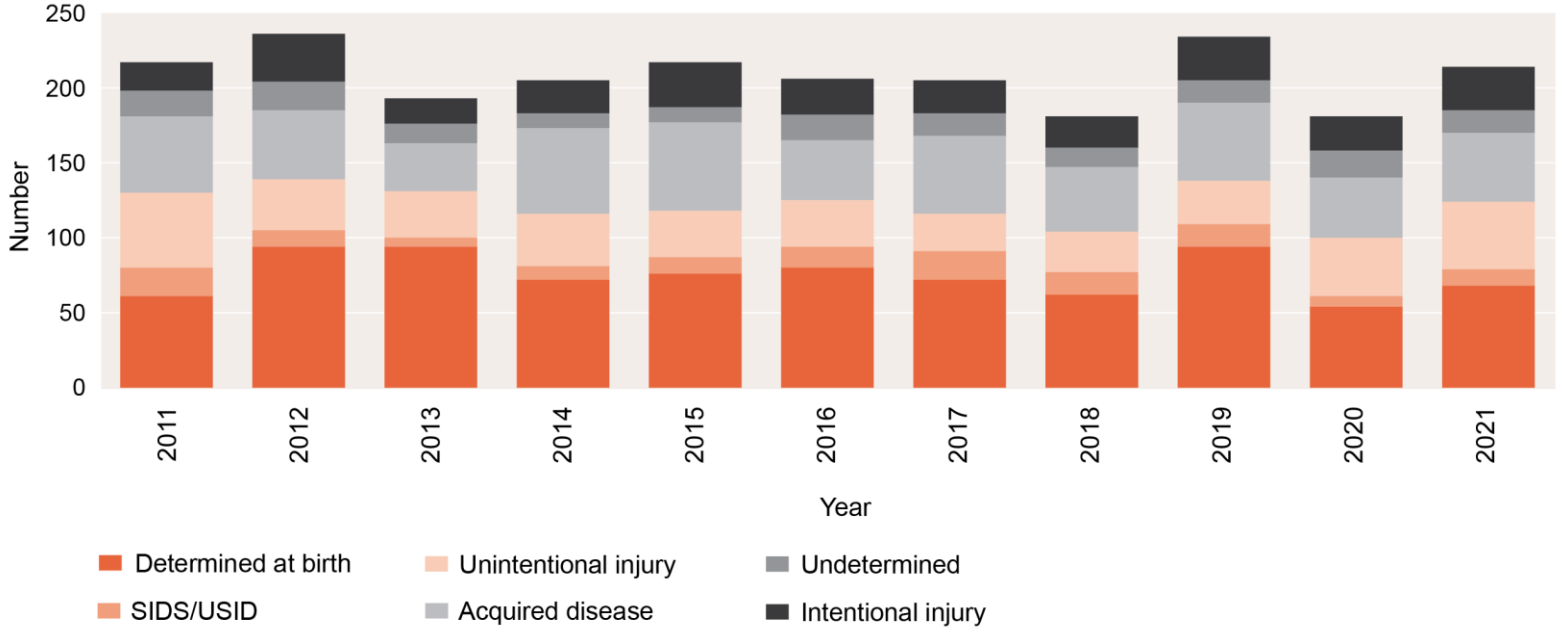

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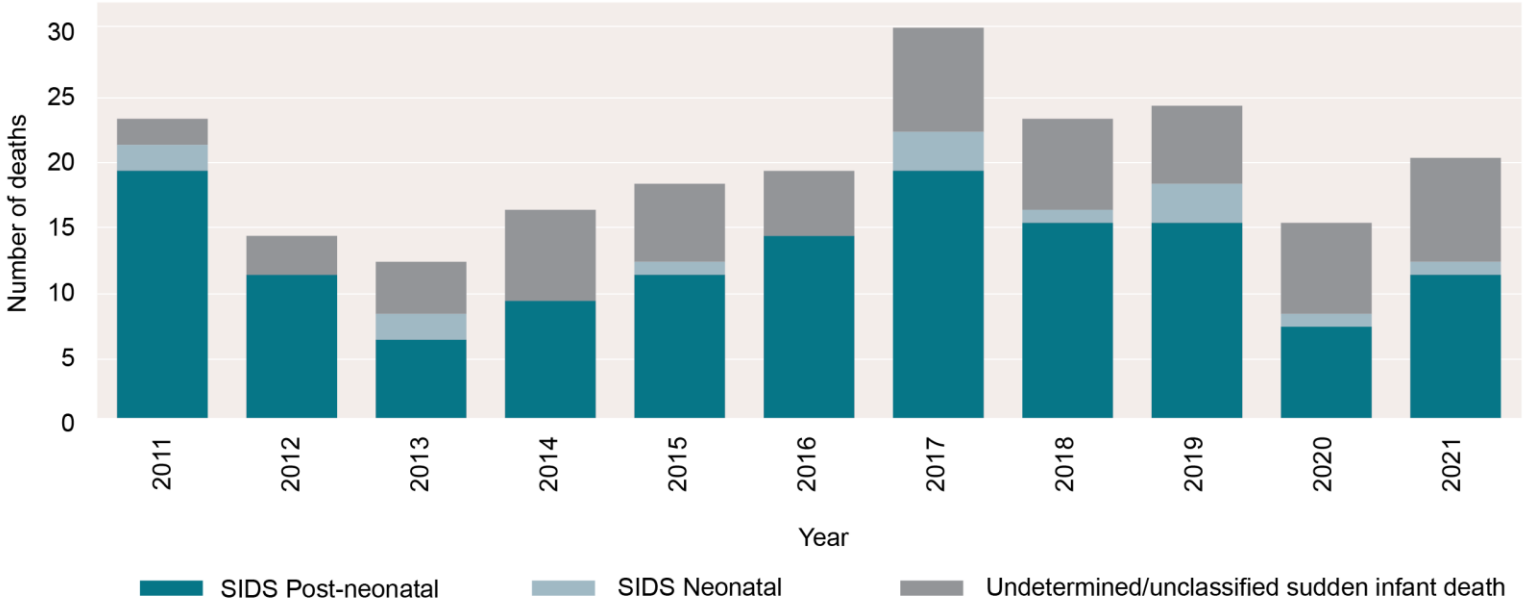

Report and slide packs

Victoria's mothers, babies and children 2021 report

Slide packs

Aboriginal births, mortality and morbidity 2021

Child and Adolescent mortality 2021

Maternal mortality and morbidity 2021

Mothers and babies 2021

Perinatal mortality 2021

Recommendations and Good Practice Points

CCOPMM recs and good practice points – Child and Adolescent Mortality

CCOPMM recs and good practice points – Maternal Mortality and Morbidity

CCOPMM recs and good practice points – Perinatal Mortality

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