

**Project
Overview**

**Stillbirth Task
& Finish
Group**



Project Brief

Stillbirth Task & Finish Group

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1. Project Background and Objectives

Perinatal Mortality 2009 (CMACE 2011) showed a wide variation in stillbirth rates continue to exist between regions in England. In January 2014 the House of Commons report states that stillbirths and early neonatal deaths remain higher in England than the other UK nations. The average rate for England was 4.7/1000 births with the lowest rate being South East Coast (3.8 / 1000 births) and Yorkshire and the Humber the highest at 5.3 / 1000 births.

More recent data from ONS shows:

2011: National rate for England & Wales = 5.3 / 1000 births

Yorks & the Humber = 5.7 / 1000 births

2012: National rate for England & Wales = 4.9 / 1000 births

Yorks & the Humber = 5.0 / 1000 births

Whilst this shows some improvement, the National Clinical Director for Maternity & Women's Health identifies this as a continued significant risk during pregnancy. UK stillbirth rate is 33rd out of 35 high income countries (Flenady et al 2011) with 77.9% of stillbirth certificates showing some form of error (Cockerill et al 2012).

2. Why: Reason for Project

Reducing stillbirth rates and improving women and their families experiences during this time has been identified as a national and a local priority as identified in the NHS Outcomes Framework Domain 1: Preventing people from dying prematurely and Domain 4: Ensuring that people have a positive experience of care. Local priorities were identified during the Yorkshire and the Humber SCN Stakeholder Engagement Event.

3. What: Project Definition

3.1 Aims

To review stillbirth rates and women's / families experiences across Yorkshire & the Humber and to support the development of systems and processes to reduce stillbirth rates and improve user experience.

3.2 Expected Outcomes

- Reduction in the stillbirth rates
- Reduction in regional variations
- Improved user experience

3.3 Actions for Measurable Outcomes

1. Full review & sharing of best practise evidence
2. Collate current practise for maternity services
3. Improve data quality and consistency
4. Review processes for review of stillbirths at Trust level
5. Assess experiences and support for families
6. Evaluate post mortem turnaround times
7. Create measure for service user experience

4. How: Initial Project Plan

1. Establish a Task & Finish Group – consider membership
2. Establish work already undertaken
 - National: e.g. CMACE / RCOG / RCM/Wales 1000 lives project
 - Regional: e.g. LSA / Tomasina Stacey
3. Establish work currently being undertaken
 - PHE
4. Review stillbirth rates – nationally, regionally & locally and identify and variation / outliers [BIT involvement]
5. Benchmark user experience / feedback [PPE involvement]
 - Consider any current feedback for benchmarking
 - SANDS
 - MSLC's
6. Review findings of above to provide the focus / scope for the project
7. Share findings, project scope & focus with stakeholders following benchmarking