



Birth Activists' Briefing: The NMPA clinical audits and Family Gateway

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By the AIMS Campaigns Team

The National Maternity and Perinatal Audit (NMPA) is commissioned by the Healthcare Quality Improvement Partnership (HQIP). This is on behalf of NHS England, the Welsh Government and the Health Department of the Scottish Government. Their role is to carry out audits of the maternity services in England, Scotland and Wales, using data collected from hospitals. The group is led by the Royal College of Obstetricians and Gynaecologists (RCOG) and includes the Royal College of Midwives (RCM), the Royal College of Paediatrics and Child Health (RCPCH) and the London School of Hygiene and Tropical Medicine (LSHTM).

The information published by NMPA is intended both to help maternity and neonatal services evaluate and improve the care they provide, and to help pregnant women and people make informed decisions, such as where to have their maternity care. It is also a valuable resource for MVP/MSLC user representatives and other birth activists who want to see how their local services compare with others and with the national position. This article provides a brief overview of the resources available on the NMPA website.

What does the NMPA produce?

For some years, the NMPA has been publishing **Annual Clinical Audits**, but difficulties in accessing the data have led to delays in publishing reports for the last few years. The most recent report, published in March 2022 [NMPA Clinical Report 2022.pdf](#)¹ covers births in NHS maternity services in England and Wales between 1 April 2018 and 31 March 2019.

In an effort to provide more timely (though more limited) data the NMPA has now introduced **Rapid Quarterly Reporting**. This shows data for a rolling 12-month period, though so far only for England. Data for the period October 2020 to September 2021 is now on the website, and the plan was to update this quarterly. Unfortunately, although the website says that the “next update, reporting on data current to 31st January 2022, is planned for April 2022”, this does not seem to have happened yet.

The team also carries out what they call **Sprint Audits**, which take an in-depth look at the data relating to a particular issue. Recent topics have included multiple births, perinatal mental health services in

Scotland, body mass index of 30 kg/m² or more, and ethnic and socioeconomic inequalities. (See the AIMS Journal articles [How does BMI influence maternity care and outcomes? A review of NMPA's report: NHS Maternity Care for Women with a Body Mass Index of 30 kg/m² or Above](#)² and [Racial inequalities in maternity outcomes: what are the causes?](#)³)

Earlier this year the NMPA introduced a **Family Gateway** which is intended to give easier access to their online resources in a printable form. It was co-produced with the [Women and Families Involvement Group](#)⁴.

Annual Clinical Audits

The [Annual Clinical Audits](#)⁵ report on a range of interventions and outcomes in maternity and neonatal services. The full report summarises these at country level, and there are various ways to review the detailed data online:

- **View by site or Trust/Health Board** displays all available measures for the selected hospital site or Trust/Board. These are adjusted for 'case mix' (the characteristics of maternity service users at the site/Trust/Board) and shown in comparison to the expected range for a site/Trust/Board of its size, and the national mean. These charts can be downloaded as pdf files.
- **View by measure** provides a comparison of one selected measure at site, Trust/Board, or country level either as a table or as a 'funnel plot.' Tables can be downloaded into Excel. The funnel plot shows the expected variation about the mean for locations of different sizes, and whether the figure for a particular location falls outside of this range. There appears to be an intention to include analysis at the Region/Local Maternity System level, but this is not available yet. Many of the measures (including inductions, spontaneous vaginal, instrumental and caesarean births, episiotomies and 3rd/4th degree tears) are further broken down between those having their first births (primips) and those having subsequent births (multips). For some measures there are other breakdowns available (e.g., inductions at three ranges of gestational age).
- **Results Table** is an interactive table which allows you to select which measures and which units or Trusts/Boards you want to compare. There are tools for sorting, grouping or filtering the data, and it is also possible to export the data from here.

Rapid quarterly reporting

This covers fewer measures than the annual report and is currently only available for England, but is more up to date, currently including data up to September 2021. It has [national](#)⁶ and NHS [Trust](#)⁷ (though not hospital site) level figures for the percentages of stillbirths, SGA (small for gestational age) babies, preterm births, 3rd/4th degree tears, induced labours and assisted vaginal births, though caesarean births are not yet being reported. The Trust level data is presented in the same way as in the

'View by site or Trust/Health Board' option for the annual audit report, with the result compared to the expected range for the Trust's size and the average (mean) of all Trusts.

Family Gateway

The [Family Gateway](#)⁸ is a new resource and presumably a 'work in progress' as some parts are more extensive than others. It has an introductory video explaining the role of the NMPA, then three sections headed Report summaries, Decision making and Useful links.

- **Report summaries**⁹ gives access to lay summaries of the sprint audits on ethnic and socioeconomic inequalities, BMI of 30 kg/m² or more, and perinatal mental health in Scotland. These are short documents, clearly set out with illustrations and helpful infographics. They explain the methods used to create the sprint audit report, what information the report includes (and what is missing) and the key findings together with an outline of the 'calls to action', and further work needed to address the issues identified. The language is mostly appropriate for a lay audience and there is a glossary explaining some of the technical terms used.

This section also has a link to a lay summary of the annual clinical audit report, though sadly only the one with data for 2016/17, not the more recent one for 2018/19. Hopefully, summaries of more recent reports will be added later. This summary also includes data from the 2017 organisation survey, which reported information on the availability of facilities such as birth pools and midwife-led units, and on place of birth.

- **Decision making**¹⁰ This section is currently rather limited. It includes the guidance 'Ask three questions' and links to some 'Shared Decision Making [sic]¹¹ – Case Studies' from AQuA (the Advancing Quality Alliance). However, these are not related to decision making in maternity care. You might like to use this AIMS Birth Information page [Making decisions about your care](#)¹² instead.
- **Useful links**¹³ offers a range of links, divided into 'Charities and support information', 'Maternity and health care' and 'National audit and research.' Apart from these broad groupings they seem to be arranged in no particular order, and as they only display the logo of the organisation it would be hard for users to identify where to go for the information they want. It is good to see AIMS listed, however.

Actions for Birth Activists

- Review the statistics for your NHS Trust/Health Board and see how it performs on key measures compared to others in your region and your country. If there's a difference - ask why.

- Familiarise yourself with the Sprint Audit Reports and check what your NHS Trust/Health Board is doing to implement relevant 'calls to action.'
- Promote awareness of the local audit data and the Family Gateway amongst local maternity service users.

1 The Women and Families Involvement Group for the National Maternity and Perinatal Audit.

<https://maternityaudit.org.uk/pages/WomenFamilyInvolvementGroup>

2 [How does BMI influence maternity care and outcomes? A review of NMPA's report: NHS Maternity Care for Women with a Body Mass Index of 30 kg/m² or Above](https://www.aims.org.uk/journal/item/bmi-maternity-care)

<https://www.aims.org.uk/journal/item/bmi-maternity-care>

3 [Racial inequalities in maternity outcomes: what are the causes?](https://www.aims.org.uk/journal/item/racial-inequality-birth)

<https://www.aims.org.uk/journal/item/racial-inequality-birth>

4 National Maternity and Perinatal Audit Clinical Report 2022.

https://maternityaudit.org.uk/FilesUploaded/Ref%20336%20NMPA%20Clinical%20Report_2022.pdf

5 NMPA Clinical Audit reports. <https://maternityaudit.org.uk/pages/clinpub>

6 NMPA Rapid Quarterly Reporting: National results.

<https://maternityaudit.org.uk/Audit/Charting/RapidNationalQuarterly>

7 NMPA Rapid Quarterly Reporting: NHS hospital results.

<https://maternityaudit.org.uk/Audit/Charting/RapidTrustAnnual>

8 NMPA What is the National Maternity and Perinatal Audit?

<https://maternityaudit.org.uk/pages/familygateway>

9 NMPA Report summaries. <https://maternityaudit.org.uk/pages/fgreportssummaries>

10 NMPA Decision making. <https://maternityaudit.org.uk/pages/fgdecisionmaking>

11 AIMS Making decisions about your care. <https://www.aims.org.uk/information/item/making-decisions>

12 NMPA Useful links. <https://maternityaudit.org.uk/pages/fgusefullinks>

13 Editor's note: While many people will seek and value the thoughts of the midwife and doctor, the final decision is not shared, it is (legally) the mother's alone.