AIMS For a better birth...

Introducing Maternity Outcomes Matter: Tackling avoidable harm

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By Maureen Treadwell

Maternity Outcomes Matter (MOMS) is a project that started in 2017, with the aim of reducing avoidable harm to mothers and babies which can occur during maternity care. The project is led by service users and charities and has a robust advisory body including an obstetrician, coroner, midwife, neonatal expert and GP. We are shortly to launch our website (www.maternityoutcomesmatter.org.uk) where you will see the full list of our committee and advisory board members.

We thoroughly welcome plans in the NHS 5 Year Forward View to reduce rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% and to improve investigations and learning from incidents. A key objective of the project is to support initiatives where the aim is to reduce stillbirth, neonatal death and maternal injury. Problems with care during labour, CTG training, management of perineal injury and rupture are recurring themes. The RCOG Each Baby Counts project is one example where real progress is being made in the identification of the root causes of brain damage and stillbirth. Making change happen is what matters. Invaluable recommendations of enquiries, such as that at Morecambe Bay, need to be implemented not just published! When things do go wrong, it is vital service providers exercise their legal duty to be candid, that they learn from their mistakes and above all say sorry to families. Service users and families have a powerful role in pressing for these changes.

Adverse outcomes are devastating for families, for NHS staff and for NHS budgets (litigation adds at least £600 to each birth). When the costs of ongoing treatment, special education and social care needs are factored in, the costs become almost incalculable. Families are not the only victims. Health care professionals who feel that they are even partially culpable for someone's death, suffering or disability carry a terrible burden throughout their life. It is clearly in everyone's interest to make maternity services safer.

We know that some women worry that too much focus on the small number of adverse outcomes will result in a huge rise in interventions that they may not want. This is a worry we understand because having as natural a birth as possible is very important to some women. However, intervening when intervention is neither helpful nor wanted is NOT safe practice. The difficulty is communicating risk so that women make informed choices. The problem, as we know, is that risk is not an absolute. Home birth

for first time mothers is a perfect example. In absolute terms, the serious risk to the baby of a first-time mother with no complications at the onset of labour is 6 extra cases in a 1000[1] compared with hospital birth. Some women, however, weigh risks and benefits differently and are willing to take this small extra risk. Other women will regard any increased risk, however small, as one they are not prepared to take. Different women will make completely different decisions based on the same information but it is the individual woman's decision that matters. Ensuring that the information presented to women is robust, evidence-based and free from bias is the challenge. This is why we are so grateful to AIMS for giving us an opportunity to outline the project and develop a relationship, because we are determined to ensure that the MOMS project benefits all women and their families. If you would like further information please contact info@maternityoutcomesmatter.org.uk

Maureen Treadwell is co-founder of the Birth Trauma Association, an organisation which both supports women who have had traumatic experiences in childbirth and campaigns to improve maternity services, www.birthtraumaassociation.org.uk. Born in Tower Hamlets, Maureen began campaigning for better maternity services in 1982, and has been a member of her local MSLC and Community Health Council.

Footnote

1. This figure of 6 cases per 1000 is the difference between 3.5 cases per 1000 for babies planned to be born in an OU and 9.5 cases per 1000 for babies planned to be born at home. It is derived from table 25 (p75) in: Hollowell J, Puddicombe D, Rowe R, Linsell L, Hardy P, Stewart, M, et al. (2011) The Birthplace national prospective cohort study: perinatal and maternal outcomes by planned place of birth. Birthplace in England research programme. Final report part 4.*NIHR Service Delivery and Organisation programme.* Available at: bit.ly/2NA6yTf