Royal College of Obstetricians & Gynaecologists

each baby COUNTS.

Welcome to Each Baby Counts, the RCOG's major new project to reduce the number of stillbirths, early neonatal deaths and brain injuries in the UK as a result of incidents occurring during term labour.

Background

Stillbirth, death of a newborn baby or the birth of a baby with brain injuries are life-changing events that affect women and their families for many years.

Current estimates for the UK suggest that around 500 babies a year die or are left severely disabled, not because they are born too soon, too small, or have a congenital abnormality, but because something goes wrong during their labour.

At the RCOG we do not accept that all of these are unavoidable tragedies and have committed to reducing this unnecessary suffering and loss of life by 50% by 2020.

How will we achieve this?

We know that when these tragic events occur, they are investigated locally. What has never been done before is to pool the results of these local investigations to try to understand what went wrong and to share the lessons learned.

From 2015, all units in the UK will be expected to report cases and the results of local serious incident investigations to the Each Baby Counts project team via a secure online portal. A dedicated team at the RCOG will analyse the data in order to identify avoidable factors in these cases and develop action plans suitable for local implementation. By identifying common themes across the country which relate to these events, we will also be able to advocate for national change, where appropriate, as well as local service improvements.

Keeping clinical staff and other stakeholders informed of our progress is a key priority and we plan to do this with regular newsletters and emails to Trusts, Hospitals, Health Boards and other stakeholders and through our website at:
www.rcog.org.uk/eachbabycounts

How will we make sure that we identify all eligible cases?

At regular intervals, the data submitted by units to Each Baby Counts will be cross-checked against other national sources of data to ensure that all cases have been reported to us.

Cases of intrapartum stillbirth and early neonatal death will be identified from MBRRACE-UK data. This data is routinely linked with information on stillbirths and neonatal deaths from the Office for National Statistics, National Records for Scotland and hospital data in Northern Ireland, so we can be sure that all deaths have been identified.

Cases of severe brain injury will be identified through the National Neonatal Audit Programme database, as well as other national and regional databases. However, part of the reason for undertaking this project is to provide more reliable data on the incidence of these adverse events.

Once data collection begins, any unit uncertain of whether a particular case is eligible should email for confirmation:
eachbabycounts@rcog.org.uk

Who Are We? Meet the Project Team

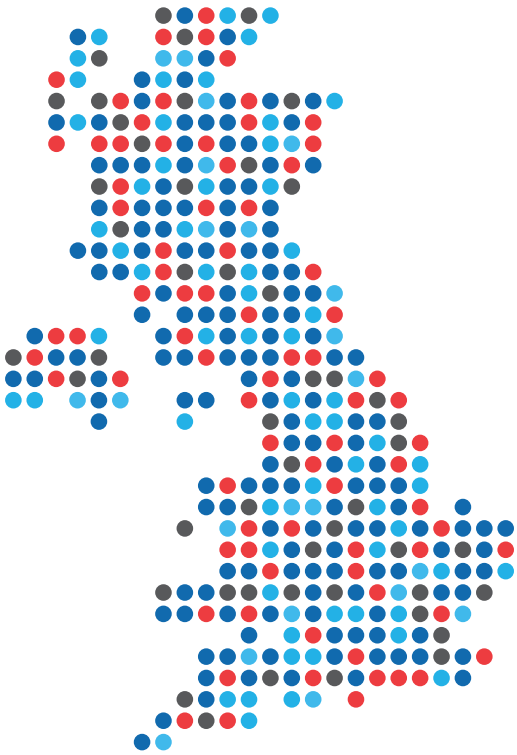
Professor Alan Cameron
RCOG Vice President, Clinical Quality; Consultant Obstetrician, Southern General Hospital, Glasgow

Professor Zarko Alfirevic
Consultant Obstetrician, Liverpool Women's Hospital

Professor Marian Knight
Professor of Maternal and Child Population Health, National Perinatal Epidemiology Unit

Dr Ed Prosser-Snelling
National Medical Director's Clinical Fellow, MRCOG ST6

Hannah Knight
Each Baby Counts Project Lead, RCOG



#stillbirth #eachbabycounts

What can units do to get ready for Each Baby Counts?

From 1 January 2015, every maternity unit in the UK will be asked to complete a brief online data collection form for each eligible incident that occurs under their care. The form will contain questions related to the adverse event and the results of local serious incident investigations and root-cause analyses.

Are you a Clinical Director?

If so, you will be ultimately responsible for ensuring that data is submitted for eligible cases occurring in your Trust/Health Board. We will be writing to you very soon to ask you to nominate an Each Baby Counts Champion for your Trust/Health Board who be responsible for reporting these adverse events when they occur, and whom we can contact with any queries.

Who can be a Each Baby Counts Champion?

Any qualified full-time obstetrician or midwife can be nominated, but this role might be particularly suited to a newly appointed consultant, senior O&G trainee or risk management midwife.

Got any questions?

Visit the Each Baby Counts website at:

rcog.org.uk/eachbabycounts

OR

Contact the Each Baby Counts project team on:

eachbabycounts@rcog.org.uk

020 7772 6472

A personal view

That moment when our life changed

When I heard about Each Baby Counts I felt I should be involved in any way possible. As an obstetrician I feel that every woman we look after who loses her baby shapes our future practice.

Last year, having just attained my MRCOG, and approaching term in my second pregnancy, I became acutely aware that I had not felt my baby move for some hours. My partner and I visited our local maternity unit, where I had previously worked as a trainee for 2 years prior to the birth of my first child. On some level I already knew that there would be no heartbeat to be found, although nothing really prepares you for having your worst fears confirmed. I performed a crude ultrasound on myself when the handheld Doppler failed to reassure us.

Since that moment when our life changed, the kindness shown to me by my medical and midwifery colleagues has been unprecedented. I have however gained a valuable insight into how our patients feel when they experience the unthinkable.

Most delivery units have a bereavement suite and this is often the most difficult place to visit on a routine ward round. My 48 hours or so in that room led to a profound feeling of loneliness and being trapped. Still being and looking very pregnant made me terrified to leave the room in case someone around the hospital, totally unaware of my situation, asked when my baby was due or some other well-meaning enquiry.

Due to perhaps feeling powerless to help or uncomfortable or maybe just being busy, as doctors we tend to leave the care of women who have lost their baby to the midwives as much as possible, visiting only to attend to any medical issues or to take consent for post-mortem.

Although we often have little to offer them, I know firsthand that when you lose a baby you desperately want an explanation and you are yearning for the reassurance that this won't happen to you again, that there are ways to tighten surveillance for your next pregnancy. You are also desperate as a woman for someone who is not a family member trying to make you feel better, to tell you that what has happened is not your fault, although you may not believe them.

I can't speak about how horrendous the unknowns of the birth process must be for our patients as it was relatively familiar territory for me albeit from another viewpoint. I am sure there were other elements of this experience that may have perhaps passed unnoticed without my medical knowledge and insight and if this is the case I feel comforted for my patients.

What followed the delivery of our baby was not familiar territory.

Nothing prepares you for the superhuman effort it takes to leave your baby with hospital staff knowing they will soon be placed in a fridge in the mortuary; or to walk down the hospital corridor without your baby whilst delighted fathers walk in with their car seats; or the gaping emptiness you feel in the days, weeks, and months after your baby is born.

While my baby died before I went into labour, I would hate to feel that inadequacies in the care of women in labour can ever lead to a single patient experiencing this type of loss. However, I think as obstetricians we are all aware that these situations can and do arise. Leading the way by improving care in labour to prevent these events will hopefully encourage further actions to tackle the wider causes of stillbirth, neonatal death and brain injury.

If we are able to see the loss of every term baby as the earth- shattering event it is for their parents, it may increase our determination as a body to reduce these events in number. Each Baby Counts is a unique project seeking to determine common themes, which lead to fetal and neonatal loss and severe morbidity, at a national level. I am sure this valuable information can reduce the numbers of women leaving our hospitals without their precious babies and would urge everyone to get involved.

Hannah Law,
MRCOG ST5, Obstetrics & Gynaecology

#stillbirth #eachbabycounts