

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Multiple Births – Notice of Motion

- 1.1 The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on the 2nd February 2016.
- 1.3 Author of the Paper and contact details:

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2. Summary

- 2.1 To consider the notice of motion referred from the full Council meeting held on the 17th December 2015 (as detailed in paragraph 4 below), and the response from the Clinical Commissioning Group;



3. Decisions, recommendations and any options

- 3.1 To determine whether any action should be taken in light of the notice of motion and information provided by the CCG and Public Health.

4. Relevant information

4.1 Notice of Motion – Multiple Births

“This Council notes with regret figures from the Twins & Multiple Births Association (Tamba) which state that multiple pregnancies make up 3% of all births but account for more than 7% of stillbirths and 14% of neonatal deaths.

This Council notes the £3.8bn of additional funding for the NHS allocated for 2016/17 announced by the Chancellor of the Exchequer and resolves to:

1. Call on NHS England to consider the allocation of funds for further assistance to parents who have experienced multiple births and investigate improvements in care to reduce the number of stillbirths and neonatal deaths.
2. Request the Chief Executive to write to Brighton and Hove CCG to ask to what degree the clinical guidance and quality standards published by the National Institute for Health and Care Excellence (NICE) have been implemented in Brighton and Hove.
3. Request the Health and Wellbeing Board ensure that a Joint Strategic Needs Assessment on Multiple Births is added to the work programme.”

5. Supporting documents and information

5.1. Multiple pregnancies – an overview

- 5.1.1 The incidence of multiple births has risen in the last 30 years. In 1980, 10 women per 1000 had multiple births in England and Wales compared with 16 per 1000 in 2011. This increase in multiple births is due mainly to the use of assisted reproduction techniques, including in vitro fertilisation (IVF). Older women are more likely to have a multiple pregnancy and, because the average age at which women give birth is rising, this is also a contributory factor. Multiple births currently account for 3% of live births.

5.1.2 Many women pregnant with twins or triplets will have an uncomplicated pregnancy which will result in a good outcome for both mother and babies. However multiple pregnancies have higher risks compared with a singleton pregnancy. For the mother, there is an increased risk of miscarriage, anaemia, hypertension, vaginal bleeding, preterm delivery, and an assisted birth or caesarean. Risks to babies include low birth weight and prematurity which can result in admission to a neonatal intensive care unit, congenital malformations, cerebral palsy, and impaired physical and cognitive development. The stillbirth rate for twin births is also 2.5 times that for singleton births. It is therefore important for health professionals to be vigilant for complications to help manage these risks and provide the best possible outcome for mother and babies.

5.2 **National statistics on perinatal mortality (including stillbirths)**

5.2.1 Every year in the UK over 6,500 babies die just before, during or soon after birth (including 3,600 stillbirths). While other countries have succeeded in reducing their rates of stillbirth, the UK's figure is still largely unchanged from a decade ago.

5.2.2 39 percent of all stillbirths (approximately 1,400 per year) are now known to be the result of fetal growth restriction (babies who are not growing as well as they should be in the womb). It is estimated that 800 of these could be saved every year, an overall reduction of stillbirth rates by 22 percent.

5.3 **Multiple births, and stillbirths, in Brighton & Hove**

Number of multiple births and outcomes

5.3.1 For Brighton & Hove residents for the ten year period 2005-2014:

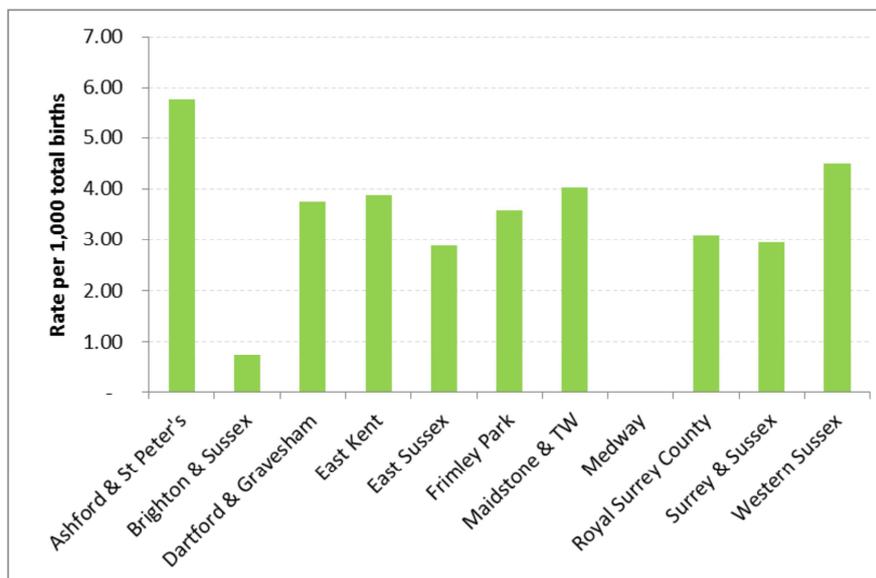
- There were 34,733 live births and 153 still births. 4% of all births were multiples.
- Of the 153 stillbirths, 18 (12%) were multiples and 135 singletons.
- In terms of still birth rates, the stillbirth rate for singletons is 4.0 still births per 1,000 live and still births (95% confidence interval 3.4-4.8) and the still birth rate for multiples is 13.9 per 1,000 live and stillbirths (95% confidence interval 8.8-21.8). The higher rate in multiple births reflects the picture nationally.
- Comparable data for neonatal deaths in multiple births for Brighton & Hove residents is not available. Nationally, to identify neonatal deaths which are babies from multiple births the Office for National Statistics (ONS) link births and deaths registration data through NHS number. The ONS have legal authority to link these two sources but this authority is not the

same for Local Authorities. The Head of Public Health Intelligence has emailed the births and deaths registration lead at ONS to check if permission can be granted for this local linkage in order to include the information in future Joint Strategic Needs Assessment updates.

Comparative rates of stillbirths by NHS Trust

5.3.2 Data from 2013/14 indicates that the local provider, Brighton & Sussex University Hospital NHS Trust, had a lower rate of stillbirths in the South East than other Trusts. This provides a relatively positive picture for Brighton & Hove, although the data relates to one year only.

Figure 1: Stillbirths by South East NHS Trust per 1,000 total births, April 2013 to March 2014.



Source: South East Coast Quality Observatory. NB* Still birth indicator (and a range of other data items) on the birth record were not being recorded fully in Medway at the time of data collection

5.4 National Institute of Clinical Excellence (NICE) guidelines on multiple pregnancy and local implementation

5.4.1 Because of the increased risk of complications, women with multiple pregnancies need more monitoring and increased contact with healthcare professionals during their pregnancy than women with singleton pregnancies. This coupled with a considerable variation in antenatal care and outcomes for multiple pregnancies led to the publication by NICE of: *Multiple pregnancy: antenatal care for twin and triplet pregnancies guidelines [CG129]* in September 2011 and

Multiple pregnancy: twin and triplet pregnancies quality standard [QS46] in September 2013.

- 5.4.2 These clinical guidelines and standards provide evidence-based advice on the care of women with multiple pregnancies in the antenatal period and are intended to drive measureable quality improvements in care.
- 5.4.3 In summary, they recommend and outline in detail the following: a specialist team made up of obstetricians, midwives and ultrasonographers, with previous experience of caring for women with multiple pregnancies; increased frequency and timing of antenatal care visits for women with multiple pregnancies and what should be done at each visit; clear recommendations on when elective birth should be offered to pregnant women expecting twins or triplets.
- 5.4.4 In Brighton and Hove, Brighton & Sussex Universities Hospitals NHS Trust have a very clear protocol for care of mums with multiple pregnancies and this is consistent with NICE and best practice guidelines.

5.5 **National and regional initiatives on stillbirth**

- 5.5.1 Reducing stillbirth is being brought to the top of the NHS agenda. On 13 November 2015, the Health Secretary, Jeremy Hunt, announced a new ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% by 2030.
- 5.5.2 Under the plan to make England one of the safest places in the world to give birth, maternity safety champions could be introduced to report to senior NHS executives. From a £4m total pot of money, NHS trusts will be able to buy new digital equipment for monitoring or training, such as cardiotocography equipment to monitor a baby's heartbeat, which has been shown to save lives.
- 5.5.3 There is currently a wide range of initiatives at a number of levels:
- (i) The ***Each Baby Counts*** project, set up by the Royal College of Obstetricians and Gynecologists (RCOG) aims to reduce avoidable incidents during labour at term resulting in stillbirth, early neonatal death or severe brain injury by 50 per cent by 2020.
 - (ii) NHS England are leading a major programme, called ***Saving Babies' Lives***, with the involvement of the Strategic Clinical Networks. The programme has developed a 'care bundle' for tackling stillbirth with four elements that, if implemented as



a package of care to all pregnant women, has huge potential to significantly reduce stillbirth rates. These are:

1. Smoking cessation
2. Identification of fetal growth restriction
3. Raising awareness of reduced fetal movements
4. Effective fetal monitoring in labour

- (iii) A wider **independent review of NHS maternity services** is currently underway and will assess how best to respond to England's growing birth rate, and the need for well-staffed and safe services that give mums more say over their care.
- (iv) More locally, the South East Strategic Clinical Network has produced two papers¹ to promote high quality maternity care in the South East: *The Reduction of Stillbirth and The Reduction of Pre-term Birth* both contain a number of useful recommendations for commissioners and providers that will be implemented over the next two years .

Other services commissioned by NHS England

5.5.4 Specialist baby care and neonatal activity is largely commissioned by NHS England. BSUH have the Trevor Mann Baby Unit (TMBU) at the Royal Sussex County Hospital and the Special Care Baby Unit at Princess Royal Hospital.

5.5.5 TMBU is one of three intensive care units in the Kent, Surrey and Sussex Neonatal Network. It provides a tertiary, neonatal medical and surgical service for Brighton, East and West Sussex and a special care service for Brighton and Mid-Sussex. There are 27 cots on the TMBU.

5.6 Health visitor services

5.6.1 All parents have a family health assessment carried out by the Health Visitor (HV) at an antenatal visit around 30 - 34 weeks of pregnancy and are all seen routinely at 10 - 14 days and 6 weeks postnatally. HV and children's centre support is offered to all parents whether they have a single or a multiple birth as part of the HV core programme.

5.6.2 Having a multiple pregnancy/birth is a criteria for offering a Universal Plus (UP) or Partnership Plus (UPP) HV service. This will provide them with extra support from the HV in terms of home visits, referral to Community Nursery Nurses etc depending on

¹ <http://www.secsn.nhs.uk/our-networks/maternity-children-and-young-people/maternity-programmes-of-work/reduction-of-stillbirth-and-reduction-preterm-birth/>

their specific needs. Not all clients with a multiple pregnancy/birth will require a UP or UPP service. Provision of this service will depend on the conversation with the client and identification of their needs and any other risk factors that they may have.

5.6.3 The breastfeeding team in Brighton & Hove currently provide peer supporters on the postnatal ward at the Royal Sussex County Hospital to provide support to all breastfeeding parents.

5.6.4 In addition all clients with a multiple pregnancy / birth will be offered information about multiple births such as TAMBA, NHS Choices website etc. and invited to children's centre groups such as Baby and You, breastfeeding drop-ins, Healthy Child Clinics etc. They will also be invited to the city-wide multiple birth group at Hangleton Children's Centre which is run by parents of multiple births and is well attended.

5.7 Brighton & Hove Joint Strategic Needs Assessment

5.7.1 The topics of multiple births and still births / neonatal deaths are particularly relevant within three sections of the Brighton and Hove JSNA

3.2.4 Population groups: Pregnancy and maternity

7.1.2 Starting well: Maternal & Infant Health

8.3 Health services: Maternity care

<http://www.bhconnected.org.uk/content/needs-assessments>

5.7.2 Following the decision at Full Council the Public Health Directorate will, as part of the annual JSNA programme, ensure that a review of the latest data related to multiple births and still births / neonatal deaths takes place in 2016 and that the relevant sections of the JSNA are revised accordingly.

5.8 Summary

5.8.1 Multiple pregnancies have higher risks compared with a singleton pregnancy, including for still birth and neonatal deaths. BSUH NHS Trust have a very clear protocol for care of mums with multiple pregnancies and this is consistent with NICE and best practice guidelines.

5.8.2 National initiatives, some supported by new funding, are underway to reduce the rate of stillbirths (for both single and multiple pregnancies). Locally the focus for the CCG is mainly around antenatal care, where the identification of risk and clinically evidenced approaches is key to improving outcomes. During 2016 the CCG plans to work with the Trust and the Maternity Services



Liaison Committee (a parent led group with parent representation from across the City) to use all of the national and regional initiatives available to continue to drive improvements forward as outlined above.

- 5.8.3 The local JSNA will be reviewed in 2016 to ensure that it highlights needs related to multiple pregnancy, and stillbirths / neonatal deaths.