



BAY BIRTH CENTRE

Annual Report 2020

Prepared by Consultant Midwife XXXXXXXXXX

Annual report for 2020 Bay Birth Unit Alongside Midwifery

Background

The Alongside Midwifery unit (AMU) at opened in May 2005. This report will

- analyse the 2020 data
- identify trends in clinical practice

Staffing levels

Bay Birth Unit

There are a team of core midwives working in the Bay birth Unit.
Core Midwives 6.4 wte

Statistical Data

Transfers

- Part two of the All Wales Clinical pathway for normal labour
- Part three in labour transfers
- Postnatal
- Neonatal
- Acute emergency
- Maternal
- Neonatal

Transfers time from decision to arrival in either the central delivery suite or neonatal unit.

Data collection methods differ to those in Welsh PAS due to anomalies in inputting data. Therefore, some of the statistics may not match to those on the performance report. This is the first year the statistics are collated by the Lead Midwife for the Bay Birth Centre and a seconded Consultant Midwife from May therefore there may be differences in data collection from those previous years.

Results of all Data collection

Number of births and transfers 2019 (N=Nulliparous, M= Multiparous).

2020	N who started-		N who birthed-		Part 2		IP		PN		NN	
Total	549		383		4		135		30		4	
	N	M	N	M	N	M	N	M	N	M		
			152	231								

Reasons for Intrapartum transfers

Parity	1 st stage dystocia	2 nd stage dystocia	Mal presentation.	Meconium	Fetal distress	APH	Maternal condition	Maternal Analgesia
2020 n=134	26	33	2	16	27	2	5	23

The percentage of women being transferred for additional analgesia was 17%, and 20% of women were transferred in labour were for concerns regarding the fetal heart.

Of all postnatal transfers 17% were for perineal repair. (n=20)

Analgesia used

Year	No analgesia	Water	Entonox	Pethidine	Water birth
BBU 2020 N=360	N= 23	N= 241	N=341	N= 59	N=127 from total births 383
2019 N=363	N= 41	N= 181	N=313	N=55	N=98 from total births

- There was a decrease of no analgesia.
- There was an increase in use of water for labour from 50% in 2019 to 67% in 2020.
- Water birth increased from 25% in 2019 to 33 % in 2020 .
- There is a small increase in the use of pethidine.

Perineal Trauma

	Intact	1 st degree	2 nd degree	episiotomy	3 rd degree	4 th degree	Not documented
BBU 2020	140	51	144	4	9	0	0
2019	139	63	130	6	16	0	0

- 140 women or 34% did not require suturing following the births of their babies. A 2% increase on the previous year.
- There has been a decrease in 3rd degree tears from 4% in 2019 to 2% in 2020

Third Stage Management

- 7 women had a physiological 3rd stage compared to 9 in 2019
- The number of women who required a manual removal of placenta in 2019 was 4 and in 2020 was 5.

Post partum haemorrhage

3 women were transferred solely for PPH

The remaining numbers are women who had a recorded pph as a result of intervention ie 3 degree transfer, retained placenta etc

	EBL > 500mls	>999 mls	Range Above > 999mls	>1500	>2500	% PPH >999mls	% PPH > 1500
2020	6	5				1.3%	
2019	17	7		NO DATA		1.7%	

Feeding Intent

Breast feeding initiation rates

- Nulliparous women N= 111 (73%)
- Parous women N= 147 (635)
- Overall N=258 (67%)
- Breast feeding initiation rates have increased from 65% in 2019 to 67% in 2020.

Birth outcomes for all women commencing their labour in BBU

84 % had a normal birth

9.8% instrumental birth

6% emergency Caesarean section

	Birthplace study		BBU 2020	
Parity	Nulliparous	Multiparous	Nulliparous	Multiparous
Adverse perinatal outcome (Primary)	5:1000	3:1000	2	0
Maternal secondary outcomes;				
Instrumental	11%	1%		
Intrapartum LSCS	7%	1%		
3/4 th degree tears	4%	0.9%		
Blood transfusion	0.8%	0.3%		
Admission to a higher level of care	0.2%	0.1%		
Neonatal secondary outcomes			4	1

Year	SVB	Instrumental	CS
2020	462	54	33

Comparison with birthplace (2011)

Nulliparous

1 was diagnosed with HIE 2
 2 were admitted 2 days on NICU for respiratory support
 1 was 6 days with congenital pneumonia no risk factors and no follow up

2 transfer to CDS
 1 was diagnosed with HIE 3 was labour ward birth
 1 Was 5 days for Mec asp labour ward birth

- **Multiparous**

1 MLU birth was 24 hrs on nicu for respiratory support.

Conclusion and action planning

Evidence available that shows women are 20% more likely to transfer for analgesia and 5% for fetal heart concerns if midwife is not a core member of staff in Bay Birth Unit. (10 months data).

It is clear that the majority of transfers occur for labour dystocia, this should enable directed education in supporting midwifery skill in the prevention of slow progress in labour.

Actions for 2020

- Continue collecting the above statistics and split data into multips and primips
- Compare monthly data collected by Welsh PAS to ensure data can be corrected in a timely manner and accurate statistics are reported.
- Regular monthly meetings with Neath MLU manager to share learning
- Continue with warm compress to further reduce significant perineal trauma.
- Lead Midwife to continue to work towards Bay Birth Centre being staffed independently.
- Continue to use social media to inform the public regarding the midwifery service in the Bay birth unit
- Continue to work with the midwives re the number of women choosing to give birth in the Bay birth unit
- Advertise the Bay birth unit service in local events such as the Mother and Baby fairs.

- Introduce clinical supervision for all midwives but in particular for midwives working in the birth centre model for the first time. With planned staff introductory packs for all new members.
- Continue to work with community managers and midwives to highlight the use of the Bay birth centre telephone number to ensure first point of contact.

XXXXXX Seconded Consultant Midwife

XXXX Lead Midwife Bay Birth Unit