

Section 1 - Perinatal Morbidity and Mortality Inborn

<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Total number of perinatal deaths	26	29	10
Number of stillbirths 17 - 23+6 weeks excluding Termination of Pregnancy	1	3	5
Number of stillbirths >= 24 weeks excluding Termination of Pregnancy	19	10	6
Number of neonatal deaths between 0 - 6 days	3	11	6
Number of neonatal deaths between 7 - 28 days	4	7	5
Number of suspected brain injuries in inborn neonates (no structural abnormalities grade 3 HIE 37+0)	1	2	0
Number of babies born at 37 weeks + with Apgar<7 at 5 mins	39	42	14
Number of babies born with Ph<7	28	45	10
Number of HIE cases 2 & 3 (Maternity)	5	5	2
Number of HIE cases 2 & 3 (BadgerNet)	6	7	3
Number intrapartum SB>24 weeks	3	0	0

Notes / Caveats
Including all SBs/NNDs (0-28days). 2022 (Births = 1471) 2021 (Births 3503) 2020 (Births 3499)
Source: Badgernet (born in unit, died in unit). Badgernet does not capture babies transferred to hospice/home and died, or those babies not admitted to NICU. These numbers include all babies born alive regardless of where they died (including labour ward).
Source: Badgernet (born in unit, died in unit). Badgernet does not capture babies transferred to hospice/home and died, or the babies who did not get admitted to NICU. These numbers include all babies born alive regardless of where they died (including labour ward).
Source: Maternity Data
Source: WPAS
2020 28 of 845 cord pH reported as <7.

Section 2 - Maternal Morbidity and Mortality

<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Total number of maternal deaths (MBRRACE)	0	1	2
Number of Direct deaths	0	1	0
Number of Indirect deaths	0	0	2
Number of birthing people needing ICU care (level 3, not level 2)	7	12	3
Percentage of Maternal anal sphincter injury (3rd/4th degree tear) of total vaginal births	4.20%	3%	3.30%
Number of Maternal haemorrhage > 1500mls	114	112	41
Number of Maternity: PNMH admission	DNA	9	3
Number of reported 'never events' (DEFINE e.g., Inc. not limited to retained swab, retained instrument, insulin OD, wrong medication by wrong route, transfusion of ABO incompatible	0	2	0
Maternal harm: Number of uterine ruptures in VBAC	DNA	DNA	DNA

Notes / Caveats
Source: WPAS
Source: WPAS
These are for MBU Admissions. Data for admissions to an acute unit e.g. Cefn Coed are not available.

Section 3 - Insight

<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Number of DATIX incidents graded moderate or above	23	21	20
Number of Datix incident moderate harm (not NRI)	10	16	16

Notes / Caveats

Number of Datix incident NRI	13	5	2
Number of external organisation with concerns or request for action made directly to the trust	0	0	0
Number of Coroner Reg 28 made directly to the trust	0	0	0

Section 4 - Workforce

<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Minimum safe staffing in maternity services: Obstetric cover (resident hours) on the delivery suite	100%	100%	100%
Minimum safe staffing in maternity services: Obstetric cover middle grade rota gaps	See notes	See notes	See notes
Minimum safe staffing in maternity services: Obstetric cover consultant grade rota gaps	See notes	See notes	See notes
Minimum safe staffing in maternity services: Obstetric cover anaesthetic medical workforce rota gaps	0	0	0
Minimum safe staffing in maternity services: Neonatal consultants workforce (rota gaps)	DNA	DNA	0
Minimum safe staffing in maternity services: Neonatal middle grade workforce rota gaps	DNA	DNA	1
Minimum safe staffing in maternity services: Midwife minimum safe staffing planned cover versus actual prospectively (number unfilled)	DNA	DNA	DNA
Vacancy rate for midwives (WTE)	DNA	DNA	12.44
Minimum safe staffing in maternity services: Neonatal nursing workforce (% of nurses BAPM / QIS trained)	52%	52%	52%

Notes / Caveats
Covered 24hrs a day with resident consultant model.
6 rota gaps between timeframes specified. These were covered by locums or Consultant acting down.
2 on-call rota gaps covered by locums
No uncovered shifts (department prioritises obstetrics). Awaiting response from [REDACTED] chaser email 30.1.22
1 Gap - Clinical Fellow WTE
Unable to quantify this. Currently working on around 4 agency/bank midwives per shift. We are at critical staffing.
Awaiting response from [REDACTED] (Monday). Excluding Band 5s as of 1.2.23 we have 12.44 WTE vacancy rate.

Vacancy rate for neonatal nurses	DNA	7 x Band 6	7 x Band 5
Number of Datix related to workforce / service provision / staffing	45	51	32
Number of Consultant led MDT ward rounds on delivery suite Day and Night	2	2	2
Percentage given 1-2-1 care in labour	100%	100%	100%
Compliance with supernumerary status for the LW coordinator	0	0	0

Small number born on antenatal ward. These are no longer Labour ward co-ordinator counted within the numbers of clinical staff. Birth Rate+ assumes they will be providing

<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Number of times maternity unit attempted to diver or on divert	DNA	DNA	DNA
in utero transfers (Transferred out)	31	16	11
in utero transfers accepted (Transferred out)	23	15	3
in utero transfers declined (Transferred out)	DNA	DNA	DNA
in utero transfers (Transferred in)	37	106	48
in utero transfers accepted (Transferred in)	37	106	48
in utero transfers declined (Transferred in)	DNA	62	58
Number of consultant non attendance to 'must attend' clinical situations	DNA	DNA	DNA

Notes / Caveats
Transfer out data not reliable
Transfer out data not reliable
Transfer out data not reliable
89 refused (data from Jan 2022 - Oct 2022)

Section 5 - Involvement

<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Service user feedback: Number of compliments (formal)	20	4	10
Service user feedback: Number of complaints (formal)	51	51	21
What are the themes from Staff feedback from frontline champions and walk abouts?			

Notes / Caveats
Source: Datix
Source: Datix
Notes / Caveats

Section 6 - Improvement

Is the Perinatal Mortality Review Tool being used to the required standard?	Yes
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<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Number of eligible cases (All late miscarriages, late fetal losses, 22+0 - 23+6 and all stillbirths, and all neonatal deaths up to 28 days)	27	25	12
Number of cases completed in draft form	0	8	3
Number of cases completed in full form, published	27	17	0
Number of cases with external review	0	0	0
Number of cases incorporating family feedback	27	25	DNA
Resource allocated: Number of staff			
Resource allocated: Number of sessions	0	0	0

Are standard letters sent to all bereaved families? (Still born and Neonatal deaths)	Yes
Are their views sought?	Yes

Where do details of all deaths and action plans go?

<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Number of PMRT cases	24	17	6

Notes / Caveats

Notes / Caveats
All families offered to input into the review.
Unavailable in WTE. No dedicated time. A co-ordinator, the Lead Midwife for Q&S and the Clinical Risk Midwife all share responsibility for completion.
Obstetricians not responsible for PMRT.
Notes / Caveats

Notes / Caveats

Notes / Caveats

Number of cases completed	24	10	0
Number of cases with care graded A/B	13	3	DNA
Number of cases with care graded C/D	6	2	DNA
Post-mortem return time	DNA	6-9months	>12 months

Themes in care issues	
Lack of a soundproofed bereavement room.	
Examples of action taken	
Added to the Risk Register. Options explored. Plan currently under development.	

2021 - info only available for 5 of the 10 cases ATM

Notes / Caveats
Notes / Caveats

Section 7 - Service User Feedback

Can you evidence that you have a mechanism for gathering service user feedback?	Yes
Does your MSLC prioritise voices from birthing people from BAME backgrounds?	Yes
Does your MSLC feedback contribute into co-production of services?	Yes

Notes / Caveats
Maternity Voices Partnership (>600 voices in 12 months). 'Friends & Family' feedback (Health board-wide).
The Maternity Voices Partnership Annual Report 2022 cites this as one of their priorities for 2023.
Although this is in its infancy due to MVP only set up this year. Is already supporting ongoing improvement activities

Section 8 - Local Training Plan

	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Percentage of relevant staff attended (PROMPT WALES)	82.50%	91.70%	81.60%
If less than 95%, what are the barriers?			
Barriers include training being cancelled due to staffing. In the 1st year 100% available staff were trained during COVID. The 2nd year was more affected by community midwifery availability			

Notes / Caveats
For 01/09/2020 - 31/03/2021 Midwives (91%) and Obstetricians (92%). For 01/09/2021 - 31/08/2022 Midwives
Notes / Caveats
Data available within SBUHB cannot be translated into the stipulated timeframes. Therefore timeframes changed as

01/01/2020 -	01/01/2021 -	01/01/2022 -
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	31/12/2020	31/12/2021	30/06/2022
Percentage of all staff that attend local neonatal life support training	See notes	See notes	See notes
If less than 90%, what are the barriers?			
Barriers included cancelled training dates or staff being pulled off training due to staff shortages. In addition, NLS instructors unavailable to meet the demand for training provision. Only 5			

Notes / Caveats
For 01/04/2022 - 31/03/2021 Midwives 90% Compliance. For 01/04/2021 - 31/03/2022 Midwives 67% compliance.
Notes / Caveats

	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Percentage of relevant staff attending intrapartum fetal monitoring every year	92%	91%	DNA
If less than 90%, what are the barriers?			
Percentages are created based on total staff, however in reality 100% of staff were training who were in work and available (i.e. not on sickness or maternity leave).			

Notes / Caveats
For 01/04/2020 - 31/3/2021 Midwives 90% and Obstetricians 100% For 01/40/2021 - 31/03/2022 Midwives 91% and
Notes / Caveats

Is there training on fetal wellbeing on an annual basis?	Yes
Reduced fetal movements training	Yes
Gap / Grow or similar	Yes
Fetal monitoring antenatal and intrapartum	Yes
Risk assessment for preterm birth	No

Notes / Caveats
Inline with Intrapartum Fetal Surveillance Standards (2018)
As part of Mandatory Training in Fetal Monitoring and Perinatal Institute online training package. Compliance low.
Antenatal including within Fetal Monitoring training programme 2022/23 following staff feedback
Informal approach. No standardised risk assessment based on evidence.

Section 9 - Psychological Support

Do you have an inhouse psychologist for maternity staff to access?	No
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Notes / Caveats
General access through the 'Wellbeing at Work' or occupational health. No specific Maternity psychological

01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022

Notes / Caveats

What is the waiting list to access the inhouse psychologist	DNA	DNA	DNA
What is the Whole Time Equivalent for the inhouse psychologist	DNA	DNA	DNA

Do you have an inhouse psychologist for birthing people / parents to access?	No
Do you have an inhouse psychologist for neonatal staff to access?	No

<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
What percentage of intrapartum deaths and NND had multi-professional debriefs offered?	100%	100%	100%
What percentage of maternal deaths had multi-professional debrief offered?	100%	100%	100%

What is available for staff involved with a stillbirth / NND?
Welbeing Team and Clinical Supervisors for Midwives, Managerial Support. 2 x TRIM trained staff on Governance Team - can refer for TRIM support.
What is available for staff involved with a maternal death?
Welbeing Team and Clinical Supervisors for Midwives, Managerial Support. 2 x TRIM trained staff on Governance Team - can refer for TRIM support.

Can your department offer bereavement counselling to parents who have had a still	No
Can your department offer bereavement counselling to parents who have had a neonatal death?	No
Is the bereavement midwife involved with parents who have had an early (7 days) neonatal death?	Yes

N/A
N/A

Notes / Caveats
Perinatal Mental Health Specialist Service (Mental Health & Learning Disabilities). PNMH Specialist Midwife link.
The neonatal department have access to a Psychologist to access, however this provision is not funded. No funding from

Notes / Caveats

Notes / Caveats

Notes / Caveats

Notes / Caveats
Bereavement Midwife offers emotional support. No psychological or mental health support. Process would be to
There is a psychologist linked to Neonatal Unit but they don't offer care for bereaved parents, its limited to when the baby is in the NICU.

<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
How many birthing people have accessed the mother and baby unit?	DNA	9	3

Notes / Caveats
Data from MBU from March 2021.

Section 10 - Birthing People with Complex Medical Problems

Do you have clear pathways for referral to other centres?	No
Does care require birthing people to transfer to another hospital or is it offered hub and spoke model?	Yes
Can you provide any examples?	
No onsite ITU, neurology, interventional radiology service. No Fetal Medicine Department.	

Notes / Caveats
Notes / Caveats

Section 1 - Governance Processes

What governance structure and resource do you have? (Admin, Banding, WTE)			
NB: Governance Manager (Band 7) and Governance facilitator (Band 6) are shared with Neonataes and Paediatrics and not dedicated to Maternity. Formal division of time for Maternity services is not defined and under review.	Role	Banding	WTE
	Lead Midwife for	8A	1
	Clinical Risk Midwife	7	22.5
	Governance	7	1
	Governance	6	1
	Obstetric		3.45

How much obstetric time is allocated to governance? (Consultant Sessions)	3
How much neonatal time is allocated to governance?	0
How do you involve families in investigations?	
Review letters sent for stillbirths, IUDs, NRIs, HIEs. Also send feedback questionnaires to families for PMRT reviews or any case that goes for MDT review.	
What is your structured list for safety investigations? (RCAs)	
ToR for All Wales Trigger List (amended version ratified for use in Swansea Bay due to the tool not being manageable within our service).	

Section 2 - Triage

Do you have standard telephone triage advice sheets?	No
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Notes / Caveats
Clinical Risk Midwife currently seconded up to 37.5 hrs to
3.45hrs per week obstetric governance lead (1 session)

Notes / Caveats
1 session/week for the governance lead. 2 sessions/week for the Clinical Director. 3 x SPA's/week - some use to come to Comes out of SPA time. No dedicated sessions.

Notes / Caveats

Notes / Caveats

Notes / Caveats
General advice sheet used for every phone call. Usually received by the receptionist. It is more like a clinical details

Are your phone lines managed by separately allocated trained staff?	No
What examples of good practice do you have? (QUIP, Improving care, Staff safety)	
How do staff on the ground, MW, rotational doctors and HCSW learn?	
How is institutional memory achieved?	
What would help?	A platform to be able to communicate with ALL STAFF that is accessible and acceptable. This is something missing that would support learning within the system.

Do you have fetal surveillance midwife?	Yes
Do you have fetal surveillance lead obstetrician?	Yes
Have you encountered adverse events around your triage lines and advice given?	Yes
What are the top 3 obstetrics risks in your risk register?	1) Critical Staffing Levels
	2) Lack of a centralised monitoring system
	3) Delay in Inductions of labour

Notes / Caveats
Notes / Caveats
Notes / Caveats
Notes / Caveats

Notes / Caveats
No dedicated time given for the role.
Yes, including management of reduced fetal movements, escalating for an obstetric review, missed opportunity to

Section 3 - NICE Guidance

How do you implement NICE guidance?	These will be brought to relevant forums for discussion against current Guidelines. Also reviewed as part of the Guideline review process, to incorporate any changes (3 yearly basis).
What are the health board plans for moving timing of IOL to 41 weeks?	Baseline assessment against new NICE Guidelines for Induction of Labour carried out and currently being discussed at Quality & Safety. No decision made as yet regarding moving timing

Notes / Caveats
Notes / Caveats

Section 1 - Smoking

<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
What proportion of birthing people have CO monitoring at booking?	DNA	DNA	DNA
What proportion of birthing people have CO monitoring at 36 weeks?	DNA	DNA	DNA

Please provide a brief description of the stop smoking strategy and plans for improvement
Smoking Cessation representative attends the antenatal ward 1 day per week.

The next set of questions should be done by taken a sample of 30 cases where CO ≥ 4 , if possible.

Sample size taken	DNA
Percentage of birthing people with CO ≥ 4 , at booking who were referred to smoking cessation services	DNA
Percentage of birthing people with CO ≥ 4 , at booking who had CO < 4 at 36 weeks	DNA

Section 2 - Fetal Growth

Is there a clear pathway for birthing people with significant bleeding after booking, echogenic bowel or growth concern at 20 weeks USS to have serial USS	Yes
If yes, please give a description	
These women will be referred to the local fetal medicine lead Consultant antenatal clinic within Swansea Bay.	

Notes / Caveats
Stopped CO monitoring during Covid.
Stopped CO monitoring during Covid.

Notes / Caveats

Notes / Caveats
Unable to identify notes for audit as data not recorded
If a non-smoker with a CO reading >4 - information discussed from the Maternity Record. All smokers are offered smoking cessation services.
Requires audit, data not available to access retrospectively women with CO >4

Notes / Caveats
Notes / Caveats

The next question should be done by taken a sample of 30 cases, if possible.

Sample size taken	
Percentage of pregnancies where risk assessment for FGR is recorded at booking and	DNA

The next question should be done by taken a sample of 30 cases where BMI > 35, if possible.

Sample size taken	27
Percentage of birthing people with BMI > 35 have serial USS from 28 weeks	96.20%

Is there a regular audit of babies < 3rd centile > 37+6 weeks?	No
Are PMRT cases where FGR was an issue	Yes

Section 3 - Reduced Fetal Movement

The next question should be done by taken a sample of 30 cases, if possible.

Sample size taken	37
Percentage of birthing people receiving information on RFM by 28 weeks	78.30%

The next question should be done by taken a sample of 30 cases where there was reduced fetal movement, if possible.

Sample size taken	DNA
Percentage of birthing people with reduced FM who have a computerised CTG	DNA

Section 4 - Preterm Birth

Note: Please collect the data items below for each month within the time frames specified.	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
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Notes / Caveats

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We do not perform a formal risk assessment. Community midwives refer to Consultant-led care in line with Gap Grow.

Notes / Caveats

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Notes / Caveats

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This has been as part of the review process and not a

Notes / Caveats

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Notes / Caveats

Currently not measurable. Small numbers. Unable to identify

Currently only 3 x computerised CTGs in Swansea Bay.

Guideline in place stating criteria for use in babies <32weeks

Notes / Caveats

Percentage of singleton live births <34 weeks receiving full course of ANCS within 7 days	41%	51%	45%
Percentage of singleton live births <30 weeks receiving MGS04 within 24 hours	98%	87%	100%
Percentage of babies born in an appropriate care setting	100%	100%	100%

What percentage of your delivery rooms are at 23-25°C for all deliveries?	DNA
What percentage of theatres / rooms are at 26°C for preterm deliveries < 28 weeks	DNA

Birthing people at high risk of preterm birth have access to a specialist PTB clinic with TV USS in their unit	No
If not, what do they get offered?	
Currently no dedicated PTB clinic, but we have criteria as to who will receive cervical length screening and ongoing management based on findings. Current barrier is clinic space and	
Are all birthing people assessed at booking for risk of preterm birth?	Yes
From the above, what percentage are identified as immediate or high risk?	DNA

Does your unit use PLGF (based on NICE guidance for bedside testing for pre-eclampsia)	No
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Does your unit adhere to the 8 NICE quality standards from the multiple pregnancy guidance	No
Does the unit audit compliance and record this information?	No
Do they use any aids to help with this?	Not applicable

Source: Badgernet including within 7 days

Source: Badgernet. Data for within 24 hours not available.

Source: Badgernet

Notes / Caveats

No thermometers in birthing rooms so cannot measure. Temperature control of the birthing rooms is managed

No thermometers in birthing rooms so cannot measure. Temperature control of the birthing rooms is managed

Notes / Caveats

These women are distributed within general antenatal clinics.

Notes / Caveats

No current 'checklist' of criteria for referral from Community Midwives to Consultant clinics, specifically for risk of pre-term

Notes / Caveats

Notes / Caveats

Further comments for the above questions

Currently development of a multiple pregnancy clinic and guideline being developed and awaiting clinic space and USS capacity.

Notes / Caveats

Section 1 - Booking

<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Number of bookings	3600	3540	1715
Number of people smoking at booking	548		195
Number of people BMI 30 - 34.9 at booking	471	516	254
Number of people BMI 35 - 39.9 at booking	258	226	142
Number of people BMI 40 - 44.9 at booking	196	119	39
Number of people BMI 45+ at booking	81	74	47
Number of people's ethnicity: White	1855	1800	803
Number of people's ethnicity: Black			
Number of people's ethnicity: Asian			
Number of people's ethnicity: Mixed			
Number of people's ethnicity: Other	See notes	See notes	See notes
Number of people's ethnicity: Unknown	1647	1612	865
Number of people with T1DM	DNA	18	23
Number of people with T2DM	DNA	19	26
Number of people with Unspecified Diabetes	DNA	DNA	DNA
Number of people GDM	DNA	141	168
Number of people on any anti-depressant or anxiolytic at booking as a marker of PNMH	126	166	68

Notes / Caveats
01/01/2021 - 31/12/2021 - 480
Unreliable data due to inputting on WPAS
Unreliable data due to inputting on WPAS
Unreliable data due to inputting on WPAS
Black & Minority ethnic in 2020 = 95. In 2021 = 122. In 2022 =
Ethnic minority not a mandatory requirement on WPAS
Data not collected in 2020
Data not collected in 2020
Data not collected in 2020. Identification less sensitive due to

Section 2 - Live Births

<i>Note: Please collect the data items (Number of births) below for each month within the time</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Number of multiple pregnancies at birth	56	49	21
Onset of labour: Spontaneous	1754	1774	768
Onset of labour: Induced	1070	1009	526
Onset of labour: No labour (CS)	675	720	368
Method of Delivery: Elective CS (Planned)	553	574	304

Notes / Caveats
Source: WPAS Reliability dependant on data entry at point of
Source: WPAS Reliability dependant on data entry at point of
Source: WPAS Reliability dependant on data entry at point of
Source: WPAS Reliability dependant on data entry at point of
Source: WPAS Reliability dependant on data entry at point of

Method of Delivery: Emergency CS (Unplanned)	635	769	425
Method of Delivery: Assisted Delivery	401	326	135
Method of Delivery: SVD	2010	1971	889
Method of Delivery: Vaginal Breech Delivery	20	13	8
Place of Birth: MLU	579	589	255
Place of Birth: CLU	2763	2798	1378
Place of Birth: Home	96	64	8
Number of preterm births 22+0 - 33+6	104	109	44
Number of livebirths <24 weeks	8	14	4
Number of livebirths >24 weeks	3467	3477	1650

Source: WPAS Reliability dependant on data entry at point of
Source: WPAS Reliability dependant on data entry at point of
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Source: WPAS Reliability dependant on data entry at point of
Source: WPAS Reliability dependant on data entry at point of
Source: WPAS Reliability dependant on data entry at point of
2020 BBAs = 31. 2021 BBAs = 23 2022 BBAs = 14.
Source: WPAS Reliability dependant on data entry at point of
Source: WPAS Reliability dependant on data entry at point of
Source: WPAS Reliability dependant on data entry at point of

<i>Note: Please collect the data items below for each month within the time frames specified.</i>	01/01/2020 - 31/12/2020	01/01/2021 - 31/12/2021	01/01/2022 - 30/06/2022
Number of birthing people transferring care into your Health Board	37	106	48
Percentage of transfers: CLC	DNA	DNA	DNA
Percentage of transfers: MLC	DNA	DNA	DNA
Percentage Breast feeding at birth	65.00%	63.00%	62%
Percentage Breast feeding at discharge from hospital			
Percentage Breast feeding at 10 days	DNA	DNA	DNA
Percentage Breast feeding at 6 weeks	DNA	DNA	DNA

Notes / Caveats
This data only reflects inutero transfers <37 weeks. Data unavailable for >37 weeks and intrapartum transfers in.
Source: WPAS
2020 = 49% 2021 = 49% 2022 = 45%.
Non-mandatory field/not pulled from WPAS
Non-mandatory field/not pulled from WPAS

Section 1 - Transitional Care

Is there Jointly approved guidance / pathways for TC to minimise separation of birthing people and babies?	Yes
Is there data recording TC activity?	Yes
Is there data recording potential TC activity - late preterm 34+0 - 36+6 babies when O ₂ is not delivered	Yes
Are there action plans to support finding from ATAIN?	Yes
Do you perform ATAIN?	Yes
Do your ATAIN reviews include all babies transferred to NNU and not just those on BadgerNet?	No

Notes / Caveats
Identification of themes presented at Perinatal Meeting. Weekly actions assigned to individuals during the ATAIN
Weekly multi-professional meeting.
We use Badgernet for the identification of babies who have been admitted to NICU. Badgernet is the most reliable way to identify these babies. Our criteria for review in ATAIN is