Saving Babies' Lives 2024: Progress Report Summary

Sands & Tommy's
Policy Unit

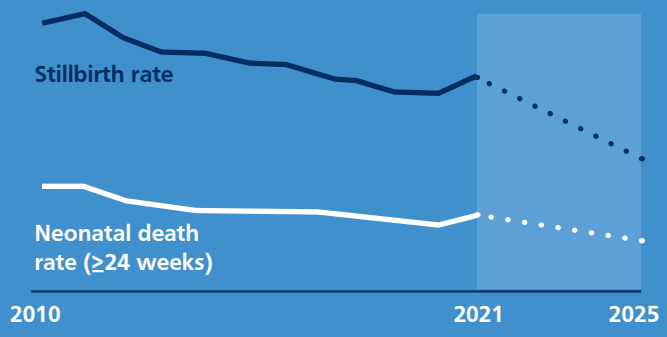
Working together
to save babies' lives

13
babies die a day
across the UK

NO
comprehensive data
on miscarriages

Approximately
8%
of babies
are born preterm

Stillbirth and neonatal death rates are off track to meet the 2025 target for England



The scale of pregnancy loss and baby deaths is **not** inevitable:

over 800 babies' lives
may have been saved with better care in 2022-23

49%
of maternity services in England have been rated
"inadequate" or **"requires improvement"**
by the CQC.

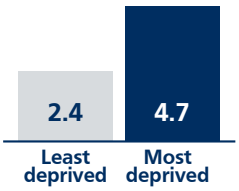
Improvements to the research environment are needed:

Reproductive health & childbirth receives
only 2%
of public and charity health-related research funding

Meaningful action is needed to address stark and persistent inequalities

Black babies are over
2x more likely to be stillborn
compared to White babies

Stillbirth rate per 1,000 births 2021



Stillbirth rate per 1,000 births 2021

Babies in the most deprived areas are
twice as likely to be stillborn
compared to babies in the least deprived areas

Systemic issues need to be addressed

Listen to parents:
1 in 5 felt that concerns raised during labour & birth were not taken seriously

Support staff:
58% of midwives in England felt unwell in last 12 months because of stress

Learn lessons:
only half of action plans developed following the death of a baby are strong

Follow
nationally agreed standards of care

Investment
which recognises scale of change required

1. Introduction: With political will, progress is possible

This is the second 'saving babies' lives' progress report from the Joint Policy Unit. When we published our first report in May 2023 we committed to reassessing progress each year. Through this process we aim to hold government and decision-makers to account, helping to ensure that saving babies' lives and tackling inequalities in pregnancy and baby loss are the political priorities they deserve to be. Moving towards a general election this is more important ever. As this year's report makes clear, we need a much more transformative approach from government that matches the scale and impact of the issue.

Sands and Tommy's Joint Policy Unit

Sands and Tommy's Joint Policy Unit is focussed on achieving policy change that will save more babies' lives during pregnancy and the neonatal period and on tackling inequalities in loss, so that everyone can benefit from the best possible outcomes.

2. Progress to reduce rates of stillbirth and neonatal death is stagnating

Progress to reduce the rates of stillbirth and neonatal death is stagnating across the UK: the stillbirth rate in Wales has remained at around 4.4 per 1,000 total births since 2018 and there has been little change in the neonatal mortality rates in England and Northern Ireland over the past few years.

Despite a decline in mortality rates in England since 2010, progress is not on track to meet government ambitions to halve mortality rates by 2025 (see Figure 1). Since 2018, approximately 1,000 lives per year could have been saved if ambitions were met.

Being born preterm is an important risk factor for neonatal mortality, but there has been little progress on reducing the number of preterm births. In 2021, three-quarters of neonatal deaths in the UK were among babies born prematurely.

Lack of data continues to limit our understanding of the number of miscarriages happening each year. Work is underway to improve miscarriage data recording in Scotland, but no similar initiatives are currently planned for the other UK nations.

While this report is focused on outcomes for babies, there is a significant overlap with outcomes for women and birthing people. The latest data show the three-year maternal mortality rate for 2020-22 in the UK increased to the highest rate since 2003-05.

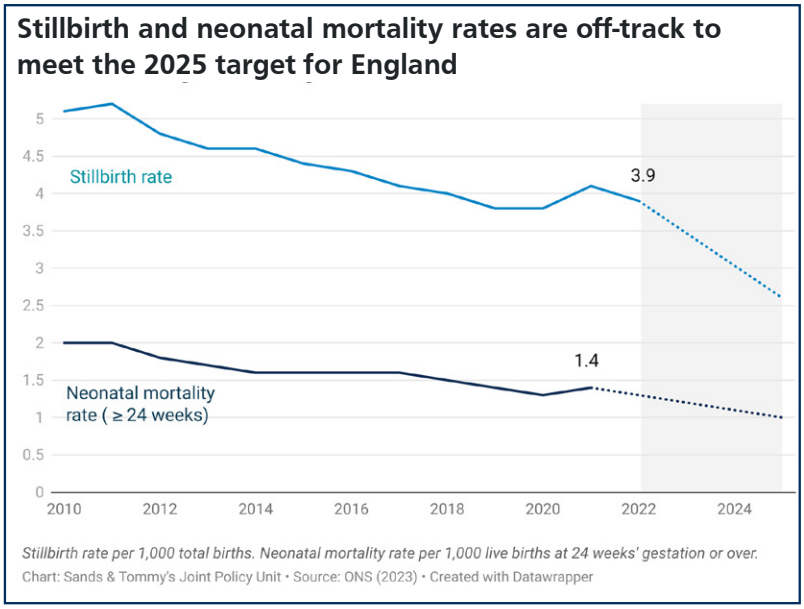


Figure 1. Stillbirth and neonatal mortality rates in England between 2010 and 2022 and trajectories required to meet 2025 targets

What needs to change

We are not on track to meet the national maternity safety ambitions in England. It is important that there are renewed commitments beyond 2025, and that these are expanded to cover each of the four nations of the UK and include an ambition to address inequalities (see section 3). Any future targets must have a clear and agreed baseline to measure progress against, with the funding and resources necessary to meet them.

Health services in England, Wales and Northern Ireland should learn from efforts to count miscarriages in Scotland and commit to counting miscarriages in their national health system.

3. Meaningful action is needed to address stark and persistent inequalities by ethnicity and deprivation

There continue to be substantial differences in rates of pregnancy and baby loss by ethnicity and deprivation (see Figures 2 – 5). In 2021, the stillbirth rate among Black babies was over double the overall rate and the rate among White babies. The stillbirth rate of babies born to mothers living in the most deprived areas was also double the rate of those in the least deprived areas.

Inequalities in stillbirth rates have widened. The stillbirth rate among babies born in the most deprived areas increased, while the rate among babies in the least deprived areas declined. The stillbirth rate among babies from Black ethnic groups increased between 2013 and 2021, while the rates declined for babies from Asian and White ethnic groups.

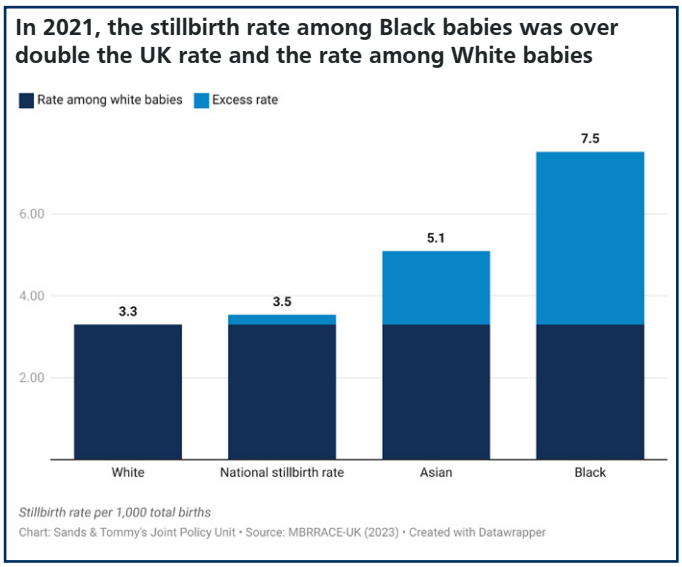


Figure 2. Comparison of stillbirth rates across ethnic groups in the UK in 2021

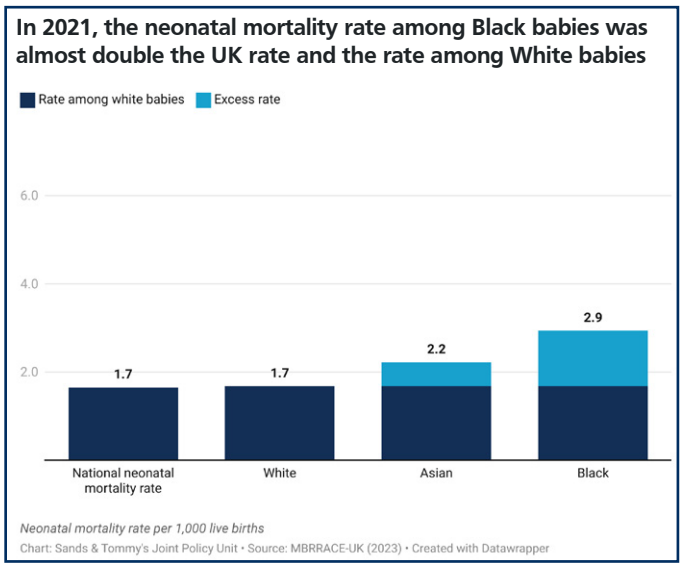


Figure 3. Comparison of neonatal mortality rates across ethnic groups in the UK in 2021

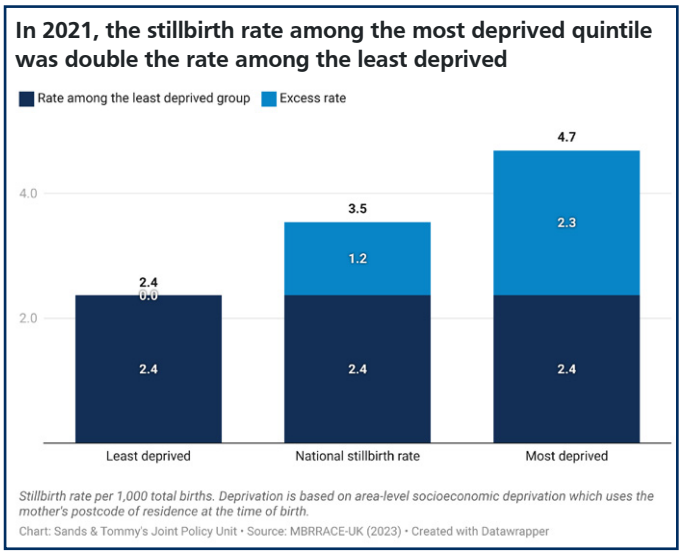


Figure 4. Comparison of stillbirth rates between the least and most deprived areas in the UK and the national rate in 2021

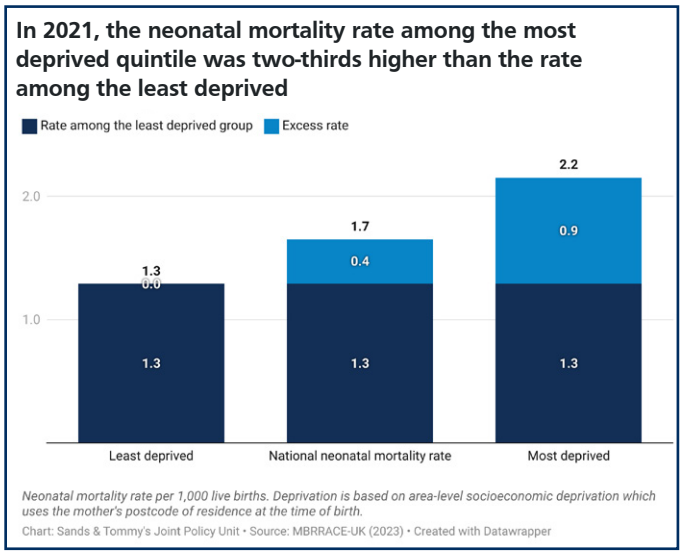


Figure 5. Comparison of neonatal mortality rates between the least and most deprived areas in the UK and the national rate in 2021

The proportion of babies born preterm varies between ethnic groups. This can have an important impact due to higher mortality rates among babies born preterm. There are no routine data on the proportion of preterm births according to area-level deprivation.

While inequalities are well known, limited data and evidence beyond high-level categories makes it challenging to target initiatives and resources towards the most important risk factors and systemic issues. A more nuanced understanding of the drivers of inequalities is still needed; however, there is an urgent need to move beyond diagnosing the problem to taking meaningful action to reduce inequalities.

Research considering disparities in maternal mortality has found that known risk factors, including age, socioeconomic status, and medical comorbidities, do not fully explain disparities between ethnic groups (1). While focused on maternal rather than perinatal mortality, this suggests that ethnicity remains an independent risk and that policy and practice should not only aim to optimise pre-conception health but should also focus on improving equity in the provision of maternity care and tackling racism and discrimination. In addition, cross-government issues such as housing, education and healthy environments need to be addressed.

What needs to change

The current government has spoken of its commitment to reduce disparities in maternity outcomes, but actions taken to date have fallen short of the scale of change that is required. It is vital that there is a government ambition - like the maternity safety ambition to halve stillbirths and baby deaths by 2025 relative to 2010 – to eliminate inequalities in pregnancy and baby loss. This long-term ambition must be underpinned by the latest research and a comprehensive programme of improvement initiatives. There should be an ambition for each devolved nation with clear metrics and a baseline to measure progress against. Schemes intended to support improvements in maternity safety should consider how to integrate efforts to tackle inequalities.

The National Institute for Health and Care Research (NIHR) Challenge fund focused on tackling maternity disparities is a significant step change in the amount of research funding available. To realise its potential, the NIHR Challenge must deliver its aim of bringing together diverse researchers from a broad range of disciplines and backgrounds, as well as people with lived experience.

Alongside a long-term strategy, there are a range of immediate actions that can and should be taken to address potential drivers of inequality. This includes improving the collection of data on social risk factors and providing adequate and consistent support for the implementation of local plans to improve equity and equality.

4. Systemic issues in maternity and neonatal services need to be addressed

The current scale of pregnancy loss and baby deaths in the UK is not inevitable. At least 1 in 5 stillbirths and neonatal deaths may have been prevented with better care, equating to over 800 babies' lives in 2022-23.

Despite reports and reviews into the safety of maternity and neonatal services consistently identifying the same themes and the numerous policy initiatives that have been introduced, mortality rates, safety and quality metrics, and patient and staff survey results all show that progress has been inadequate. The Care Quality Commission (CQC) has rated 10% of maternity services in England as "inadequate" overall, and a further 39% as "requires improvement".

Insufficient staffing levels have often been associated with poor care and avoidable harm. However, the data show a mixed picture. The number of full-time equivalent staff working in maternity- and neonatal-related roles in England has increased over the past decade, particularly in the context of falling birth rates (see Figure 6).

This headline view does not reflect variation in staffing levels between individual services and regions, variation across the year, the skills mix of individuals within each service, and the changing profile of the birthing population. In addition, not all roles are disaggregated according to maternity or neonatal services, which hides acute shortages in some roles, such as perinatal pathologists. NHS England's Long Term Workforce Plan includes welcome ambitions to grow the midwifery workforce, but more detail is needed on retention strategies, recruitment of other maternity and neonatal-related specialisms, and long-term funding commitments.

Improving staffing levels across all roles engaged in maternity and neonatal services is necessary but not sufficient. A culture of safety is needed in which multidisciplinary staff work together effectively, listen to concerns from staff and families, and learn lessons from any serious incidents.

The Perinatal Mortality Review Tool (PMRT) has been developed to standardise the review of perinatal deaths across the UK and create action plans for improvement. Action plans are rated, with "strong" action plans defined as focusing on system level changes rather than relying on individuals to choose the correct action. In 2022-23, only 1 in 6 (14%) were rated as "strong", while half (49%) were "weak".

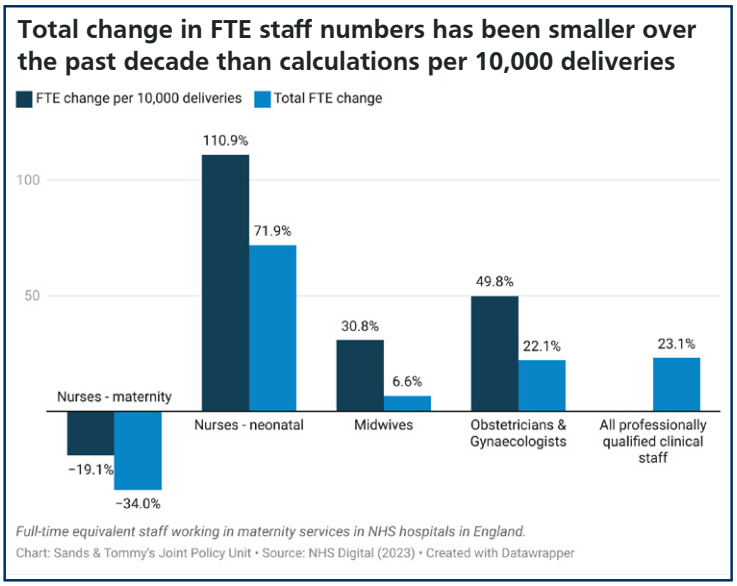


Figure 6. Percentage change in FTE staff per 10,000 deliveries and total FTE change between 2012-13 and 2022-23 in England

The PMRT reviews also consider whether issues with the provision of care may have contributed to late miscarriage, stillbirth or neonatal death (summarised as "the outcome" by PMRT). Across the UK in 2022-23, 1 in 5 reviews identified at least one issue with care which may have made a difference to the outcome for the baby. This equates to over 800 babies' lives that could have been saved with better care. The proportion of reviews which identify issues with care has been increasing since the PMRT was introduced in 2018-19 (see Figure 7). It is likely that this increase is partly driven by improving quality of reviews and may still underestimate the number of babies' lives which could have been saved with better care.

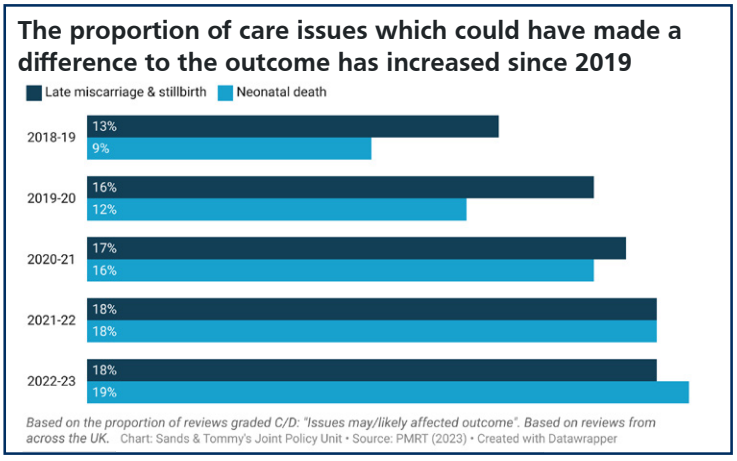


Figure 7. The proportion of PMRT reviews across the UK where care may have prevented late miscarriage & stillbirth or neonatal death between 2018-19 and 2022-23

While there are many instances of good care being delivered, there is too much variation. Too often nationally agreed standards of care are not being followed which is contributing to avoidable deaths. One example of this variation is care for women and birthing people at risk of preterm birth. Risk of preterm birth should be identified in a timely manner through antenatal care in order to receive the recommended interventions prior to birth, including: a full course of antenatal steroids in the week prior to birth, antenatal magnesium sulphate within 24 hours before birth, and ensuring that singleton infants less than 27 weeks' gestation are born in a maternity service on the same site as a neonatal intensive care unit (NICU).

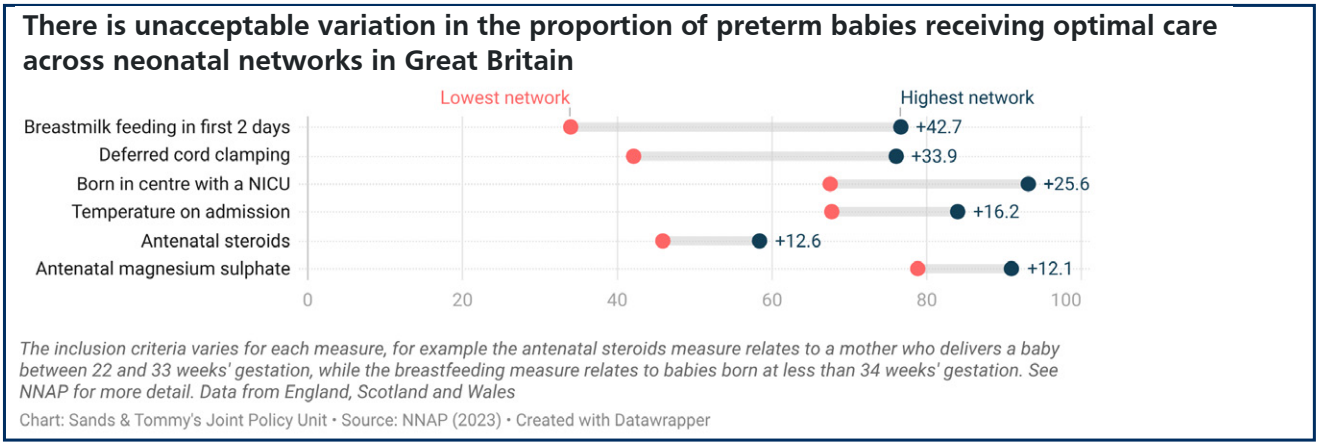


Figure 8. Variation in optimal perinatal care across neonatal networks in Great Britain, 2022

In 2022, 1 in 5 (21%) eligible preterm babies were not born in a centre with a NICU and nearly half of mothers (48%) did not receive a full course of antenatal steroids. There was also unacceptable variation in the level of compliance between neonatal networks (see Figure 8).

Recent commitments to increase funding for maternity and neonatal services in England remain significantly below the level needed to support the transformative improvements that are required (see Figure 9).

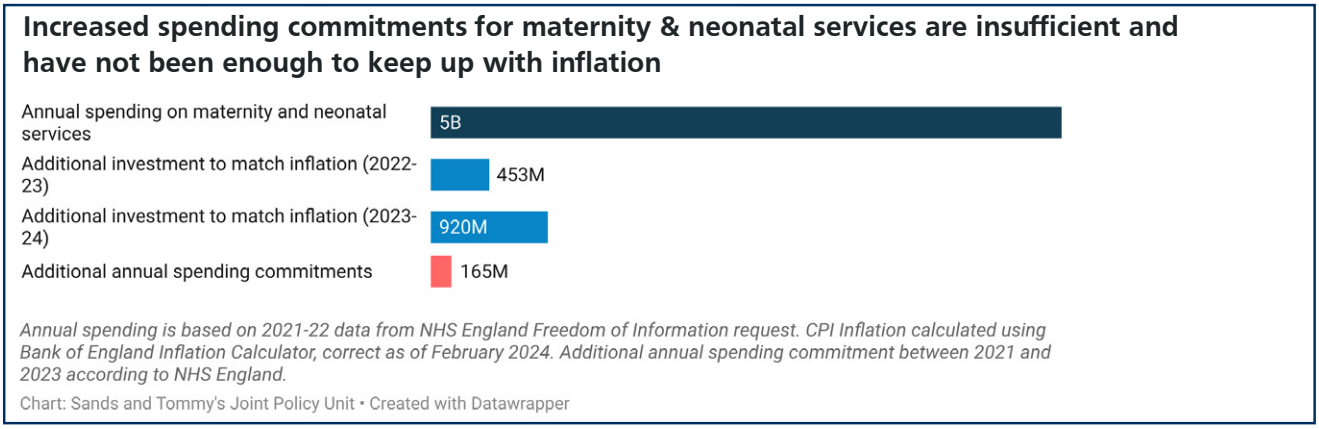


Figure 9. Additional investment required to match inflation, compared to annual spending increase

What needs to change

The next government must move away from focusing on individual services which are deemed to be outliers, towards a comprehensive national approach which addresses the fundamental issues and puts the key elements of a safe system in place. Renewed approaches to improving the safety of services must ensure care is delivered in line with nationally agreed guidance.

Work to develop an early warning surveillance tool to identify when the safety of services is declining is important but must be used to trigger action which improves the safety of services.

There should be an increased focus on evaluating the impact of policy initiatives, with key performance indicators agreed from the outset which are monitored throughout delivery. Evaluations should seek to understand whether policies have achieved their objective of saving more babies' lives, and not be limited to an evaluation of the level of compliance.

Further funding is required which recognises the scale of the issues facing maternity and neonatal services and the transformative improvements that are required to save more babies' lives. This includes the recurrent funding required to deliver the NHS Long Term Workforce Plan.

5. Research and evaluation are vital for improving outcomes in the future

To achieve the national ambitions and improve the safety of services more research is needed. Although the amount of funding for reproductive health and childbirth increased 25% between 2018 and 2022, its share of public and charity health-related research has remained at around 2% over the past 20 years.

Joint Policy Unit analysis suggests that research related to saving babies' lives accounted for over half (55.7%) of research spending on reproductive health and childbirth in 2022 (see Figure 10).

Targeted funding for underfunded areas of research have also been announced, such as the £50 million Challenge Fund for research into maternity inequalities, which is a significant uplift from the amount that has been spent on this area of research over the past decade.

As well as increasing the funding available, a conducive environment for research related to pregnancy loss and baby deaths requires a broad range of research topics and specialisms, the involvement of bereaved parents and communities at risk of the worst maternal and neonatal outcomes, and strong links with policy making and frontline practice.

Clinical Academics and Clinical Research Midwives and Nurses play an important role in embedding research while continuing to provide care. However, available data suggests that the number of clinical staff involved in research remains low and, in some cases, is declining. Less than 2% of the nursing and midwifery workforce were engaged in research in the UK in 2022 and the number of FTE obstetricians and gynaecologists working as clinical academics has declined over the past decade (see Figure 11), which may impact future research capacity in this field.

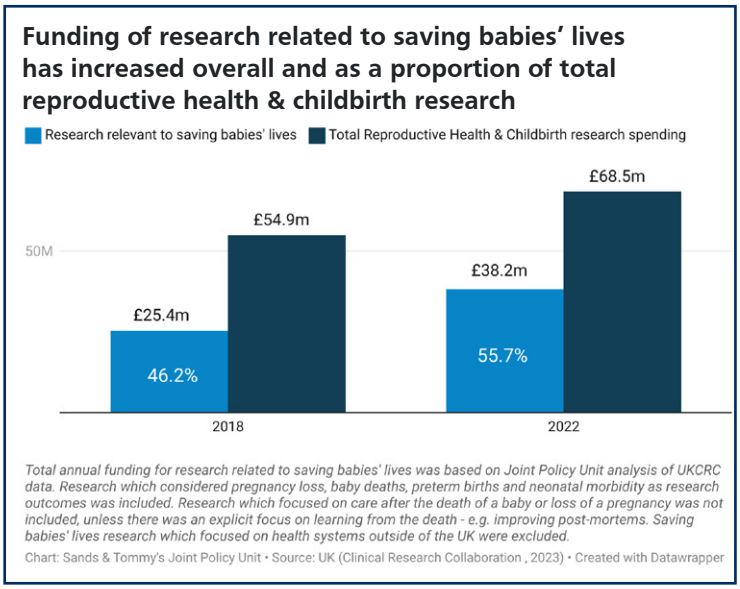


Figure 10. 2018 and 2022 public and charity research funding for research related to saving babies' lives and reproductive health and childbirth

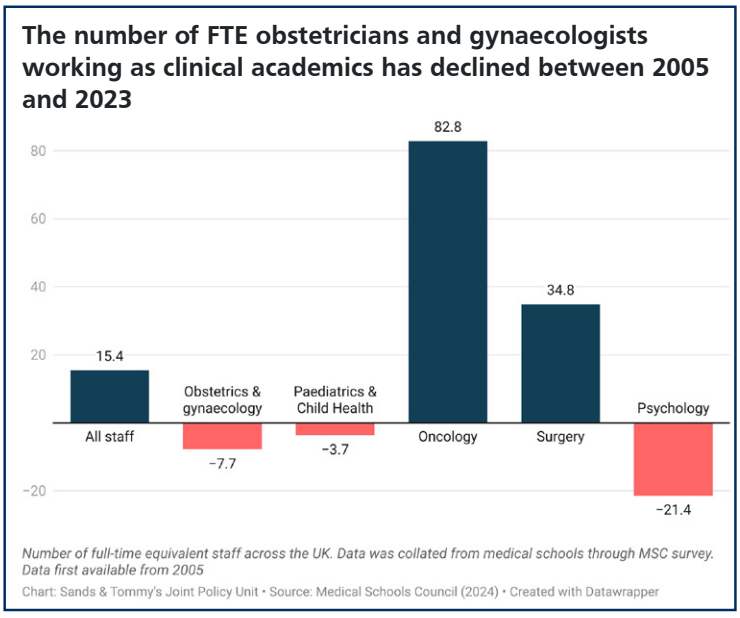


Figure 11. Change in the number of FTE clinical academics across specialisms in the UK, between 2005 and 2023

Although most respondents to a Sands and Tommy's Joint Policy Unit survey had a broadly positive view of the research environment, 1 in 5 thought it was "somewhat unsupportive" or "unsupportive".

Our research highlighted the following priorities to improve the research environment:

- More funding for diverse research projects (including a range of research topics, academic disciplines, and sizes);
- Improving working conditions and job security for all researchers;
- Ensuring that health care professionals have the capacity and capability to incorporate research into their role;
- Increasing under-served groups' participation in research design, delivery and interpretation;
- Improving the diversity of the research workforce; and
- Bridging the gap between research and policy.

What needs to change

While total funding appears to be increasing for research related to saving babies' lives, it remains a small portion of health research funding overall. There is still a lot we do not know, and more research is still required to meet ambitions to tackle pregnancy loss and baby deaths.

The targeted NIHR Challenge Fund, focused on reducing maternity disparities, is a welcome investment in a previously under-funded area of research. Alongside this, additional funding for fundamental research is still needed to better understand the causes of pregnancy and baby loss.

As well as funding, improvements are still needed to increase under-served groups and health professionals' participation in research, and bridge the gap between research, practice and policy. NIHR Challenge must deliver on its objectives to bring together stakeholders from diverse specialisms as well as supporting early and mid-career researchers. This could offer a step change in the development of the wider research environment related to saving babies' lives.

The NIHR Challenge must form part of a wider programme of work to tackle inequalities, including funding to deliver existing research recommendations, improving routine data, and cross-government initiatives to tackle wider health inequalities.

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