



PRESS RELEASE

Safer Births: Using Information to Improve Quality

Report to the Northern Ireland Assembly by the Comptroller and Auditor General

A report published today by the Comptroller and Auditor General, Kieran Donnelly, demonstrates how maternity units in the Health and Social Care Trusts can use a standardised classification system (see Note 1) to monitor caesarean section rates as part of ongoing efforts to improve the quality and cost effectiveness of maternity care. Hospital maternity services currently cost around £90 million annually.

Many women give birth normally. Maternity care in these cases can be provided by midwives who are the experts when it comes to normal births. In cases where a normal birth is unlikely to achieve a safe and positive birthing outcome, intervention should be provided.

Caesarean sections are the most common surgical intervention carried out in maternity care. In 2012-13, just under 30 per cent of all babies born here were delivered by caesarean section which is broadly in line with the rest of the UK (see Note 2).

The Maternity Strategy launched by the Department of Health, Social Services and Public Safety in 2012 acknowledged that interventions can, and do, save lives but identified that there may be scope for reducing variations in the provision of interventions across maternity units.

The NIAO's report demonstrates that there is wide variation in the rate of caesarean sections performed at different maternity units: for example, while the Mater Hospital has a caesarean delivery rate of around 23 per cent, by contrast, almost 36 per cent of births are by caesarean section in Daisy Hill Hospital (see Note 3).

Although some variation would reasonably be expected given differences in patient populations, the scale of the variation may be indicative of variations in clinical practice. The use of a classification system, such as the one demonstrated in the report, to produce data that increases clinicians' understanding of birthing interventions can be a major driving force in reducing variation.

The report acknowledges that caesarean sections can be a lifesaving procedure for an infant in distress or where there are other labour complications. However, it points out that performing caesarean sections in cases where they are not medically necessary can put mothers and babies at avoidable risk of infection, extend hospital stays and recoveries, and increase healthcare costs.

The report points out, also, that women who previously delivered by caesarean section form the largest grouping within the overall caesarean section rate. Preventing avoidable caesarean section in first-time mothers, therefore, will be a key element in reducing the need for repeat caesarean sections in the future.

Mr Donnelly said:

Caesarean sections undoubtedly save lives and should be performed in all cases where there is a clinical need.

However, performing unnecessary caesarean sections poses health risks for the mother and baby and incurs additional costs. Caesarean sections typically cost the health service almost twice that of a normal delivery - £3724 compared to £1933. In the current financial climate it seems particularly important that clinical managers in the HSC Trusts understand and manage the cost implications of different modes of childbirth. The use of a classification system such as that demonstrated in this report will be an essential aid in assisting HSC Trusts to verify that resource allocation is determined on the basis of clinical decisions.

NOTES FOR EDITORS

1. The Ten Group Classification System (TGCS) was developed by Dr Michael Robson, from the National Maternity Hospital, Dublin. It permits standardised auditing within, and between, maternity units by limiting comparisons to clinically relevant groupings. It is unique in that it only compares the outcomes of women with similar obstetric characteristics. It is relatively easy to use and difficult to misinterpret. It has been applied in several countries across the world and therefore international comparisons are possible.
2. Since the 1970s, caesarean section rates have risen around the world. The average caesarean section rate globally stands at around 16 per cent. While the reasons for the global increase are not entirely clear, it is likely that changing demographic characteristics such as rising levels of maternal obesity and increasing maternal age in childbirth, have influenced rates of caesarean delivery.

Birth and Caesarean Section Rates in the UK and the Republic of Ireland (2011-12)

Country	Number of Births	Caesarean Section %
England	668,936	25.0
Scotland	57,911	27.8
Wales	32,102	25.7
Northern Ireland	25,703	28.4
UK Average		26.7

Republic of Ireland	74,377	28.0
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3. Incidence of Caesarean Births in 2012-13

THIS STATEMENT IS ISSUED ON THE STRICT UNDERSTANDING THAT IT IS NOT FOR PUBLICATION OR BROADCAST BEFORE 00.01 hrs ON 29 APRIL 2014.

1.

	Percentage born by Caesarean Section %
Mater Infirmorum	22.9
Royal Jubilee Maternity	32.2
Belfast HSC Trust	30.6
Antrim Area	29.4
Causeway	32.4
Northern HSC Trust	30.5
Downe MLU	0
Lagan Valley MLU	0
Ulster Hospital, Belfast	27.5
South Eastern HSC Trust	25.5
Craigavon Area	33.0
Daisy Hill	35.8
Southern HSC Trust	33.8
Altnagelvin	25.8
South West Acute	26.4
Western HSC Trust	26.0
Total	29.8

Source: Hospital Information Branch

4. The Comptroller and Auditor General is Head of the Northern Ireland Audit Office (the Audit Office). He and the NIAO are totally independent of Government. He certifies the accounts of Government Departments and a range of other public sector bodies. He has statutory authority to report to the Assembly on the economy, efficiency and effectiveness with which departments and public bodies use their resources. His reports are published as Assembly papers.
5. This report is available from the Stationery Office throughout the United Kingdom. It is also available on the Audit Office website at www.niauditoffice.gov.uk. The report is **embargoed until 00.01 hrs on 29 April 2014.**
6. Background briefing can be obtained from the Audit Office by contacting Sean McKay (028 9025 1075) or Clare Dornan (028 9025 1035).