Consultative Council on Obstetric and Paediatric Mortality and Morbidity

Victoria's mothers, babies and children 2021

Perinatal Mortality

About CCOPMM

The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) is a statutory authority appointed by the Minister for Health.

Chair: Professor Mark Umstad AM

Operates under the *Public Health and Wellbeing Act 2008*

About CCOPMM

Legislative responsibility for data collection:

- Victorian Perinatal Data Collection (VPDC)
- Victorian Congenital anomalies register (VCAR)

Legislative responsibility for health surveillance:

- Mortality collections and review of perinatal, child and adolescent, and maternal mortality
- Morbidity collections: severe acute maternal morbidity (SAMM)

Undertaking case reviews

CCOPMM has four subcommittees that undertake case reviews and report to CCOPMM.

- **Stillbirth** – Chair: Professor Susan McDonald
- **Neonatal** (0-27 days) – Chair: Professor Rod Hunt
- **Maternal**– Chair: Assoc. Prof. Glyn Teale
- **Child and Adolescent** (28 days-17 years) –
  Chair: Adjunct Clinical Associate Professor Rob Roseby

Undertaking research

CCOPMM conducts research itself and provides data for research purposes. The CCOPMM **Research and Reporting** subcommittee leads this work **-** Chair: Professor Caroline Homer.

CCOPMM identifies research priorities by:

- analysis of our reports, data and through case reviews
- collaborating with external research projects

Why we do what we do?

- Independent oversight of all deaths and severe maternal morbidity
- Highlight areas that require improvement – hospital and community
- Highlight areas for further research
- Inform the development of policies and guidelines
- Provide advice on areas for prioritisation and investment

Trends and comparisons: Perinatal Mortality

Perinatal mortality

- Includes fetal deaths (stillbirths) and deaths of live-born babies within the first 28 days after birth (neonatal deaths)
- Excludes terminations of pregnancy for psychosocial indications - ‘adjusted’ perinatal mortality
- ‘Adjusted’ perinatal mortality provides a more accurate assessment of avoidable mortality and assists comparisons with other jurisdictions
- Detailed data for perinatal mortality can be found in the online supplementary tables

Births in 2021

80,322 women gave birth in 2021

4,452 **more** than 2020

81,434 babies were born in 2021

4,444 **more** than 2020

birthrate increased to 60.2 livebirths per 1,000 EFRP

Perinatal deaths in 2021

785
perinatal deaths 2021

Slight decrease from 816 in 2020

696
adjusted perinatal deaths 2021

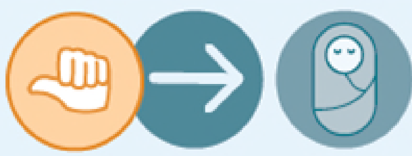
Slight increase from 687 in 2020

8.5
per 1,000 births
adjusted perinatal mortality rate 2021

Slight decrease from 8.9 in 2020

Adjusted Perinatal Mortality Rates in the 2019-2021 triennium

	ABORIGINAL WOMEN	NON-ABORIGINAL WOMEN
Adjusted Perinatal Mortality Rate	**11.2** deaths per 1,000 births **for 2019-2021** Compared with **11.3** in 2018-2020	**8.6** deaths per 1,000 births **for 2019-2021** Compared with **8.7** in 2018-2020



The gap has remained steady between Aboriginal and non-Aboriginal PMR for the triennium 2019-2021 from the 2018-2020 triennium.

Smoking and outcomes in 2021

10.4
adjusted PMR
per 1,000 births

38
stillbirths

23
neonatal deaths

in women who smoked at any time during their pregnancy in 2021.

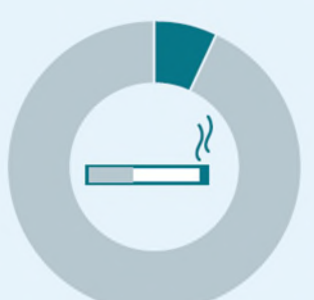
8.4
adjusted PMR
per 1,000 births

443
stillbirths

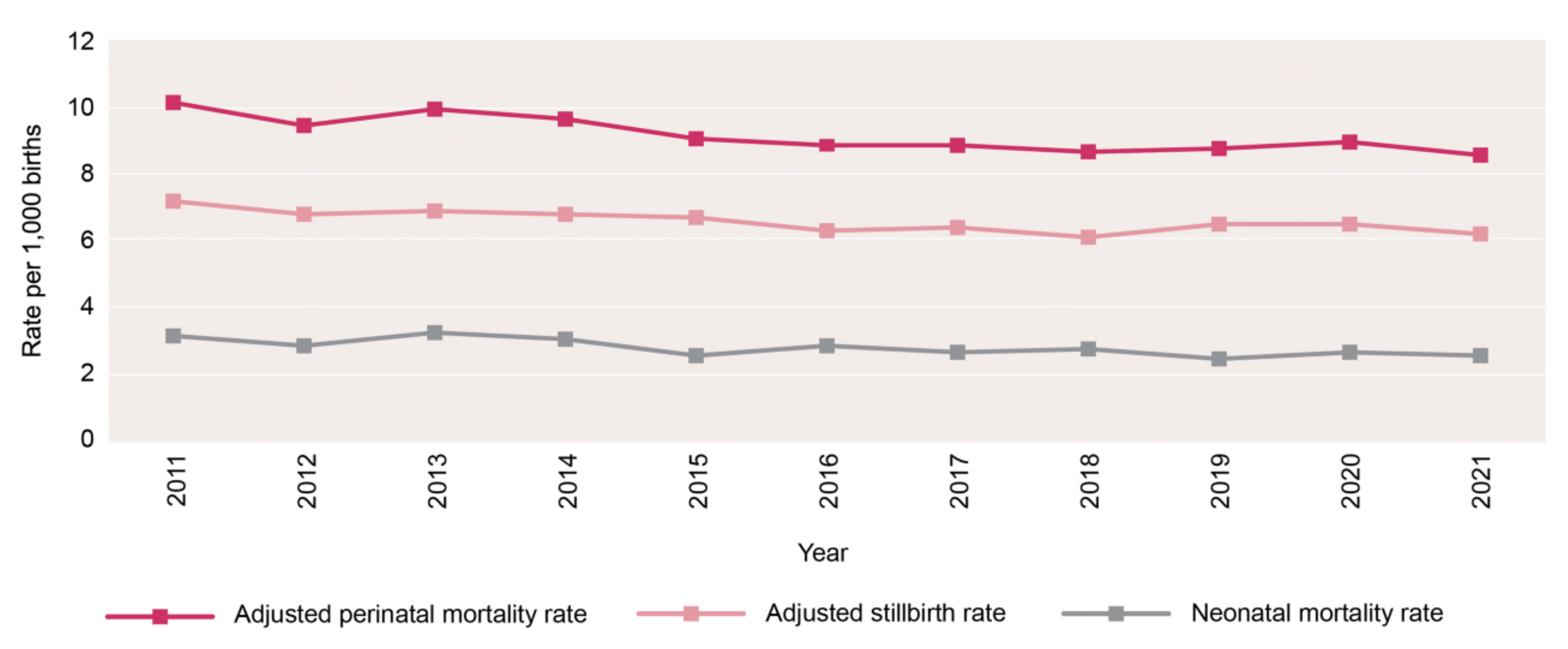
166
neonatal deaths

in women who did not smoke at any time during their pregnancy in 2021.

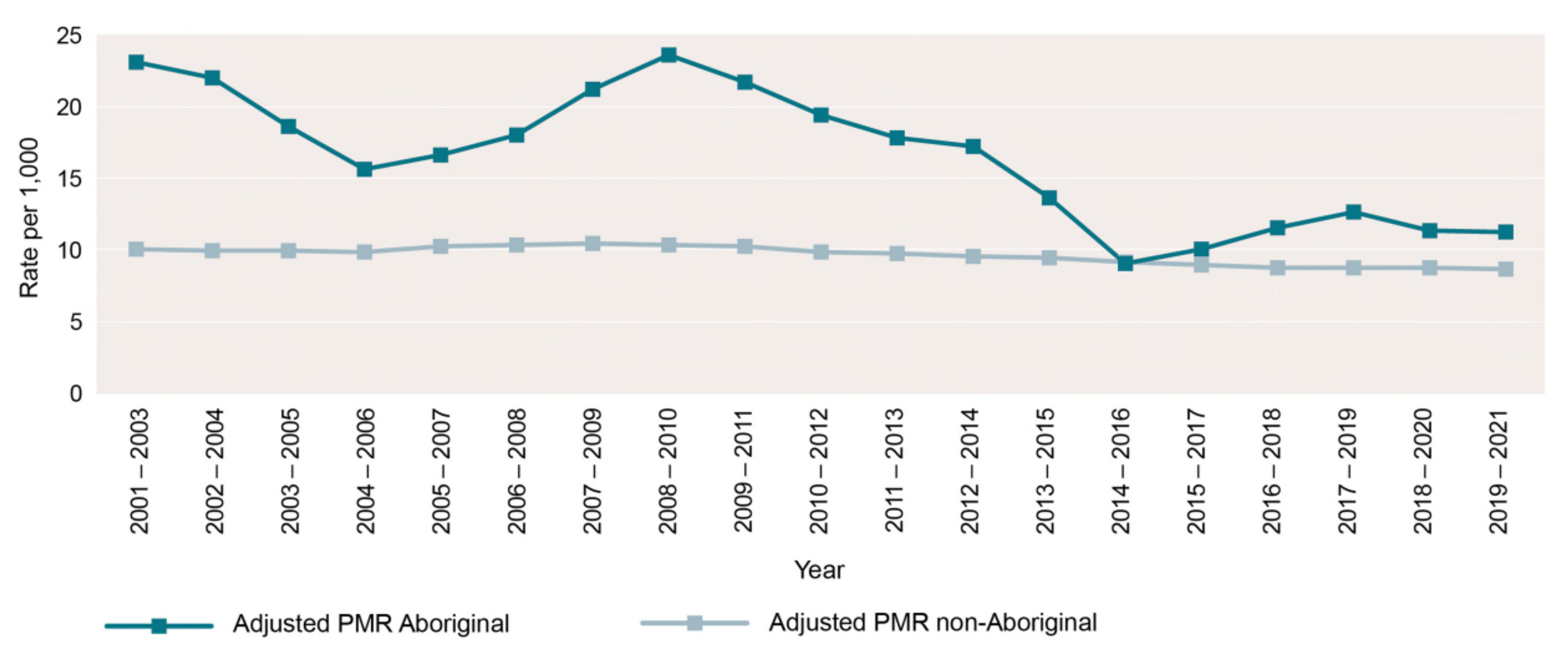
5,841 babies born to women who smoked
at any time during their pregnancy in 2021.
(7.2% of all adjusted births)



Trends in adjusted perinatal mortality rates, 2011-2021



Adjusted perinatal mortality rate by Aboriginal status of mother, by rolling triennia, 2001-2021



CCOPMM Recommendations: Perinatal

Recommendation 1

The Victorian Government funds whole exome sequence testing for families of children who have died from undiagnosed conditions. Whole exome sequencing (WES) can be useful in identifying a cause, however the cost of this can be prohibitive for some families.

Recommendation 2

Support Health Literacy and Shared Decision-Making Capability

Expectant mothers should be provided with the tools required to make informed decisions about their own care. CCOPMM recommendations have previously focused on improving the functioning of the healthcare system. It is essential to recognise the importance of health care literacy on the outcomes of expectant mothers and families.

Recommendation 3

Malnutrition in children is a high-risk factor for morbidity and mortality. There is an urgent need to strengthen Primary Health care systems, including Maternity, Maternal and Child Health and General Practice services to detect, monitor and treat malnutrition, especially in vulnerable families.

Recommendation 4 – update to 2017 recommendation

Consider admission of an infant, child or adolescent who has presented three times to a hospital

Good practice points

Good practice points reflect the findings of CCOPMM's review of all cases of maternal, perinatal and paediatric mortality, and severe acute maternal morbidity in a reporting year

They are designed to guide local improvements in clinical performance and can relate to our **clinical care and/or the system or service we work in.**

Good practice points

1. Contemporaneous documentation of intermittent auscultation
2. Appropriate syringe feeding at home
3. Supporting high priority groups
4. IVF practitioners and double embryo transfer
5. Syphilis

For more information

https://www.safercare.vic.gov.au/reports-and-publications/victorias-mothers-babies-and-children-2021-report-and-presentations

Refer to CCOPMM's other slide packs on:

- Mothers and babies
- Maternal mortality and morbidity
- Perinatal mortality
- 2020 recommendations

Connect with us

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Safer Care Victoria