Understanding care provided in Victoria’s maternity services

Every year, Safer Care Victoria releases data on the quality and safety of the care provided before, during and after a birth. This *Perinatal services performance indicators report* is mostly intended for maternity services to help them understand where they can improve, so it contains many clinical terms. But this data is also helpful for women and families when asking good questions and making informed decisions about their care. We hope this fact sheet will help you do this. It describes each indicator, and what would be an ideal outcome.

## Indicator 1

### 1a – Induction in first time mums

Inducing, or bringing on, labour is sometimes necessary. However, if you’re healthy and having a normal first pregnancy, the need for medical interventions like this should be low. Inducing labour for ‘low-risk’ births can sometimes lead to other health problems that need help from doctors and midwives.

This indicator shows some Victorian hospitals are inducing more ‘low‑risk’, first time mothers than others. Health services should aim to reduce this rate to nearly zero.

### 1b – Caesarean section for first time mums

Caesarean sections can be lifesaving. But if you are healthy and having your baby on time (or ‘at term’, after 37 weeks), you should be encouraged to have a natural (vaginal) birth.

Having a caesarean section (or surgical delivery) will slow your recovery and increase your chances of needing a caesarean section for subsequent babies.

This indicator shows the rate of caesarean section for healthy first-time mothers having a baby on time. The rate for some hospitals is very high. Ideally the rate should be low and similar between hospitals.

### 1c – Perineal tears in first time mums

A perineal tear is when the tissue at the opening of the birth canal tears. This is sometimes unavoidable with a vaginal birth, and small tears usually heal well. But doctors and midwives should be doing their best to reduce the chances of a severe tear. Severe tears (referred to as third- or fourth-degree) can result in long term complications.

This indicator shows a big difference between hospitals in how often severe tears occur. Ideally, the rate of severe tears should be zero, with the results similar between hospitals.

### 1d – Episiotomy in first time mums

Midwives and doctors looking after women in labour will sometimes have to cut the opening of the birth canal (vagina) to make it big enough for the baby to fit through safely. This is called an episiotomy.

Midwives and doctors may do this if they think the baby needs to be born quickly or if they’re worried the mother’s perineum (the area between the anus and the vulva) might tear excessively. Almost all women having an assisted vaginal birth (forceps or vacuum) need an episiotomy.

For healthy first-time mothers having a vaginal birth without forceps or vacuum, the rate of cutting an (episiotomy) should be low.

## Indicator 2

### Babies who need some extra care

Healthy babies should be kept with their mothers whenever possible. This indicator measures how many babies (that we expect to stay with their mothers) are separated and admitted to a nursery. Sometimes this is necessary – for example if the baby develops signs of an infection and needs to be treated.

Generally, the rate should be low. This indicator shows the rate varies between hospitals, with some much higher than others.

## Indicator 3

### Small babies

Sometimes babies don’t grow as well as expected during pregnancy. The smallest babies (who we describe as having ‘fetal growth restriction’) are more likely to be sick at birth or die before birth.

Doctors and midwives monitor the growth of babies during pregnancy. If the baby isn’t growing well, they should consider the safest time to deliver the baby, often before the due date.

Recognising these very small unborn babies is not always easy. However, we want to see very low rates of these babies being born past their due date. This indicator shows that the rate has been decreasing over time, however there is still variation between hospitals.

## Indicator 4

### Vaginal birth after caesarean section

In many situations, women who have previously had a caesarean section can be encouraged to have a natural (vaginal) birth for their next baby.

This indicator measures how many of these women intended to have a vaginal birth, and how many actually had a vaginal birth. We would like to see higher rates of women intending and having vaginal births, acknowledging it may not always be possible.

## Indicator 5

### Perinatal death

Perinatal death includes stillbirth (death between 20 weeks gestation and birth) and neonatal deaths (deaths in the first 28 days after birth). Counting how many unborn and newborn babies die can tell us part of the story about the quality of care new mothers and babies received.

We know some deaths are unexpected and could not have been prevented. Given this, we average the number of deaths over a five-year period to get a better sense of the overall care that a hospital provides. We specifically look at babies born at, or after, 32 weeks’ gestation. This includes stillbirths and livebirths resulting in neonatal death.

There should be very little difference between hospitals. The rates for Victorian hospitals are generally very good.

## Indicator 6

### Mums and bubs returning to hospital

Healthy babies born to healthy mothers generally don’t need to go back to hospital in their first month.

Sometimes it is completely unavoidable and readmitting a baby or mother is the safest thing to do. But sometimes it is because something was missed during the first stay in hospital (during or after birth).

This indicator shows how many mothers and babies needed to go back to hospital within 28 days of birth for each hospital. This rate will never be zero, but it should be low.

## Indicator 7

### Stopping smoking during pregnancy

Smoking is bad for your health and that of your unborn baby.

Health services should ask women in antenatal clinics if they smoke and should provide advice and support to help and encourage women to stop smoking while they are pregnant and after birth.

This indicator measures how many women stop smoking while they are pregnant, and the results are very different between hospitals. The rate of women who stop smoking is not improving over time. This is concerning.

## Indicator 8

### Breastfeeding in hospital

Breastfeeding is the best type of feeding for newborn babies. Hospitals should encourage new mothers to breastfeed by providing the right environment, and the right support from midwives and lactation specialists.

We measure how many women start feeding their babies with breast milk, how many also give formula to their breastfed babies while they are still in hospital and how many women give their baby’s last feed completely from the breast before they go home from hospital.

We’re pleased to see most women are feeding babies first with breast milk, and this rate is high across nearly all hospitals. However, some hospitals have a high rate of breastfed babies who are supplemented with formula while in hospital. This might mean that hospitals can’t provide enough support for new mothers to breastfeed.

By the time new mothers and babies are going home from hospital many are not breastfeeding exclusively. This could be improved.

## Indicator 9

### Your first pregnancy visit

During pregnancy there are some very specific health issues that women may experience. It is important that women who are pregnant see their midwife or doctor early in the pregnancy.

This indicator measures how many women see their midwife or medical carers within 12 weeks of becoming pregnant so that any specific needs can be met.

We would like all pregnant women to attend an antenatal visit within 12 weeks of becoming pregnant, but the indicator shows that in some areas the rate is quite low.

## Indicator 10

### Checking in on babies soon after birth

The Apgar score is a score out of 10 used to measure how well a baby is soon after birth. It is usually measured twice – at one and five minutes of age. If the score at five minutes is less than 7, babies may need extra attention.

The rate of babies born with a five-minute Apgar score of less than 7 should be very low.

The indicator shows that there is lots of variation between different hospitals, with some rates very high.

## Indicator 11

### Women’s experiences during pregnancy

We care what women think about the care they receive during pregnancy and birth.

We specifically measure what women think about how much care providers listened to their wishes, and the information they received about feeding their babies.

Most women were satisfied with the care they received. We hope to see women’s satisfaction with their birthing experience continue to improve.

## Indicator 12

### Vaccination of expecting mums

Whooping cough (pertussis) and flu (influenza) are dangerous infections for pregnant women and their babies. Vaccination reduces the risk of women or babies suffering any bad effects from these infections.

Pertussis and influenza vaccines are free for all pregnant women in Victoria and health services should offer immunisation.

The rates of vaccination are very different between hospitals. We hope to see improvements in the future.

## Indicator 13

### Bleeding after childbirth

Some bleeding after childbirth is normal. However, heavy bleeding (also known as postpartum haemorrhage or PPH) can be a potentially serious complication of birth.

This indicator measures severe PPH, or blood loss of 1,500 mL or more within the 24 hours following birth.

Sometimes PPH may be unavoidable. However, clinicians should be trained to identify women at risk of PPH and have processes in place to recognise and manage it.

This indicator shows a lot of variation between hospitals. We would like to see the rate very close to zero.

Pregnancy and childbirth are complicated

It’s okay to ask for help or for your doctor or midwife to explain something to you again. They are there to help you. We want you to be informed about your care and have the best experience possible.

If you have had a difficult pregnancy in the past, speak to your doctor or midwife about your experience and any concerns you have.

If you are worried about the quality or safety of care you have received, contact the Health Complaints Commissioner on 1300 582 113 or lodge a complaint online at www.hcc.vic.gov.au/contact.

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