ANNUAL CLINICAL REPORT 2021

Maternity Highlights
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SCD Secondary Maternity

Birth numbers

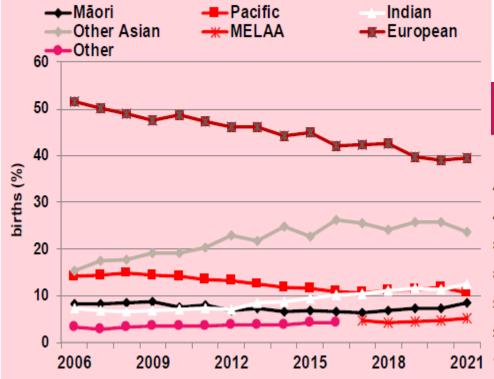
- Overall reduction in total births since 2006
 - 6462 from ~ 7700
- Decline in births from ADHB area since 2006
 - 66% from 71%
- Recent stabilisation in both total + ADHB dom.

Table 17: DHB of domicile of mothers giving birth at NWH 2014-2021								
DHB	2014	2015	2016	2017	2018	2019	2020	2021
	N=7400	N=6933	N=7241	N=6846	N=6481	N=6660	N=6212	N= 6462
	n %	n %	n %	n %	n %	n %	n %	n %
Auckland	4979 67.3	4587 66.2	4723 65.2	4496 65.7	4293 66.2	4373 65.7	4059 65.3	4274 66.1

Chapter 4 Maternal Demography

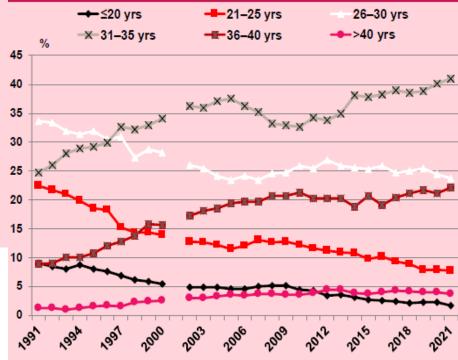
Maternal Demography





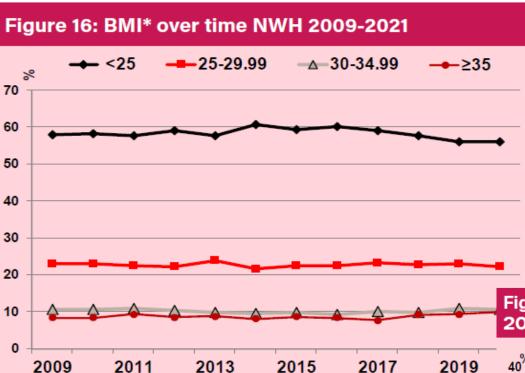
Median age 31 years 50% nullipara

Figure 7: Maternal age distribution among wāhine birthing at NWH 1991-2021



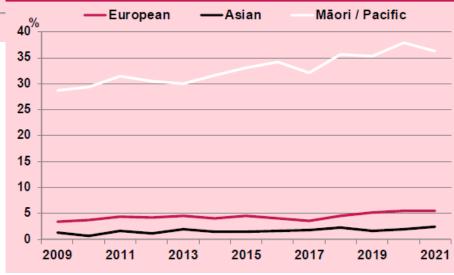
4.4 Body Mass Index (BMI)

In 2021, forty-five percent of the maternity population birthing at NWH were overweight or obese (BMI >25), with 10.3% morbidly obese (BMI >35).

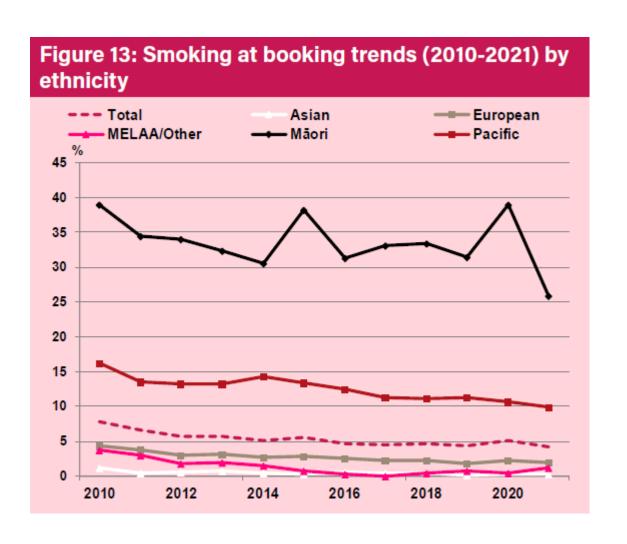


While overall there has been no increase in BMI there are significant changes over time in some ethnic groups

Figure 19: BMI ≥35 by ethnic groupings NWH 2009-2021



Smoking at booking



LMC at birth

- 75% under self-employed LMC
 - Up from 65% in 2006
 - 47% self-employed midwife
 - 28% private obstetrician
- Non-ADHB domicile
 - 1002 with self-employed midwife
 - 849 with private obstetrician
 - 170 MFM/Diabetes
 - 119 Community Team

Preterm Birth

- Spontaneous preterm birth 4.8 % (from 5.4%)
- latrogenic preterm birth 4.4 % (from 4.1%)

Figure 30: Spontaneous preterm birth among ADHB residents by ethnicity NWH 2006-2021

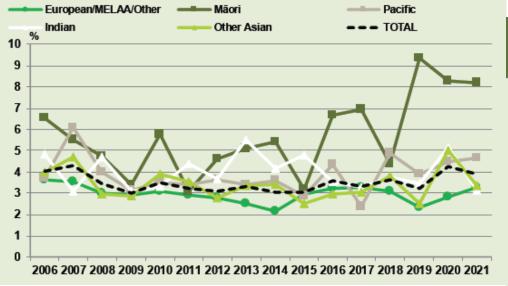
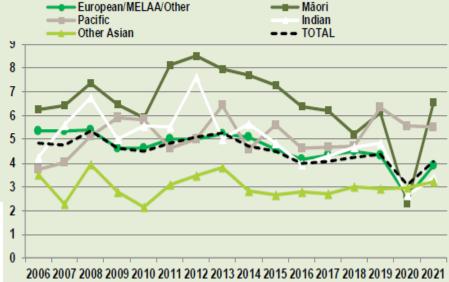
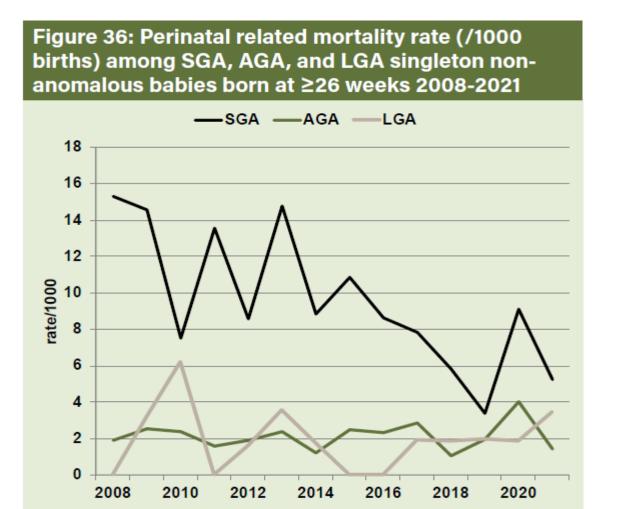


Figure 31: latrogenic preterm birth (excl TOP) by ethnicity at NWH 2006-2021



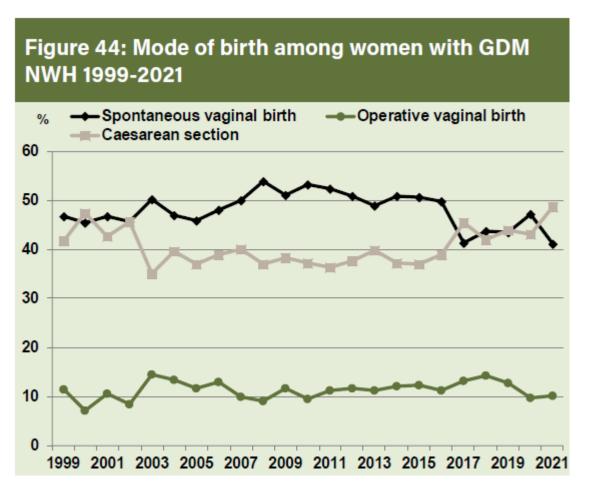
SGA

Rate of SGA in our complex population= 13.2%



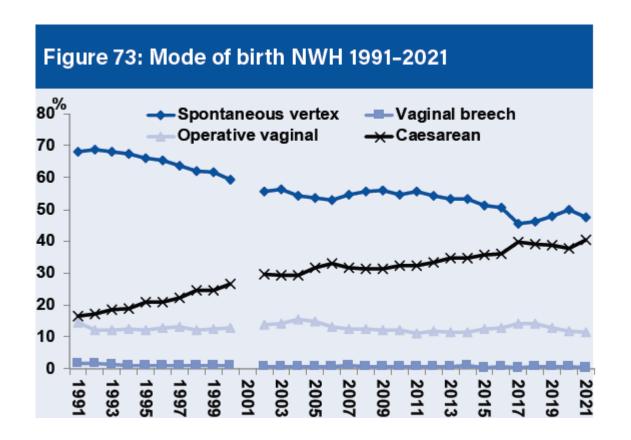
Diabetes

Trends in mode of birth



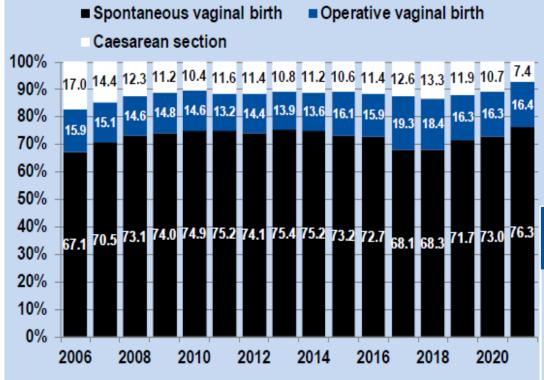
Labour and Birth

- Trends in Mode of Birth continue
- SVB 48% (nullip 38.5%)



Onset of Birth



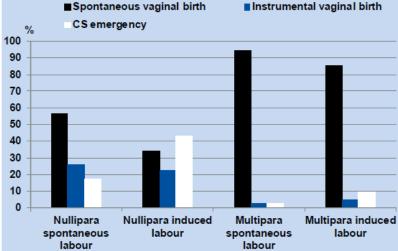


IOL a significant pathway to emergency CS

Reduction in emergency LSCS after spont onset of labour

Rise in vaginal birth rates after spontaneous labour

Figure 68: Mode of birth among intended vaginal births at term by parity and onset of labour (excludes previous CS) NWH 2021



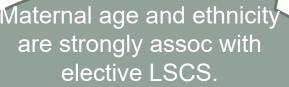
Top 5 IOL Indications at Term

- Diabetes
- PROM
- Fetal Wellbeing
- SGA
- Post Dates

Elective and Pre-labour LSCS

Maternal request 16% of nullip elective and pre-labour LSCS (20% in 2019)

Fetal distress, maternal request and failed induction.

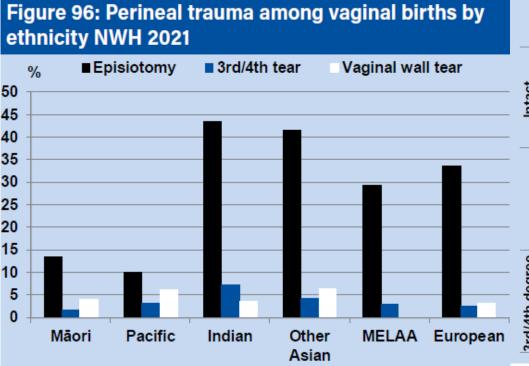


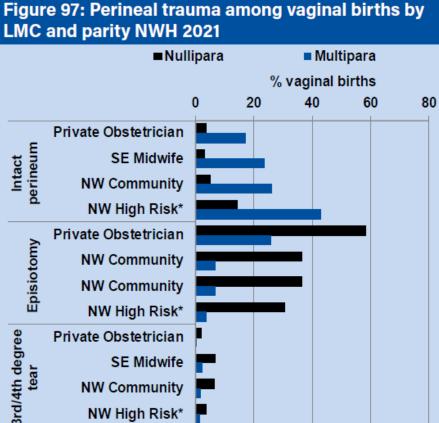
A greater proportion of older wāhine and of non-Māori and non-Pacific ethnicity, undergo elective CS.

103 nullipara at term (3.5%) had CS for maternal request

Perineal Trauma

- 3rd and 4th degree tears 3 4 % (stable)
- Episiotomy 30% (stable)
- Ethnicity, parity, LMC

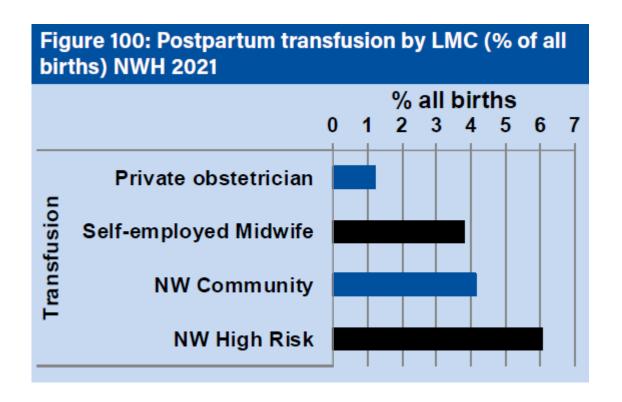




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Chapter 7 Labour and birth outcomes

- Transfusion rate stabilising (3.3% from 3.6%)
- PPH rate stabilising (10.9% from 12.2%)



Neonatal Outcomes

Figure 105: Stillbirth and neonatal death rates at term NWH 2006-2021

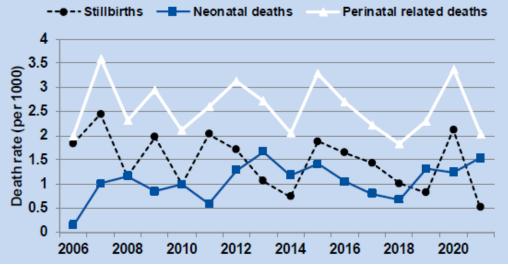
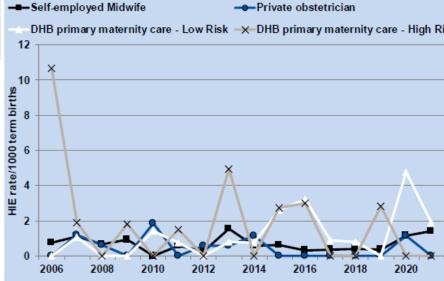


Figure 107: HIE (stage 2 and 3) rate (per 1000 term births) by LMC NWH 2006-2021



Key Messages

- Our population is changing and with it the risk profile
- We still have work to do to improve smoking rates
- Preterm birth rate ongoing concern
- 75% of births under self-employed LMC
- Induction of labour is a significant pathway to CS
- Trends in mode of birth continue
- Recent trends in Diabetes mode of birth
- Diabetes top indication for IOL
- Clinical outcome data stable over time
- Good outcomes for babies

KIA KAHA WHANAU

He waka eke noa