Towards the best: Future maternity safety ambitions to save more babies' lives

Sands & Tommy's Policy Unit

Working together to save babies' lives

Key messages

The National Maternity Safety Ambitions for England expire in 2025. To save more babies' lives we believe that a continued focus is required, and the government should set new ambitions for reducing perinatal mortality – focussed on matching the best-performing countries in Europe. We propose the following ambitions to replace them, with a deadline of 2035 to align with the 10 Year Plan for the NHS in England:

- A **stillbirth rate of 2.0** stillbirths per 1,000 total births.
- A **neonatal mortality rate of 0.5** neonatal deaths per 1,000 live births for babies born at 24 weeks' gestation and over.
- A **preterm birth rate of 6.0%** by 2035, with disaggregated data for iatrogenic and spontaneous preterm births.
- **Eliminate inequalities** in these outcomes based on **ethnicity** and **deprivation**.
- **Establishing routine data collection on miscarriages** should be prioritised. Once established, an ambition to reduce the **miscarriage rate** should be added.

We urge the governments across the UK to work together to align under these ambitions, to eliminate disparities between the four nations.

Introduction

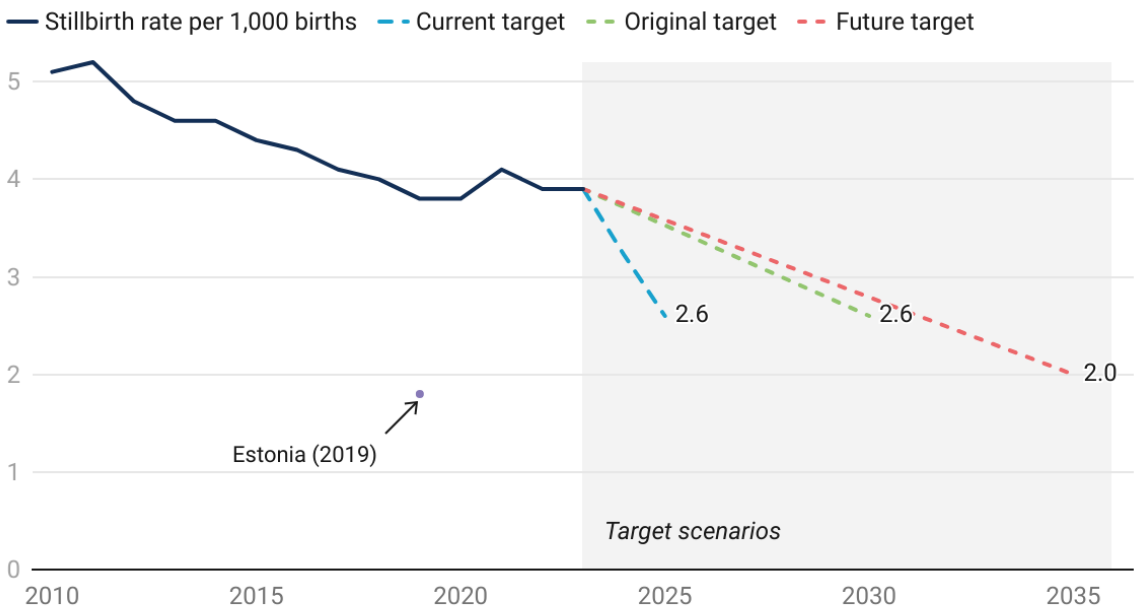
The National Maternity Safety Ambitions - which aim to halve the 2010 rates of stillbirths, neonatal and maternal deaths and brain injuries and reduce the rate of preterm births from 8% to 6% - expire in 2025. By 2022, the stillbirth rate was 23.5% lower than the 2010 rate and the neonatal mortality rate was 25.0% lower. Despite this progress, the rates of decline have stagnated more recently and are not on track to meet the ambitions by 2025.

The Sands & Tommy's Joint Policy Unit is focused on saving babies' lives. As we near the expiry date of the ambitions, we have considered what appropriate future ambitions for reducing perinatal mortality and preterm birth could look like. We propose that the deadline for future ambitions is 2035 to align with the 10 Year Plan for the NHS in England which will be published in 2025.

These must be seen as whole-government ambitions, as achieving these ambitious targets will require action both inside and outside of the health service.

Stillbirth rate

The ambition to reduce the stillbirth rate to 2.6 per 1,000 total births by 2025 is unlikely to be met. However, until 2019, there had been a sustained decline in the stillbirth rate in England and looking at stillbirth rates across Europe supports the case for an ambitious target. **We suggest a target of 2.0 stillbirths per 1,000 total births by 2035.** This is ambitious but would require a similar trajectory to the original ambition deadline of 2030 (see Figure 1).



Stillbirth rate per 1,000 total births in England. Data until 2023 from ONS. Estonia data from Euro-Peristat

Chart: Sands & Tommy' Joint Policy Unit • Created with Datawrapper

Figure 1. Progress to reduce the stillbirth rate in England since 2010, with target scenarios.

Evidence from other European countries suggests that this could be achieved. In 2019, the stillbirth rate at 24 weeks' gestation and over was at or near 2.0 in a handful of countries, including Denmark (2.2), Estonia (1.8), Finland (2.4) and Slovenia (2.0) (1). Some have shown that the required decline is possible: the rate in Estonia declined from 3.6 in 2015 to 1.8 in 2019 and in Slovenia from 3.3 to 2.0.

Neonatal mortality rate

Meeting the neonatal mortality rate ambition by 2025 is also unlikely due to the increasing rate over recent years. **A new ambition of 0.5 neonatal deaths at 24 weeks' gestation and over by 2035**, would mean that the original ambition is achieved by 2030 (see Figure 2).

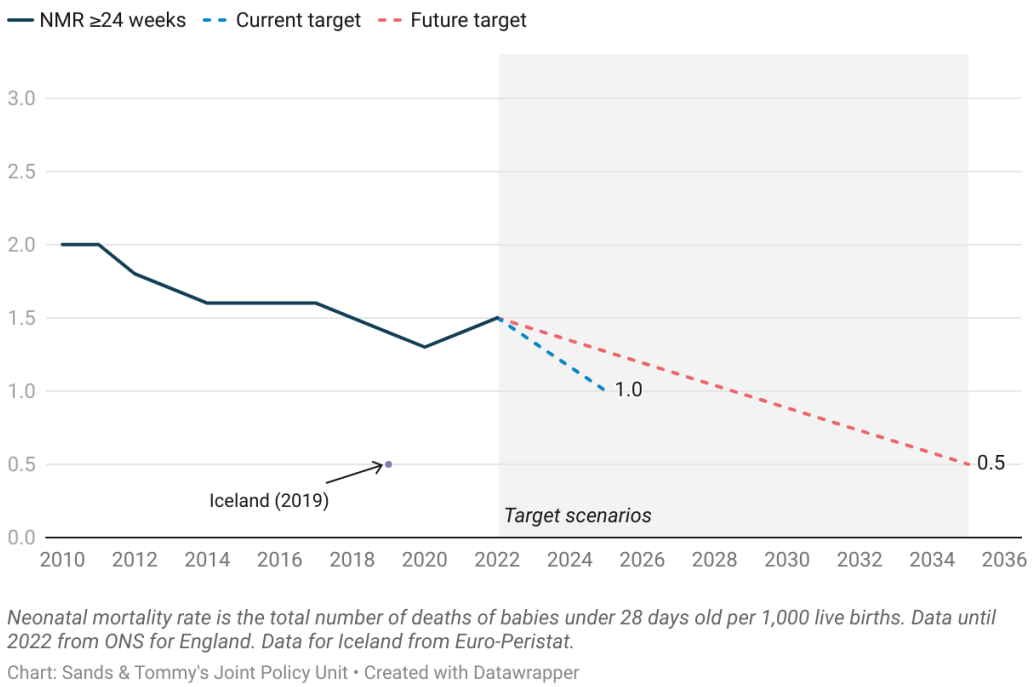


Figure 2. Progress to reduce the neonatal mortality rate in England since 2010, with target scenarios

Data from Europe suggest that a reduction to 0.5 per 1,000 live births is currently achievable (1). In 2019, several European countries' neonatal mortality rates at 24 weeks gestation and over were near the target: Estonia (0.8), Iceland (0.5), and Slovenia (0.6). While ambitious, a reduction to 0.5 over the course of the 10 Year Plan (by 2035) is possible. This would put the UK at the forefront of current neonatal survival rates across Europe.

Preterm birth

Being born preterm is an important risk factor for neonatal mortality – in 2022, three-quarters of neonatal deaths in the UK were among babies born prematurely (2) – but there has been little progress in reducing the proportion of preterm births which has remained between 7.5 - 8.0% between 2016 and 2022 (3). This lack of progress has been echoed internationally – the Northern America, Australia and New Zealand, Central Asia and Europe preterm birth rate was 7.8 per 1,000 live births in 2010 and 7.9 in 2020 (4).

We suggest extending the current target of 6.0% preterm births to 2035. Although there have been limited reductions to preterm birth rates across Europe, there are examples of countries who have achieved this rate: Denmark (5.9%), Estonia (5.7%), Finland (5.3%), Latvia (5.6%), Lithuania (5.3%), and Sweden (5.4%) (1).

In some countries, but not all, spontaneous preterm births have remained unchanged or declined while non-spontaneous (or iatrogenic) preterm births have increased (5). A study of routine data between 2015 and 2016 in England found that just over half of preterm births resulted from iatrogenic interventions (5.28%) (6). The study argues for the need to measure and monitor iatrogenic and spontaneous preterm births separately to inform different prevention strategies. Iatrogenic preterm births have overlapping but different patterns of maternal demographic and clinical risk factors to spontaneous preterm births and require distinct policy strategies to reduce them. **Data should be disaggregated to iatrogenic and spontaneous preterm births, to ensure the correct balance of policy interventions.**

Miscarriage

There is currently no ambition to reduce the rate of miscarriages nor routine data to monitor trends in the rates. NHS England needs to introduce a mechanism for counting miscarriages across the health service and commit to reporting these at a national level. This is technically possible but requires political will. The government should commit to a date for reporting miscarriages as part of the renewed ambitions. Once routine data collection and reporting is in place, and there is sufficient data to analyse recent trends, an appropriate ambition should be introduced.

Tackle Inequalities

Through the NHS Constitution, it has a duty to promote equality through the services it provides. The Labour manifesto included the pledge to close the Black and Asian maternal mortality gap. While welcome, this ambition should be expanded to **eliminate disparities in stillbirths, neonatal deaths and rates of preterm births between ethnic groups** by 2035.

Alongside this there needs to be a focus on **eliminating inequalities by socio-economic deprivation**. To support this, we need to collect more comprehensive data on a range of social risk factors associated with pregnancy and baby loss.

UK-wide ambitions

Currently, the ambitions only cover England. We urge the governments across the UK to align under these ambitions, to eliminate disparities between the four nations. The trajectory to meet these targets will differ across the four nations due to the current variation in perinatal mortality rates. Additional support and resources will be required for the nations with the largest differences between current rates and the ambitions.

Ambitions alone are not enough

These proposed ambitions are aspirational but, as shown by other European countries, not impossible. The appropriateness of international comparisons can be challenged based on differences in demographics across countries. However, these differences should be understood and integrated into the strategies for reducing perinatal mortality rates. This recognises the need for a whole-government approach to tackle wider inequalities in society and determinants of health.

Achieving these ambitions requires transformative change. Government must make saving babies' lives the priority it deserves to be and introduce a comprehensive, cross-government programme of work to achieve them.

References

1. Euro Peristat. *EUROPEAN PERINATAL HEALTH REPORT: Core indicators of the health and care of pregnant women and babies in Europe from 2015 to 2019*. 2022 [cited 2024 Jan 11]. Available from: https://www.europeristat.com/images/Euro-Peristat_Fact_sheets_2022_for_upload.pdf

2. Gallimore ID, Matthews RJ, Page GL, Smith LK, Fenton AC, Knight M, et al. *MBRRACE-UK Perinatal Mortality Surveillance, UK Perinatal Deaths of Babies Born in 2022: State of the Nation Report.* Leicester; 2024.

3. ONS. *Birth characteristics in England and Wales: 2022* [Internet]. 2024 [cited 2024 Aug 20]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/latest

4. Ohuma EO, Moller AB, Bradley E, Chakwera S, Hussain-Alkhateeb L, Lewin A. *National, regional, and global estimates of preterm birth in 2020, with trends from 2010: a systematic analysis.* The Lancet. 2023 Oct 7;402(10409):1261–71.

5. Zeitlin J, Szamotulska K, Drewniak N, Mohangoo AD, Chalmers J, Sakkeus L, et al. *Preterm birth time trends in Europe: A study of 19 countries.* BJOG. 2013 Oct;120(11):1356–65.

6. Aughey H, Jardine J, Knight H, Gurol-Urganci I, Walker K, Harris T, et al. *Iatrogenic and spontaneous preterm birth in England: A population-based cohort study.* BJOG. 2023 Jan 1;130(1):33–41.