The National Perinatal Epidemiology Centre (NPEC) hosted a Perinatal Mortality Study Day on February 7, 2014 in the Mullingar Park Hotel, Co. Westmeath. The event was well attended with 150 multidisciplinary delegates from across the country.

The aim of the day was to stimulate discussion on perinatal mortality in Ireland; the presentations given were informative and gave rise to constructive discussions. This summary highlights key points from each of the guest speakers. The feedback from the conference was very positive, it success evident from the 5 CPD credits awarded by the Royal College of Physicians Ireland and the Nursing and Midwifery Board of Ireland.

Summary of Presentations

Prof Richard Greene, Director of the NPEC, opened the day discussing the core functions of the NPEC and the importance of the NPEC’s national clinical audits.

Dr Eoghan Mooney, discussed the importance of placental pathology and its role in explaining fetal/neonatal death, growth restriction, and that there needed to be standardisation of placental terminology for classification purposes. He also discussed the need for a centralisation approach to pathology in Ireland.

Dr Paul Corcoran and Ms Edel Manning from the NPEC looked at the in-depth results for the NPEC 2012 Perinatal Mortality Audit. The audit found that while there is variation at unit level the downward trend over the past number of years is positive. Fetal anomaly remains a major cause of perinatal death in Ireland and sub-optimal fetal growth in utero is strongly associated with stillbirth. Finally this report found that management of labour and delivery is in-line with the guidelines (Management of labour and delivery in women experiencing antepartum stillbirths. Clinical Practice Guideline No 4, 2011).

Dr Frederik Frøen is a perinatal epidemiologist in the Norwegian Institute of Public Health who works with, and advises on, perinatal data collections and registries in both high and low income countries. Dr Frøen discussed stillbirth and potential measures to prevent these deaths. He also highlighted that Irish stillbirth rates are not comparable with our European counterparts due to variations in the classification of stillbirths internationally. Dr Frøen stated that risk factors only explain 19% of stillbirths, therefore there needs to be a greater focus on healthcare as a whole. Further research is needed on underlying mechanisms related to stillbirth, to aid early detection and effective management of women at increased risk. He finished his talk with a call for action; better definition of stillbirth, improved data collection methods, and reduced disparities in stillbirth.

Rev Daniel Nuzum, Dr Eoghan Mooney, Prof Richard Greene, Dr Frederik Frøen, Dr Paul Corcoran, Ms Edel Manning, Dr Michael Gannon

Rev Daniel Nuzum’s talk examined the impact of stillbirth on consultant obstetricians. Two main themes emerged from this study: the human response to stillbirth and the weight of responsibility. The impending death of a baby before birth is very challenging for consultant obstetricians both personally and professionally.

Ms Anne Bergin, Dr Alan Finan, Dr Keelin O'Donoghue, Ms Claire Everard
Medico-legal concerns have the potential to impact on care. Despite the impact of stillbirth, no consultant has received formal training in perinatal bereavement care.

The afternoon session opened with Dr Siobhan Gormally talking about neonatal deaths. Dr Gormally examined the neonatal death rates from 2008 - 2011. She recommended the need for falling post-mortem rates in Ireland to be fully investigated.

Ms Brid Shine gave a presentation called “Endeavouring to care for bereaved parents and their families”. She discussed how perinatal loss was a huge tragedy with lifelong impact for parents and identified the need for on-going development and the standardisation of bereavement care within the maternity services in Ireland.

Finally there was a multidisciplinary presentation on the topic of neonatal deaths occurring in babies born on the cusp of viability (less than 24 weeks and or with a birth weight of ≤ 500g) from a midwife’s perspective (Ms Ann Rath), from an obstetrician’s perspective (Dr Chris Fitzpatrick), from a neonatologist’s perspective (Dr Anne Twomey), and from a social worker’s perspective (Ms Dearbhla Ni Riordain). Speakers discussed the issues for parents and healthcare professionals. Key issues raised from this discussion were; these babies are not expected to survive because of their gestation but often show signs of life. A number of moral, ethical, cultural, and social dilemmas were raised for example registration of the death, the right to a birth certificate, and the mother’s right to maternity leave. This is a challenge for all disciplines.

NPEC Online Database

This national clinical audit on perinatal mortality in Ireland would not be possible without the support of and contribution of data by many obstetricians, midwives, and paediatricians to the NPEC. Their work is gratefully acknowledged.

In response to requests by a number of units, the NPEC has developed an online facility for electronic submission of anonymised data to an online database. It is anticipated that the collection of data using the online databases will allow the NPEC to access data in a timelier manner, in addition to providing a specific dataset for local use and assisting hospital audit at local level.

The online database is available at;  
https://npecdb.ucc.ie/pmd

Training on the NPEC online database is available to all users and units upon request.

If you have any queries in relation to the online database please do not hesitate to contact Sarah Meaney by email or phone;
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