Perinatal Mortality in Ireland

Annual Report 2022

The perinatal mortality rate (PMR) was 5.31 per 1,000 total births in 2022.

The corrected PMR rate was 3.75 per 1,000 total births.
Corrected for Major Congenital Anomalies (MCA)

The stillbirth rate was 3.51 per 1,000 total births.

The early neonatal death rate was 1.80 per 1,000 live births.

A **stillbirth** is when a baby is born at or after 24 weeks of pregnancy, or weighing 500g or more, with no signs of life

Neonatal death is when a live born baby dies within the first 28 days of being born.

Overall perinatal mortality rate (PMR) is the number of stillbirths and early neonatal deaths per 1,000 total births (live births and stillbirths from 24 weeks gestation or weighing >500g).

Corrected PMR is the Perinatal mortality rate excluding perinatal deaths associated with or due to a major congenital anomaly.

Births occurring in 2022 of ≥500g birthweight or at ≥24 weeks gestation, excluding births following termination of pregnancies (TOP).

54,665 Total Births

290 Total Perinatal Deaths
Includes stillbirths and early neonatal deaths

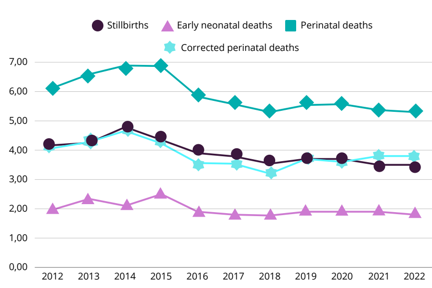
192 Stillbirths

98 Early Neonatal Deaths

323 Total extended perinatal death

33 Late Neonatal Deaths
*One additional late neonatal death did not meet the birthweight or gestational age criteria.

In Ireland, a reduction in the PMR has not been achieved in the non-anomalous perinatal deaths in recent years, particularly in the case of stillbirths



Maternal Characteristics

<25

+40

Maternal age (less than 25 and greater than 40 years) was associated with an increased risk of perinatal mortality.

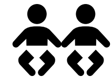
Irish Traveller and Asian ethnicities were overrepresented in the mothers who experienced perinatal deaths in 2022

BMI

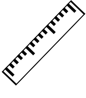
Women with a BMI higher than 30 had a 61% higher risk of perinatal mortality

Infant Characteristics

Low birthweight centiles were associated with perinatal deaths in 2022, particularly stillbirths.



Multiple pregnancies had an increased risk of perinatal death, which accounted for 11.4% of all perinatal deaths.



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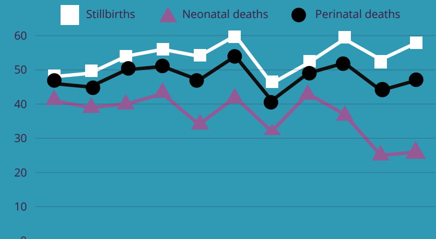
NATIONAL PERINATAL EPIDEMIOLOGY CENTRE

Autopsy uptake in 2022

- The rate of autopsy uptake in 2022 is higher than the rates reported in 2021 (44.6%) but lower than the rates reported in previous years (52.3% in 2020, 49.2% reported in 2019).
- This rate remains **higher for stillbirths** than for early neonatal deaths (58% vs. 26%).
- In 85% of the 153 cases where an autopsy was not performed, **an autopsy was offered.**



Recommendations

Based on the findings of this and previous reports, the NPEC Perinatal Mortality National Clinical Audit Governance Committee makes the following recommendations:

- Robust clinical audit of perinatal outcomes in all maternity units in Ireland is vital for quality patient care. Funding should be provided to ensure protected time for clinical audit and implementation of its findings. This funding might be best channeled through midwifery and obstetric management posts where clinical audit is embedded within job descriptions. Owner; the Quality and Patient Directorate in the HSE.
- National data on social factors impacting on perinatal loss, e.g. smoking and alcohol abuse, remain difficult to collate. Consideration should be given to methodologies to capture this information consistently. Owner; the NPEC and the NWIHP.
- All healthcare professionals (obstetricians, GPs and midwives) should see every interaction with a woman as an opportunity to address weight, nutrition and lifestyle to optimise her health. This also supports the HSE Programme 'Making Every Contact Count' (MECC).4 Owner; All Healthcare staff.

Recommendations from previous reports being progressed by relevant stakeholders in the maternity services:

Recommendations from the PMNCA Annual Report 2021

- ''A communication policy should be developed regarding neonatal outcomes in babies whose care has been transferred post-delivery. This should ensure the flow of vital information between tertiary maternity units/paediatric centres and the referring maternity unit that is essential to inform appropriate follow up care, including counselling of women experiencing perinatal loss. It is also necessary to inform clinical audit in the referring maternity unit. Owner: National Clinical Lead for Neonatology and NWIHP.''

Progress: A letter regarding the development of a communication policy across maternity units and paediatric services regarding neonatal outcomes following the transfer of babies post-natally to another unit was sent by the NPEC Director to the following: the Faculty of Paediatrics, the clinical directors of Children's Health Ireland, Tallaght Hospital, Crumlin Hospital and Temple Street. A response was received from the Faculty of Paediatrics supporting such a communication policy, which has yet to be developed.

- ''The NPEC advocates the introduction and use of a 'Care Bundle' approach in an attempt to lower perinatal mortality; similar approaches in other countries have achieved a reduction. ''

Progress: In close collaboration between the NPEC and the Pregnancy Loss Research Group in University College Cork, a proposed care bundle for the Irish context is being conceptualised as outlined below

The **National Perinatal Epidemiology Centre (NPEC)** is a national clinical audit and research centre based at University College Cork with offices at Cork University Maternity Hospital and directed by Professor Richard A. Greene.

Our comprehensive approach to audit ensures the quality and integrity of our audit process, ultimately contributing to improved perinatal care.

At the NPEC, we acknowledge that the statistics presented in our reports represent our patients, and we use this data to learn from past experiences and produce recommendations for improved care.

Read our reports or learn more about our audits and research on our website and social media channels

- Perinatal Mortality National Clinical Audit
- Severe Maternal Morbidity Audit
- Planned Homebirths Audit
- Very Low Birth Weight Infants Audit
- Neonatal Hypothermia Audit

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