

## **Maternity Safety Statement**

This is a monthly report, specific to the hospital named below setting out a range of information on the safety of maternity services. (Version 4 – May 2020)

Hospital Name	SLGHK	Reporting Month	Feb 2022
Purpose & Context	This Statement is used to inform local hout their role in safety and quality improveach month is to provide public assurance environment that promotes open disclos. It is not intended that the monthly Statements that statements would be aggregated at early warning mechanism for issues that It is important to note tertiary and referration of patients (mothers and babies), therefor and therefore no comparisons should be cases.  Maternity Safety Statements form part or maternity services. Hospitals must popular arrears). Additionally the statements are Network meetings with the National Work quality and safety agenda.	pospital and hospital Group vement. The objective in pose that maternity services ure.  The objective in pose that maternity services ure.  The objective in pose that maternity services are comparable from a maternity centres will cause of the suite of key performation of the suite of key performation and publish on a mose discussed at the Hospital	o management in carrying publishing the Statement are delivered in an arator with other units or al level. It assists in an or escalation are for a higher complexity e centres will be higher not look after complex ance indicators for the nthly basis (2 months in al Group Maternity

Headings	Ref	Information Areas	2022	
			February	Year to date
Hospital Activities	1	Total mothers delivered ≥ 500g (n)	109	216
	2	Multiple pregnancies (n)	2	4
	3	Total births ≥ 500g (n)	111	220
	4	Perinatal mortality rate – adjusted (per 1,000 total births)	9.009 Per 1,000	4.54 Per 1,000
	5	In utero transfer – admitted (n)	0	0
	6	In utero transfer – sent out (n)	1	3
Major Obstetric Events	7	Total combined rate (per 1,000 total mothers delivered) of major obstetric events for the following four obstetric metrics:  Eclampsia;  Uterine rupture;  Peripartum hysterectomy; and  Pulmonary embolism.	0.0 Per 1,000	0.00 Per 1,000

Headings	Ref	Information Areas	2022	
			February	Year to date
Delivery Metrics	8	Rate of instrumental delivery per total mothers delivered (%)	12.8 %	12.0%
	9	Rate of nulliparas with instrumental delivery (%)	33.3%	28.0%
	10	Rate of multiparas with instrumental delivery (%)	2.7%	3.5%
	11	Rate of induction of labour per total mothers delivered (%)	29.4%	25.9%
	12	Rate of nulliparas with induction of labour (%)	36.1%	32.0%
	13	Rate of multiparas with induction of labour (%)	26.0%	22.7%
	14	Rate of Caesarean section per total mothers delivered (%)	38.5%	44.0%
	15	Rate of nulliparas with Caesarean section (%)	41.7%	48.0%
	16	Rate of multiparas with Caesarean section (%)	37.0%	41.8%
Maternity Services Total Clinical Incidents	17	Total number of clinical incidents for <b>Maternity Services</b> (reported monthly to NIMS) (n)	19	35

## **DEFINITIONS**

(n) = Number

Nulliparas = Women who have never had a previous pregnancy resulting in a live birth or stillbirth (≥ 500g) Multiparas = Women who have had at least one previous pregnancy resulting in a live birth or stillbirth (≥ 500g) N/A = Not available

The Maternity Safety Statement for St Luke's General Hospital provides up to date information for management and clinicians who provide maternity services in relation to a range of patient safety issues for February 2022.

The information in this Statement is a core element of clinical governance and management of maternity services within the above hospital and the Ireland East Hospital Group.

Hospital Group Clinical Director: K O'Malley

Signature: "ho om leng."

Hospital Group CEO: Declan Lyon

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Date: 21/5/22