# 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.**

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| --- | --- | --- | --- |
| **Hospital Name** | **Insert Hospital Name** | **Reporting Month** | **Insert Month** |
| **Purpose & Context** | * This Statement is used to inform local hospital and hospital Group management in carrying out their role in safety and quality improvement. The objective in publishing the Statement each month is to provide public assurance that maternity services are delivered in an environment that promotes open disclosure.
* It is not intended that the monthly Statement be used as a comparator with other units or that statements would be aggregated at hospital Group or national level. It assists in an early warning mechanism for issues that require local action and/or escalation.
* It is important to note tertiary and referral maternity centres will care for a higher complexity of patients (mothers and babies), therefore clinical activity in these centres will be higher and therefore no comparisons should be drawn with units that do not look after complex cases.
* This Statement does not contain the entire suite of metrics used to measure safety in our maternity services.
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|  |  |  | **Insert Month** | **Year to date** |
| **Hospital Activities** | 1 | Total mothers delivered ≥ 400g or ≥ 23 weeks (n) |  |  |
| 2 | Multiple pregnancies (n) |  |  |
| 3 | Total births ≥ 400g or ≥ 23 weeks (n) |  |  |
| 4 | Perinatal mortality rate – adjusted (per 1,000 total births) |  |  |
| 5 | In utero transfer – admitted (n) |  |  |
| 6 | In utero transfer – sent out (n) |  |  |
| **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.
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|  |  |  | **Insert Month** | **Year to date** |
| **Delivery Metrics** | 8 | Rate of assisted vaginal delivery per total mothers delivered (%) |  |  |
| 9 | Rate of nulliparas with assisted vaginal delivery (%) |  |  |
| 10 | Rate of multiparas with assisted vaginal delivery (%) |  |  |
| 11 | Rate of induction of labour per total mothers delivered (%) |  |  |
| 12 | Rate of nulliparas with induction of labour (%) |  |  |
| 13 | Rate of multiparas with induction of labour (%) |  |  |
| 14 | Rate of Caesarean section per total mothers delivered (%) |  |  |
| 15 | Rate of nulliparas with Caesarean section (%) |  |  |
| 16 | Rate of multiparas with Caesarean section (%) |  |  |
| **Maternity Services Total Clinical Incidents** | 17 | Total number of clinical incidents for **Maternity Services** (reported monthly to NIMS) (n) |  |  |

The Maternity Safety Statement for Insert Hospital Name provides up to date information for management and clinicians who provide maternity services in relation to a range of safety issues for Insert Month and Year.

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

This Statement does not contain the entire suite of metrics used to measure safety in our maternity services.

REO/Designated IHA Manager:

Insert Name

Signature:

Insert Signature

Maternity Network CD:

Insert Name

Signature:

Insert Signature

Date:

Insert Date