

## RELEASE OF THE *NEW SOUTH WALES MOTHERS AND BABIES 2000* REPORT

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The *New South Wales Mothers and Babies 2000* Report is the fourth annual report to include information from the NSW Midwives Data Collection (MDC), the NSW Birth Defects Register, and the Neonatal Intensive Care Units' Data Collection. The report also includes summary information on maternal deaths in NSW, and information on the Australian Council on Healthcare Standards clinical indicators for obstetrics for NSW and Australia.

The current Report includes two chapters of special interest:

- the first is a summary of the reviews of causes of perinatal deaths in 2000 that were carried out by the NSW Maternal and Perinatal Committee. Review of perinatal deaths in NSW on a case-by-case basis has been established for deaths occurring from 1 January 2000. Hospital-based reviews of perinatal deaths are an important part of clinical quality assurance. A survey of perinatal death review practices in NSW hospitals was also carried out. It was found that 83.3 per cent of perinatal deaths in NSW in 2000 occurred in hospitals with a designated perinatal death review committee, and 92.7 per cent of perinatal deaths occurred in hospitals with some form of perinatal death review process in place. The majority of hospitals that did not have some form of perinatal death review process were small rural hospitals that had relatively small numbers of births and perinatal deaths. For these hospitals, an association with a referral hospital or area-based health review process would be necessary to support a meaningful perinatal death review process;
- the second special interest chapter describes the results of a study that examined caesarean section rates in NSW hospitals after adjustment for clinical risk factors. The study found the strongest association was with malpresentation (for example, breech presentation) and previous caesarean section. Risk adjusted caesarean section rates for most tertiary referral centres, and many private hospitals, were substantially lower than crude rates. This indicates that much of the variation in caesarean section rates between hospitals was explained by clinical factors such as maternal age, fetal malpresentation, multiple birth (for example, twins), diabetes, hypertension, and previous caesarean section.

Copies of the Report are available from the Epidemiology and Surveillance Branch by telephone (02) 9391 9676, or from the Department's Web site at: [www.health.nsw.gov.au/public-health/mdc/mdcrep00.html](http://www.health.nsw.gov.au/public-health/mdc/mdcrep00.html).