



Newsletter - June 2010

MESSAGE FROM THE CHAIR

Preparations for the 2008 Annual Report have unfortunately been delayed due to staff changes and resourcing issues within the DHHS, Clinical Data Services Unit. It is hoped however that the Report will be completed as soon as possible following the release of all audited 2008 perinatal data. On a more positive note, both the 2008 Paediatric Mortality and Morbidity Report and Stillbirth Report have been completed and are attached here for the Reader's information and interest. Other key issues arising will be reported in future newsletters in the interim prior to final release of the 2008 Annual Report. I wish to sincerely thank our Manager and Members for their continued support and significant contributions to Council and its ongoing activities.

A/Prof Peter Dargaville
Chairperson
Council of Obstetric & Paediatric Mortality & Morbidity

COUNCIL NEWS

Membership for the new term in accordance with the Terms of Reference includes: A/Prof Peter Dargaville (Chair); Professor Allan Carmichael; Dr James Brodribb; Dr Geoff Shannon; Ms Ros Escott; Ms Flo Jensen, Associate Professor Bipin Gupta (as interim), Mr Paul Mason; Dr Michelle Williams & Dr Helen McArdle.

The Council website continues to archive newsletters, Annual Reports and other relevant resource information. The updated website address is as follows:

<http://www.dhhs.tas.gov.au/copmm>. Please note that *RHH Clinical Practice Guidelines and Protocols* can be accessed from the intranet link included in Council's website.

Manager, Contact Details: Dr Jo Jordan; email: jo.jordan@dhhs.tas.gov.au

CLINICAL MATTERS

- 1. Statewide Community Paediatrician Position-** Interviews have recently been conducted for this position and a successful applicant has been identified. Processes are currently underway for formalising this appointment.
- 2. Electronic Perinatal Database-** This system has been implemented at the Royal Hobart Hospital and Launceston General Hospital where Antenatal Clinics have gone live and antenatal visits have commenced; it has gone live across the WACS area at the Mersey Hospital; and, at the NWPH, Smithton and Queenstown by the end of June 2010. Council agreed that the issue of congenital abnormalities is considerably complicated and will need to be approached at a later date where COPMM will be required to develop a *Congenital Abnormalities Register* suitable to collect all conditions. The relationship between maternal obesity (i.e., maternal BMI) and poor perinatal outcomes has been highlighted where increased maternal BMI (>30) has been found to be correlated with increased risk of poor perinatal outcomes. Council



has suggested that maternal BMI should be documented at the commencement of antenatal booking through the assessment of maternal height and weight.

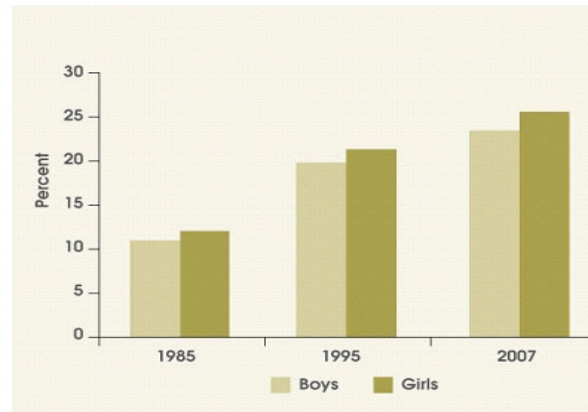
3. **Amendment of Perinatal Registry Act 1994**– At a recently held Supplementary meeting where Council members, relevant Coroners and the DHHS, Manager of Legislative Review at DHHS gathered to discuss this matter, it was collectively agreed to progress the amendment of the *Act* to allow the release of information in certain circumstances to the Coroner, the Secretary or Minister (or any other relevant Minister) and proposed Child Death and Serious Injury Council. It was also agreed that COPMM or its members would be required to communicate information that came into its possession to the Secretary in circumstances where there was a belief or suspicion, on reasonable grounds, that a child has been or is being abused or neglected or is at risk of being abused or neglected; and allow COPMM to report information about possible criminal offences to the Commissioner of Police. A draft Cabinet Minute has been prepared and supported by Council where recommendations highlighted have been based on those outlined in the original Options Paper prepared by the Commissioner for Children. This Draft Cabinet Minute will be circulated soon for wider consultation. It is hoped that the Minister will then be able to lodge the Draft with Cabinet and a target date for the Bill to be drafted for the Spring 2010 session of Parliament with the plan to get passed by the end of 2010.
4. **Maternal Body Weight and Its Implications for Pregnancy**- The problems of obesity in pregnancy and the issues in relation to pregnancy have been highlighted in recent times particularly with obesity becoming a modern health epidemic. In developed countries this has reached proportions that have a significant consequence for health services. In recent years much attention has rested on smoking and its effects on health. There is emerging evidence of a similar effect and magnitude related to obesity. Even being overweight has been shown to increase morbidity and health costs. In the last decade attention has been directed to maternal body weight and its effects on pregnancy outcome. A 2001 study from London¹ assessing 287213 pregnancies showed significant increases in adverse outcomes in both overweight and obese women.

	BMI 25-30 -overweight	BMI>30 - obese
Gestational diabetes	1.68 (1.53-1.84)	3.6 (3.25-3.98)
Pre-eclampsia	1.44 (1.28-1.62)	2.14 (1.85-2.47)
Induction of labour	2.14 (1.85-2.47)	1.70 (1.64-1.76)
Emergency CS	1.30 (1.25-1.34)	1.83 (1.74-1.93)
PPH	1.16 (1.12-1.21)	1.39 (1.32-1.46)
Wound infection	1.27 (1.09-1.48)	2.24 (1.91-2.64)
Birthweight> 90%	1.57 (1.50-1.64)	2.36 (2.23-2.50)
Intra-uterine death	1.10 (0.94-1.28)	1.40 (1.14-1.71)
Breast feeding at discharge	0.86 (0.84-0.88)	0.58 (0.56-0.60)

Numerous papers have appeared linking maternal obesity to: infertility; miscarriage; hypertensive disease; thromboembolic disease; sleep apnoea; gestational diabetes; congenital anomalies; macrosomia and shoulder dystocia; difficulty assessing fetal growth clinically and by ultrasound; dysfunctional labour, caesarean section; stillbirth and neonatal death; hypertension and diabetes in the adult resulting from the birth and metabolic syndrome in the adult resulting from the birth. Health costs of obesity in pregnancy have also been highlighted in the

literature. All this leads to significant increases in costs of healthcare delivery to women in pregnancy. In 2006 the Teratology Public Affairs Committee Position Paper on Maternal Obesity and Pregnancy² highlighted the issue that obesity was implicated in the development of congenital anomalies. In particular neural tube defects and cardiac defects. In Australia there has been a marked increase in the prevalence of obesity in children, see fig 1. As these are the mothers of the future, it is clear that healthcare costs will rise as these advance to the reproductive phase of their life.

Figure 1:
Prevalence of overweight and obesity in Australian children aged 7–15 years, 1985–2007.[16]



* Data weighted for age, gender and region.

Roberts L, Letcher T, Gason A et al. Childhood obesity in Australia remains a widespread health concern that warrants population-wide prevention programs. *Medical Journal of Australia*. 2009.

What are the steps the healthcare sector should take?

- 1 The development of strategies to reduce childhood obesity.
- 2 Counsel all women of reproductive age, planning pregnancy, to attain a body weight as close to the ideal range as possible before conceiving.
- 3 Counsel women who are already pregnant about caloric requirements in pregnancy.
- 4 Develop public health weight management campaigns similar to the smoking cessation campaigns.
- 5 Educate children about balanced healthy diets, avoiding “junk” foods, and the role of exercise.
- 6 Educate girls at school about the implications of obesity as it relates to pregnancy when older.

References

- 1 *Maternal obesity and pregnancy outcome: a study of 287213 pregnancies in London*. NJ Sebire et al. *International Journal of Obesity* (2001) 25, 1175-1182
- 2 *Teratology Public Affairs Committee Position Paper: maternal Obesity and Pregnancy*. Public Affairs Committee of the Teratology Society. *Birth Defects* (2006); 76 (PtA): 73-77

5. **The Further Development of a Clinical Engagement Model Within the Tasmanian Health & Community Service System July 2010- June 2012-** Council has been provided with an update on the further development of a *Clinical Engagement Model within the Tasmanian Health and Community Service System July 2010-June 2012* by the Director of Clinical Advice and Network Development. The purpose of the update was to provide information regarding the agreed development of a Clinical Advisory Council along with the development of a Clinical Advisory system. This model has been recently endorsed by the Tasmanian Clinical Advisory Council and Department Executive. The proposal covers planned development for a two year period from July 2010 through until June 2012. A



further proposal for the next stage of development would be finalised prior to the end of this period. In particular, it was highlighted that as part of these developments there would be moves to progress the establishment of a clinical network for Women's and Children's Services across Tasmania. The WACS Clinical Network will be supported through the newly established Clinical Advice and Network Development Unit. The WACS Clinical Network Establishment Phase Clinical Leader Position has been advertised. For any further information regarding the new network please phone Denise Walshe on (03) 6233 3358.

SUBCOMMITTEES

PAEDIATRIC Mortality & Morbidity

This subcommittee continues to meet bimonthly to review statewide paediatric deaths and progress actions as they arise. Review of 2009 cases has been completed and review and classification of 2010 cases is continuing to be progressed. The 2008 Paediatric Mortality & Morbidity Report is attached for your interest and will be included as part of the overall 2008 Annual Report.

PERINATAL Mortality & Morbidity

Review and classification of perinatal deaths (including stillbirths and neonatal deaths) for 2008 has been completed. The Basic Stillbirth Report 2008 is attached here for your convenience. Members have recently met to discuss obstetric antecedents and neonatal deaths from 2008 to assist in the review process.

MATERNAL Mortality & Morbidity

No maternal death cases have been reported in Tasmania since the case reviewed in 2006. Progress of the *Australian Maternity Outcomes Surveillance System* (AMOSS Project) will continue to be tracked and its relevance to Tasmania's reporting's assessed etc. Births, Deaths and Marriages has been recently requested to cross-check its registry for any reported late maternal deaths. It has been found that there have been no late maternal deaths reported during 2008 and 2009.

DATA MANAGEMENT

This subcommittee recently met to progress discussions concerning the 2008 Annual Report etc. It was highlighted that due to delays in the provision of 2008 data from the Clinical Data Services Units, there would be a subsequent delay in finalising the 2008 Annual Report. Issues related to the Electronic Perinatal Database were further discussed.

MEMBERSHIP CHANGES

Professor Mark Brincat has been nominated by the Vice Chancellor to represent the University of Tasmania on Council once he commences his appointment as Head of Obstetrics and Gynaecology at the Royal Hobart Hospital sometime soon. In the interim, Associate Professor Bipin Gupta has been invited to continue in the role until Professor Brincat commences his appointment.

MEETINGS FOR 2010

Next Council Meetings:

- Thursday 19 August, 12.30-2.00pm, venue tbc
- Thursday 18 November, 12.30-2.00pm, venue tbc

Note: Subcommittee meetings will be advised.