



Newsletter - December 2010

MESSAGE FROM THE CHAIR

Welcome to the final edition for 2010! I am pleased to report that the 2008 Annual Report was finalised in September and widely circulated to key stakeholders both locally and nationally. The Report was also tabled in parliament and key issues highlighted in the media on a few occasions. The 2009 Annual Report is currently being progressed with a view to finalise by the end of financial year 2011. Another important achievement this year relates to the amendment of the *Perinatal Registry Act 1994* with the amendment Bill receiving Royal Assent on November 4th, 2010. The Act will now be known as the ***Obstetric and Paediatric Mortality and Morbidity Act 1994*** which clearly defines communication lines between the Council and the Secretary, relevant Ministers and Coroners. I wish to again thank the Manager and Council members for their continued support and significant contributions to Council and its ongoing activities.

On behalf of Council, I would also like to thank readers for their interest in and support of Council activities throughout 2010 and would like to take the opportunity to wish you a happy and safe Festive Season and the very best for the New Year.

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, Mr Paul Mason; & Dr Michelle Williams.

Dr Helen McArdle announced at its last meeting that she would be resigning from her representative role on Council to undertake the role of Director, Workplace, Health & Wellbeing. Ms Gina Butler (Director of Nursing, Safety & Quality) will be invited to be formally appointed by the Health Minister to undertake the role of DHHS representative on Council in 2011. Under legislation of the *OPMM Act 1994*, no vacancy currently exists on Council and as such, the new Commissioner for Children will be formally invited to



participate as a member on the *Paediatric Mortality and Morbidity subcommittee* in 2011. Dr Amanda Dennis will be invited to participate in an interim capacity for 6 months in 2011 as the second UTAS representative on Council while it continues to await the arrival of Professor Mark Brincat who will undertake the appointment of Head the Department of Obstetric and Gynaecology at the Royal Hobart Hospital. All appointments will need to be approved by the Health Minister.

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. Amendment of Perinatal Registry Act 1994**– The amendment Bill received Royal Assent on 4th November 2010 which includes a change in the short title to the ***Obstetric and Paediatric Mortality and Morbidity Act 1994 (OPMM Act 1994)***. In particular, the inclusion of ***Section 6A*** within the *Act* clearly stipulates processes to be undertaken by Council in relation to providing information to the Coroner: (1) *The Council may, of its own motion or at the request of a coroner, make recommendations and provide information to a coroner that it considers relevant to a child death, a maternal death or a late maternal death;* (2) *Neither section 15 (confidentiality and use of information) nor section 15A (restriction on dealing with information) precludes a coroner from admitting as evidence information provided to the coroner under subsection (1).* Under ***Section 6*** (Functions of Council) the amended *Act* clearly specifies that Council *is (d) to investigate and report on any other matters relating to obstetric and paediatric mortality and morbidity referred to the Council by the Minister or the Secretary; (da) to investigate and report to the Minister, a relevant Minister or the Secretary of its own motion on any matter relating to obstetric and paediatric mortality and morbidity that it considers necessary; (db) to communicate to the Minister, or relevant Minister, the Secretary or a prescribed body, information relating to-* (i) *a child death, maternal death or late maternal death; or (ii) the morbidity of a child or a woman who is or has been pregnant.* ***Section 15A*** (*Restriction on dealing with information*) has been included in the amended *Act* to ensure that information provided by the Council to specified stakeholders is treated confidentially and as such not allowed to be recorded, disclosed, published or communicated to any other person or made use of the information except to the extent that it is necessary to perform the obligations of, or carry out the duties of, the office of the person. For example, mandatory reporters could provide notifications and COPMM could notify police for purposes such as ensuring the safety of children. Finally, a person who receives or is in possession of information that has been declared by the Council to be confidential information is not required to produce before and court, tribunal, board, Agency (within the meaning of the *State Service Act 2000*) or person that information or extract of that information.
- 2. Child Death and Serious Injury Council**- Legislation has been drafted but not as yet approved by Cabinet for tabling. As such the earliest it could be tabled in parliament would be March 2011 and therefore it is unlikely to commence within the next 6 months. It is expected that the new Commissioner for Children will Chair the CDSIC.



3. **Electronic Perinatal Database** - It has been reported that midwives have found the new system to be not as user friendly as expected. Council will continue to monitor and follow future developments.
4. **Foetal Growth Restriction (FGR)**- The Council would like to draw attention to the issue of FGR and its identification during antenatal care. It is recognised that antenatal care is undertaken across many models of care. FGR has been a major contributor to foetal loss, especially after 30 weeks gestation, when perinatal deaths are analysed. This gestation, and beyond, is a time at which it would be expected that babies born electively for severe FGR should have a close to 100% chance of survival as long as the baby does not become hypoxic/acidaemic in utero. Not all small babies are growth restricted, some are constitutionally small. It is vital that a differentiation is made between the small baby that is growth restricted due to placental dysfunction compared to the normal, but well, small baby. Management of these is markedly different. The identification of failure of foetal growth is a significant part of the antenatal care process and ideally all providers should have strategies in place to identify the foetus that is failing to grow. Certain women will be at risk of FRG, such as those with chronic hypertension, collagen diseases and hypercoagulability disorders. As such, it is imperative that these women are offered a structured antenatal care process that allows screening for FGR in a systematic manner. Clinical assessment has long been recognised as an inadequate method to detect FGR, identifying about 20% of babies with FGR. Symphysis-fundus measurement with a tape can identify between 30 and 50% of babies with FGR. Ultrasound will identify about 95%. It is recognised that FGR is harder to assess in women with a high BMI; indeed macrosomia is also hard to assess in this group. Ultrasound performed in someone with a thick fat layer makes ultrasound assessment difficult since the ability of ultrasound to focus at the extremes of the probe range is impaired. Where there is any doubt about foetal growth or difficulty assessing foetal growth, consideration should be given to referring for ultrasound assessment of the pregnancy. Simple assessment of abdominal circumference and amniotic fluid assessment is helpful for screening, however full assessment with Doppler studies of umbilical and middle cerebral artery blood flows, and other vascular flows, is required if FGR is identified. Serial assessment of babies with FGR will allow for planning a timely delivery to prevent foetal demise. The Council asks all maternity care providers to examine their policies and procedures for the identification of FGR.
5. **Draft Policy Guidelines**- The drafting of policy guidelines will be finalised in the near future to provide procedural fairness for medical teams during the process of review and classification of paediatric death cases undertaken by the *Paediatric Mortality and Morbidity subcommittee* of the *Council of Obstetric and Paediatric Mortality & Morbidity*.

SUBCOMMITTEES

PAEDIATRIC Mortality & Morbidity

This subcommittee continues to meet bimonthly to review statewide paediatric deaths and progress actions as they arise. The Review and classification of 2010 cases is near completion and preparations have commenced to progress the 2009 Paediatric Mortality & Morbidity Report. The new Commissioner for Children will be formally invited to participate in future meetings of this subcommittee in 2011.

PERINATAL Mortality & Morbidity



Review and classification of perinatal deaths (including stillbirths and neonatal deaths) for 2009 has commenced. Members will continue to include discussions regarding obstetric antecedents and neonatal deaths from 2009 to assist in the review process.

MATERNAL Mortality & Morbidity

Maternal death cases reported in 2010 will be reviewed and classified by this subcommittee in the near future. Appropriate recommendations will also be developed based upon the outcome of the review and classification of these cases. 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. al deaths.

DATA MANAGEMENT

This subcommittee is scheduled to meet again in early 2011 to progress discussions concerning the 2009 Annual Report. Issues related to the Electronic Perinatal Database were also further discussed.

MEMBERSHIP CHANGES

As outlined previously, Dr Amanda Dennis will be formally invited to undertake a University of Tasmania representative role on Council while Council awaits the arrival of Professor Mark Brincat in early 2011. Approval of this appointment will be sought from the Vice Chancellor and Health Minister during the process of formal appointment. Following the resignation of Dr Helen McArdle as DHHS representative on Council, Ms Gina Butler (Director of Nursing, Safety and Quality) has been nominated to undertake this role on Council and will be formally appointed in early 2011.

The new Commissioner for Children, Ms Aileen Ashford, will be formally invited to participate on the Paediatric Mortality and Morbidity subcommittee of Council.

MEETINGS FOR 2011

Next Council Meetings:

- Thursday 24 February, 12.30-2.00pm, venue tbc
- Thursday 26 May, 12.30-2.00pm, venue tbc
- Thursday 18 August, 12.30-2.00pm, venue tbc
- Thursday 17 November, 12.30-2.00pm, venue tbc

Note: Subcommittee meetings will be advised.

