

Freedom of Information Request

Ref: UHB 19-729

2 December 2019

By Email

Dear Sir/Madam

Thank you for your request for information under the Freedom of Information Act 2000. The Trust's response is as follows:

We complete the maternity payment pathway at the booking appointment and then again postnatally.

1. How many of the pregnant women who were considered/rated
 - a. low risk (the term your trust uses is "standard", I understand)
 - b. high risk (the term your trust uses is "intensive", I gather) went on to deliver their baby/babies prematurely in 2016, 2017, 2018 and 2019, and how many of these babies died?

1) a) & b) Total deliveries		
Year	Standard	Intensive
2016	3079	411
2017	2883	394
2018	2851	387
2019	2419	308

- c. Please also provide the number and percentage of the mothers in these categories who were first-time mothers.

1)c) First time mothers				
Year	Standard	Standard %	Intensive	Intensive %
2016	1196	38.8%	112	27.3%
2017	1126	39.1%	98	24.9%
2018	1119	39.2%	100	25.8%
2019	976	40.3%	79	25.6%

- d. Please also clarify whether the numbers you are providing are reflecting the risk-rating at the time of booking or at a point after delivery.

The Trust completes the maternity payment pathway at the appointment booking and then again postnatally.

2. Could you please specify what the routine care plan is for women in both the "standard" and the "intensive" risk category? Eg, would women in the "standard" category receive midwife-led care rather than obstetric consultant appointments?

Low risk women typically receive midwife led care. Likewise, women on the 'intensive' pathway would have been identified as having a health/medical condition that would require overview from an obstetrician. This may require appointments throughout the pregnancy or possibly a single appointment depending on what their history is.

And are there particular aspects of routine care in either category that are applied only to women who had children previously?

Women who have had complicated previous pregnancies or deliveries that have required medical input or were considered high risk would need a clinical review during a subsequent pregnancy. This may require a one off review or more appointments depending on the circumstances.

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Director of Corporate Governance
University Hospitals Bristol NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Publication

Please note that this letter and the information included/attached will be published on our website as part of the Trust's Freedom of Information Publication Log. This is because information disclosed in accordance with the Freedom of Information Act is disclosed to the public, not just to the individual making the request. We will remove any personal information (such as your name, email and so on) from any information we make public to protect your personal information.

To view the Freedom of Information Act in full please click [here](#).

Yours sincerely

FOI Team
UH Bristol NHS Foundation Trust