



Ref: FOIA Reference 2019/20-589

Royal Stoke University Hospital
Quality, Safety and Compliance Department
Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG

Date: 27th January 2020

Email foi@uhnm.nhs.uk

Dear

I am writing in response to your email dated 16th January requesting information under the Freedom of Information Act (2000) regarding Identifying risk in antenatal care. Previous FOI reference 497-1920

I can neither confirm nor deny whether the information you have requested is held by the Trust in its entirety. This is because the information requested in your questions is not held centrally, but may be recorded in individual health records. In order to confirm whether this information is held we would therefore have to individually access all individual health records within the Trust and extract the information where it is present. We therefore estimate that complying with your request is exempt under section 12 of the FOI Act: *cost of compliance is excessive*. The section 12 exemption applies when it is estimated a request will take in excess of 18 hours to complete. We estimate that accessing and reviewing all individual health records and then extracting relevant information would take longer than the 18 hours allowed for.

In addition to the section 12 exemption the Trust is also applying section 14 (1) exemption: *oppressive burden on the authority*

Under section 16 of the FOI Act we are required to provide requestors with advice and assistance where possible. We would therefore like to advise you that if your request is shortened to just questions 1 and 2 (Delivery counts for Standard and Intensive pathways only) we are able to comply within the 18 hour time frame. In order to avoid delay to your response we have provided this below.

On 20th November 2019 we contacted you via email as we required clarification on your definition of low risk/ high risk?

On 16th January 2020 you replied via email with the following:

"In response to your question, I mean by low risk/high risk the evaluation of a pregnancy at booking in regard to potential risk factors that could arise and inform the patient's care: a multiple pregnancy for instance is normally considered potentially high risk, and thus the patient is often referred to consultant-led care instead of to midwife-led care. Other Trusts use descriptions such as "standard" and "special", I'm sure it won't be difficult for you to find out how your Trust labels these different classifications."

We replied via email that under the FOI Act (section 45) we are required to keep open requests that have been paused for two months, this we advised you of when we contacted you for the clarification. Two months had passed so your request was closed.

Therefore this is a new request and your reference new number is 589-1920 please quote this number on any correspondence.

On the same day we contacted via email as we required clarification on what gestation you are considering prematurity?

On 16th January 2020 (received into our office 17th January) you replied via email with the following: *“Prematurity is - universally - defined as a birth occurring before 37 weeks of gestation”*

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHNM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

Q1 How many pregnant women receiving antenatal care by your Trust were rated/considered to have?

a) A low risk pregnancy (- or whatever the equivalent term is your Trust uses to describe an uncomplicated pregnancy)

b) A high risk pregnancy (or whatever the equivalent term is your Trust uses to describe a complicated pregnancy) in

- 2016
- 2017
- 2018
- 2019

How many of these women were first time mothers-to-be? Please provide numbers as well as percentages for women in each category.

A1 Section 12 and 14 exemptions as detailed above, however, 2016 data does not hold the pathway intensity for all records. Numbers would therefore not fully represent activity and have not been included
As a result of ‘late bookings’ and out of area patients the pathway may not be fully recorded for all patients and therefore figures may not be fully inclusive of all attributable activity as the pathway is typically assigned by 16th week of pregnancy.

Delivery counts for Standard and Intensive pathways only. Irrespective of delivery outcome

Cal Year	Standard	Intensive
2017	2548	746
2018	2701	817
2019	2701	706
Grand Total	7950	2269

Delivery counts for Standard and Intensive pathways only. Irrespective of delivery outcome
Potential first time mothers – based on recorded Parity ≥ 1

Cal Year	Standard	Intensive
2017	1155	216
2018	1104	206
2019	1158	154
Grand Total	3417	576

Q2 How many women of the women who were considered/rated
 a) Low risk
 b) High risk

Went on to delivery their baby/babies prematurely in:

- 2016
- 2017
- 2018
- 2019,

And how many of these babies died?

A2 Section 12 and 14 exemptions as detailed above, however, 2016 data does not hold the pathway intensity for all records. Numbers would therefore not fully represent activity and have not been included. As a result of 'late bookings' and out of area patients the pathway may not be fully recorded for all patients and therefore figures may not fully inclusive of all attributable activity as the pathway is typically assigned by 16th week of pregnancy.

Delivery counts for Standard and Intensive pathways only. Irrespective of delivery outcome
 Premature deliveries

Cal Year	Standard	Intensive
2017	129	128
2018	151	156
2019	137	118
Grand Total	417	402

The above is irrespective of delivery outcome. Based on deliveries with gestation <37 weeks.

We are unable to provide the information you require in the requested format as to release this data could lead to the identification of the person(s) involved due to the low numbers involved, and would breach the Trusts obligations under Data Protection Act 2018. Accordingly, this aspect of your request is exempt from disclosure under the terms of Section 40(2) of the FOI Act. *Personal information*. However as the Trust is committed to openness and transparency we can band the numbers.

This exemption is an absolute exemption and therefore no consideration of the public interest test is needed.

Of which delivery not indicated as 'Live' at point of delivery.

Cal Year	Standard	Intensive
2017	<10	<5
2018	<10	11
2019	<10	<10

Notes: Delivery count based on premature deliveries (<37) where delivery **not** indicated as 'Live' and may have been recorded as:

Stillbirth, Early Neonatal Death, Non-Registerable Birth (<24wks), Antepartum Stillbirth (>=24wks), Intrapartum Stillbirth (>=24wks)

Babies who have subsequently died outside of the delivery record will not be accounted for

Q3 How many of the women considered/rated low risk (or whatever the equivalent term is your Trust uses to describe an uncomplicated pregnancy) who were exclusively cared for by midwives and/or sonographers during the antenatal care they received by your trust, without receiving care from specialist obstetrics until they presented in labour, went on to deliver prematurely in 2016, 2017, 2018 and 2019?

A3 Section 12 and 14 exemptions as detailed above

Q4 How many pregnant women receiving antenatal care by your Trust were cared for by midwives and/or sonographers only initially and were subsequently referred to obstetric specialists before they went into labour in 2016, 2017, 2018 and 2019?

If your hospital Trust is responsible for the management of several maternity units, please provide numbers for all of them.

A4 As answer 3

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

UHNM NHS Trust is a public sector body and governed by EU law. FOI requestors should note that any new Trust requirements over the EU threshold will be subject to these regulations and will be advertised for open competition accordingly.

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An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

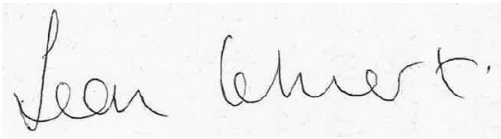
Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 676474.

Yours,

A handwritten signature in black ink on a light-colored background. The signature reads "Jean Lehnert" in a cursive script.

Jean Lehnert
Information Governance Manager