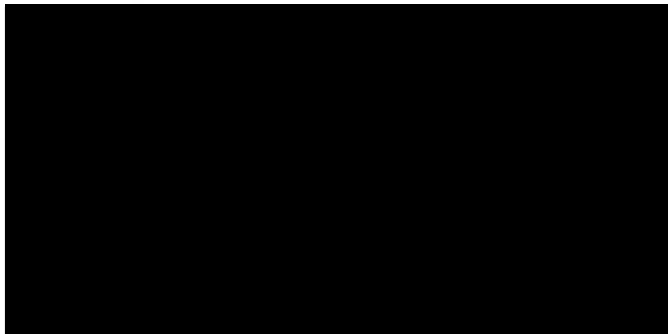


27 September 2017



Re Official Information Act request for number of live born babies

I refer to your Official Information Act request of 23 August 2018 for the following information:

The total number of live born babies at 23 weeks gestation from 2007-2016.

- **Of this group: the number where resuscitation was attempted, the number of live births that survived to 28 days, and the number of resuscitated live births that survived until 28 days.**
- **Please break this information into ethnicity – Maori, Pacific, Indian and Other.**

The total number of live born babies at 24 weeks gestation from 2007-2016.

- **Of this group: the number where resuscitation was attempted, the number of live births that survived to 28 days, and the number of resuscitated live births that survived until 28 days.**
- **Please break this information into ethnicity – Maori, Pacific, Indian and Other.**

The total number of live born babies at 25 weeks gestation from 2007-2016.

- **Of this group: the number where resuscitation was attempted, the number of live births that survived to 28 days, and the number of resuscitated live births that survived until 28 days.**
- **Please break this information into ethnicity – Maori, Pacific, Indian and Other.**

The total number of live born babies at 26 weeks gestation from 2007-2016.

- **Of this group: the number where resuscitation was attempted, the number of live births that survived to 28 days, and the number of resuscitated live births that survived until 28 days.**
- **Please break this information into ethnicity – Maori, Pacific, Indian and Other.**

You further added for clarity, that this information is presented at a national level in Table 2.6 on page 44 of the following report

<https://www.hqsc.govt.nz/assets/PMMRC/Publications/12th-PMMRC-report-final.pdf>

and that you wanted to capture the same information by regional units for 23, 24, 25 and 26 weeks gestation.

Auckland District Health Board recognises the public interest in maternity services and the outcomes for newborn babies. We are also concerned for the rights of individuals, including their rights to privacy. This is particularly important for our patients and their whānau/families. The information we provide is of a very sensitive nature and has the potential to cause harm to individuals affected and to be misinterpreted. Where numbers are very small (e.g. for all ethnicities at 23 weeks, and for Pacific and Indian babies at all gestations) comparisons are highly unreliable and of no statistical or clinical significance. Interpretation of the ethnicity data nationally may therefore be possible, but should be done with considerable caution if interpreting for individual DHBs. The data we provide is also not adjusted for other variables with the potential to impact outcomes.

2007-2016: LIVE BIRTHS AND SURVIVAL TO 28 DAYS FROM 23 TO 26 WEEKS GESTATION AT NATIONAL WOMEN'S HEALTH (AUCKLAND DHB)

All ethnicities combined

Birth and survival	23 weeks	24 weeks	25 weeks	26 weeks	Total
Live born	39	99	113	132	383
Neonatal death <28days	30	28	13	11	82
Survived to 28 days	9	71	100	121	301
Survival %	23.1	71.7	88.5	91.7	78.6

Māori

Birth and survival	23 weeks	24 weeks	25 weeks	26 weeks	Total
Live born	9	29	29	27	94
Neonatal death <28days	7	9	6	0	22
Survived to 28 days	2	20	23	27	72
Survival %	22.2	69.0	79.3	100.0	76.6

Pacific

Birth and survival	23 weeks	24 weeks	25 weeks	26 weeks	Total
Live born	8	12	16	17	53
Neonatal death <28days	5	4	2	3	14
Survived to 28 days	3	8	14	14	39
Survival %	37.5	66.7	87.5	82.4	73.6

Indian

Birth and survival	23 weeks	24 weeks	25 weeks	26 weeks	Total
Live born	2	9	6	16	33
Neonatal death <28days	2	3	0	1	6
Survived to 28 days	0	6	6	15	27

Appendix 1:

Relevant clinical guidelines and policies for Newborn and Maternity Services at ADHB

- Babies born before 23 weeks completed gestation are provided with comfort cares and not actively resuscitated.
- Babies born between 23⁺⁰ weeks and 23⁺⁶ weeks are assessed on an individual basis. Plan for resuscitation and full intensive care is made after multidisciplinary team discussions. This also includes information sharing and discussions regarding outcomes with parents and whānau/families. Management including resuscitation and admission to neonatal intensive care unit is undertaken in agreement with parents after appropriate antenatal management to optimise the outcomes for babies (antenatal corticosteroids and magnesium sulphate). This policy has been in place for the past three years. Prior to this, resuscitation and intensive care was not routinely provided to babies born between 23⁺⁰ weeks and 23⁺⁶ weeks.
- Babies born between 24⁺⁰ until 24⁺⁶ weeks are generally provided resuscitation and full intensive care. Comfort care only may be provided in certain cases, in agreement with the parents and multidisciplinary team.
- Babies born beyond 24 weeks are routinely provided appropriate antenatal management and resuscitation and intensive care.

All perinatal deaths are reviewed at monthly multidisciplinary Perinatal Mortality Meeting which includes midwifery and obstetric as well as neonatal staff.

Survival %	0.0	66.7	100.0	93.8	81.8
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Other

Birth and survival	23 weeks	24 weeks	25 weeks	26 weeks	Total
Live born	20	49	62	72	203
Neonatal death <28days	16	12	5	7	40
Survived to 28 days	4	37	57	65	163
Survival %	20.0	75.5	91.9	90.3	80.3

For relevant clinical guidelines and policies for Newborn and Maternity Services at ADHB see Appendix 1 attached.

I trust this information answers your questions.

You are entitled under the Official Information Act section 28 to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE
Chief Executive

Encl. Appendix 1: Relevant clinical guidelines and policies for Newborn and Maternity Services at ADHB