**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

Assurance date: August 2020

Review date: August 2023

# Indicator IAP00397

# Neonatal mortality and stillbirths

# Validity assessment

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| **Domain** | **Notes** | **Assessment** |
| Importance | Indicator is part of the CCG outcomes indicator set domain 1 – preventing people from dying prematurely  Nationally rates have been falling over time, from a rate per 1,000 of 7.3 in 2013 to 6.9 in 2017. Variation exists across CCGs, in 2017 from 2.4 to 12.4. | Indicator is based on a recognized dataset.  Rates are have been falling, but only five years data currently. |
| Evidence base | From initial application form[[1]](#footnote-1):  “Adverse outcomes of pregnancy, such as stillbirth or neonatal mortality, are sometimes unpredictable events. These events can be associated with a number of risk factors; these include, but are not limited to fetal growth restriction, preterm birth and birth weight, the age of the mother, ethnicity and region of residence. Maternal health factors such as obesity, smoking status, as well as underlying conditions such as diabetes are also risk factors in stillbirth and neonatal mortality.  Infant mortality rates have fallen dramatically in the last decade; however the number of stillbirths has remained stable. The UK compares poorly with other countries with similar populations who have managed to reduce their still birth rates by as much as 50% in the last 20 years.  It has been suggested that the number of stillbirths and neonatal mortalities can be reduced through better care, availability of midwives, and screening of pregnant mothers in order to better determine any complications, as routine checks can often find no indication of an issue.  Problems during pregnancy (such as miscarriage, foetal growth restriction and preterm birth) remain common and stillbirth rates have not changed significantly in recent years. This indicator will monitor neonatal mortality and stillbirth rates to help inform care to help reduce these in the future.  This indicator aims to reflect the provision of high quality care as set out in the NICE Quality Standard for Antenatal care (QS22) and the NICE Quality Standard for Caesarean section (QS32).” | Evidence base exists including NICE guidance and quality standards. |
| Specification | Numerator: Of the denominator, number of stillbirths and deaths within 28 days of birth  Denominator: number of live births and stillbirths occurring during a calendar year by CCG of residence  Exclusions: None  Methodology: Rate per 1,000  Geography: England, CCG  Data Source: Office for National Statistics (ONS) births and deaths data  Disclosure control: None, all CCG populations over 5,000. Rates are not calculated where fewer than 3 deaths reported. | The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions. |
| Feasibility | All data from long running data sources. | Data has been flowing for some time and data sources will continue. |
| Acceptability | Overall rates have been decreasing over time, suggesting improvement. Variation exists across geography. | The indicator assesses performance that is attributable to or within the control of the audience.  The results of the indicator can be used to improve practice. |
| Risk | Indicator also exists in NHS outcomes framework with the same methodology but different geography and demographic splits. Important that this remains the case so any changes made to either indicator must be reflected in the other. | No issues, but consistency with NHSOF equivalent must be maintained or addressed. |

**Summary:** Indicator to be renewed.

**NHS Digital Indicator Reference:**

CCG Outcomes Indicator Set - 1.25 Neonatal mortality and stillbirths

1. NHS Digital. Application Form. Indicator and Methodology Assurance Service. Neonatal mortality and stillbirths. Set or domain: CCG Outcomes Indicator Set. IAS Reference Code: IAP00397 [↑](#footnote-ref-1)