

Gestation standardised perinatal mortality ratio

To be read with the *Perinatal Services Performance Indicators 2014-15* report



What is the gestation standardised perinatal mortality ratio (GSPMR)?

The GSPMR compares the perinatal mortality rates at individual public hospitals with the overall statewide public hospital rate. Due to the overall small number of perinatal deaths, it is calculated over a five-year period. While this may be considered a fairly crude statistic, it is valuable because it provides a 'first look' into perinatal mortality patterns across Victoria.

The GSPMR is complex, has limitations and must be interpreted with caution. The rate cannot tell us about the avoidability of perinatal deaths. Instead, this is a role that must be undertaken by a multidisciplinary panel, formed locally to consider individual circumstances.

Publishing the GSPMR allows hospitals to learn from each other and improves the transparency of reporting of outcomes for Victorian public hospitals.

Interpretation

The statewide public hospital rate (the reference population) is set at '1'. Therefore, a ratio (or rate) over 1 indicates that the service had more deaths than the statewide rate. A rate below 1 indicates the perinatal mortality is less than the statewide rate. For example, an individual hospital with a rate of:

- 0.5 has a perinatal mortality that is half the statewide rate
- 1 has a perinatal mortality that is equal to the statewide rate
- 1.5 has a perinatal mortality that is 50 per cent above the statewide rate
- 2 represents perinatal mortality that is double the statewide rate.

These rates are about babies who died after 32 weeks of gestation, as most of the state maternity services have a maternity capability level below 5 or a newborn level below 4, and do not provide planned services for babies born before 32 weeks of gestation.

What is included or excluded in the GSPMR?

The GSPMR data is reported by the birth hospital and:

- includes babies who died after 32 weeks of gestation (stillbirths or babies who died within the first 28 days of life)
- excludes deaths from congenital anomalies and all terminations of pregnancy
- takes into account the gestation of the babies born at each service.

What does the GSPMR tell us?

The GSPMR:

- identifies the public hospitals in Victoria where stillborn babies and babies who die within the first 28 days of life are born (however this may not be where the baby died)
- allows comparison of public hospitals of similar capability and size
- indicates the difference between the statewide private hospital average and the statewide public hospital average. However, the differences in casemix between the two sectors should be noted
- adjusts for the most important risk of perinatal death, which is gestation
- shows where there is variation in perinatal mortality rates for hospitals of similar capability or size
- provides a focus for maternity services to undertake detailed reviews of the outcomes for the babies born in their service, and to identify opportunities to improve their care and share the lessons.

What can't the GSPMR tell us?

The GSPMR does not include:

- statewide or individual hospital perinatal mortality rates
- reasons for the deaths or how the babies died (a baby may have died before arriving at the birth hospital, while in the hospital or following discharge from hospital, for example, due to SIDS, a car accident or injury)
- whether the death could have been avoided
- if the care around the time of death was provided by a different hospital (transfer) or health professional than the birth hospital
- where the baby died (it only tells us where the baby was born)
- the safety of a maternity service.

The GSPMR also:

- does not show the contribution of important risk factors associated with perinatal mortality, such as obesity, smoking or pre-existing illness of the mother, low socioeconomic status and some ethnic groups (in this year's report, population attributable risk for the GSPMR has been calculated to provide this information)
- attributes the death to the birth hospital, even if the baby died outside of the hospital or the mother received pregnancy care elsewhere.