**Information about deaths of babies and women and birthing people in Aotearoa New Zealand**

*Karakia – Te Kaireka Pūhia*

*Tu tohia te ao Tu tohia te ao*

*Kahu rara tangata a uta*

*Me turaki atu ki tangata a tai*

*Kahu rara tangata a uta*

*Pera hoki ra te korepe nui*

*Te korepe roa, te wahi awa*

*Te toitoi awa whakamoea e tama ki te ara*

*Whakamaua e tama ki te ara*

*Ko Tu ko Rongo kaua raka ra*

*E tama e uhia, tuku atu e tama*

*Ki waho i te tawhangawhanga*

*He putanga ariki no Rongo*

*Mai e mai e mai te tipua*

*Mai e mai e mai te tawhito*

*I haere mai koe i te whakaoti nuku*

*I te whakaoti rangi*

*Ko te manawa ko taku manawa*

*He tane ka irihia whano whano*

*Hara mai te toki*

*Haumi e hui e taiki e*

The following information is about the women and birthing people and babies who died in Aotearoa New Zealand during pregnancy, or shortly after childbirth, in 2021, and is published in the [16th report of the Perinatal and Maternal Mortality Review Committee](https://www.hqsc.govt.nz/resources/resource-library/sixteenth-annual-report-of-the-perinatal-and-maternal-mortality-review-committee-te-purongo-a-tau-tekau-ma-ono-o-te-komiti-arotake-mate-pepi-mate-whaea-hoki/) (the PMMRC).

## Babies who died during pregnancy or childbirth

In 2021, there were 63,296 births in Aotearoa New Zealand. Of those, 707 babies died after 20 weeks of pregnancy or within the first 4 weeks after birth. This means that about 10 babies died for every 1,000 registered births. This rate is very similar for babies born in the UK and Australia.

This rate has not decreased since 2007 when the PMMRC started reviewing these deaths.

The rate of deaths for babies of Māori, Pacific and Indian women and birthing people continue to be higher compared with New Zealand European women and birthing people.

Women and birthing people under 20 years of age and those living in areas of high deprivation experience worse pregnancy and childbirth outcomes.

It is unacceptable that no significant progress has been made to reduce these deaths and that these inequities of outcomes continue. These inequitable outcomes mirror the same inequities across other areas of our health system.

Urgent action, centred in equity, is required to help reduce the loss and grief that families and whānau are experiencing as a result of preventable death in Aotearoa New Zealand.

## The causes of deaths of babies

### Congenital anomalies

Congenital anomalies continue to be the most common cause of death for babies.

Congenital anomalies are caused by the baby’s genetics or something in the baby's environment that has caused a difference in the typical development of the baby. The exact cause is not always known. Congenital anomalies are the most common cause of death for babies during pregnancy or in the first month of life.

In 2021, **197 babies** died because of congenital anomalies. This accounts for over a quarter of the deaths of babies in the 16th PMMRC report.

We know that folic acid as a supplement supports the development of babies in early pregnancy. Since mid-2023, all non-organic wheat flour used for making bread has been fortified with folic acid in an effort to reduce the number of babies with congenital anomalies in the future.

### Premature labour (labour before 37 weeks of pregnancy)

Premature labour was the second most common cause of death for babies in 2021. Premature labour is when a woman or pregnant person goes into labour or their waters break more than 3 weeks before the estimated due date.

If a baby is born too early, their lungs and other parts of their body may not yet be fully developed.

In 2021, **123 babies** died due to premature labour.

Māori, Pacific and Indian babies are more likely to die from premature labour than any other ethnicity, which is an unacceptable outcome.

The Carosika project, Taonga Tuku Iho, is a national preterm birth prevention initiative that was established in 2020 in an effort to reduce preterm birth and improve preparation and equitable outcomes for all pēpē who are born preterm in Aotearoa New Zealand. Several members of the PMMRC are involved in this work.

The PMMRC has recommended that central government supports this work, focusing on those most affected.

### Unexplained death

In 2021, unexplained death was the third most common cause of death of babies. There were 88 deaths in 2021 that were considered unexplained.

For these babies, there were no obvious medical problems with the baby or the woman or birthing person that could explain why the baby died and/or there were no or limited investigations done to try and find a cause of death.

**Full post-mortem** (autopsy) provides the fullest possible information for families and whānau about why their baby died. While this report does not report on the number of babies who received a full post-mortem, [the PMMRC’s 14th report](https://www.hqsc.govt.nz/resources/resource-library/fourteenth-annual-report-of-the-perinatal-and-maternal-mortality-review-committee-te-purongo-a-tau-tekau-ma-wha-o-te-komiti-arotake-mate-pepi-mate-whaea-hoki/) noted that around 40 percent of babies who died had a full post-mortem.

Other options available to parents who would like to investigate the reason their baby has died include a partial autopsy and/or investigation of the placenta.

A study of decision-making by women and birthing people[[1]](#footnote-2) after their baby had died found that **no woman or birthing person who chose for their baby to have a full post-mortem regretted their decision**. Ten percent of women and birthing people who declined a post-mortem later regretted the loss of opportunity to understand more about their baby’s death.

## COVID-19 infection – impact on perinatal death

COVID-19 affected maternity in several ways. The health response likely saved thousands of lives. Overall, the COVID-19 infection rate was low for women and pregnant people after 20 weeks in pregnancy.

When numbers are small, it only takes a small, random change to appear as though it significantly affects the findings. The 16th report found that there was an increased likelihood of a pregnancy ending in perinatal death if the woman or pregnant person had a COVID-19 infection in pregnancy. The number of these deaths was small, so this finding should be taken with caution.

If you are pregnant, you can get a COVID-19 vaccination at any stage in your pregnancy. A high vaccination rate remains key to minimise the spread of COVID-19.

The other key COVID prevention strategies are still relevant.[[2]](#footnote-3)

* Wash your hands with soap and water often (for at least 20 seconds) then dry.
* Cough or sneeze into your elbow or by covering your mouth and nose with a tissue.
* Clean and disinfect frequently touched surfaces and objects.
* Don’t touch your eyes, nose or mouth if your hands aren’t clean.
* Put tissues in the bin immediately.
* Stay home if you feel unwell.

Wearing a mask remains an important measure in preventing transmission of respiratory viruses including COVID-19 and influenza.

## Why women and birthing people die during pregnancy or shortly after

**The risk of death for women and birthing people during pregnancy or shortly after is low.**

As the risk is so low, it can be difficult to measure whether there have been any changes over time. Each and every maternal death is a significant tragedy.

On average, 10 women and birthing people die every year in pregnancy or within 42 days of the end of pregnancy. Often they had pre-existing medical issues that were made worse by pregnancy. It is important that these women and birthing people receive early and regular antenatal care. In 2021, six women and birthing people died in pregnancy or shortly afterwards.

Deaths of women and birthing people from unrelated causes that happen to occur in pregnancy, such as a car accident, are not counted in these deaths.

Since the PMMRC began its reviews:

* 60 women and birthing people have died from non-pregnancy-related medical problems that were either pre-existing or medical problems that begun during pregnancy and made worse by pregnancy
* 32 women and birthing people have died from suicide
* 15 women and birthing people have died from an amniotic fluid embolism around the time of childbirth. This is a rare pregnancy complication that occurs when the fluid that surrounded the baby during pregnancy enters the woman or pregnant person’s bloodstream and causes an allergic reaction.

## What needs to change

The PMMRC has made approximately 125 recommendations since its first report in 2007. These recommendations have been made to government departments, health practitioners, researchers, colleges and regulatory bodies.

Many improvements have been made in the last 16 years, but greater priority must be given to putting previous recommendations into action.

The greatest priority is in reducing the number of deaths for families and whānau for whom too many are described in the 16th PMMRC report. This includes whānau Māori, Pacific families, Indian families, women and birthing people under the age of 20 years and those living in areas of high deprivation.

Improvements to systems and services must be decided on and developed alongside the groups and communities for whom the death rates have not changed so the right decisions and changes can be made.

## More information

* Sands New Zealand ([www.sands.org.nz](file:///C:/Users/jsorasio/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/VWVVH5G7/sands.org.nz)) and [Baby Loss NZ](http://www.babyloss.co.nz/) ([www.babyloss.co.nz](file:///C:/Users/jsorasio/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/VWVVH5G7/babyloss.co.nz)) are organisations that offer support for families and whānau whose baby has died. They have a lot of helpful information on their websites.
* [Whetūrangitia](https://wheturangitia.services.govt.nz)(wheturangitia.services.govt.nz) is a website that has a single collection of up-to-date information and resources for people who have experienced the loss of a baby or child.
* Former PMMRC members Lisa Paraku and Dr Vicki Culling have created a short video ([*Postmortem for Babies in Aotearoa NZ*](https://www.youtube.com/watch?v=O2jijqJs0K0)) to explain post-mortem (autopsy) to families and whānau.
* The PMMRC has developed a [pānui for post-mortem](https://www.hqsc.govt.nz/our-programmes/mrc/pmmrc/publications-and-resources/publication/3502/), which includes information for parents who have had a baby die.
* The website of Manatū Hauora Ministry of Health has [useful information about miscarriage before 20 weeks](https://www.health.govt.nz/your-health/pregnancy-and-kids/services-and-support-during-pregnancy/miscarriage-and-stillbirth).

## If you are pregnant, what you can expect

There are several ways that health practitioners can support you and your baby during your pregnancy.

First, [www.findyourmidwife.co.nz](http://www.findyourmidwife.co.nz) is a good place to start to find a lead maternity carer (LMC). Your doctor or local hospital should also be able to help you quickly find one.

Your LMC will be able to answer your questions and help you through your pregnancy and the birth of your child. Your LMC should also:

* offer tests to check that you and your baby are well. If any health issues are found, you will be able to get important treatment that will benefit you and your baby. This includes screening for health conditions such as gestational diabetes, sexually transmitted infections and urinary tract infections
* arrange medical care if you already have a health condition or have had problems in a previous pregnancy. This will reduce the risks to you and your baby
* arrange regular catch-ups. It is important that your LMC sees you regularly so any problems can be identified early
* provide smoking cessation advice and referral to smoking cessation groups if needed. This is because babies grow better and are healthier if they are in a smoke-free environment, both inside the womb and after they are born
* be on call for emergencies. Talk to your LMC, doctor or nurse straight away if you have any bleeding from your vagina, if you notice your baby does not move as much or if you feel unwell
* provide information to keep you and your baby healthy
* check you have a safe sleep space for your baby, such as a bassinet, cot, wahakura or Pēpi-Pod®. Hospitals can help with providing safe sleep spaces for those in need.

***You***are just as important as your baby. Your LMC will be able to support you to access any extra care and support you need.

1. <https://obgyn.onlinelibrary.wiley.com/doi/10.1111/ajo.12790> [↑](#footnote-ref-2)
2. <https://toolkit.covid19.govt.nz/> [↑](#footnote-ref-3)