



**Maidstone and
Tunbridge Wells**
NHS Trust

Ref: FOI/GS/ID 8224

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
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ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net
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15 September 2023

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Maternity.

You asked: All questions are shown as received by the Trust.

Please provide data for each question for the years 2018 - 2022, broken down by calendar year (i.e. 2018, 2019, 2020, 2021 and 2022).

- 1. Please provide the number of term stillbirths (37 weeks or more) at your trust*
- 2. Please provide the review process for each stillbirth recorded, e.g.. X number of PMRTs, X number of SII, X number referred to the coroner. If relevant, please include the number that led to no review.*
- 3. In any reviews done following a stillbirth please list how many times each of the following was a contributing factor, concluded from the investigation.*
 - a. Failing to monitor reduced foetal movements*
 - b. Wrongly interpreting test results during pregnancy*
 - c. Failing to act on test results which highlight a problem*
 - d. Failure to treat infections in the mother*
 - e. Poor staffing levels*
 - f. Failure to notice vital signs of distress*
- 4. Please provide the number of neonatal deaths at your trust*
- 5. Please provide the review process for each neonatal death, e.g. X number of SII, X number referred to the coroner. If relevant, please include the number that led to no review.*
- 6. In any reviews following a neonatal death, please list how many times each of the following was a contributing factor, concluded from the investigation.*
 - a. Failing to monitor reduced foetal movements*
 - b. Wrongly interpreting test results during pregnancy*
 - c. Failing to act on test results which highlight a problem*
 - d. Failure to treat infections in the mother*
 - e. Poor staffing levels*

- f. *Failure to notice vital signs of distress*
 - g. *Failing in antenatal care*
 - h. *Insufficient or inaccurate handovers*
 - i. *Failing to recognise need for caesarean*
7. *Please provide the number of maternal deaths at your trust*
8. *Please provide the number of midwifery staffing red flags at your trust*

Trust response:

	2018	2019	2020	2021	2022
1	4	6	3	9	6
2a.	4	6	2	9	6
2b.	4	1	0	6	2
2c.	0	0	0	0	0
2d.	0	0	0	0	0
3a.	1	1	0	3	0
3b.	0	0	0	0	0
3c.	0	0	0	1	0
3d.	0	0	0	1	0
3e.	1	0	0	0	0
3f.	0	0	0	1	0
4	2	3	2	5	1
5a.	0	0	0	1	0
5b.	0	0	0	2	0
5c.	0	0	0	0	0
6a.	0	0	0	0	0
6b.	0	0	0	0	0
6c.	0	0	0	1	0
6d.	0	0	0	0	0
6e.	0	0	0	0	0
6f.	0	0	0	1	0
6g.	0	0	0	1	0
6h.	0	0	0	1	0
6i.	0	0	0	0	0
7	0	1	0	4	3
8	This information was not captured for these years				