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| 1. | [WOULD OUR BABIES HAVE LIVED IF THEY HADN;T BEEN BORN AT THE WEEKEND?](#doc_id_1) DAILY MAIL (London), December 3, 2015 Thursday, 2164 words, BY BARBARA DAVIES |

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| 2. | [Would our babies have lived if they hadn't been born at the weekend?](#doc_id_2) Scottish Daily Mail, December 3, 2015 Thursday, NEWS; Pg. 56,57, 2215 words, Barbara Davies |

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| 3. | [RISK OF HAVING WEEKEND BABY](#doc_id_3) DAILY MAIL (London), November 25, 2015 Wednesday, 466 words, BY BEN SPENCER MEDICAL CORRESPONDENT |

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| 4. | [Babies born at weekend are less likely to survive](#doc_id_4) The Times (London), November 25, 2015 Wednesday, NEWS; Pg. 6, 524 words, Kat Lay |

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| 5. | [Birth risks rise on weekends](#doc_id_5) The Australian, November 26, 2015 Thursday, WORLD; Pg. 10, 428 words, Penny Durham |

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DAILY MAIL (London)

**December** 3, 2015 Thursday

**WOULD OUR BABIES HAVE LIVED IF THEY HADN;T BEEN BORN AT THE WEEKEND?**

**BYLINE:** BY BARBARA DAVIES

**LENGTH:** 2164 words

WHEN she staggered on to the labour ward at Warrington Hospital in Cheshire, the first thing that struck Angela Owens was how quiet it was. It was just four days before Christmas 2013 a wintry Saturday afternoon and 30-year-old Angela, who was two **weeks** overdue, had been doing some last-minute gift shopping when she felt a severe and sudden pain, nothing like the contractions she had experienced with the **birth** of her first child.

Doubled up in agony, afraid of what was happening inside her, the expectant mother quickly made her way to hospital with her partner, Paul, but felt as if she had stepped into a ghost town as she waited to be seen by a midwife.

Ten hours later, she was cradling her dead baby daughter in her arms and trying to make sense of what should have been one of the happiest days of her life.

Last **week,** a shocking new study published in the British Medical Journal (BMJ) revealed that babies like Angela's, who are delivered in hospital at the **weekend,** are more likely to die or suffer serious injury.

Scientists at Imperial College, London, claim that their analysis of 1.35 million **births** between 2010 and 2012 highlights a lower standard of care' on Saturdays and Sundays with 7 per cent of babies likely to be stillborn or die in the first **week** of life. This equates to a 0.9 per cent higher chance of mortality than if they had been born on a Tuesday.

Although the magnitude was small . . . the gravity of this outcome demands our attention,' said the BMJ. Enough evidence now exists for us to reasonably suspect that out-of-hours **deliveries** are at higher **risk** for adverse outcomes.'

But hidden beneath the cold statistical analysis are the heart-rending stories of thousands of expectant mothers who went into hospital but left without a baby in their arms.

Stories like those of council benefits supervisor Angela, from Chapelford in Cheshire, who firmly believes that had she gone into labour on a **weekday**, her daughter Ella would be alive today.

There would definitely have been more staff and more hands on deck to deal with an emergency,' she says. I'd had a child before but it was very different the second time around.'

After being examined by a midwife, Angela was told to go home and take some paracetamol, but refused to leave the hospital.

In a bid to offer Angela some pain relief, the midwife told her to get into the birthing pool while she fetched stronger tablets. But, 40 minutes later, and with still no sign of the midwife returning, Angela was unable to bear the pain any longer and pulled the emergency cord.

I know what a normal pregnancy feels like and I just knew something was wrong,' she says.

After her pleas to see a consultant fell on deaf ears, Angela summoned her GP brother, Dr Robert Shankley-Owen. They started taking me seriously when Robert arrived and he made them bleep the consultant,' she says.

But by this stage it was too late to save her baby. Although the consultant arrived minutes after being bleeped, a scan revealed that there was no foetal heartbeat.

When Ella was eventually delivered just after 11pm that Saturday, she was stillborn. Angela had suffered a placental abruption, a potentially fatal complication where the placenta separates from the uterus prior to **delivery.** The condition requires early intervention but without vital checks staff missed the opportunity to act.

There was a general flippant attitude towards me,' says Angela, who has a nine-year-old daughter, Poppy, as well as a nine-month-old baby girl, Hope, born a year after Ella's death.

You put your trust in health staff in these situations, but I had to beg them for help. Hospitals seem to go into sleep mode at the **weekends** and for us this resulted in the ultimate tragedy. It was horrendous. I will never recover from her death.'

She has since learned that Ella was one of ten babies who had been stillborn or died in unexplained circumstances at Warrington Hospital in a 12-month period between 2013/14. The deaths were investigated by the Royal College of Obstetricians and Gynaecologists, which found that the unit was short-staffed and that deaths were avoidable. Half occurred on a Saturday or Sunday.

A Warrington and Halton Hospitals NHS Foundation Trust spokesman said: We commissioned the Royal College to give an outside expert perspective on our services after we had identified this cluster of stillbirths that happened in late 2013 and early 2014.

It told us that our service is **safe** and that our stillbirth rate locally remains lower than the national average for the UK, but it also made recommendations to strengthen key elements of our service further.

We've put this action plan in place and strengthened our staffing as a result. In September this year, the Royal College confirmed they are pleased with the progress and require no further follow up.'

Angela's belief that her baby girl fell victim to the so-called **weekend** effect' resonates with the findings of the study, which claimed that 770 infant deaths one in every six **births** could be avoided if it were not for the **weekend** effect'.

The Imperial College report highlighted other **risks** in **weekend** care on maternity units. Mothers were also deemed to be at more **risk,** with childbirth infections 6 per cent higher at the **weekend** than during the **week.**

Babies delivered at the **weekend** were 6 per cent more likely to suffer an injury during childbirth.

At a time when the Government is at loggerheads with junior doctors over contracts to provide an improved seven-day NHS', the study was placed centre-stage during further rows. David Cameron seized upon it during Prime Minister's Questions last **week** to bolster his vision for a seven-day NHS'.

Junior doctors accused the report's authors of misrepresentation of the data'. But the political debate will do little to ease the grief of those who have lost babies after **weekend deliveries.**

Niki Cunningham, a 32-year-old beauty salon owner from Exmouth in South Devon, arrived at Royal Devon and Exeter Hospital at 9am on a Friday in June 2012. She was 36 **weeks** pregnant when her waters broke at home. When labour failed to start, she was booked into the hospital to be induced later that day.

As I'd had a normal pregnancy, I think they thought they could deal with me quickly on a quieter day,' she says.

Tragically, this was not to be the case and the absence of a neonatal consultant on site proved to be disastrous for the **birth** of her baby boy, Harry, just before midnight on Friday, the point at which **weekend** staffing levels kick in.

Several hours after being injected with the drug Syntocinon to kickstart her labour, an internal examination revealed that Niki had suffered an internal bleed. The nurse was very blasé about it,' says mother-of-two Niki. They seemed low on staff. She kept disappearing. There was no sense of urgency.'

In fact, there was a tear in Harry's umbilical cord and placenta causing him to bleed. Harry should have been delivered as soon as the bleed was discovered. Monitoring revealed a problem with the baby's heart rate but the junior doctor on duty wanted to refer Niki to a senior colleague.

The registrar wasn't available at the time,' says Niki. I was told he was on the phone. The doctor didn't want to interrupt him. Once the registrar was off the phone, he said: "You need to **deliver** the baby right now."'

Niki was rushed into theatre for an emergency caesarean but, she says: By the time Harry was born he was in a terrible state. There was supposed to be a neonatal consultant there but he was on call that night and 25 minutes away.'

In the end, the time from the bleed being discovered to **delivery** was around two-and-a-half hours. Harry was severely brain-damaged.

He died in Niki's arms and the final agony, she says, was that the bereavement midwife' was not available to support her because it was a Sunday.

God forbid that your baby dies at the **weekend,**' she says. There's no care for you. Our last moments with Harry were spent on the post-natal ward, surrounded by other mothers with healthy newborns.'

Niki and her 32-year-old husband Jamie, a traffic-management foreman, hired solicitor Beth Reay from JMW solicitors to take legal action against Royal Devon and Exeter Hospital. The hospital has now admitted medical negligence although a financial settlement has yet to be decided.

You can't just plan your **birth** around the working hours of the NHS,' says Niki, who is also mother to William, five, and two-year-old Florence. It's absolute madness. I've had two babies born on the **weekend** and it was very noticeable that things change over those two days.'

This was also the experience of 29-year-old Emma Strachan, whose daughter Bonnie died on a Saturday afternoon in January this year after being deprived of oxygen during **birth**.

The pregnancy was already marked down as complicated' because scans had revealed Bonnie was in a breech position, and Emma was placed under consultant care.

Emma was a **week** overdue when she and her 37-year-old company director husband, James, arrived at Ipswich Hospital on Saturday, January 24, when labour started.

But there was no consultant on site only a registrar. And while Bonnie's legs began to emerge at around 7pm, her head became stuck. An on-call consultant was summoned three times but did not arrive in time to save her.

Emma, who has a two-year-old son Percy, describes the later moments of labour as panicked' and a mad fumble'. The baby was rushed to be resuscitated, but Emma claims that supplies of oxygen ran out. When Bonnie was placed in Emma's arms 29 minutes later, she was dead. It was awful,' she says. I had never imagined walking out of the hospital without my baby.

Had a consultant been on site, Bonnie would have been delivered earlier. But the consultant was on call and by the time he was contacted it was too late.'

Her views are backed up by Suffolk Coroner Peter Dean. Since Bonnie's inquest, he has written to Dame Sally Davies, the Chief Medical Officer for England, highlighting the need for consultant obstetricians to attend a breech **delivery.** The couple are now taking legal advice from medical negligence lawyers.

Nick Hulme, chief executive of the Ipswich Hospital NHS Trust, said: We are extremely sorry baby Bonnie died and offer sincere condolences to Bonnie's family.

We always work hard to learn lessons from events such as this and have made changes to our practices to improve the services we offer to all patients. Mothers receiving all aspects of maternity care can be reassured that the hospital's teams will **deliver** high-quality, **safe** and attentive care.'

Emma says: We feel like our world has been turned upside-down. Our baby girl was taken from us and Percy's little sister from him.'

But while researchers behind last **week's** report said they found evidence of poor care at **weekends,** they were less forthcoming about the precise causes. Dr William Palmer, who led the research, said there was a hint' that a low level of consultants on duty at **weekends** was playing a role. Understaffing could be behind it,' he said.

Although the Royal College of Midwives insist that midwifery and maternity staffing levels are the same on **weekends** as they are on **weekdays'**, a combination of under-staffing in other areas and resource availability are, says the BMJ, the most likely reasons for the disparity in figures.

Even in the most rigorous studies, the most likely mechanism underlying the **weekend** effect is staffing,' the journal concluded.

The Royal College of Obstetricians and Gynaecologists agrees that the results, emphasise the need to identify the possible causes in order to ensure that women are receiving high-quality care at any given day of the **week.**'

While Professor Alan Cameron, vice-president for clinical quality, said the paper presented by Imperial College was misleading', he added: We do recognise that there are growing pressures in maternity services . . . Out-of-hours senior staffing remains a key issue in maternity care.'

NHS England has also commissioned a wider review of maternity services to help assess how to deal with England's growing **birth** rate, while the BMJ concluded: Solutions will require extra resources...and all our creativity to determine what explains the apparent protective effect of **weekday** **delivery** and how to extend these benefits to women who **deliver** at the **weekend,** and their babies.'

But until any factors contributing to a **weekend** effect' are identified and dealt with, mothers like Angela, Niki and Emma will forever ask themselves whether their babies would still be alive if they'd given **birth** on a **weekday**.

Peter Walsh, chief executive of patient safety charity Action Against Medical Accidents, told the Mail that concern about **weekend** maternity care had been ongoing for years.

This isn't a new issue,' he said. We are already concerned about the level of midwife and consultant cover and the recent report is pretty clear that there is a discrepancy... This has to be looked at as a matter of urgency.'

\* Additional reporting by Nazia Parveen

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**LOAD-DATE:** December 2, 2015

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Papers

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Scottish Daily Mail

**December** 3, 2015 Thursday

Edition 1;

Scotland

**Would our babies have lived if they hadn't been born at the weekend?**

**BYLINE:** Barbara Davies

**SECTION:** NEWS; Pg. 56,57

**LENGTH:** 2215 words

WHEN she staggered on to the labour ward at Warrington Hospital in Cheshire, the first thing that struck Angela Owens was how quiet it was. It was just four days before Christmas 2013 - a wintry Saturday afternoon - and 30-year-old Angela, who was two **weeks** overdue, had been doing some last-minute gift shopping when she felt a severe and sudden pain, nothing like the contractions she had experienced with the **birth** of her first child.

Doubled up in agony, afraid of what was happening inside her, the expectant mother quickly made her way to hospital with her partner, Paul, but felt as if she had stepped into a ghost town as she waited to be seen by a midwife.

Ten hours later, she was cradling her dead baby daughter in her arms and trying to make sense of what should have been one of the happiest days of her life.

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Scientists at Imperial College, London, claim that their analysis of 1.35 million **births** between 2010 and 2012 highlights 'a lower standard of care' on Saturdays and Sundays - with 7 per cent of babies likely to be stillborn or die in the first **week** of life. This equates to a 0.9 per cent higher chance of mortality than if they had been born on a Tuesday.

'Although the magnitude was small...the gravity of this outcome demands our attention,' said the BMJ. 'Enough evidence now exists for us to reasonably suspect that out-ofhours **deliveries** are at higher **risk** for adverse outcomes.' But hidden beneath the cold statistical analysis are the heart-rending stories of thousands of expectant mothers who went into hospital but left without a baby in their arms.

Stories like those of council benefits supervisor Angela, from Chapelford in Cheshire, who firmly believes that had she gone into labour on a **weekday**, her daughter Ella would be alive today.

'There would definitely have been more staff and more hands on deck to deal with an emergency,' she says. 'I'd had a child before but it was very different the second time around.' After being examined by a midwife, Angela was told to go home and take some paracetamol, but refused to leave the hospital.

In a bid to offer Angela some pain relief, the midwife told her to get into the birthing pool while she fetched stronger tablets. But, 40 minutes later, and with still no sign of the midwife returning, Angela was unable to bear the pain any longer and pulled the emergency cord.

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After her pleas to see a consultant fell on deaf ears, Angela summoned her GP brother, Dr Robert Shankley-Owen. 'They started taking me seriously when Robert arrived and he made them bleep the consultant,' she says.

BUT by this stage it was too late to save her baby. Although the consultant arrived minutes after being bleeped, a scan revealed that there was no foetal heartbeat.

When Ella was eventually delivered just after 11pm that Saturday, she was stillborn. Angela had suffered a placental abruption, a potentially fatal complication where the placenta separates from the uterus prior to **delivery.** The condition requires early intervention but without vital checks staff missed the opportunity to act.

'There was a general flippant attitude towards me,' says Angela, who has a nine-year-old daughter, Poppy, as well as a nine-month-old baby girl, Hope, born a year after Ella's death.

'You put your trust in health staff in these situations, but I had to beg them for help. Hospitals seem to go into sleep mode at the **weekends** and for us this resulted in the ultimate tragedy. It was horrendous. I will never recover from her death.' She has since learned that Ella was one of ten babies who had been stillborn or died in unexplained circumstances at Warrington Hospital in a 12-month period between 2013/14. The deaths were investigated by the Royal College of Obstetricians and Gynaecologists, which found that the unit was short-staffed and that deaths were avoidable. Half occurred on a Saturday or Sunday.

A Warrington and Halton Hospitals NHS Foundation Trust spokesman said: 'We commissioned the Royal College to give an outside expert perspective on our services after we had identified this cluster of stillbirths that happened in late 2013 and early 2014.

'It told us that our service is **safe** and that our stillbirth rate locally remains lower than the national average for the UK, but it also made recommendations to strengthen key elements of our service further.

'We've put this action plan in place and strengthened our staffing as a result. In September this year, the Royal College confirmed they are pleased with the progress and require no further follow up.' Baby boom number of born in July other month in England Wales 2013 ' Angela's belief that her baby girl fell victim to the so-called '**weekend** effect' resonates with the findings of the study, which claimed that 770 infant deaths - one in every six **births** - could be avoided if it were not for the '**weekend** effect'.The Imperial College report highlighted other **risks** in **weekend** care on maternity units. Mothers were also deemed to be at more **risk,** with childbirth infections 6 per cent higher at the **weekend** than during the **week.**

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At a time when the Government is at loggerheads with junior doctors over contracts to provide an improved 'seven-day NHS', the study was placed centre-stage during further rows. David Cameron seized upon it during Prime Minister's Questions last **week** to bolster his vision for a 'seven-day NHS'.

Junior doctors accused the report's authors of 'misrepresentation of the data'. But the political debate will do little to ease the grief of those who have lost babies after **weekend deliveries.**

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'The registrar wasn't available at the time,' says Niki. 'I was told he was on the phone. The doctor didn't want to interrupt him. Once the registrar was off the phone, he said: "You need to **deliver** the baby right now."' Niki was rushed into theatre for an emergency caesarean but, she says: 'By the time Harry was born he was in a terrible state. There was supposed to be a neonatal consultant there but he was on call that night and 25 minutes away.' In the end, the time from the bleed being discovered to **delivery** was around two-and-a-half hours. Harry was severely brain-damaged.

He died in Niki's arms and the final agony, she says, was that the 'bereavement midwife' was not available to support her - because it was a Sunday.

'God forbid that your baby dies at the **weekend,**' she says. 'There's no care for you. Our last moments with Harry were spent on the postnatal ward, surrounded by other mothers with healthy newborns.' Niki and her 32-year-old husband Jamie, a traffic-management foreman, hired solicitor Beth Reay from JMW solicitors to take legal action against Royal Devon and Exeter Hospital. The hospital has now admitted medical negligence although a financial settlement has yet to be decided.

'You can't just plan your **birth** around the working hours of the NHS,' says Niki, who is also mother to William, five, and two-year-old Florence. 'It's absolute madness. I've had two babies born on the **weekend** and it was very noticeable that things change over those two days.' This was also the experience of 29-year-old Emma Strachan, whose daughter Bonnie died on a Saturday afternoon in January this year after being deprived of oxygen during **birth**.

The pregnancy was already marked down as 'complicated' because scans had revealed Bonnie was in a breech position, and Emma was placed under consultant care.

Emma was a **week** overdue when she and her 37-year-old company director husband, James, arrived at Ipswich Hospital on Saturday, January 24, when labour started.

But there was no consultant on site - only a registrar. And while Bonnie's legs began to emerge at around 7pm, her head became stuck. An on-call consultant was summoned three times but did not arrive in time to save her.

Emma, who has a two-year-old son Percy, describes the later moments of labour as 'panicked' and 'a mad fumble'. The baby was rushed to be resuscitated, but Emma claims that supplies of oxygen ran out. When Bonnie was placed in Emma's arms 29 minutes later, she was dead. 'It was awful,' she says. 'I had never imagined walking out of the hospital without my baby.

'Had a consultant been on site, Bonnie would have been delivered earlier. But the consultant was on call and by the time he was contacted it was too late.' Her views are backed up by Suffolk Coroner Peter Dean. Since Bonnie's inquest, he has written to Dame Sally Davies, the Chief Medical Officer for England, highlighting the need for consultant obstetricians to attend a breech **delivery.** The couple are now taking legal advice from medical negligence lawyers.

Nick Hulme, chief executive of the Ipswich Hospital NHS Trust, said: 'We are extremely sorry baby Bonnie died and offer sincere condolences to Bonnie's family.

'We always work hard to learn lessons from events such as this and have made changes to our practices to improve the services we offer to all patients. Mothers receiving all aspects of maternity care can be reassured that the hospital's teams will **deliver** highquality, **safe** and attentive care.' Emma says: 'We feel like our world has been turned upside-down. Our baby girl was taken from us and Percy's little sister from him.' But while researchers behind last **week's** report said they found evidence of poor care at **weekends,** they were less forthcoming about the precise causes. Dr William Palmer, who led the research, said there was a 'hint' that a low level of consultants on duty at **weekends** was playing a role. 'Understaffing could be behind it,' he said.

ALTHOUGH the Royal College of Midwives insist that 'midwifery and maternity staffing levels are the same on **weekends** as they are on **weekdays'**, a combination of under-staffing in other areas and resource availability are, says the BMJ, the most likely reasons for the disparity in figures.

'Even in the most rigorous studies, the most likely mechanism underlying the **weekend** effect is staffing,' the journal concluded.

The Royal College of Obstetricians and Gynaecologists agrees that the results, 'emphasise the need to identify the possible causes in order to ensure that women are receiving high-quality care at any given day of the **week.**' While Professor Alan Cameron, vice-president for clinical quality, said the paper presented by Imperial College was 'misleading', he added: 'We do recognise that there are growing pressures in maternity services ... Out-of-hours senior staffing remains a key issue in maternity care.' NHS England has also commissioned a wider review of maternity services to help assess how to deal with England's growing **birth** rate, while the BMJ concluded: 'Solutions will require extra resources...and all our creativity to determine what explains the apparent protective effect of **weekday** **delivery** and how to extend these benefits to women who **deliver** at the **weekend,** and their babies.' But until any factors contributing to a '**weekend** effect' are identified and dealt with, mothers like Angela, Niki and Emma will forever ask themselves whether their babies would still be alive if they'd given **birth** on a **weekday**.

Peter Walsh, chief executive of patient safety charity Action Against Medical Accidents, told the Mail that concern about **weekend** maternity care had been ongoing for years.

'This isn't a new issue,' he said. 'We are already concerned about the level of midwife and consultant cover and the recent report is pretty clear that there is a discrepancy... This has to be looked at as a matter of urgency.' ? Additional reporting by NAZIA PARVEEN Baby boom A greater number of babies are born in July than in any other month - 61,422 in England and Wales in 2013 infant every be

**LOAD-DATE:** December 3, 2015

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** DMLscot

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DAILY MAIL (London)

**November** 25, 2015 Wednesday

**RISK OF HAVING WEEKEND BABY**

**BYLINE:** BY BEN SPENCER MEDICAL CORRESPONDENT

**LENGTH:** 466 words

BABIES delivered at the **weekend** are significantly more likely to die or suffer serious injury, a major study shows.

Researchers found that 770 deaths - one in six - might be avoided if the high standards seen on Tuesdays, the safest day, applied all **week.**

They said their findings highlighted a lower standard of care' at **weekends.**

The Imperial College study comes a **week** before junior doctors are due to strike over new contracts designed to improve **weekend** cover in hospitals. Health Secretary Jeremy Hunt claims his reforms will help reduce 11,000 excess' deaths a year.

But the junior doctors are furious at lower payments for unsocial hours and experts have questioned Mr Hunt's mortality figures.

Infants born on a Saturday or Sunday were found to be 7 per cent more likely to be stillborn or die in their first **week** of life than those delivered during the **week.**

Published in the British Medical Journal yesterday, the study was based on an analysis of 1.3million **births** in English hospitals between April 2010 and March 2012. The London scientists reported a highly statistically significant increase in perinatal mortality at the **weekend'.**

The results were consistent with a lower standard of care for women admitted and babies born at **weekends'.**

They reported that stillbirths or deaths within the first seven days of life occurred 7 per cent more often after **weekend births**. Infections after childbirth were 6 per cent higher and the chance of a baby suffering an injury during childbirth was also 6 per cent higher.

The researchers said they found clear evidence of poor care at **weekends** - but said there was no evidence this was due to a lack of senior doctors, as ministers have argued. Dr William Palmer, who led the research, said there was only a hint' that a lack of consultants was playing a role - with tearing injuries to the mother slightly more common in wards that did not comply with rules on consultant staffing levels.

But he suggested that lack of other staff could be to blame.

Understaffing could be behind it,' he said. We did not look at the number of midwives on duty, for instance, or other support staff.'

Overall, the death rate among babies was 7.3 per 1,000 delivered at **weekends** - 0.9 per 1,000 higher than for **weekdays.** The safest day to be born was a Tuesday, the doctors found.

If every other day was that **safe,** the team estimated that up to 770 more babies per year could be saved - a sixth of the 4,500 deaths seen in England each year, out of 675,000 **births**.

Health minister Ben Gummer said last night: This is further evidence that standards of care are not uniform across the **week.**'

But Professor Andrew Whitelaw of Bristol University criticised the study because key data for up to 10 per cent of babies was missing, including on weight and twin **births**.

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**LOAD-DATE:** November 24, 2015

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Papers

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4 of 5 DOCUMENTS



The Times (London)

**November** 25, 2015 Wednesday

Edition 2;

National Edition

**Babies born at weekend are less likely to survive**

**BYLINE:** Kat Lay

**SECTION:** NEWS; Pg. 6

**LENGTH:** 524 words

Babies born at the **weekend** are more likely to die within seven days than those born on **weekdays**, according to a new study.

There are 770 more baby deaths every year, and 470 more infections among new mothers, than would be expected if NHS performance were consistent across the **week,** experts said.

Babies born at **weekends** are also more likely to be readmitted to hospital as emergency cases a few days after they have been sent home, according to the findings, published in The BMJ.

Stillbirths or deaths within seven days were 7 per cent higher on **weekends than weekdays**, infections after childbirth were 6 per cent higher, and the chances of the baby suffering an injury during childbirth were also 6 per cent higher.

The paper will add to the continuing row over the "**weekend** effect". Research suggesting worse outcomes for patients admitted to hospitals on **weekends** is frequently used by Jeremy Hunt, the health secretary, to justify his push for seven-day services.

A study in The BMJ in September showed that about 11,000 more people die every year within 30 days of admission to hospital on Friday, Saturday, Sunday or Monday compared with other days of the **week.**

Researchers behind that study said that a lack of consultant cover and "reduced" services could be contributing to higher death rates. They also argued, however, that it would be "rash and misleading" to conclude that an exact number of deaths could have been avoided.

The latest study looked at the "**week-end** effect" on outcomes for 1.3 million **births** in the English NHS between April 2010 and March 2012. The death rate was 7.3 per 1,000 babies delivered at **weekends,** compared with 6.4 per 1,000 on **weekdays**.

The researchers, from Imperial College London, said that their findings "were consistent with a lower standard of care for women admitted and babies born at **weekends**".

Although they found no consistent link between outcomes and consultant levels on wards, Paul Aylin, one of the researchers, said that other elements of care they had not considered, such as nursing levels and quality and availability of diagnostic testing services, could play a role.

Andrew Whitelaw, emeritus professor of neonatal medicine at the University of Bristol, said that 96 per cent of elective caesarean sections were carried out on **weekdays**, which may have contributed to the outcomes because there is a very low **risk** of the baby dying in the first **week.**

David Richmond, president of the Royal College of Obstetricians & Gynaecologists, said: "Appropriate numbers of maternity staff underpin a **safe** and quality service and adequate 'outof-hours' senior staffing remains a key issue in maternity care."

World of difference

A study in Scotland found that newborns were about 30 per cent more likely to die at **weekends**

In Australia stillbirths and neonatal deaths were 17 per cent and 29 per cent higher respectively for babies delivered at **weekends**

In Canada there was no higher **risk** to babies born at the **weekend**

A study of 28 international hospitals found that the **risk** of dying within 30 days of admission was higher by 8 per cent in England, 13 per cent in the US and 20 per cent in the Netherlands.

**LOAD-DATE:** November 25, 2015

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** TIM

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The Australian

**November** 26, 2015 Thursday

Australian Edition

**Birth risks rise on weekends**

**BYLINE:** Penny Durham

**SECTION:** WORLD; Pg. 10

**LENGTH:** 428 words

Of all the factors contributing to a **safe** childbirth, the day of the **week** sounds like the most random and irrelevant. But the "**weekend** effect", in which hospital patients fare worse on **weekends** than during the **week,** also applies to mothers and babies, a British study has found.

Researchers at Imperial College London looked at 1.35 million **births** in English National Health Service hospitals between 2010 and 2012, and found **weekend** admissions had more deaths, infections, injuries and emergency readmissions than **births** on Tuesdays.

The perinatal mortality rate (including stillbirths) at the **weekend** was 7.1 per 1000 **births**, compared with 6.5 per 1000 on a Tuesday, after adjusting for other **risk** factors. This translates, the authors say, to about 770 in-hospital child deaths and 470 maternal infections per year above what would be expected if care was consistent through the **week.**

The study, published in the British Medical Journal yesterday, looked for an association with staffing levels. But with the exception of perineal tears, which were substantially less frequent in hospitals that had the recommended numbers of consultants on duty, no consistent relationship could be found between staffing and adverse outcomes.

The paper raises the possibility that the real gap is not between **weekdays and weekends** but between normal hours and out of hours. If lack of staffing and resources does account for the difference, the out-of-hours periods during the **week** will have masked some of the effect.

This study was the first to look at a variety of outcomes - a "**weekend** effect" in obstetrics was first identified in Britain in 1978, and an Australian paper in 1983 found early neonatal deaths were much higher at **weekends.**

Various studies around the world have investigated the effect on mortality from conditions such as stroke and heart attack. But it is contentious whether the gap is due to staffing or to the different characteristics of patients who present at **weekends.**

British health secretary Jeremy Hunt last month used the findings of another study published in the BMJ to declare "11,000 excess deaths" per year in Britain due to the **weekend** effect, to justify his push for a seven-day NHS and a new contract for junior doctors.Doctors protested and NHS medical director Bruce Keogh, an author of that paper, refused to endorse the claim that those deaths were all preventable. He did say, however, that there is "an avoidable '**weekend** effect' which if addressed could save lives. This is something that we as clinicians should collectively seek to solve."

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