Conclusion Placental examination serves several vital roles in babies born with suspected HIE: it defines pathophysiology, provides important prognostic information regarding future neurodevelopmental outcome, and shows mitigating factors of medicolegal relevance to causation of brain injury. Intrapartum infection and choioamnonitis are associated with poor neonatal outcomes including cerebral palsy. Only 30% placentas were examined in our tertiary centres, yet those examinations showed a high incidence of choioamnonitis. The low rate of placentas being submitted for examination in neonates born depressed, coupled with the high incidence of proven choioamnonitis in those submitted, is of great concern.

Objective To study the association between travel time from home to hospital on intrapartum stillbirth and neonatal mortality.

Population All births to women who were resident in Wales between 1995 – 2009 (n = 498,052).

Outcome Measures Intrapartum stillbirth, early and late neonatal mortality.

Methods We calculated the travel time to all hospitals with maternity services based on the grid reference for postcode of mother’s place of residence at the time of birth. We used logistic regression to obtain odds ratios for the association between travel time and outcome, adjusted for maternal age, parity, Townsend score for social deprivation and urban/rural location.

Results There were 412,827 singleton births during the study period. The intrapartum stillbirth rate was 0.3 per 1,000 (n = 135); the median travel time to place of birth was 17 minutes IQR (11, 27), and the median distance travelled was 11.7 km. The risk of early neonatal death increased with travel time of at least 45 minutes to place of birth (adjusted OR 1.7 95%CI 1.2, 2.3). In order to explore whether or not birth outcomes were associated with location of maternity services we repeated the analysis using travel time from home to nearest hospital with maternity services and found no association.

Conclusion Although the risk of adverse birth outcomes is increased with longer travel times to the place of birth this is not explained by distance to the nearest hospital with maternity services.

Background Maternal stress is associated with increased risk of spina bifida and anencephaly. We investigated the effect of major stressful life events in the first trimester on risk of gastroschisis, spina bifida and anencephaly. We investigated the effect of major stressful life events in the first trimester on risk of gastroschisis, spina bifida and anencephaly. The intrapartum stillbirth rate was 0.3 per 1,000 (n = 135); the median travel time to place of birth was 17 minutes IQR (11, 27), and the median distance travelled was 11.7 km. The risk of early neonatal death increased with travel time of at least 45 minutes to place of birth (adjusted OR 1.7 95%CI 1.2, 2.3). In order to explore whether or not birth outcomes were associated with location of maternity services we repeated the analysis using travel time from home to nearest hospital with maternity services and found no association.

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