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 chorioamnionitis 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 chorioamnionitis. The low rate of placenta being submitted for examination in neonates born depressed, coupled with the high incidence of proven chorioamnionitis 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: accounting for the mediatory effects of social support and known confounders in the study period. The intrapartum stillbirth rate was 0.3 per 1,000 (n = 251). 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 1.2.13.9). Lack of social support was found to be a partial mediator for stress.

Conclusion These findings provide new evidence that maternal stress plays a role in the aetiology of gastroschisis, possibly through increased production of corticosteroids that have been shown to be teratogenic in animal models.