Implementing the Stillbirth care bundle

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Element 1: Reducing smoking in pregnancy

- We currently have a band 6 midwife in post 18 hours per week. We are also supported by Smoke Stop.
- All community midwives, HCAs and Antenatal Clinic have CO monitors. All women are screened at booking and again at 36 weeks, routinely.
- We have adopted an “opt out service”
- By having a dedicated midwife we are able to provide holistic care. We review the family unit in the home, and support all members of the family within the home to stop smoking. We use visual aids, baby, placenta, umbilical cord to discuss with them the effects smoking will have on their baby. We discuss why it is important to have smoke free homes, SIDS prevention impact on family pets.
- We provide support throughout the whole pregnancy. A reduction in smoking will see a reduction in admissions/phone calls relating to reduced fetal movements, APH admissions, breast feeding problems in the postnatal period.
Patient Feedback/Evaluation

- **Katie’s Story :-**
  - Katie is a pregnant mum with four young children
  - Katie smoked throughout her other pregnancies
  - One baby was preterm, the other three were all SGA
  - Katie was referred to the stop smoking midwife as per our “Opt out” policy
Element 1 : Our successes 😊

• Reduction in smoking rates at time of delivery
  • 2013 - 2014 - 23%
  • 2014 - 2015 - 20.4%
  • 2015 - 2016 - 17.6%

• In October 2015 the Public Health Department in Barnsley withdrew the funding for the Maternity Stop Smoking Service. This decision was made despite the robust evidence showing the vast difference it had made including a big reduction in SATOD (Smoking at time of delivery)
• Public Health Midwife and manager of the service, Anne Smith lobbied the MPs, local councillors, service users, tobacco alliance etc. and manage to secure funding for the service to continue but at a much reduced capacity.
Element 2 : Detecting FGR

• I became project lead for the Sabine programme in June 2015.
• Growth charts are produced in Antenatal Clinic following dating USS. We also keep a 2nd copy in the hospital notes for when patients forget to bring their handheld notes!

• Following growth scans ALL patients are reviewed in either Antenatal Clinic or Antenatal Day Unit. The growth is plotted by 2 midwives, if action is required i.e. the EFW does not follow the predicted curve, the patient will be reviewed by a Doctor. Normal growth patterns with a management plan in place, women are reassured by a midwife, and given a follow up appointment, as required.

• This can cause challenges with obstetric Drs, especially who have not worked in a trust that uses GAP.
Element 2, continued

- Each patient is risk assessed at booking. We as a unit currently offer serial growth scans at 28/32/36 weeks gestation. Although following a recent audit this has showed the necessity for scans up until delivery. This is currently being discussed within numerous meetings/forums.

- We currently cannot accommodate serial growth scans for smokers, or BMIs over 35, as per RCOG Guidelines, although each patient is reviewed on an individual basis and her risk of stillbirth taken into consideration when management plans are made.

- All deliveries are input onto the GROW-App. Missed cases are audited. Any concerns that are identified are referred to the relevant leads. Any concerns regarding midwives interpretation of fundal height assessments are discussed directly with them. The referral period was prolonged and was discussed at Governance, following this the risk was added to the Risk Register, try to comply with the gold standard of a 72 hour referral period.

- Ongoing training, x1 hour session on mandatory training in 2016. Drop in sessions for staff to attend.
GROW APP UK – Referral and Detection rates
Barnsley Hospital NHS Foundation Trust

• Antenatal referral for suspected SGA/FGR
  • 2015/16 – 33.8% (GUA 42.6)
  • 2016/17 – 59.1% (GUA 48.7)
• SGA detected antenatally
  • 2015/16 - 20.8% (GUA 34.1)
  • 2016/17 – 46.2% (GUA 39.1)
Element 3 Reduced fetal movements

- We now print the recommended leaflet onto the back of the customised growth chart.
- Aide memoir at 24 weeks to start discussing reduced fetal movements
- New paperwork for ANDU to assess risk of stillbirth. Prompt on Antenatal paperwork to ask re movements
- Guideline <28 weeks reduced FM auscultated by community midwife, > 28 weeks referred to ANDU, for CTG and risk assessment.
- USS for 2nd episode of reduced fetal movements. May be considered earlier dependant on risk of stillbirth.
- Monies to be made available from a local charity, proposal for rubber charity wristbands to be made available to all women at 24 weeks and for those who present on ANDU/Triage.
- Women advised not to buy hand held dopplers
- Increased workload and opening hours for ANDU.
Changes to ANDU paperwork to identify risk of stillbirth
Element 4, Fetal monitoring in labour

- Maternity training needs analysis …. All staff to have an annual update.
- Since 2009 all staff have received an hours update on maternity mandatory training.
- From 2015 we moved to using the online K2 package. Compliance is monitored on a quarterly basis by our Practice Facilitator Midwife and leads are updated if staff are non compliant. Staff can receive up to 5 hours time owing if they complete the training outside of work hours. Some staff have also attended external training.
- Weekly meetings with the MDT, where there is an opportunity to learn from events, review CTGS and improve practice.
- 2017 – an hours taught session will be added to our maternity mandatory training.
Element 4 Fresh Eyes

- Updated Guideline in place.
- Fresh eyes ideally hourly, minimum 2 hourly.
- The process is reviewed via our Governance processes.
- Fresh eyes has to be documented in the partogram.
- Follow Nice Guidance.
Element 4 - Escalation

- Updated Guideline in place,
- What to do if there is an abnormal CTG,
- What to do if there is a disagreement between the MDT,
- CTG Stickers in place to identify normal, abnormal CTGs for women with or without uterine activity.
Impact on Safety and Maternity outcomes & challenges

- Lack of capacity for Ultrasound Scans, USS equipment
- Lack of knowledge around FGR/SGA
- Antenatal Day Unit capacity
- Increase in IOLs
- Reviewing and changing guidelines
- Engagement of staff onto training
- Ongoing learning
Impact on women’s experience of care

• Heightened awareness of reduced fetal movements
• Raised awareness of impact of smoking on pregnancy
• Feedback Positive/Negative
• Improved outcomes for mothers and babies
The Future

• Increasing capacity to provide USS until delivery
• Increasing capacity to provide serial growth scans as per RCOG Guidelines.
• Further funding for Smoke Stop
• Reduction in stillbirth rate!
Barnsley Hospital NHS Foundation Trust

- Birth rate is 2,500 – 3,000 babies per annum
- Stillbirth rate – 2012 – 8
  - 2013 – 6
  - 2014 – 10
  - 2015 – 11
  - 2016 – 7 (to date)

MBRRACE-UK Perinatal Surveillance Report shows stabilised and adjusted rate is up to 10% lower than UK average
• Let the smile of a child inspire you. There will be children who live because of your investment in this study.

• You will never know their names but feel the smiles in your heart.