

Growth Assessment Programme (GAP):

Outline Specification

INTRODUCTION AND BACKGROUND

Fetal growth restriction is associated with stillbirth, neonatal death and perinatal morbidity. Confidential Enquiries have demonstrated that most stillbirths due to fetal growth restriction are associated with suboptimal care and are potentially avoidable. A recent epidemiological analysis based on the comprehensive West Midlands database has underlined the impact that fetal growth restriction has on stillbirth rates, and the significant reduction which can be achieved through antenatal detection of pregnancies at risk. Customised assessment of birthweight and fetal growth has also been recommended by the RCOG since 2002 and is re-emphasised in the 2013 revision of the Green Top Guidelines.

The Perinatal Institute (PI) provides tools for assessment of fetal growth and birth weight by defining each pregnancy's growth potential through the Gestation Related Optimal Weight (GROW) software, including

- GROW-centile: for calculation of customised birthweight centiles - as an individual centile calculator, or as a bulk centile calculator for databases of pregnancies
- GROW-chart: customised antenatal charts for plotting fundal height and estimated fetal weight.

The software for these applications has been freely available and used in a variety of settings, and are currently already in use in over 120 maternity units in the NHS. However recently completed audits in the West Midlands have shown that antenatal detection of fetal growth restriction is directly related to the degree of training and implementation of standardised, evidence based protocols. Therefore from 2013/14, continued or new provision of the software will require Trusts to be accredited in the Growth Assessment Programme (GAP). This includes comprehensive staff training, monitoring of IUGR detection rates, and regular audits of missed cases to help identify system failures in fetal growth surveillance.

This document outlines the service specification and agreement the Perinatal Institute proposes to enter with your Trust, with respective roles and responsibilities. It is based on three main elements;

1. Training and accreditation of all staff involved in clinical care
2. Evidence based protocols and guidelines
3. Rolling audit and benchmarking of performance

GENERAL

The GROW Team at PI would like to establish regular communication with nominated 'link persons' in each specialty, including midwifery (e.g. HOM, clinical risk manager, matron); obstetrics / MFM, ultrasound and IT. These links are intended to serve as conduits for regular communication and feedback on progress.

1. TRAINING

Rationale: Fetal growth problems are amongst the most common complications in pregnancy. Alongside many competing priorities, competency in fetal growth assessment is essential to ensure clinical alertness and ability to make the expectant mother aware that her baby is at increased risk. Standardised assessment improves detection and reduces unnecessary investigations.

Aim: all staff who are engaged in antenatal care to receive instruction on

- awareness of risk factors for IUGR and perinatal mortality, including medical, social and obstetric history
- principles and use of customised charts
- standardised fundal height measurement and recording on chart
- clinical implications and referral pathways

Roles and Responsibilities

- PI:
- will provide latest updates of the GROW application (stand-alone or linked to the Trust's maternity information system) together with ongoing helpdesk support
 - one local (on site) workshop at commencement of programme, and additional ones by agreement
 - rolling programme of training workshops at the PI for GROW link persons / trainers
(dates available at <http://www.perinatal.org.uk/diary/diary.aspx>)
 - provide a GAP e-learning package and competency document to assess trained staff
- Trust:
- ensures GROW link persons / trainers attend annual 'train the trainers' workshops at the PI
 - all staff engaged in antenatal care and their supervisors are trained
 - ensures competency of staff is assessed
 - maintains training and competency log
 - all staff complete e-learning package and assessment on an annual basis

2. PROTOCOLS

Rationale: There is currently a wide variation in protocols for risk assessment, fetal growth surveillance and referral pathways. This is often accompanied by insufficient investigations for at-risk pregnancies as a result of real or perceived shortages in ultrasound services. New national guidelines present an opportunity to implement standardised, evidence based protocols.

Aim: To assist with the implementation of

- Risk assessment and definition of low and high risk care pathways at booking / early pregnancy
- Indications for serial scans and protocols for frequency and timing
- Indications for referral for further investigations / obstetric review where required

Roles and Responsibilities

PI: - will provide templates for protocols reflecting guidelines, including NICE, RCOG, and latest evidence for referral and investigation of pregnancies suspected of fetal growth problems

Trust: - will agree a Trust wide policy which is consistent with such guidelines
- will monitor and ensure that these are adhered to

NB protocols are not intended to replace clinical considerations in the management of individual pregnancies.

3. AUDIT

Rationale: Region wide experience in the West Midlands has shown that 'antenatal detection' is an auditable indicator and collection of this information itself promotes improvement.

Aim: To establish a rolling audit programme to monitor performance, through

- Determination of rate of babies born with a birthweight below the 10th customised centile
- antenatal detection rates of these babies
- regular case-note audit of missed cases and action plans in response to system failures

Roles and Responsibilities

- PI:
- will provide data capture tool to calculate the customised birthweight centile and record antenatal detection of abnormal growth as an integral part of GROW software
 - will provide quarterly reports to feed back and benchmark performance
 - will provide a tool and training for case note audit
- Trust:
- will record customised birthweight centile for each baby
 - will record baseline and ongoing detection rates of abnormal growth and set Trust specific targets
 - undertake a quarterly case note audit and review of at least 10 'missed' IUGR cases

4. ANNUAL COST

Charges for the Growth Assessment Programme for new GROW users have been calculated on a minimum cost basis and stratified according to number of deliveries. Payment of set-up and pro-rata first-year costs are due on commencement of training.

| Size of Trust births per annum | Set up cost Incl. local training | Annual Cost from 2014/5 |
|--|--|-----------------------------------|
| <3000 | £ 500 | £ 1500 |
| 3000-5000 | £ 500 | £ 2000 |
| 5000-7000 | £ 500 | £ 3000 |
| > 7000 | £ 500 | £ 4000 |

5. PAYMENT PROCESS

Details for purchase order

Supplier:

Perinatal Institute, 75 Harborne Road, Birmingham B15 3BU
Company Reg: 08466773
VAT: 161-7845-91

Bank:

Perinatal Institute,
NatWest Bank,
Edgbaston
Sort Code: 60-07-41
Account: 51150158

Please return purchase order together with completed Service Agreement, via

email: grow@perinatal.org.uk;

fax: 0121 607 0102; or

post: Perinatal Institute 75 Harborne Road, Edgbaston, Birmingham B15 3BU.