



June 2015

Perinatal News



The Perinatal Institute has been awarded the 2015 **BMJ Award for Clinical Leadership**, for improving fetal growth assessment in antenatal care which led to a reduction of stillbirths in England by 500 a year to the lowest levels since records began.

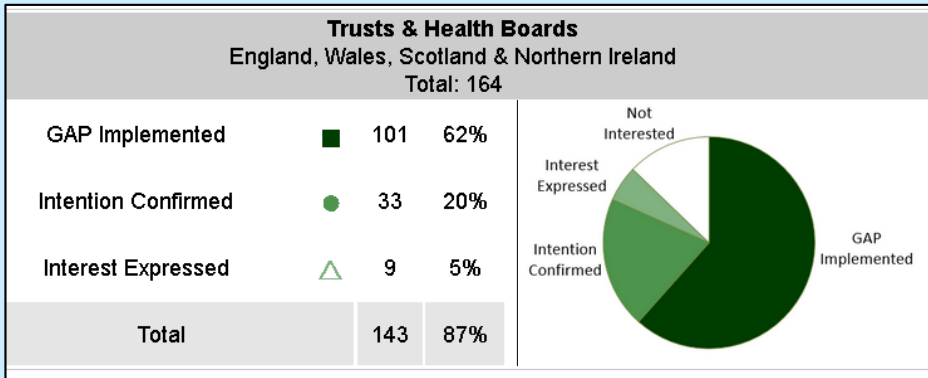
The judging panel, led by Professor Sir Bruce Keogh, medical director of NHS England, commended the work for its 'quiet, relentless, determined leadership across a complex network of healthcare provision'.

Accepting the award, Professor Jason Gardosi, director of the Perinatal Institute, paid tribute to the many NHS clinicians whose front line efforts have helped to improve the safety of maternity services by better antenatal detection of babies at risk.

However he emphasised that more needed to be done, based on evidence from clinical case reviews that up to 1000 stillbirths are preventable each year.

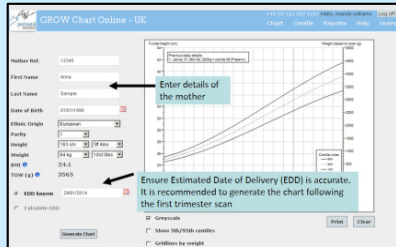


National implementation of the Growth Assessment Protocol (GAP)



Roll out of GAP is proceeding apace:

- 101 (62%) of Trusts and Health Boards in the UK are already in the programme
- A further 25% are intending to, or have expressed interest to implement
- Over 440,000 customised charts are currently being produced each year
- GROW-App functionality has been upgraded to provide local reports of SGA, antenatal referral and detection.



Hands-on GAP training is supported by an **e-learning programme** with theory and practice modules. Over 16,000 midwives, doctors in the UK have already registered.

We are assisting NHS networks to implement GAP through comprehensive, coordinated **training and audit programmes**

Working with:

- North of England SCN
- East of England SCN
- London SCN
- South East Coast SCN
- Wessex SCN
- Scottish Government

We have assisted an expert group convened by NHS England to develop a **Care Bundle for Stillbirth Prevention**; a key element of which is aimed at improved antenatal recognition of fetal growth restriction. The resultant programme uses the main components of GAP and an RCOG guideline based, simplified algorithm for early pregnancy risk assessment of pregnancies requiring serial scans.

The NHS funded **Saving Babies in North England (SaBiNE)** initiative is starting in summer 2015, with project leads in up to 48 units implementing GAP and missed case audit, using a new module of the SCOR (Standardised Clinical Outcome Review) application.

Our IT team are working with the main MIS (maternity information system) providers in the UK to integrate GROW-App seamlessly. This will allow auto-plotting of measurements and avoid the need for double entry of data, thus further enhancing patient safety.





National maternity notes

www.preg.info

The hand held maternity notes continue to be used in about 60% of all pregnancies cared for in England. They put expectant mothers in control of their own records, and provide the information which allows them to engage and make informed choices.

Ongoing developments



The **Pregnancy Notes** for antenatal care have been revised to reflect the latest national guidelines and Unicef BFI Standards



The **Perinatal Notes** are being implemented in an increasing number of maternity units which have expressed preference for combined notes



Diabetes - 'Planning a Family' Notes provide information for women regarding the importance of pre-conception care and good diabetes control prior to getting pregnant.



Postnatal Bereavement Notes promote sensitive, individualised care for bereaved parents following a tragic loss, and prompt open and honest explanation of events.



Birth Notes consultation meeting will be held in June 2015 to update content in line with the new NICE intrapartum care guidelines.

MiApp

Standardised e-notes for mothers and their care providers

www.perinatal.org.uk/MiApp

The Perinatal Institute, in collaboration with Patients Know Best, has developed **Mother's Information App**, the electronic maternity notes. MiApp continues the philosophy of the handheld maternity notes, with women owning their own maternity record and sharing it with their care providers in primary and secondary care.

MiApp puts the mother in control of her record



Benefits

- ❖ Information can be shared instantly with care providers on smart-phone, tablet, web and via integration with health and social care information systems – resulting in substantial savings and improved quality and safety
- ❖ Wealth of information for parents, including links to national web sites, videos and text in 18 different languages
- ❖ System continually updated with latest guidelines, national perinatal datasets and maternity payment pathway

Progress

- ❖ MiApp is currently being rolled out and evaluated in two Trusts in England. A number of other Trusts have been identified as early adopter sites for Spring 2016.

Standardised Clinical Outcome Review

Mother's MRC/CH number: 123-455-4321 | SCOR record complete | Last updated: 28/11/2012 14:53:17

15. Was the antenatal management of any congenital anomaly appropriate? [Congenital anomaly not detected in pregnancy]

16. Was the antenatal management of BGR appropriate? [No]

17. Was the antenatal management of reduced fetal movements appropriate? [Yes]

18. Were antenatal steroids appropriately administered? [N/A]

19. Was concern or anxiety expressed by the mother about the baby appropriately acted upon? [No]

20. Was care surrounding diagnosis of intrauterine death appropriate? []

21. Did the type of care change during the pregnancy? [Yes - changed to high risk]

Key points from Fetal Complications (including good and poor practice):
Fetal height measurement crossed the centile at 36/40 then had no growth at 36/40 - no action was taken by the CMW. Care transferred to high risk with gestational diabetes - GTT at 28/40 was high (diet controlled).

← SCOR upgraded

- The Perinatal Institute has recently completed a comprehensive upgrade of its software tool for unit based **standardised clinical outcome reviews**, and has started to make it available to NHS Trusts together with training.
- The software facilitates systematic examination, produces a taxonomy of substandard care factors and prompts an action plan to ensure that lessons are learnt and preventive measures are implemented.
- SCOR has undergone successful pilots, with clinicians reporting that it helps considerably to improve their understanding of adverse outcome.

Customised growth charts going global! →

- Birthweight coefficients have now been developed from maternity databases in 12 countries
- Centile calculators are already in use by over 300 clinicians and research groups in 33 countries
- International versions of the GROW e-learning tool have been developed and deployed
- Antenatal GROW charts licensed nationally by the Dutch Royal College of Midwives (KNOV)
- Implementation also underway in maternity units in Australia, New Zealand, India and Italy.

