



240

Impact of introduction of GROW 2.0 on stillbirth rates in England

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Objectives: A new version of customised growth chart software (GROW 2.0) has been rolled out with features including electronic plotting of measurements, calculation of growth velocity, and prompts for clinical risk assessment and review. Preliminary assessment of first adopters showed improved antenatal detection of SGA and closer adherence to guidelines for earlier delivery.¹ We now wanted to assess the effect that implementation is having on stillbirth rates.

Methods: We analysed anonymised data from the first eight hospitals that had a full year's (2023) information of pregnancies managed with GROW 2.0. This was compared with the same eight hospitals' data from the preceding three-year period (2020–2022), when the paper-based GROW 1.5 was in use. We analysed rates of stillbirth (>24 weeks) and compared them using a proportions Z test.

Results: There were 89,115 births recorded with GROW 1.5 (2020–2022), including 364 stillbirths (rate 4.08/1000, CI 3.69–4.53). In 2023, the 28,115 births with GROW 2.0 included 78 stillbirths (2.78/1000, CI 2.23–3.47, which represented a significant reduction ($p < 0.01$; see Figure 1). This was mainly due to fewer stillbirths at term (49.5% to 25.6%, $p < 0.01$). Further analyses showed that this was associated with significantly increased antenatal detection and earlier delivery of SGA fetuses at term.

Conclusions: Early results suggest that functionality within GROW 2.0, such as auto plotting of measurements, alerts for slow growth, and prompts for review, appear to assist clinical decision making and prevention of stillbirths at term.

Reference:

1. Butler E, Ellson H, Hugh O, et al. Effect of new electronic chart on fetal growth surveillance and management. *Br J Obstet Gynaecol.* 2023;130(S2):187, EP.0046.
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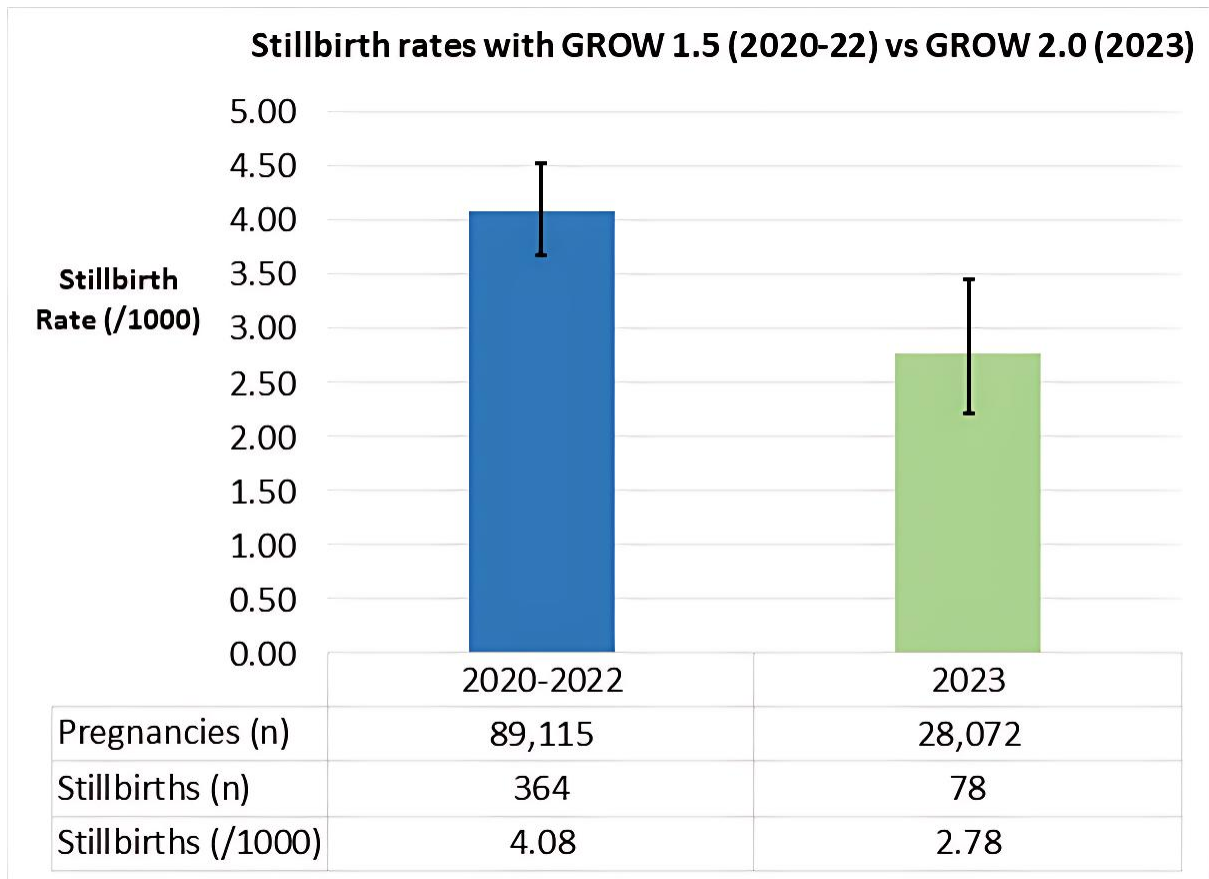


FIGURE 1