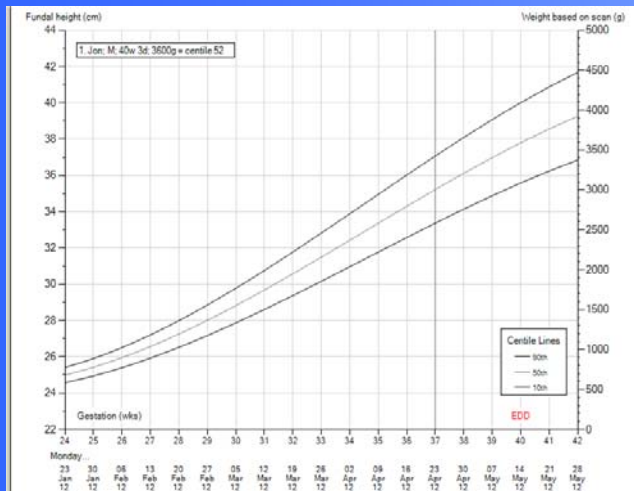


Customised Antenatal Growth Charts

Adapted with permission
Perinatal Institute



2019



Aims of Training

- Promote best practice
- Understand risk assessment at booking
- Increase knowledge of customised growth charts
- Standardise fundal height measurement
- Expand awareness of referral criteria

Parameters of normal growth

- What is the average size baby at term?
- What is the local definition of SGA?
- What is the local definition of LGA?

Birth weight

2500g = SGA?

4500g = LGA?



Antenatal Detection

Using population standards to assess fetal growth in the 3rd trimester will miss most cases of SGA. Population standards group all women together and predict they will all have the same size baby at term.

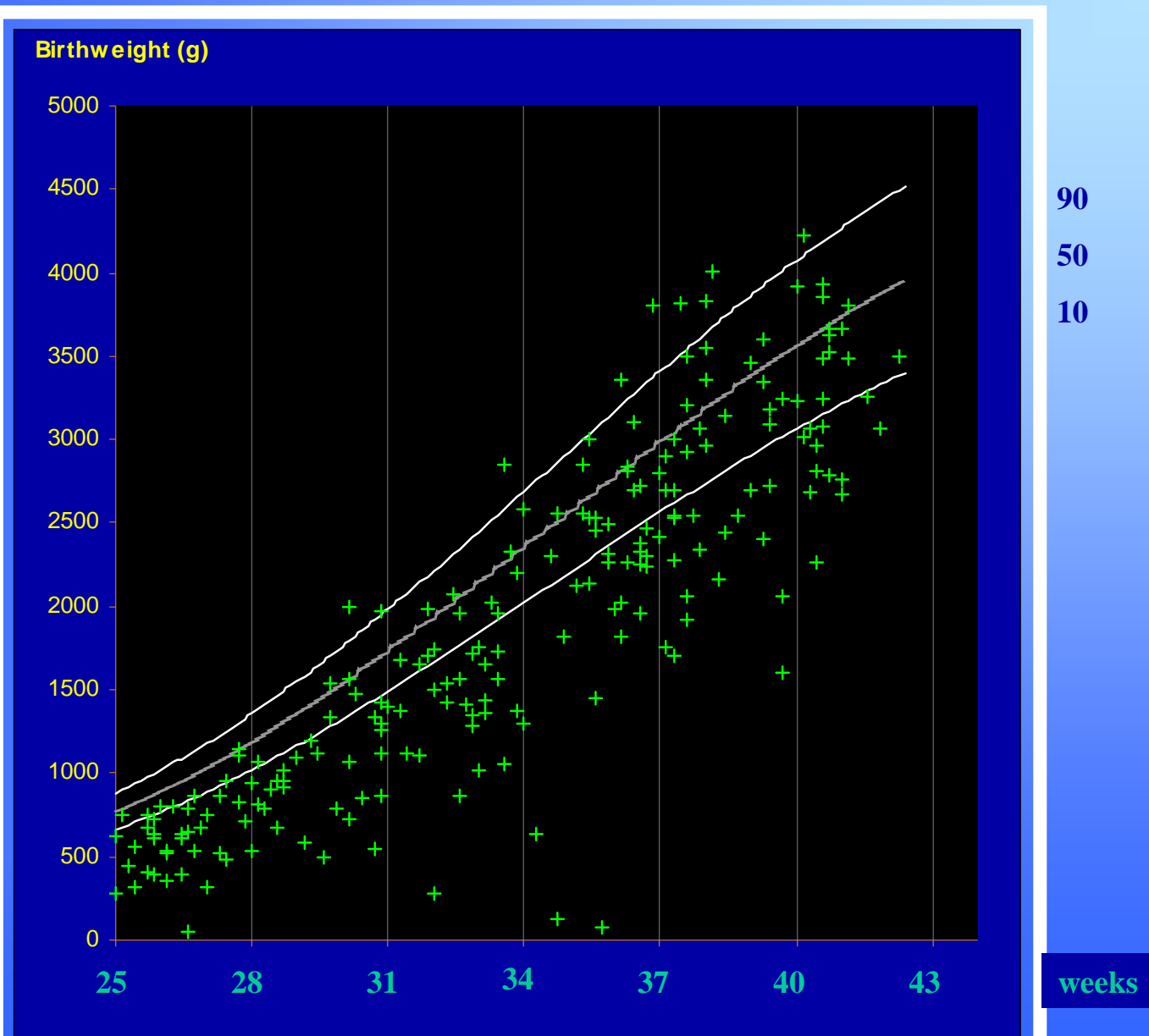
Fetal growth restriction

associations

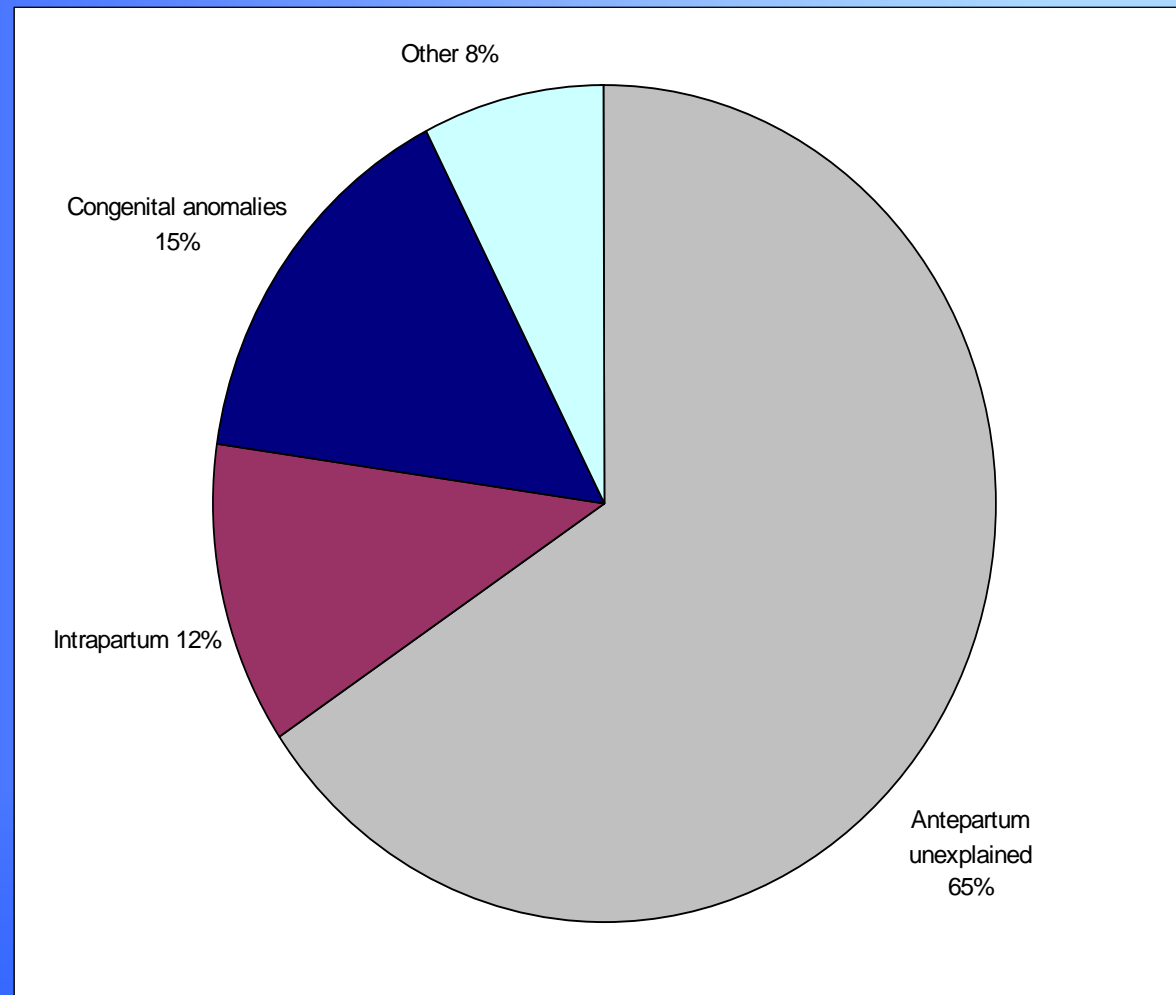
- Stillbirth
- Neonatal deaths
- SIDS
- Perinatal morbidity
- Cerebral palsy
- Effects in later life

'Unexplained' Stillbirths in West Midlands, 2001

n=231; <10th percentile: 140 = 62 %



Stillbirths – Wigglesworth classification: consistently about two-thirds are 'Unexplained'



**Infant Clinical Outcome
Review Programme**



Mothers and Babies: Reducing Risk through
Audits and Confidential Enquiries across the UK

MBRRACE-UK Perinatal Mortality Surveillance Report

UK Perinatal Deaths for Births from
January to December 2015

Summary Report

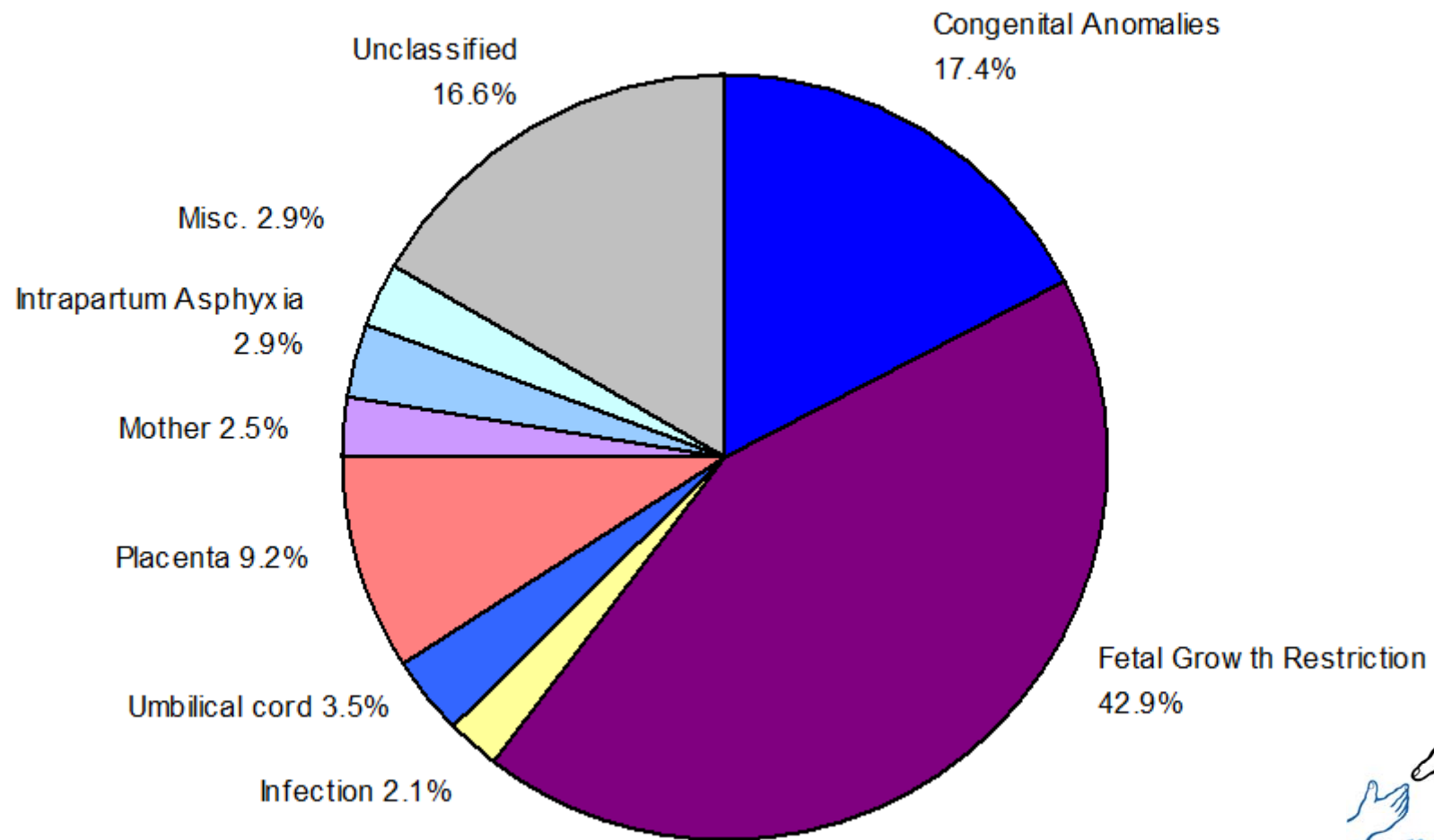


June 2017

Improving our understanding – why babies die

Previous reports have highlighted the number of stillbirths which are unexplained. This has fallen from 49% in 2014 to 42% in 2015. Almost one third of these unexplained stillbirths were identified as potentially having poor growth highlighting the importance of close monitoring of fetal growth during pregnancy.

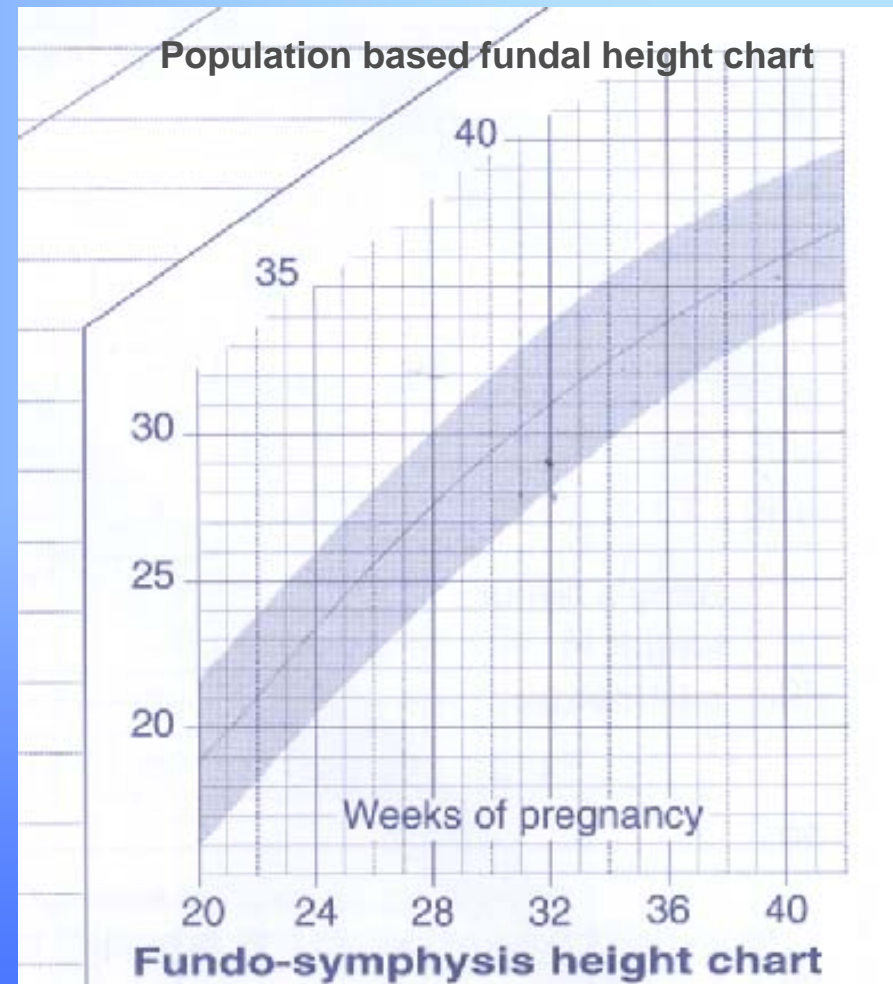
RECODE classification



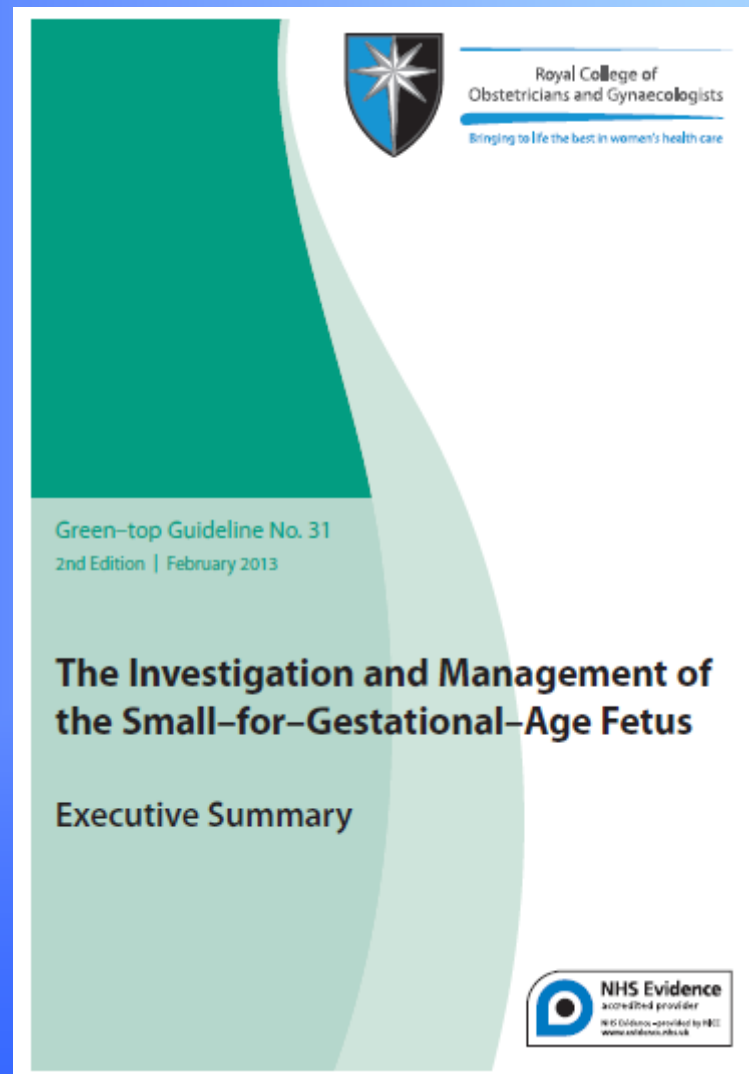
Fetal growth surveillance

Methods

- Manual palpation
 - Landmarks
- Fundal height measurements
 - Tape measure
 - Interpretation
 - Documentation
- Ultrasound
 - Biometry
 - Estimated fetal weight
 - Liquor volume
 - Doppler



RCOG Guidelines



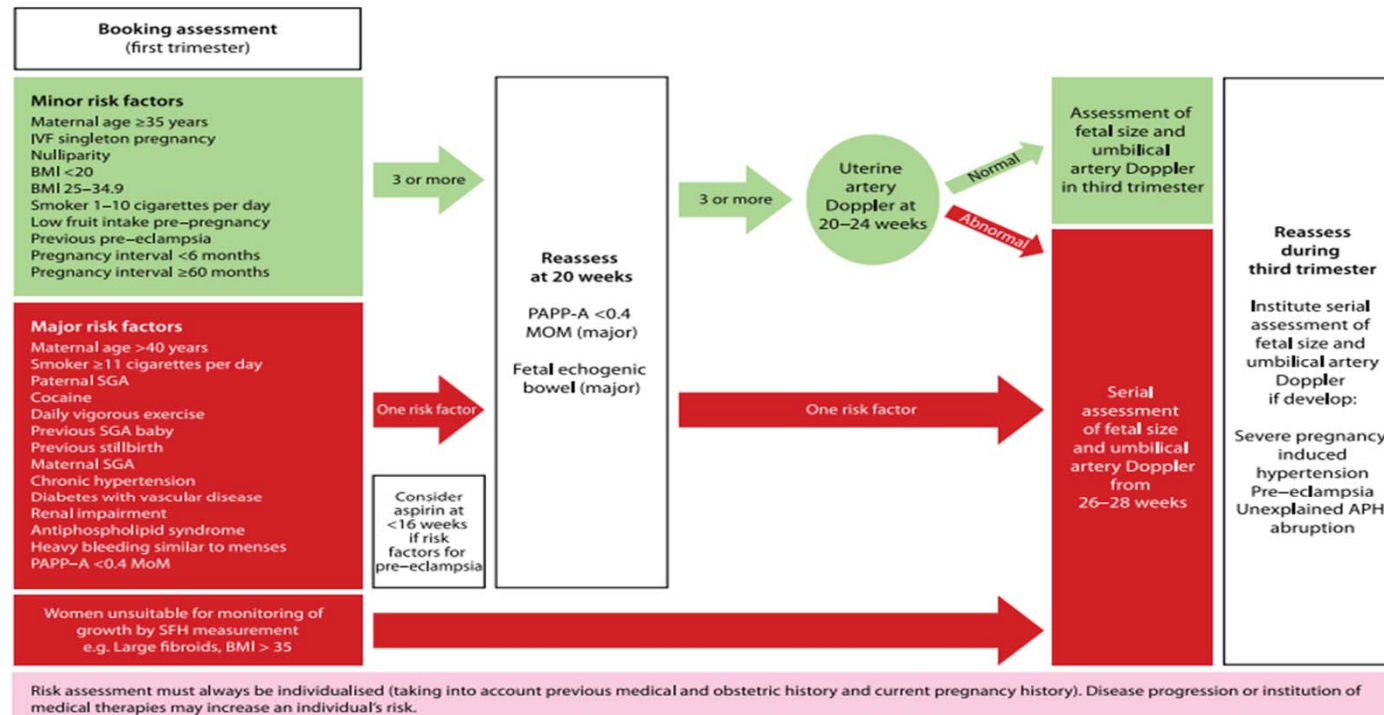
Risk assessment at booking

Major and Minor risk factors for SGA identified:

- Using RCOG 1 major or 3 minor risk factors = increased risk
- Increased risk = serial scans
- Many trusts find the algorithm too complex and cannot implement RCOG guidance

Booking Risk Assessment

APPENDIX II: Screening for Small-for-Gestational-Age (SGA) Fetus



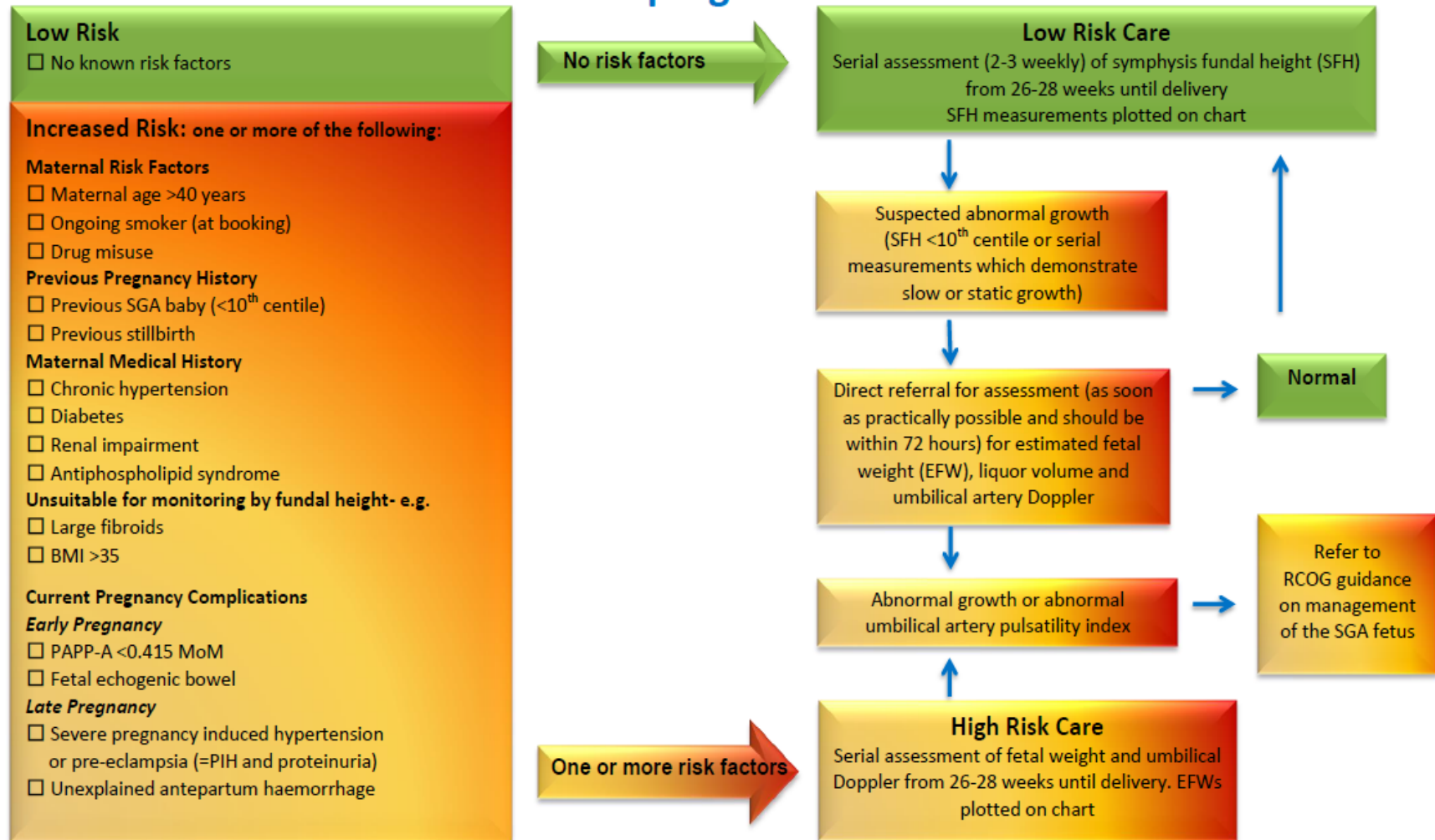
Points from RCOG guidelines

- Women with an SGA fetus between 24-35 weeks – should receive a single dose of corticosteroids if delivery is being considered
- CTG should not be used as the only form of surveillance in SGA fetuses in 3rd trimester
- Early admission should be recommended in women in spontaneous labour with an SGA fetus in order to instigate continuous fetal heart monitoring

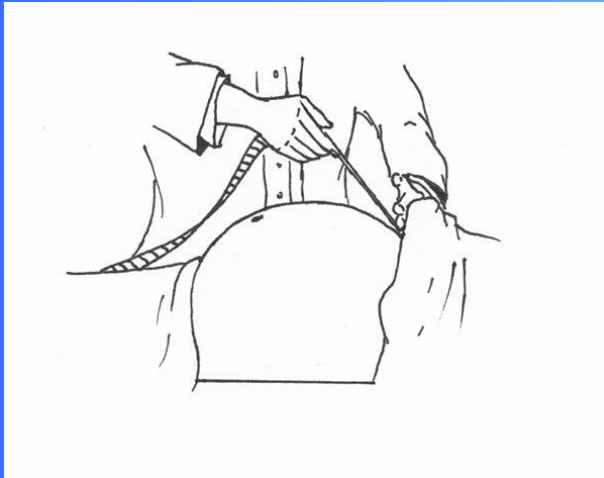
NHS England -*Saving Babies' Lives: A care bundle for reducing stillbirth*

- Element 1- Reducing smoking in pregnancy
- Element 2- Risk assessment and surveillance for fetal growth restriction
- Element 3- Raising awareness of fetal movement
- Element 4- fetal monitoring during labour

Algorithm and Risk Assessment Tool: Screening and Surveillance of fetal growth in singleton pregnancies



Risk assessment at booking



‘low risk’



‘increased risk’

Women are unique



Centile calculator

Ethnicity:	European	
Parity:	0	
Height:	165	cm 5ft 5ins
Booking weight:	65	kg 10st 3lbs
Gender:	Female	
Birthweight:	3500	g 7lb 11oz
Gestation:	40	wks 0 days
Calculate Centile:	56.2	
About Centile Calculator Close		

GROW

Gestation Related Optimal Weight

www.perinatal.org.uk



Customised growth chart

- Generate once EDD by scan established

Adjusted for

- Height
- Weight
- Ethnic origin
- Parity

And not for

- Paternal
- Fetal

CONFIDENTIAL

These notes should be stored by the registered midwife or all those having contact with the patient. Please ensure documents are held securely in the name of the individual maternity unit.

Pregnancy Notes

Name _____
Address _____
Postcode _____ Date of birth ____/____/____
Unit No. _____ NHS No. _____

EDD ____/____/____

Plan of care

Date recorded	Place of birth	Last professional	Job title	Reason, if plan changed
/ /				
/ /				
/ /				
/ /				

Primary care

GP: Name _____ CP: Name _____
Address _____ Midwife _____
Health visitor _____
Interpreter _____

Maternity Unit

Hospital _____ Suite _____ Delivery suite _____
Address _____ Day unit _____ Antenatal clinic _____
Ward _____ Antenatal clinic _____

Next of Kin

Name _____
Address _____
Relationship _____

Emergency Contact

Name _____
Address _____
Relationship _____

1



Mother Ref.

First Name

Last Name

Date of Birth

Ethnic Origin

Parity

Height

Weight

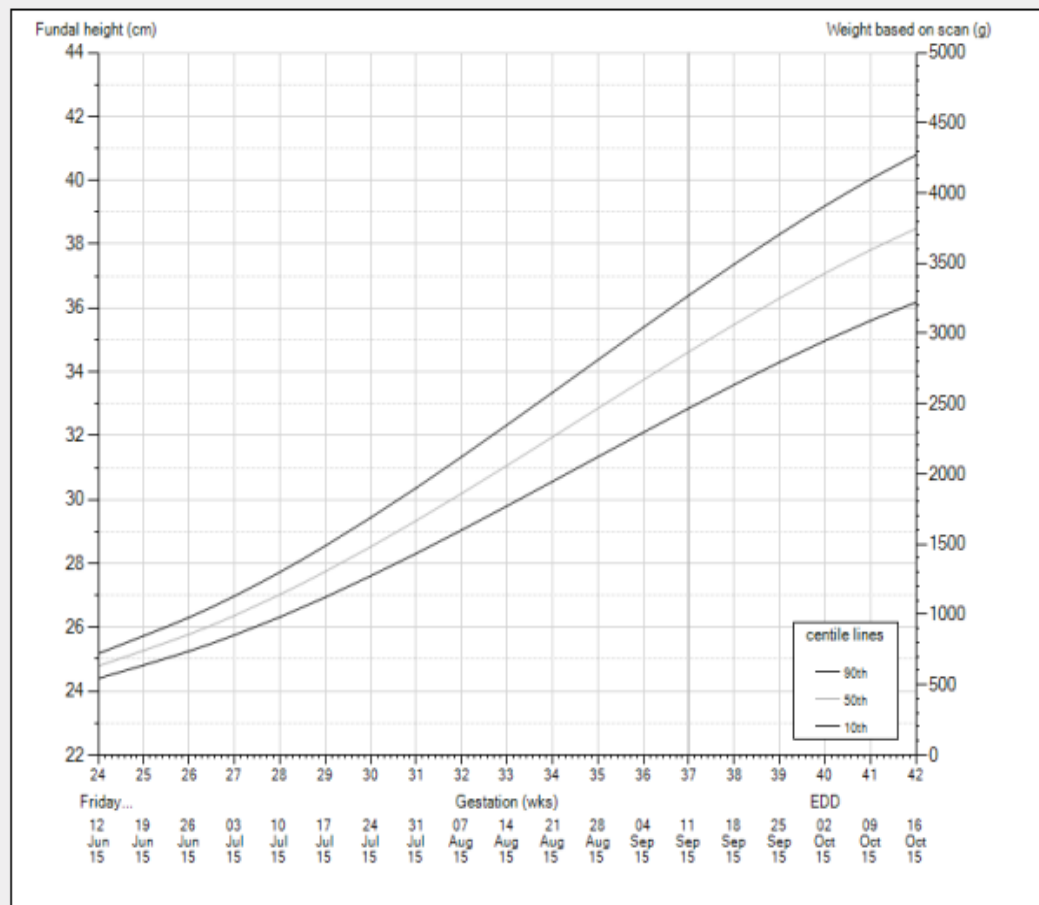
BMI **24.1**

TOW (g) **3429**

☒ **EDD known**

☐ **Calculate EDD**

Generate Chart



- ☒ Greyscale
- ☐ Show 5th/95th centiles
- ☐ Gridlines by weight

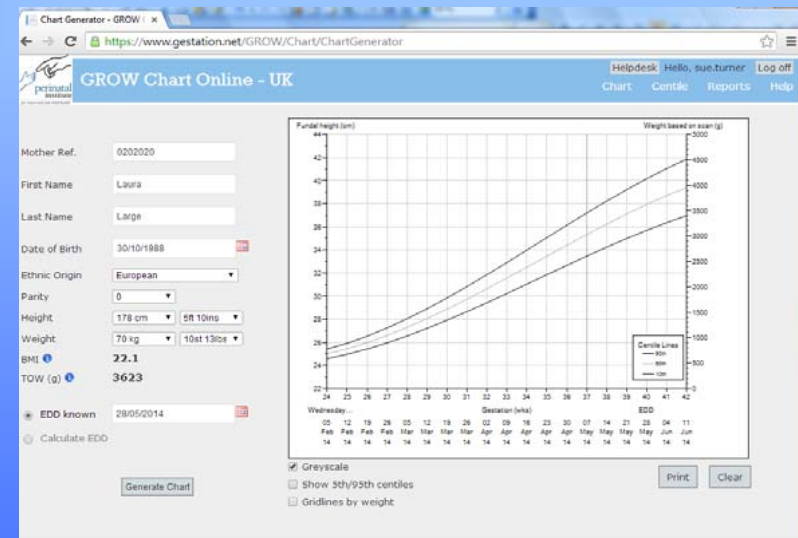
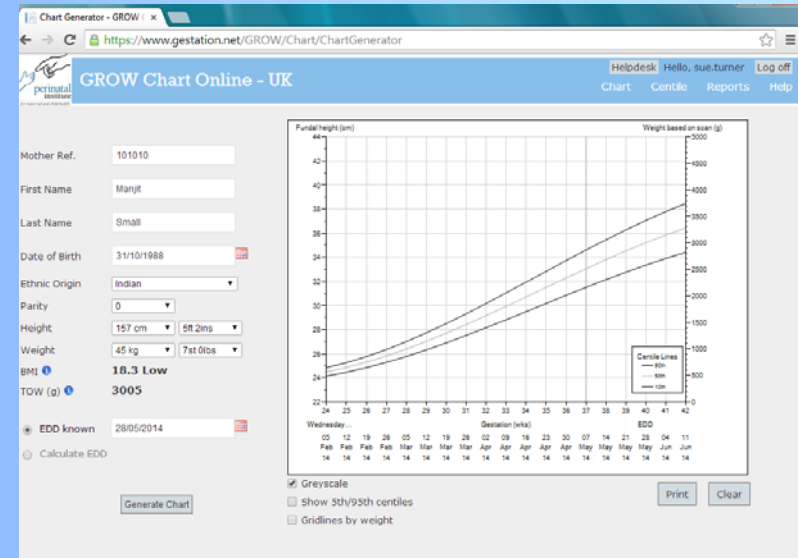
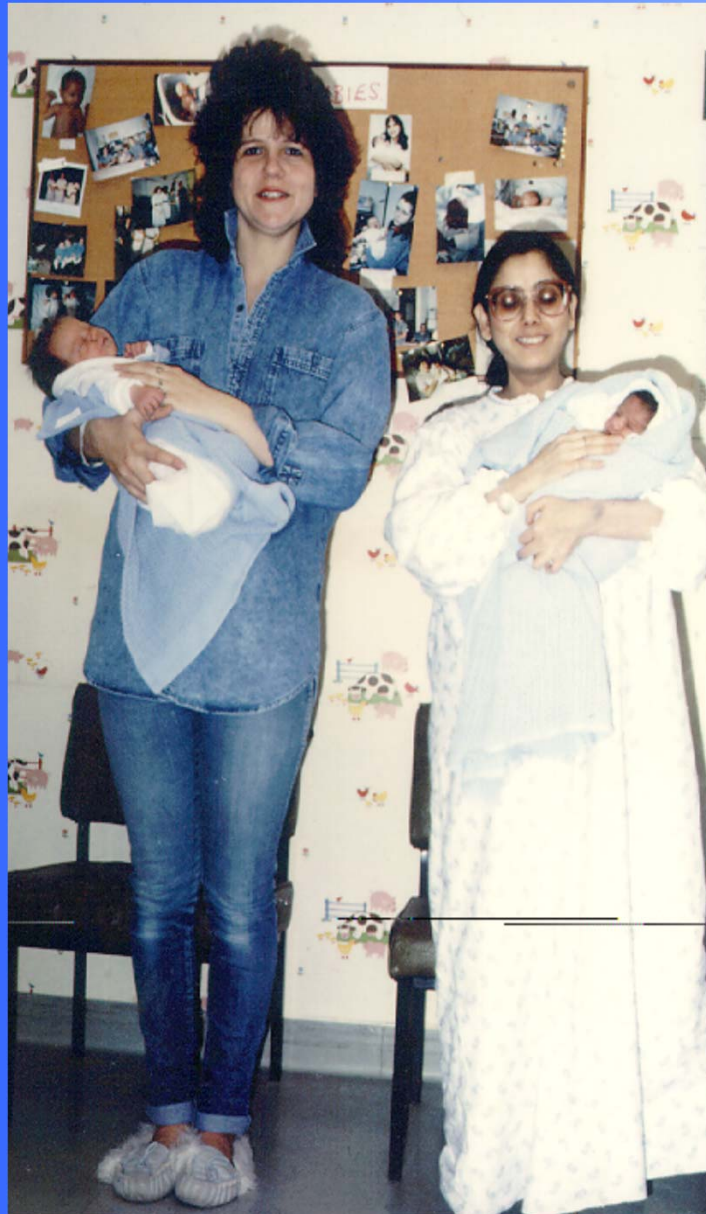
Print

Clear

Co-efficients for the UK GROW web application

Using a multiple regression model, the term (280) day birthweight for a non-smoking British European primip of average weight (64kg) and average height (163cms) is calculated as 3453.4

When you input individual maternal characteristics the software then “adds on” or “subtracts from” the average we calculate the TERM OPTIMAL WEIGHT





Mother Ref.

First Name

Last Name

Date of Birth

Ethnic Origin

Parity

Height

Weight

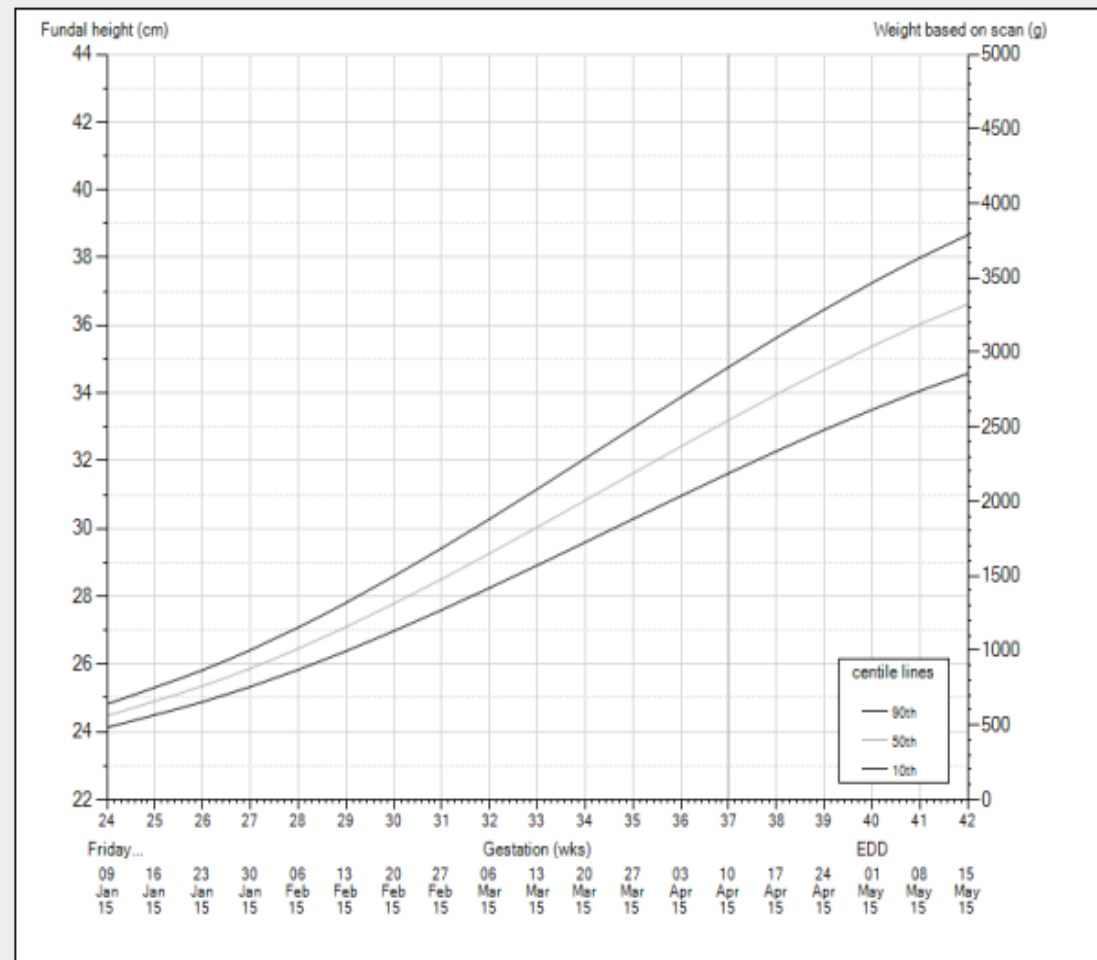
BMI **18.3 Low**

TOW (g) **3042**

☒ **EDD known**

☐ **Calculate EDD**

Generate Chart



- ☒ Greyscale
- ☐ Show 5th/95th centiles
- ☐ Gridlines by weight

Print

Clear



Mother Ref.

First Name

Last Name

Date of Birth

Ethnic Origin

Parity

Height

Weight

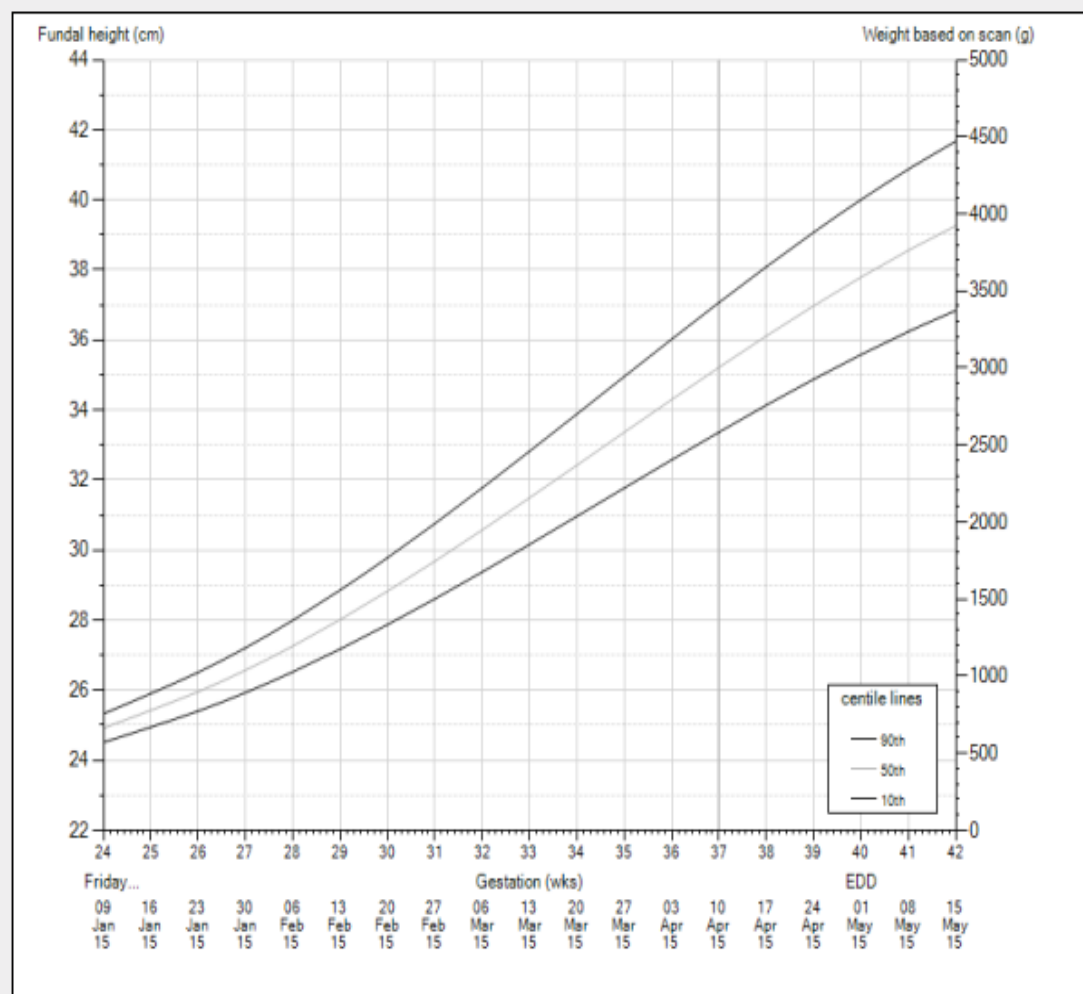
BMI **22.1**

TOW (g) **3590**

☒ **EDD known**

☐ **Calculate EDD**

Generate Chart

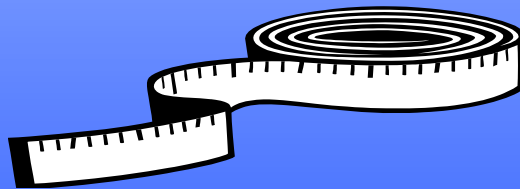


- ☒ **Greyscale**
- ☐ **Show 5th/95th centiles**
- ☐ **Gridlines by weight**

Print

Clear

Standardised Fundal Height Measurement



Fundal Height Measurement

- Primary screening tool
- Acceptable to women
- Easy to perform
- Non-invasive
- Inexpensive

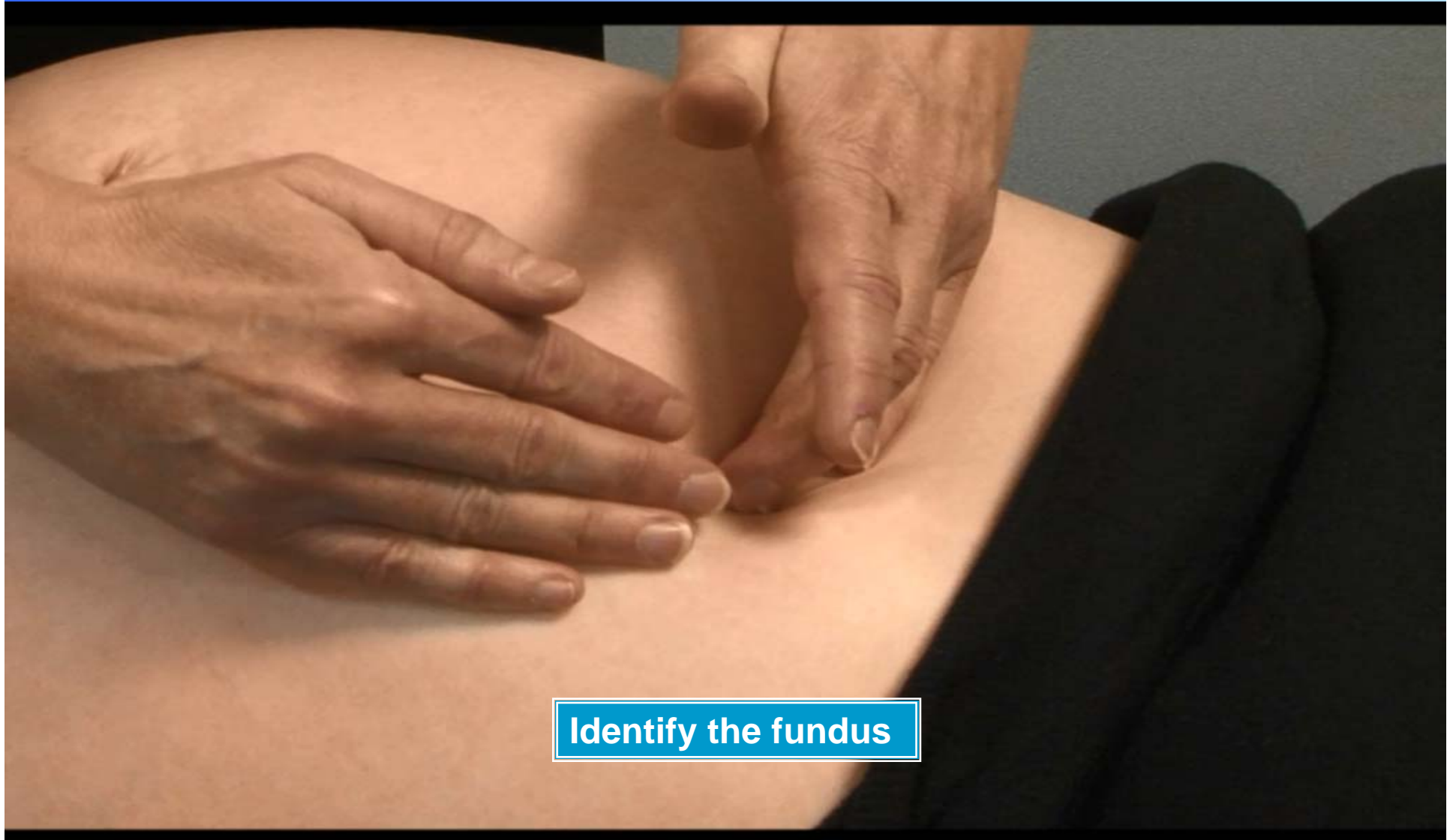
Standardising Practice

- Intra observer variation
- Inter observer variation
- Bladder volume
- Tape measure
- Frequency of assessment

Semi recumbent-empty bladder



Fundal height



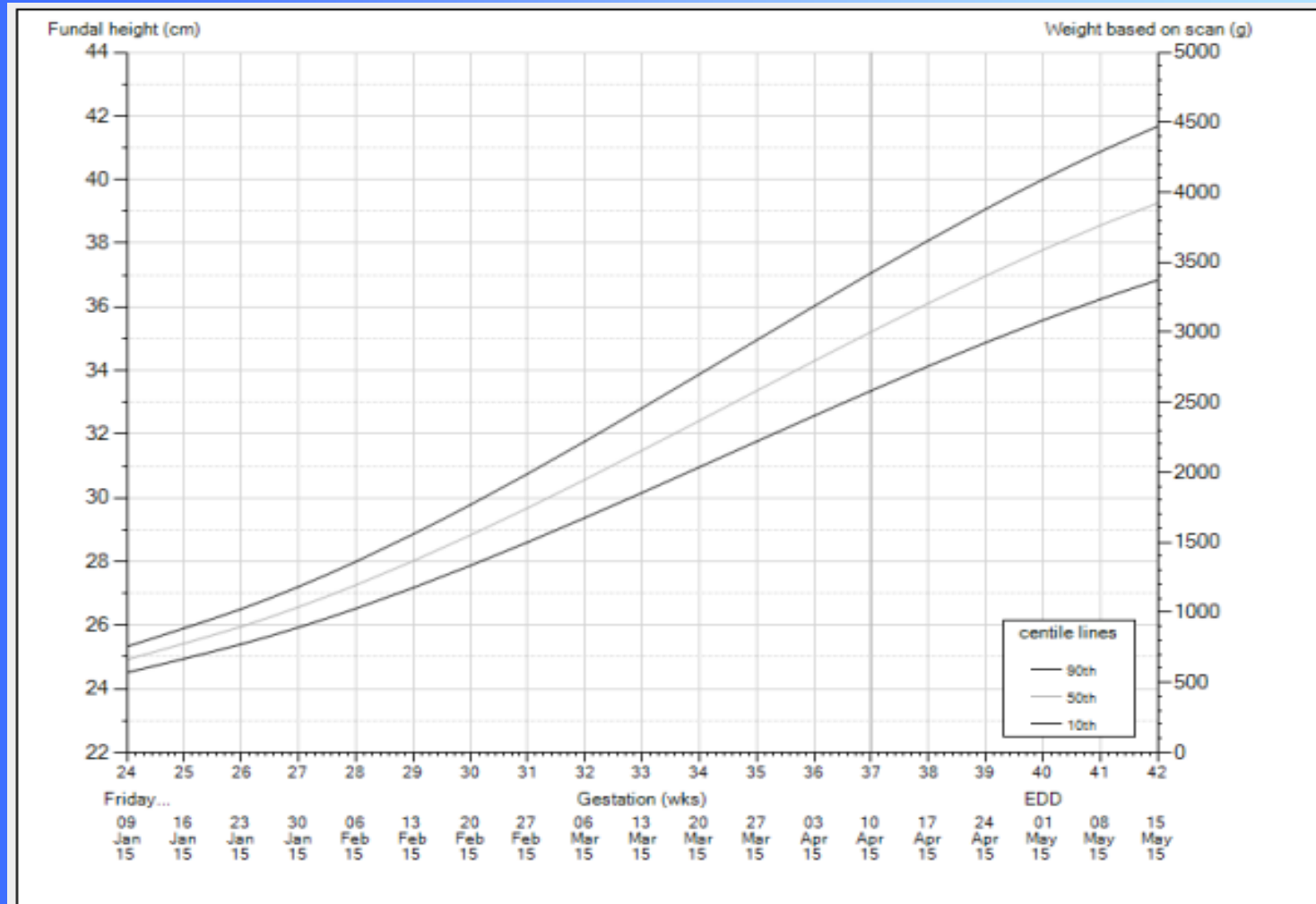
Identify the fundus



Semi recumbent-empty bladder



Measure the longitudinal axis, with an non-elastic tape measure and numbers hidden.

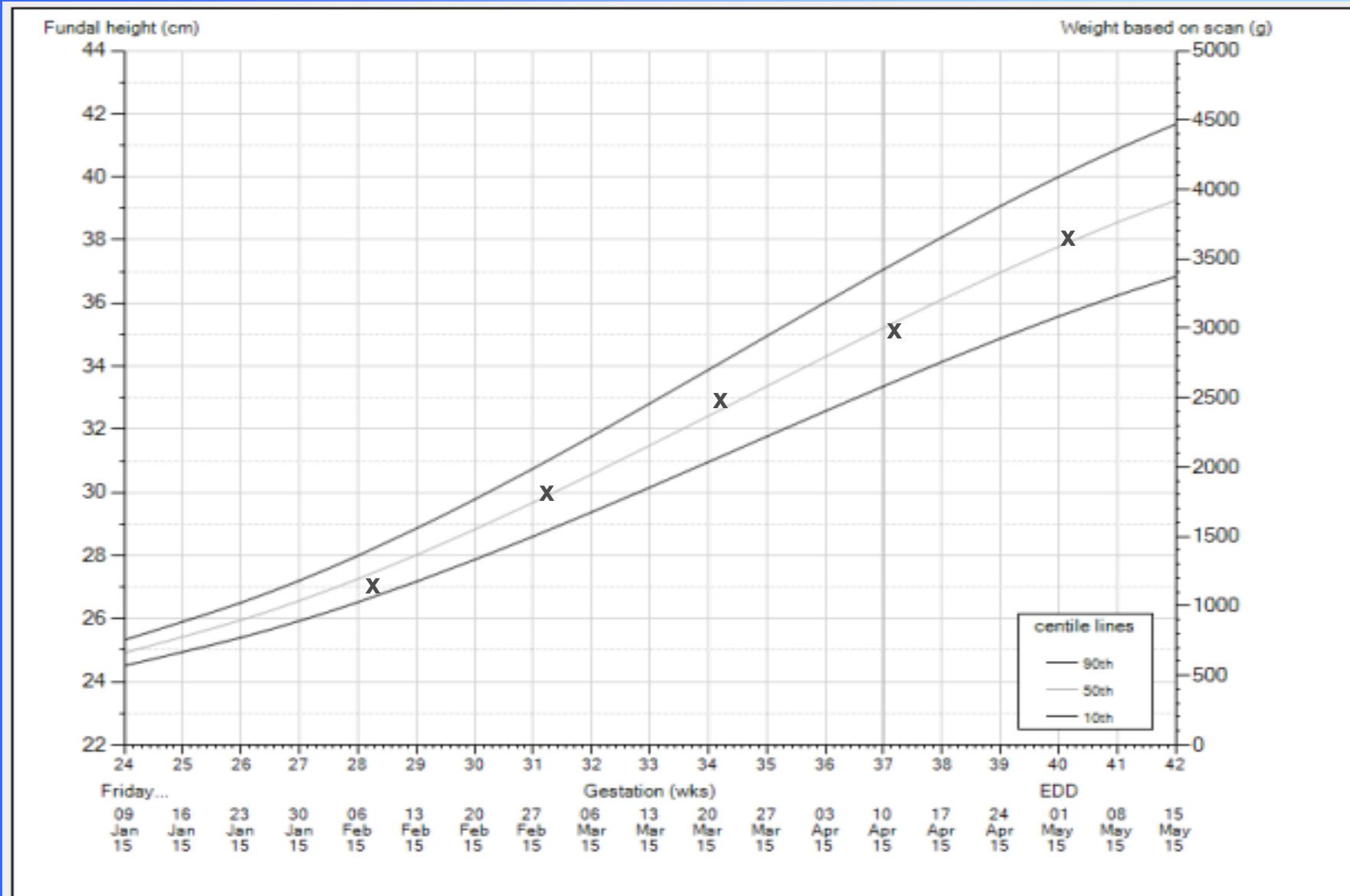


6. Plot measurement on customised growth chart and refer for USS if required

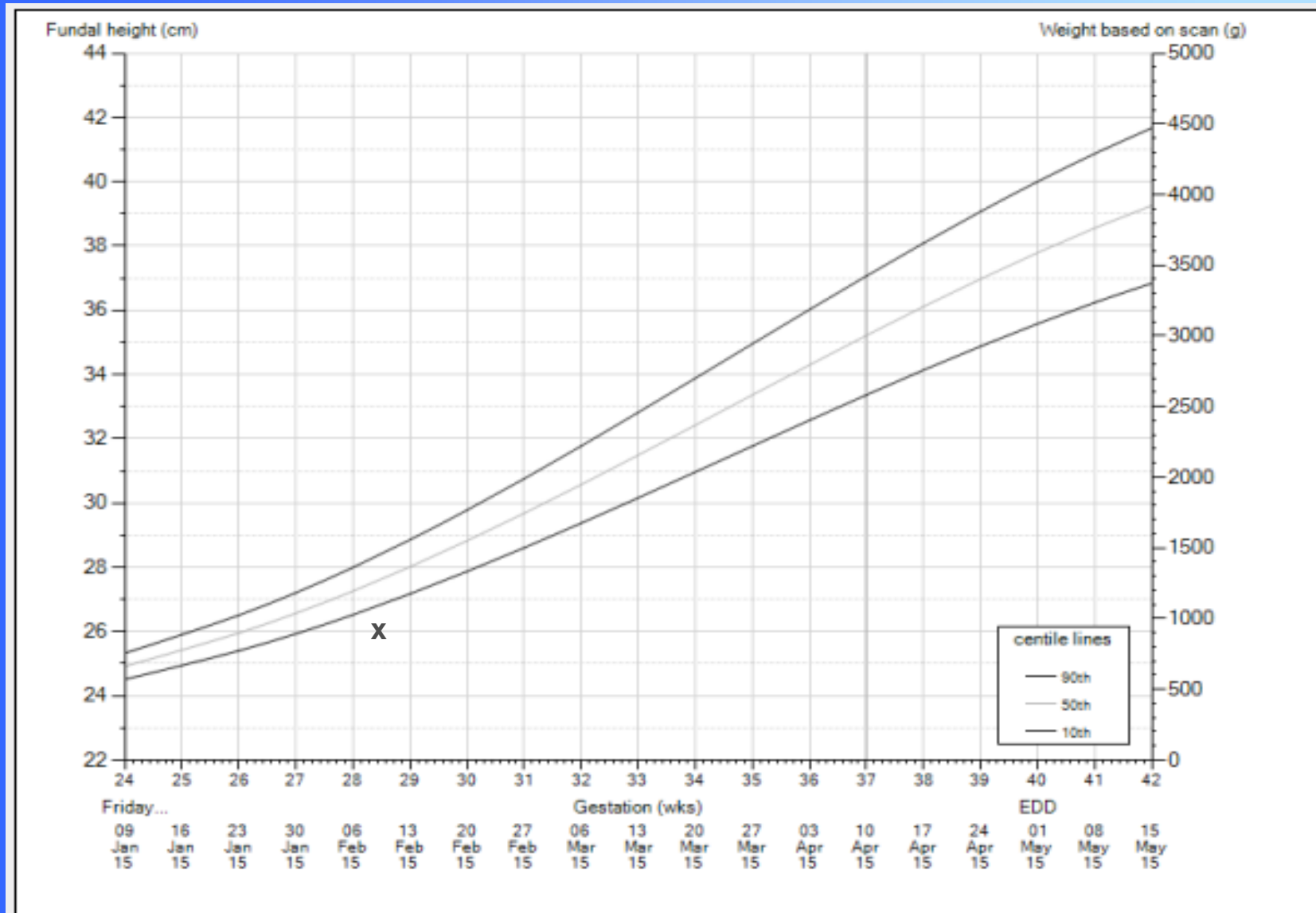
Considerations

- Descent of the head
- Malpresentation
- Multiple Pregnancies
- Already having serial scans – how frequent is serial?
- Obesity

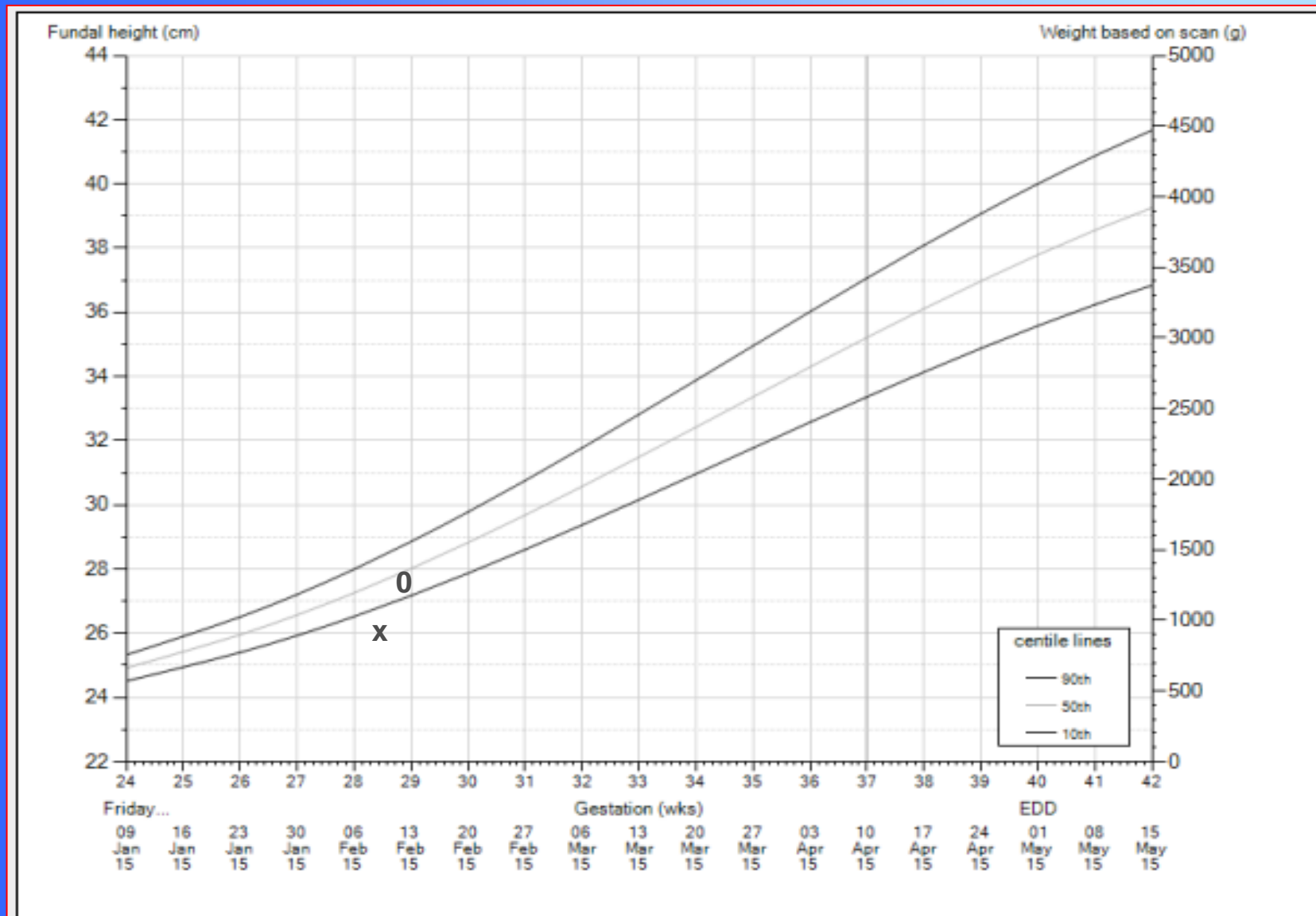
Is this normal growth?



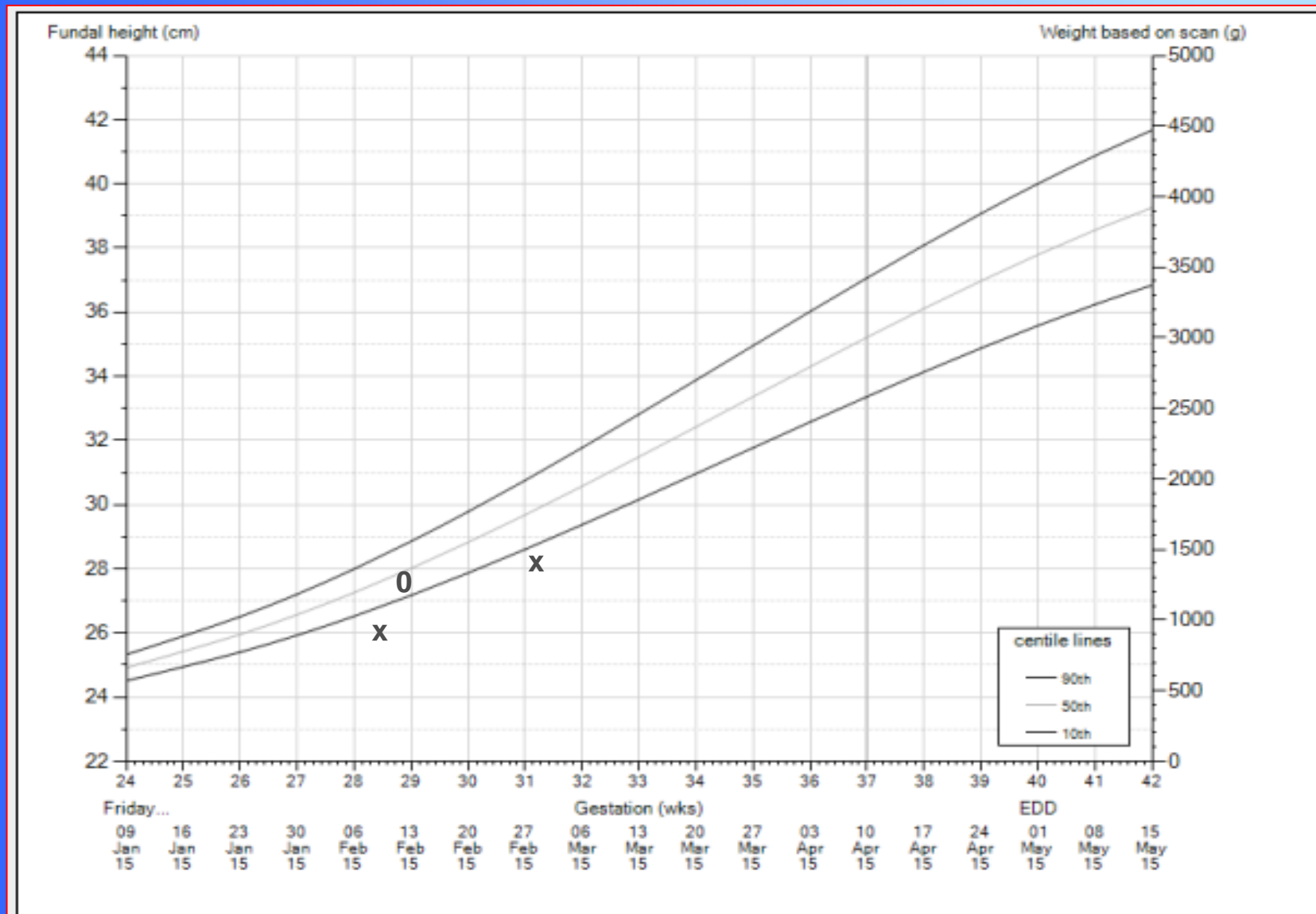
Referral recommendation



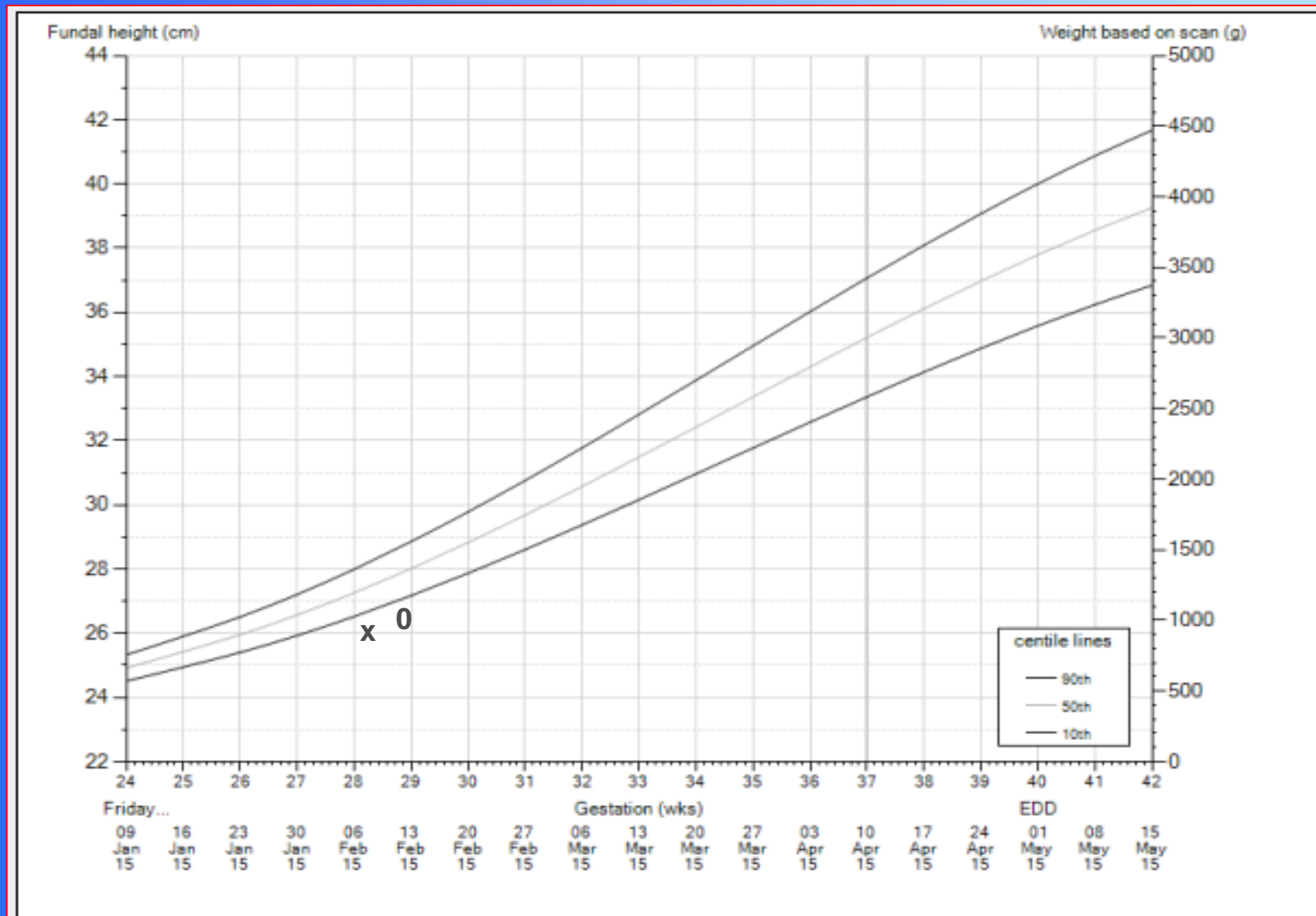
USS with EFW above 10th centile



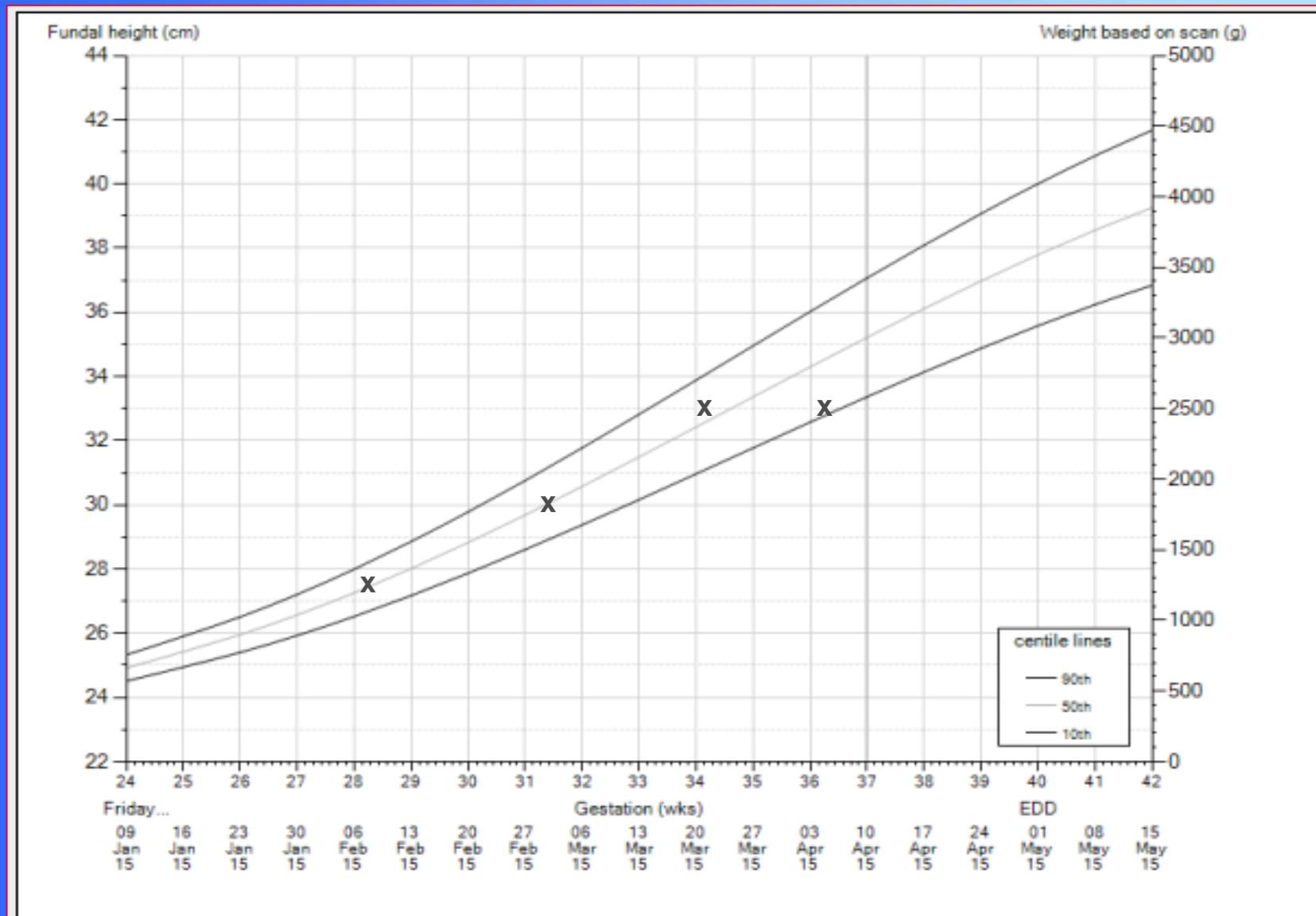
USS with EFW above 10th centile



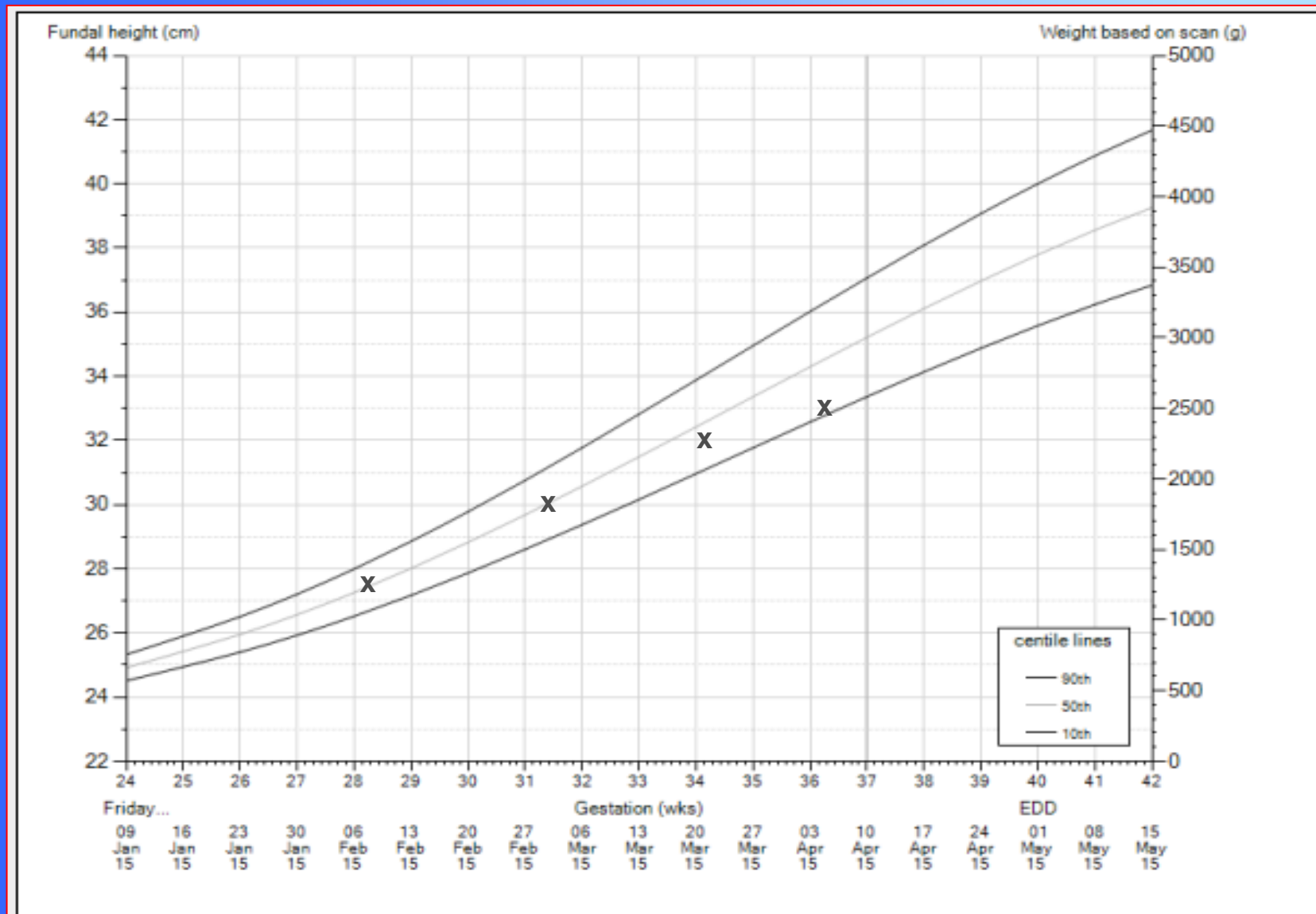
USS with EFW below 10th centile



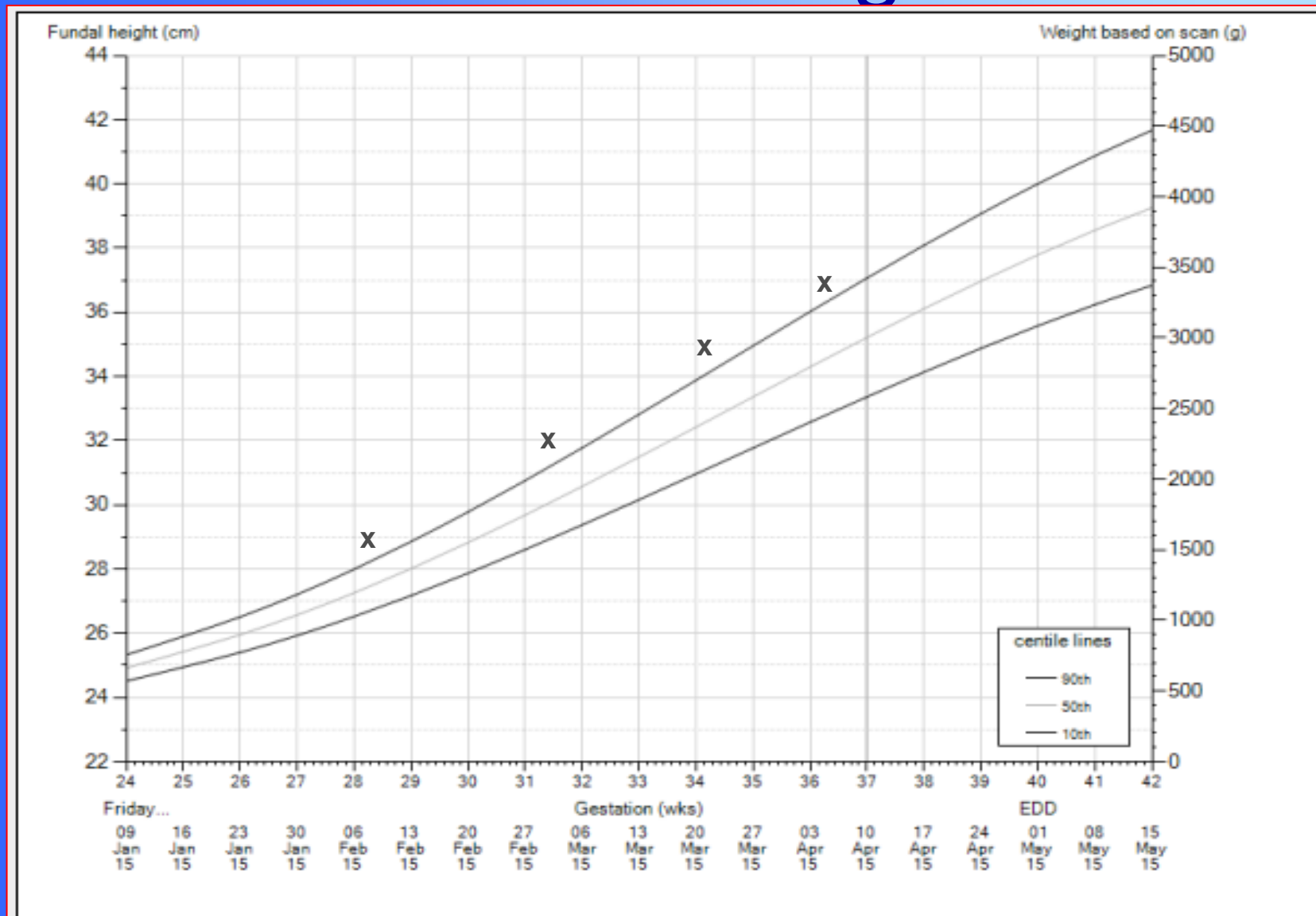
Referral recommendation



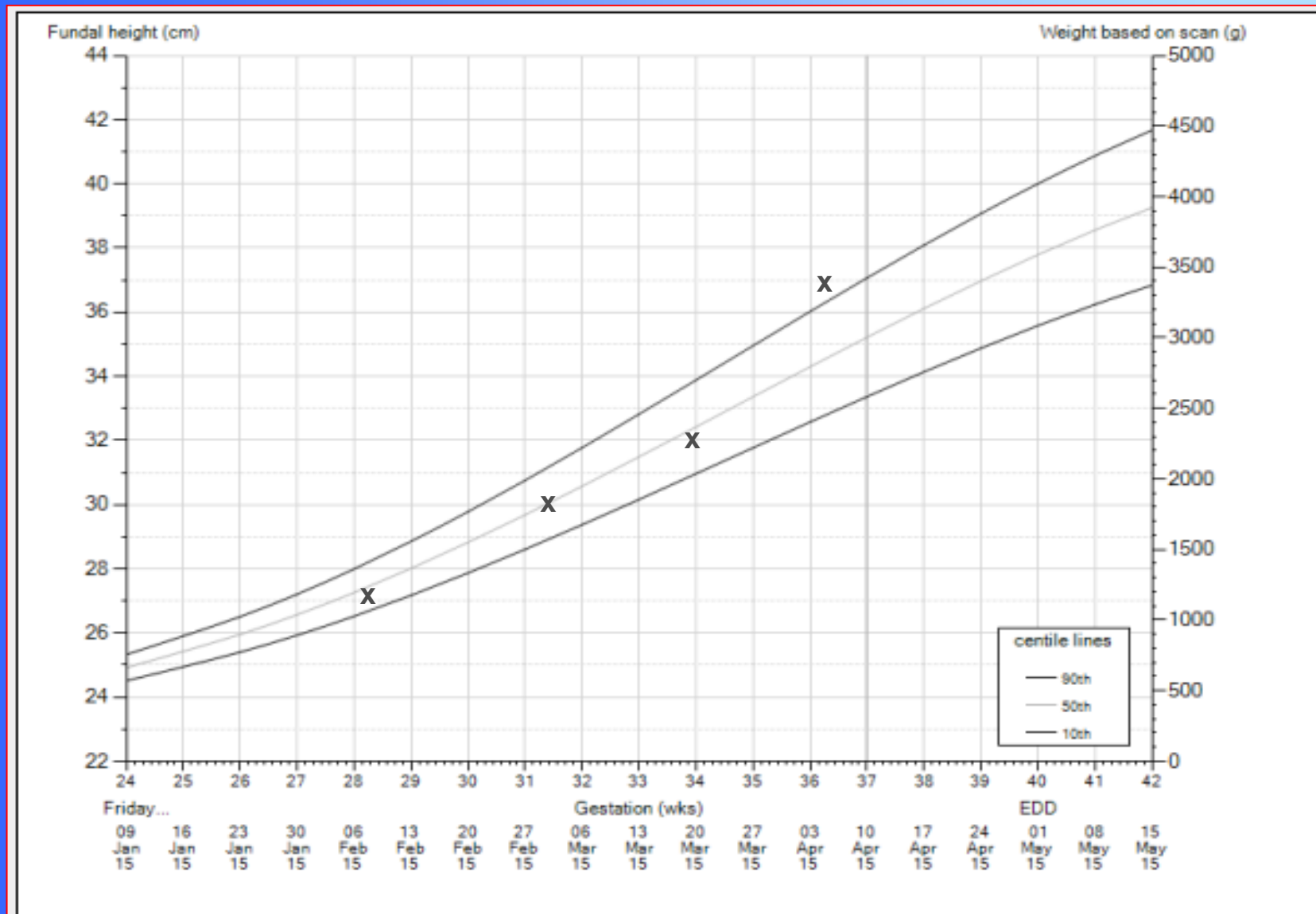
Referral recommendation



Is this normal growth?



Referral recommendation



Fetal growth screening implementation strategy

- Standardised fundal height measurement
- Serial plotting on customised charts
- Clear referral protocols
- Revolving door policy

Growth Assessment Protocol (GAP)

- Face-to-face training
- E learning
- Completion of baseline audit
- Competency assessments
- Template fetal growth protocol
- Monitoring detection rates
- Audit of non-detected cases of FGR
- GAP leads (midwife, obstetrician, sonographer)
- PI support

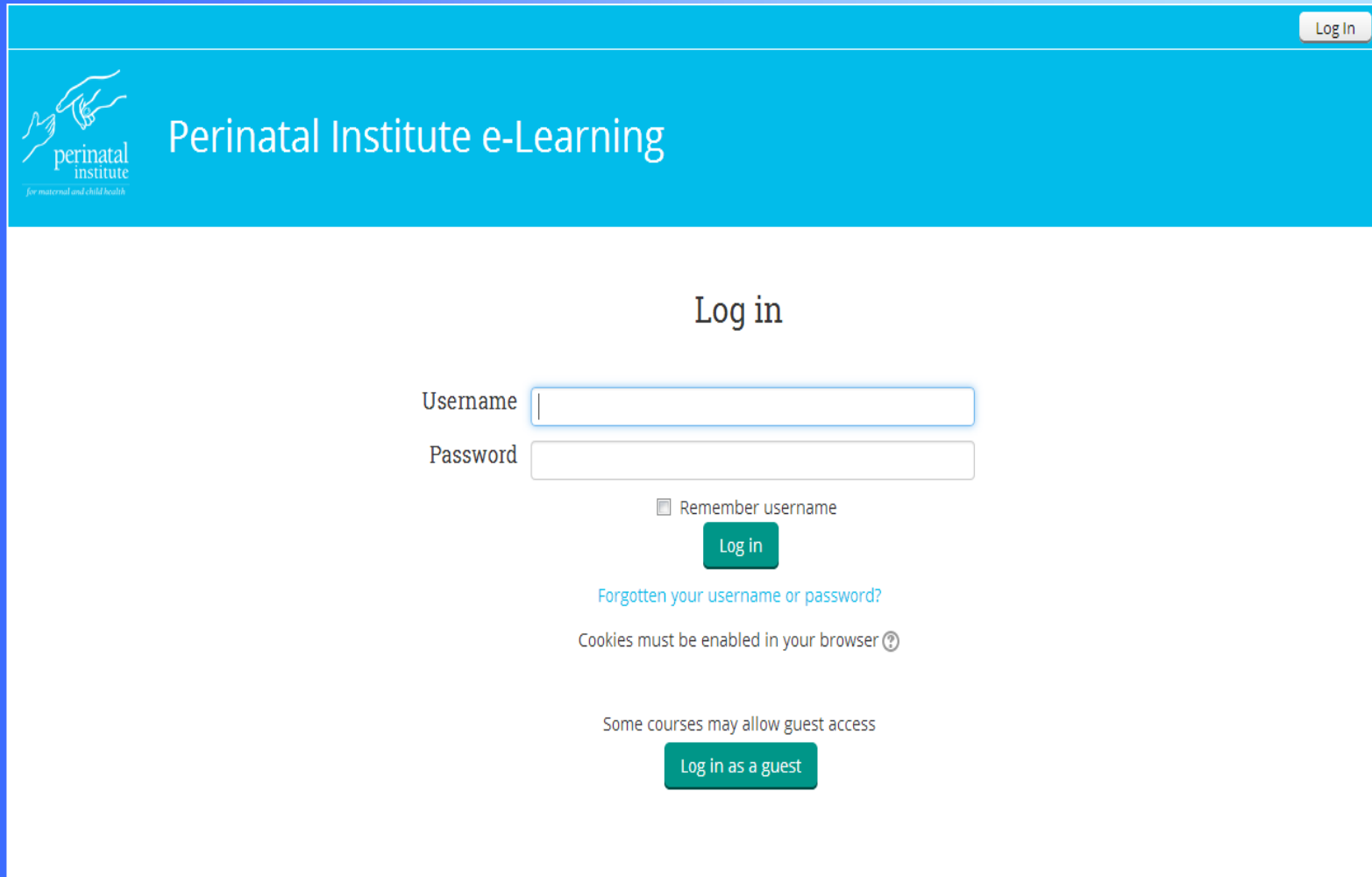


E-learning

Module 1 – Theory Module 2 - Practice

- Can be accessed from anywhere with an internet connection
- Will take approximately 1 hour to complete
- User can update themselves as required
(every 12 months recommended)
- Email address required for every user
Account will be set up and login details emailed to them
- Key leads will have a training log of all users who have completed on line training

Log in Screen



The image shows a web-based login interface for the Perinatal Institute e-Learning system. At the top, there is a blue header bar. On the left side of this bar is the Perinatal Institute logo, which consists of a stylized line drawing of a hand holding a heart, with the text 'perinatal institute' and 'for maternal and child health' below it. On the right side of the header bar is the text 'Perinatal Institute e-Learning'. In the top right corner of the page, there is a small 'Log In' button. The main content area is white and contains the following elements: a 'Log in' heading, a 'Username' label followed by a text input field, a 'Password' label followed by a password input field, a checkbox labeled 'Remember username', a green 'Log in' button, a blue link 'Forgotten your username or password?', a message 'Cookies must be enabled in your browser' with a question mark icon, a message 'Some courses may allow guest access', and a green 'Log in as a guest' button.

Log In

perinatal
institute
for maternal and child health

Perinatal Institute e-Learning

Log in

Username

Password

☐ Remember username

Log in

[Forgotten your username or password?](#)


Cookies must be enabled in your browser ?

Some courses may allow guest access

Log in as a guest

Log in details will be emailed to users with details of how to access the system








Courses



Perinatal Institute e-Learning

> GAP NZ
Your progress (?)

Theory

-  Definitions ☐
-  FGR and pregnancy outcome ☐
-  Risk assessment ☐
-  Screening and surveillance ☐
-  Detection rates and effect of training ☐
-  Training and Protocols ☐
-  **GAP Theory**

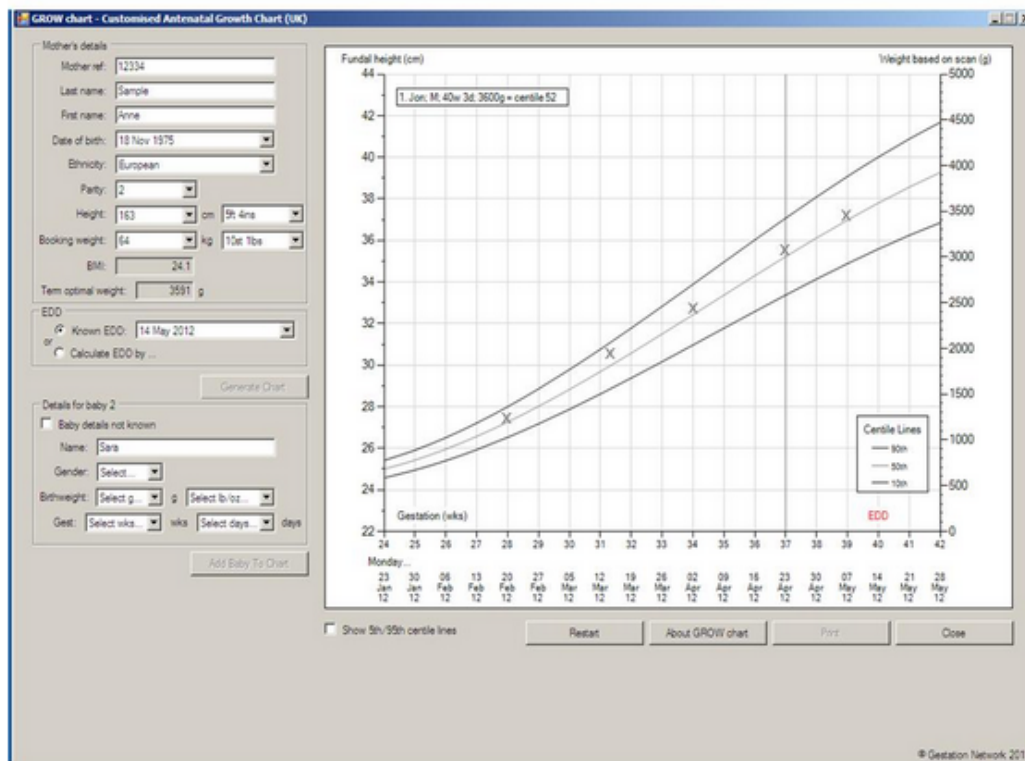
Not available unless:

- The activity **Definitions** is marked complete
- The activity **FGR and pregnancy outcome** is marked complete
- The activity **Risk assessment** is marked complete
- The activity **Screening and surveillance** is marked complete
- The activity **Detection rates and effect of training** is marked complete
- The activity **Training and Protocols** is marked complete

Practice

Question 5 / 20

What does this chart show?



- A. ☐ Accelerated growth
- B. ☐ Static growth
- C. ☐ Slow Growth
- D. ☐ Normal growth

Next

Test at the end of each module

Assists learner to retain information

Can take test as many times as required

Can print own certificate

Competency Assessment

■ Knowledge of:

- Definitions of FGR
- Research evidence
- Risk assessment at booking
- Customised growth chart and referral criteria
- Standardised fundal height
- Customised centile at birth and on going management

■ Demonstration of:

- Production of a GROW chart
- Standardised fundal height
- Plotting measurements on a chart

Criteria for Competence

END OF COMPETENCY: Undertake fetal growth surveillance

Date of SAGW training:

Date of E learning completed:

Name of Practitioner:

Name of Supervisor/Peer:

Please retain the original document within your personal professional profile and forward a copy of this completed document to (your SAGW line person)

Element of competence to be achieved	Date achieved	Practitioner signature	Name and signature of Peer/Supervisor of Midwives
1. The practitioner demonstrates knowledge of:			
1.1 Definitions of fetal growth restriction / FGR			
1.2 Research into factors associated with fetal growth restriction			
1.3 Risk assessment at booking for women at risk of developing fetal growth restriction and the RCOG guideline (2011) on at risk groups			
1.4 Customised growth chart and customised birthweight centile			
1.5 Standardised fundal height measurements <ul style="list-style-type: none"> - when to start/finish - how often - procedure 			
1.6 Referral criteria and process of referral <ul style="list-style-type: none"> - First plot below the 10P centile - NO growth (flat or flat curve) - SLOW growth (curve not following the slope of previous plot) - DISCONTINUED growth (curve flatter than the expected slope of previous plot) 			
1.7 Plan appropriate ongoing antenatal care			
1.8 Customised centile at birth and referral criteria			

GROW Web App



GROW Chart Online

+44 (0) 121 607 0101

Log in

Chart

Centile

Reports

Log in.

User name

Password

Log in

**Hospital-based
username and password**

Welcome to GROW web-app, the new on-line application for customised assessment of fetal growth and birth weight designed as an intrinsic component of the GAP programme

The GROW software includes functionality for

- generation of the customised antenatal chart to plot fundal height and estimated fetal weight measurements throughout pregnancy
- calculation of the customised birthweight centile for the baby
- reporting rates of fetal growth restriction and antenatal detection by unit/Trust

Please visit the help section for further details on how to use this application.

The functionality is also available as a web service which can be integrated with existing Maternity Information Systems. If your unit/Trust would prefer to use the web service, please contact the GROW team on 0121 607 0101.

Customised Birthweight Centile. Chart ID - 52754625

Mother / Booking Details		Baby / Birth Details	
EDD	<input type="text" value="31/05/2016"/>	Unit responsible for antenatal care [?]	<input type="text" value="No Antenatal Care"/>
Maternal Height	<input type="text" value="163 cm"/> <input type="text" value="5ft 4ins"/>	Baby DOB	<input type="text"/>
Booking Weight	<input type="text" value="64 kg"/> <input type="text" value="10st 1lbs"/>	Gestation at birth	
Maternal Ethnicity	<input type="text" value="British European"/>	Outcome [?]	<input type="text" value="Live birth"/>
Parity	<input type="text" value="0"/>	Gender	<input type="text" value="select..."/>
Please check that the Chart ID corresponds with the mother's details		Birth Weight [?]	<input type="text" value="grams..."/>
<input type="button" value="Yes"/> <input type="button" value="No - Re-enter Chart ID"/> <input type="button" value="No - Generate new chart"/>		Antenatal referral for suspected SGA or FGR by fundal height [?]	<input type="text" value="select..."/>
		SGA or FGR detected antenatally by USS [?]	<input type="text" value="select..."/>
		Early pregnancy assessment [?]	<input type="text" value="select..."/>
		Birthweight Centile [?]	<input type="text"/>

Confirm mother's details are correct. If so select "yes"

If mothers details are incorrect, re enter chart ID number. If details remain incorrect, generate a new chart, and use the new chart ID number.

Input unit responsible for antenatal care

Customised Birthweight Centile. Chart ID - 52754625

Mother / Booking Details

EDD

31/05/2016

5ft 4ins

10st 1lbs

All maternity units in the United Kingdom are listed with the additional option for 'no antenatal care' or 'other' for care received outside of UK/ private

Baby / Birth Details

Unit responsible for antenatal care

No Antenatal Care

No Antenatal Care

Other

1-2-1 Midwives North West
Abbey Birthing Centre - Ashford & St Peter's Hospitals NHS Trust
Aberdare Hospital - Cwm Taf NHS Trust
Aberdeen Maternity Hospital - NHS Grampian
Aboyne Birth Unit - NHS Grampian
Airedale General Hospital - Airedale NHS Foundation Trust
Alexandra Hospital - Worcester Acute Hospitals NHS Trust
Alnwick Infirmary - Northumbria Healthcare NHS Foundation Trust
Altnagelvin Hospital - Western Health & Social Care Trust
Andover Birth Centre - Hampshire Hospitals NHS Foundation Trust
Antrim Hospital - Northern Health & Social Care Trust
Arbroath Infirmary - NHS Tayside
Arrowe Park Hospital - Wirral University Teaching Hospital NHS Foundation Trust
Ashcombe Maternity Unit - Weston Area Health NHS Trust
Ayrshire Maternity Unit - NHS Ayrshire & Arran
Balfour Hospital - NHS Orkney
Banff Birth Unit - NHS Grampian
Barking, Havering and Redbridge University Hospitals NHS Trust

Early pregnancy assessment

select...

Birthweight Centile

Information

Unit responsible for antenatal care

In the majority of cases the unit responsible for antenatal care will be your own unit. However, due to some cross-boundary working, some women may have their antenatal care provided by another hospital. Please state which hospital provided the antenatal care as this will affect your reports. Please note, there is also the option to choose "no antenatal care" or "other" (e.g. woman received antenatal care outside of the UK).

Ok

Next

Obtaining a birthweight centile

Customised Birthweight Centile. Chart ID - 52754625

Mother / Booking Details		Baby / Birth Details	
EDD	<input type="text" value="31/05/2016"/>	Unit responsible for antenatal care ⓘ	<input type="text" value="Other"/>
Maternal Height	<input type="text" value="163 cm"/> <input type="text" value="5ft 4ins"/>	Baby DOB	<input type="text" value="31/05/2016"/>
Booking Weight	<input type="text" value="64 kg"/> <input type="text" value="10st 1lbs"/>	Gestation at birth	40 weeks 0 days
Maternal Ethnicity	<input type="text" value="British European"/>	Outcome ⓘ	<input type="text" value="Live birth"/>
Parity	<input type="text" value="0"/>	Gender	<input type="text" value="female"/>
Please check that the Chart ID corresponds with the mother's details		Birth Weight ⓘ	<input type="text" value="2975 g"/>
		Antenatal referral for suspected SGA or FGR by fundal height ⓘ	<input type="text" value="select..."/>
		SGA or FGR detected antenatally by USS ⓘ	<input type="text" value="select..."/>
		Early pregnancy assessment ⓘ	<input type="text" value="select..."/>
		Birthweight Centile ⓘ	<input type="text"/>
		<input type="button" value="Next"/>	

Complete birth details

Input baby birth details

Confirm if SGA / FGR was suspected
(from a fundal height) or detected by
scan antenatally

Information ✕

Antenatal suspicion of SGA or FGR leading to referral for further investigation is usually on the basis of a fundal height measurement below the 10th centile line, or sequential measurements suggesting no or slow growth.

Ok

Information ✕

Antenatal detection / diagnosis of SGA indicates an ultrasound estimated fetal weight (EFW) below the tenth centile, or sequential measurements with slow or no growth, and/or one or more abnormal Dopplers.

Ok

Chart Centile Reports Help Users Hospitals

Baby / Birth Details

Unit responsible for antenatal care ⓘ	Other ▾
Baby DOB	<input type="text"/>
Gestation at birth	40 weeks 0 days
Outcome ⓘ	Live birth ▾
Gender	female ▾
Birth Weight ⓘ	2600 g ▾
Antenatal referral for suspected SGA or FGR by fundal height ⓘ	no ▾
SGA or FGR detected antenatally by USS ⓘ	no ▾
Early pregnancy assessment ⓘ	Increased risk of SGA/FGR – no serial scans p ▾
Birthweight Centile ⓘ	2.7 ** SGA/FGR

Edit

a note of the customised centile or print this page for the health records.

Input baby birth details

Identify early pregnancy assessment for low or increased risk *for fetal growth restriction.*

RCOG Guideline and NHS Care Bundle Algorithm recommend serial fundal height measurements for low risk women, and serial ultrasound scans for women at increased risk of SGA or fetal growth restriction. The information requested here will improve the interpretation of referral rates.

Ok

To review the NHS England Saving Babies Lives care bundle algorithmclick here

Chart	Centile	Reports	Help	Users	Hospitals
Baby / Birth Details					
Unit responsible for antenatal care ⓘ	<input type="text" value="Other"/>				
Baby DOB	<input type="text" value=""/>				
Gestation at birth	40 weeks 0 days				
Outcome ⓘ	<input type="text" value="Live birth"/>				
Gender	<input type="text" value="female"/>				
Birth Weight ⓘ	<input type="text" value="2600 g"/>				
Antenatal referral for suspected SGA or FGR by fundal height ⓘ	<input type="text" value="no"/>				
SGA or FGR detected antenatally by USS ⓘ	<input type="text" value="no"/>				
Early pregnancy assessment ⓘ	<input type="text" value="Increased risk of SGA/FGR – no serial scans p"/>				
Birthweight Centile ⓘ	<input type="text" value="2.7 ** SGA/FGR"/>				
<input type="button" value="Edit"/>					
a note of the customised centile or print this page for the health records.					

New edit function for centile page outcome, gender, birth weight

Customised Birthweight Centile. Chart ID - 52754625

Mother / Booking Details		Baby / Birth Details	
EDD	<input type="text"/>	Unit responsible for antenatal care ⓘ	Other <input type="text"/>
Maternal Height	163 cm <input type="text"/> 5ft 4ins <input type="text"/>	Baby DOB	<input type="text"/>
Booking Weight	64 kg <input type="text"/> 10st 1lbs <input type="text"/>	Gestation at birth	40 weeks 0 days
Maternal Ethnicity	British European <input type="text"/>	Outcome ⓘ	Live birth <input type="text"/>
Parity	0 <input type="text"/>	Gender	female <input type="text"/>
Please check that the Chart ID corresponds with the mother's details		Birth Weight ⓘ	2775 g <input type="text"/>
		Antenatal referral for suspected SGA or FGR by fundal height ⓘ	no <input type="text"/>
		SGA or FGR detected antenatally by USS ⓘ	no <input type="text"/>
		Early pregnancy assessment ⓘ	Increased risk of SGA/FGR – no serial scans p <input type="text"/>
		Birthweight Centile ⓘ	6.80 **SGA/FGR <input type="text"/>
			<input type="button" value="Edit"/>

Birthweight centile is identified.
<10th centile or >90th centile = red box

Customised Birthweight Centile. Chart ID - 52754625

Mother / Booking Details

EDD

Maternal Height

Booking Weight

Maternal Ethnicity

Parity

Please check that the Chart ID corresponds with the mother's details

Baby / Birth Details

Unit responsible for antenatal care ⓘ

Baby DOB

Gestation at birth

40 weeks 0 days

Outcome ⓘ

Gender

Birth Weight ⓘ

Antenatal referral for suspected SGA or FGR by fundal height ⓘ

SGA or FGR detected antenatally by USS ⓘ

Early pregnancy assessment ⓘ

Birthweight Centile ⓘ

6.80 ** SGA/FGR

Edit function:

Edit

Alterations
can be made to:-
Outcome
Gender
Birth weight

Trust reports;

- Show local report on GROW application web page:
- app.growservice.org/uk

Benefits of Data collection

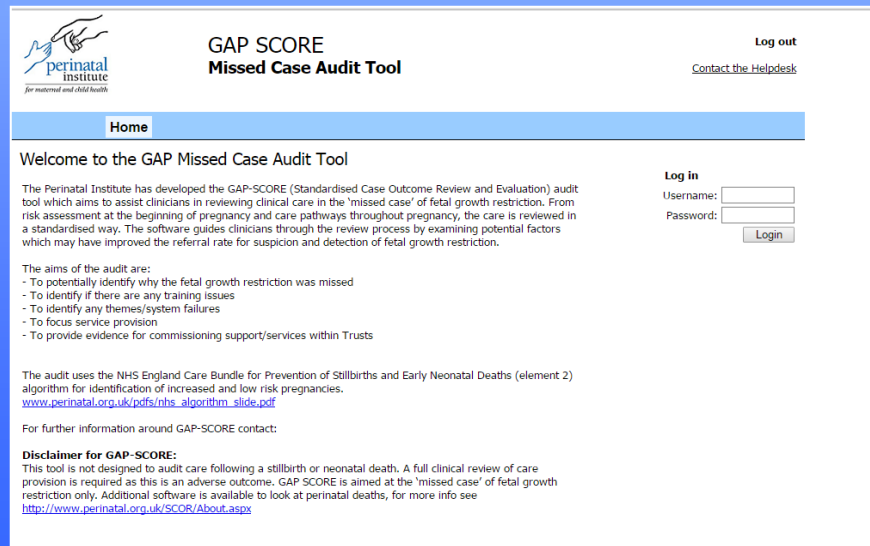
- Baseline FGR and antenatal detection rates
 - Quarterly FGR reports
 - Benchmarking against other units (anonymously)
 - National picture
-
- Can identify missed cases to audit
 - Can monitor performance and improvement
 - Commissioning support – Ultrasound resources
 - PI - Evaluation of GAP

Audit missed cases - Aim


- For each case:
 - To identify why the FGR was missed if possible
 - To identify if there are any training issues
- Overall
 - To identify themes/system failures
 - To focus service provision
 - To provide evidence for commissioning support/services

GAP-SCORE

- We provide an electronic audit tool to audit to missed cases in an standardised manner
- GAP-SCORE = Standardised Case Outcome Review and Evaluation.



The screenshot shows the homepage of the GAP SCORE Missed Case Audit Tool. At the top left is the Perinatal Institute logo. The main header reads 'GAP SCORE Missed Case Audit Tool'. On the top right, there are links for 'Log out' and 'Contact the Helpdesk'. Below the header is a blue navigation bar with a 'Home' button. The main content area starts with a welcome message: 'Welcome to the GAP Missed Case Audit Tool'. This is followed by a paragraph explaining the tool's purpose: 'The Perinatal Institute has developed the GAP-SCORE (Standardised Case Outcome Review and Evaluation) audit tool which aims to assist clinicians in reviewing clinical care in the 'missed case' of fetal growth restriction. From risk assessment at the beginning of pregnancy and care pathways throughout pregnancy, the care is reviewed in a standardised way. The software guides clinicians through the review process by examining potential factors which may have improved the referral rate for suspicion and detection of fetal growth restriction.' Below this, the 'Aims of the audit are:' are listed: 'To potentially identify why the fetal growth restriction was missed', 'To identify if there are any training issues', 'To identify any themes/system failures', 'To focus service provision', and 'To provide evidence for commissioning support/services within Trusts'. Further down, it states 'The audit uses the NHS England Care Bundle for Prevention of Stillbirths and Early Neonatal Deaths (element 2) algorithm for identification of increased and low risk pregnancies' and provides a link to the algorithm slide PDF. A 'Log in' section on the right contains fields for 'Username:' and 'Password:', a 'Login' button, and a 'Log out' link. At the bottom, there is a 'Disclaimer for GAP-SCORE:' stating the tool is not for audit after stillbirth or neonatal death and is aimed at the 'missed case' of fetal growth restriction, with a link to the About page.

 **GAP SCORE**
Missed Case Audit Tool [Log out](#)
[Contact the Helpdesk](#)

[Home](#)

Welcome to the GAP Missed Case Audit Tool

The Perinatal Institute has developed the GAP-SCORE (Standardised Case Outcome Review and Evaluation) audit tool which aims to assist clinicians in reviewing clinical care in the 'missed case' of fetal growth restriction. From risk assessment at the beginning of pregnancy and care pathways throughout pregnancy, the care is reviewed in a standardised way. The software guides clinicians through the review process by examining potential factors which may have improved the referral rate for suspicion and detection of fetal growth restriction.

The aims of the audit are:

- To potentially identify why the fetal growth restriction was missed
- To identify if there are any training issues
- To identify any themes/system failures
- To focus service provision
- To provide evidence for commissioning support/services within Trusts

The audit uses the NHS England Care Bundle for Prevention of Stillbirths and Early Neonatal Deaths (element 2) algorithm for identification of increased and low risk pregnancies.
www.perinatal.org.uk/pdfs/nhs_algorithm_slide.pdf

For further information around GAP-SCORE contact:

Disclaimer for GAP-SCORE:
This tool is not designed to audit care following a stillbirth or neonatal death. A full clinical review of care provision is required as this is an adverse outcome. GAP SCORE is aimed at the 'missed case' of fetal growth restriction only. Additional software is available to look at perinatal deaths, for more info see <http://www.perinatal.org.uk/SCOR/About.aspx>

Log in
Username:
Password:
 [Log out](#)

GAP-SCORE

- Based on risk at booking/throughout pregnancy and serial scanning
(RCOG guideline, 2014 & NHS England Saving Babies Lives Care Bundle, 2016)
- Use of customised growth chart
- Plotting and referring
- Growth scans
- Provides taxonomies and action plans



Thank You

