

A short survey was drafted by the Perinatal Institute and the British Medical Ultrasound Society and sent to sonographers and service managers in September 2019 to ascertain current capability and training status to fulfil the requirements of NHS England's Saving Babies Lives Care Bundle v2.

The survey consisted of 6 root questions with supplementary and free text responses.

Organisations surveyed: Total 173, including 123 GAP Trusts and 50 others or non-NHS;  
Responses (one or more) received from 88 of the GAP Trusts (72%) and 23 others (46%).

- Yes/No responses are presented as percentages relating to the respective Trusts.
- Summaries of free text responses represent the predominant themes.

## 1. Does your Trust calculate the EFW at the time of the anomaly scan?

Yes: 40% No: 59%

Individual biometry parameters might be recorded but most Trusts do not calculate EFW

### Comments

*'Anomaly USS currently have a protected time attached which would have to be lengthened'*

*'Charts start at 24 weeks, so could not assess whether EFW was within normal range'*

## 2. Does your Trust perform Uterine Artery Doppler at the time of the anomaly scan?

Yes: 10% No: 89%

There is limited knowledge and time to perform uterine artery Dopplers in early pregnancy, with few clinicians skilled currently performing these.

- Not part of the current fetal anomaly screening programme (FASP)
- Insufficient time per scan slot
- Staff not trained

### Comments:

*'There is only one member of staff currently trained in uterine artery Doppler'*

*'Consultants would not know how to deal with the results'*

*'Not realistic to be part of a half hour routine anomaly scan which often overrun if a difficult fetal lie or raised BMI. Lists are often fully booked with no real catch up time....'*

### 3. Does your Trust perform Uterine Artery Doppler in the third trimester / at term?

Yes: 7% No: 89%

This was also not usually performed by sonographers

- Not in protocol; insufficient time
- Lack of skills / no opportunity to acquire
- Occasionally by fetal medicine

#### Comments:

*'These are done predominantly by fetal medicine consultants and not part of routine care for increased risk women.'*

*'Undertaken by some Obstetricians but not performed by Sonographers'*

### 4. Does your Trust perform serial growth scans for women at increased risk of SGA/FGR?

Yes: 99% No: 1%

- Often according to consultant decision
- Mostly 3-4 weekly, with weighted average: 3.3
- 2 weekly if SGA

Many responses on capacity – some have been able to increase provision, while many are struggling to meet demand.

#### Comments:

*'As a general approach- 30, 34 and 38 weeks. Selected cases may have three weekly from 24 weeks. Some have only two -32 and 38 weeks'*

*'Timing depends on perceived risk'*

### 5. Does your Trust perform Middle Cerebral Artery (MCA) Doppler?

Yes: 55% No: 41%

- Mostly performed in the fetal medicine department
- No opportunities to acquire this skill
- Insufficient time and resources

#### Comments:

Performed predominantly by fetal medicine consultants and are not part of routine care of increased risk women. Comments also included concerns around interpretation of results;

*'one consultant does perform them when available'*

*'It's the lack of understanding to interpret the results.'*

## 6. Does your Trust report Cerebroplacental Ratio (CPR)?

Yes: 11% No: 72%

- Lack of skills / no opportunity to acquire
- Insufficient time / resources
- Performed in the fetal medicine department only

### Comments

Many respondents were not aware of the CPR ratio, its purpose or significance.

*'Never heard of this until today!'*

### **General comments**

Many respondents used this opportunity to comment on capacity issues, which were generally considered insufficient / inadequate, as well as ongoing problems with recruitment and retention. Some units are working with neighbouring hospitals to provide training. Others are seeking to train sonographers themselves but may not have a fetal medicine consultant. Many are not sure how to manage training in light of chronic shortages.

*'Any extra examination requirements would be difficult in our department due to continuing staff shortages, limited staff training and limited time available to each patient request.'*

*'I feel the service is almost at breaking point. The demand for scans is ever increasing'*

*'Insufficient resources/ not a Trust priority/ very poor service'*

*'No extra time is given and services often overrun'*

*'Without additional funding the trust is unable to move forward with new policies. Increased staffing would be necessary as the department is at capacity'*

*'We already have insufficient time slots to cope with any problems and could not absorb this extra demand. Sonographers are already struggling, and leaving the profession.'*

*'Decisions such as adding additional examinations to ultrasound scans should be made in conjunction with ultrasound departments.'*

### **Conclusion**

This survey gives a picture of an overstretched service which is already struggling to fulfil current demands for serial scanning under NHSE Care Bundle v1, and will find it difficult to adapt to the additional requirements of Care Bundle v2. We recommend a renewed emphasis on capacity building and training for ultrasound services, to meet these challenges going forward.