NHS
The Shrewsbury and Telford Hospital
NHS Trust

Ockenden Report Assurance Committee Saving Babies' Lives (SBL) – Care Bundle v2 Update (Local Action for Learning 4.57)

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SBL Background

The Shrewsbury and Telford Hospital NHS Trust

- In November 2015, the Secretary of State for Health announced a national ambition to halve the rates of stillbirths, neonatal and maternal deaths and intrapartum brain injuries by 2030, with a 20% reduction by 2020
- To support this, the Saving Babies' Lives (SBL) Care Bundle (CB) (v1) was introduced, with the primary aim of reducing the number of stillbirths.

Care Bundle version 2

- In 2017, the national ambition was extended to include reducing the rate of preterm births from 8% to 6% and the date to achieve the entire ambition was brought forward to 2025
- March 2019 saw version two of the Saving Babies' Lives Care Bundle (SBLCBv2) published, it was produced to build on the achievements of version one and introduced a fifth element
- Each element contains standards that Trusts have to implement
- There are a total of 45 standards

Ockenden Local Action for Learning 4.57

The Shrewsbury and Telford Hospital NHS Trust

"These leads [dedicated midwife and obstetrician] must ensure that the service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 (2019) and subsequent national guidelines. This additionally must include regional peer reviewed learning and assessment. These auditable recommendations must be considered by the Trust Board and as part of continued on-going oversight that has to be provided regionally by the Local Maternity System (LMS) and Clinical Commissioning Group."

SBL CB elements

The Shrewsbury and Telford Hospital NHS Trust

Element 1: Reducing smoking in pregnancy

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction

Element 3: Raising awareness of reduced fetal movement

Element 4: Effective fetal monitoring during labour

Element 5: Reducing preterm births

Element 1

Reducing smoking in pregnancy

Element 1: Summary

The Shrewsbury and Telford Hospital NHS Trust

Element Description:

Reducing smoking in pregnancy by assessing exposure to carbon monoxide (CO) as appropriate, to assist in identifying smokers (or those exposed to CO through other sources) and refer them for support from a trained stop smoking advisor.

Rationale:

There is strong evidence that reducing smoking in pregnancy reduces the likelihood of stillbirth. It also impacts positively on many other smoking-related pregnancy complications, such as preterm birth, miscarriage, low birthweight and Sudden Infant Death Syndrome (SIDS). Whether or not a woman smokes during her pregnancy has a far-reaching impact on the health of the child throughout his or her life.

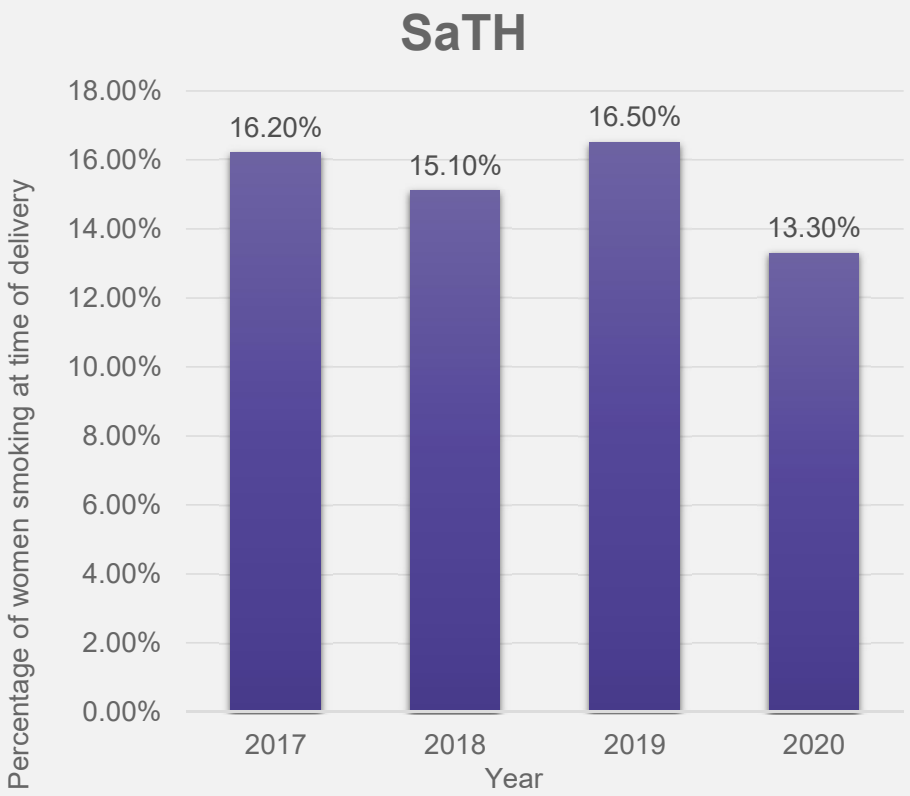
Composition:

8 standards: these include interventions and learning, covering CO testing and stop smoking support.

Background:

The current percentage of the pregnant population in this area who smoke at booking (11.8 % in Shropshire, 15.2% in Telford and Wrekin (T&W)) is significantly higher than the national average of 10%.

Element 1: Current Position



- Appointment of public health midwife with specific role to reduce smoking in pregnancy since March 2017.
- Stop smoking service provided by Shropshire Council Public Health and Telford and Wrekin by SaTH Public Health Midwifery Service
- CO screening for all women at every appointment since 2019 (exception during Coronavirus pandemic).
- Weekly telephone support, access to free nicotine replacement therapy and constant phone support if required.
- Mandatory training around stop smoking for maternity staff.
- Women can be referred to smoking cessation support service at any point in their pregnancy, and are asked at every appointment if they wish to be re-referred by all healthcare professionals.

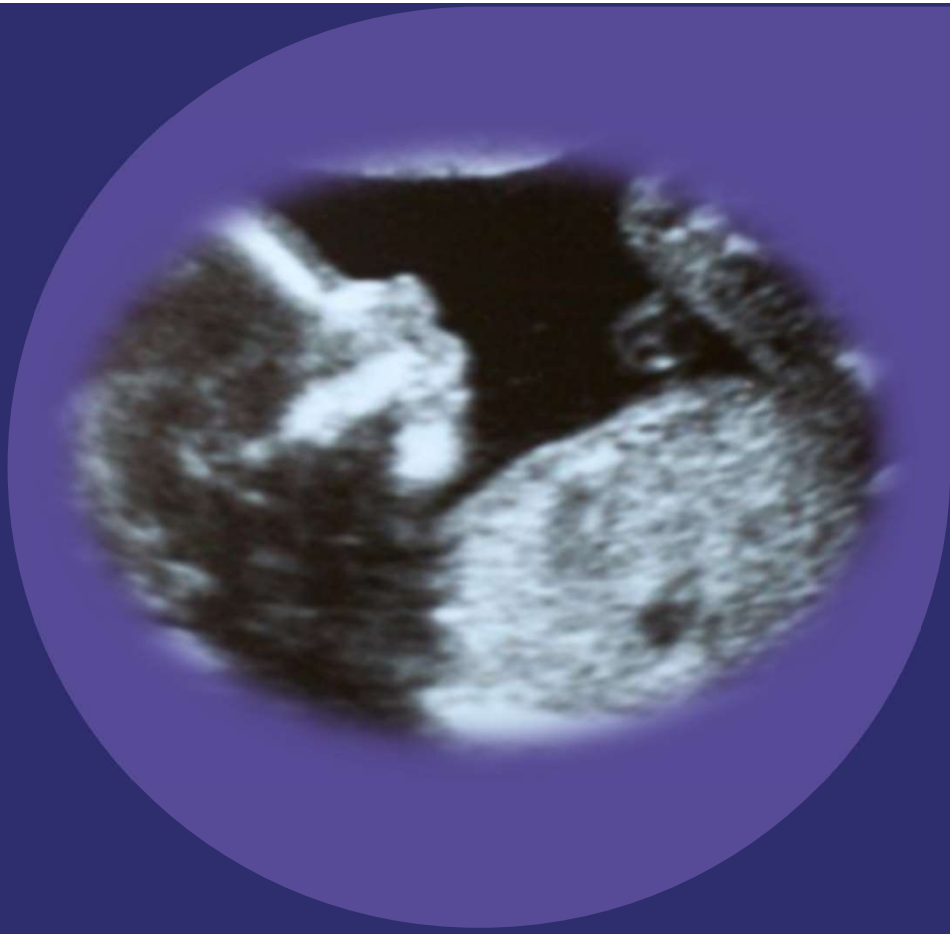
Note: Data for 2021 year to date not yet available.

Element 1: Future plans

- Partial CO Testing resumed in March 2021 in line with Coronavirus protocols; data to be collected and presented to the Maternity Transformation Assurance Committee (MTAC).
- Stop smoking support during pregnancy is moving toward a single service across the county this year.
- The enhanced service will be based within SaTH and supported by the Local Maternity and Neonatal System and this 1st year by both County Councils.
- The service will offer a family approach to health promotion.
- Employ Badgernet (when available) to capture smoking status.

Questions?

Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)



Element 2: Summary

Element Description:

Risk assessment and management of babies at risk of fetal growth restriction (FGR).

Rationale:

There is strong evidence to suggest that FGR is the biggest risk factor for stillbirth. Therefore, antenatal detection of growth restricted babies is vital and has been shown to reduce stillbirth risk significantly because it gives the option to consider timely delivery of the baby at risk.

Element 2: Composition

This element has 16 standards and is divided into:

- **Prevention** – assessing need for aspirin and smoking status and referral
- **Risk assessment** – factors for FGR at booking for maternity care
- **Surveillance** – Serial growth scans for women assessed as having an increased risk of FGR
- **Management** – care pathway of women with suspected fetal growth problems
- **Multiple pregnancy** – risk assessment and management of fetal growth

Element 2: Current Position

The Shrewsbury and Telford Hospital NHS Trust

- ✓ SBL requirement for serial growth scans was complied with since 2018
- ✓ Clinical Referral Team and risk assessment processes updated since 2020
- ✓ Staff undertaking low risk screening (Symphysis Fundal Height measurements using a tape measure) are trained and have undertaken a competency assessment

Many Trusts struggled with this implementation of serial scanning due to capacity issues; SaTH have addressed this by implementing the following:

- ✓ Expansion of midwife sonography team
- ✓ Guideline reviews
- ✓ Multiple pregnancy clinic

Element 2: Current Position

The Shrewsbury and Telford Hospital NHS Trust

- SaTH antenatal detection of FGR is 60% (national average is 58%).

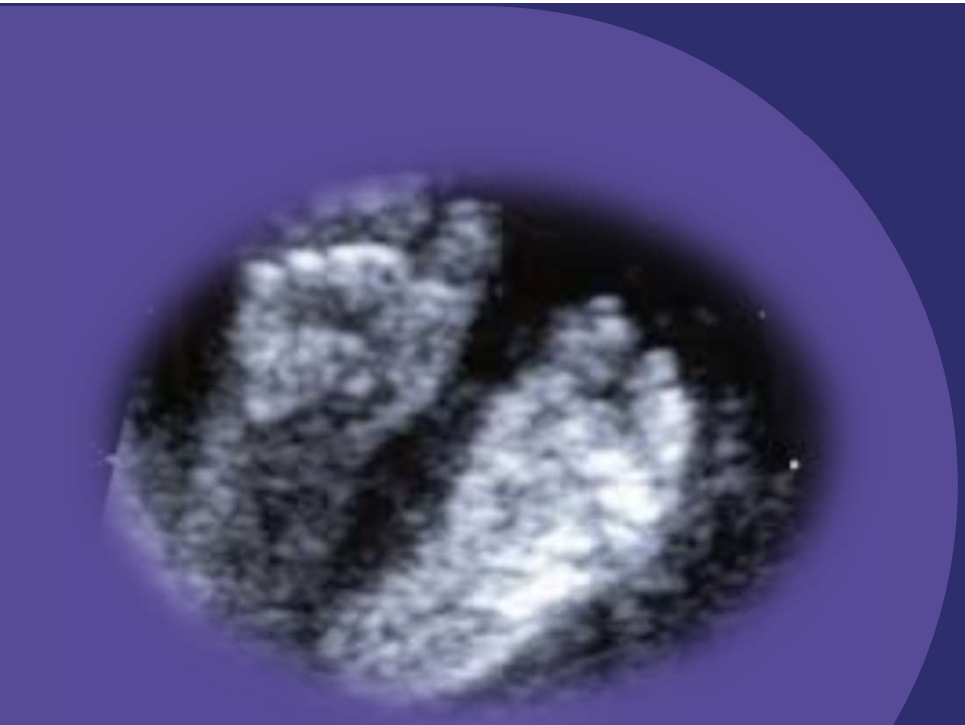
- Measure of the effective detection and management of FGR and Small for Gestational Age (SGA).

Click to add text

  - Percentage of babies <3rd centile born >37+6 weeks in SaTH is 47% (national average 52%).
  - Percentage of babies <10th centile but >3rd centile (SGA) born >39+6 weeks in SaTH is 27% (national average 30%).

Data from the Perinatal Institute, averaged for the period of 2020/2021

Questions?



Raising Awareness of Reduced Fetal Movement

Element 3: Summary

The Shrewsbury and Telford Hospital NHS Trust

Element Description:

Raising awareness amongst pregnant women of the importance of reporting reduced fetal movements (RFM), and ensuring providers have protocols in place, based on best available evidence, to manage care for women who report RFM.

Rationale:

Enquiries into stillbirth have consistently described a relationship between episodes of RFM and stillbirth, ranging from the 8th CESDI report published in 2001 to the MBRRACE-UK reports into antepartum and intrapartum stillbirths respectively. In all of these case reviews unrecognised or poorly managed episodes of RFM have been highlighted as contributory factors to avoidable stillbirths. In addition, a growing number of studies have confirmed a correlation between episodes of RFM and stillbirth. This relationship increases in strength when women have multiple episodes of RFM in late pregnancy (after 28 weeks' gestation).

Element 3: Composition

The Shrewsbury and Telford Hospital NHS Trust

Composition:

This element has 5 standards, covering the provision of suitable information to mothers, appropriate induction of labour, and continuous learning within the Trust including comparison with peers' outcomes.

Element 3: Current Position

The Shrewsbury and Telford Hospital NHS Trust

- Provision of Reduced Fetal Movement (RFM) leaflet and discussion before 28 weeks gestation.

✓ Survey of women about RFM, service provision and barriers

✓ Recent audit of notes (April 2021) demonstrated a documented 91% compliance of leaflet provision and a 95% documented compliance of RFM discussed before 28 weeks.

  - This demonstrates a significant increase in leaflet provision since June 2020's audit of a 70% documented compliance.

✓ Our guideline for RFM has been updated and reviewed externally

✓ Dedicated Registrar / Tier 2 doctor covering triage during the day to review women with RFM

Element 3: Care Pathway Developments

The Shrewsbury and Telford Hospital NHS Trust

- ✓ For women presenting with RFM, we have developed a robust care pathway using the Birmingham Symptom Specific Obstetric Triage System (BSOTS).
- ✓ Our version has been approved by the Midlands Clinical Network panel. They will share the pathway as "Good practice".

Questions?

Fetal Monitoring

Element 4: Summary

The Shrewsbury and Telford Hospital NHS Trust

Element Description:

Effective fetal monitoring during labour.

Rationale:

CTG (Cardiotocograph, also referred to as 'Electronic Fetal Monitoring (EFM)).

This is a well-established method of confirming fetal wellbeing and screening for fetal hypoxia (low oxygen in the fetal tissues). In the case of a high risk labour where continuous monitoring is needed, CTG is the best clinical tool available to carry this out. However, CTG interpretation is a high-level skill and is susceptible to variation in judgement between clinicians and by the same clinician over time. These variations can lead to inappropriate care planning and subsequently impact on perinatal outcomes.

Composition:

This element has 7 standards

Element 4: Current Position

The Shrewsbury and Telford Hospital NHS Trust

- ✓ Lead Consultant in place
- ✓ Lead Fetal Monitoring Midwives in place
- ✓ Guidelines updated to include risk assessment at the onset of labour, hourly reviews of fetal wellbeing in both high and low risk labours, hourly fresh eyes for labours with continuous fetal monitoring
- ✓ Continuous fetal monitoring guideline approved by the Midlands clinical network panel
- ✓ Funding approved for expansion of consultant time to deliver Fetal Monitoring training

Element 4: Staff fetal monitoring training

The Shrewsbury and Telford Hospital NHS Trust

Current

- ✓ K2, online package that provides training and competency assessment (this meets the current SBL Care Bundle v2 minimal requirement)
- ✓ Additional fetal monitoring lecture
- ✓ Twice weekly lunchtime fetal monitoring case reviews

Planned

- Full day multidisciplinary mandatory Fetal wellbeing day planned for this year
- Implementation of a competency training document developed by Midlands Clinical Network

Questions?

Element 5

The Shrewsbury and Telford Hospital NHS Trust

Reducing Pre-Term Births

Element 5: Summary

The Shrewsbury and Telford Hospital NHS Trust

Element Description:

Reducing the number of preterm births and optimising care when preterm delivery cannot be prevented

Composition: This element has 19 standards and is divided into:

Prediction	• Assessment of women at booking for the risk of preterm birth
Prevention	• Assessing need for aspirin and smoking status and referral • Access to transvaginal cervix scanning (TVCS) and a clinician with an interest in preterm birth prevention with a clinical pathway for women at risk of preterm birth
Preparation	• Optimising care of women and babies at high risk of imminent preterm birth
Multiple pregnancy	• Risk assessment and management

Element 5: Current Position

The Shrewsbury and Telford Hospital NHS Trust

Data Available for Q3/Q4 for 2020/2021:

- Antenatal Steroids given within 7 days of preterm birth: 59%
  - No National Comparator as this is a new standard
  - Previous National standards (NNAP) used ANY steroid prior to birth
- Magnesium Sulphate given prior to birth under 30 weeks gestations: 91%
  - National Average = 82% (NNAP 2019)
- Babies Born at SATH under 27 weeks: N=2
  - Both reviewed and no option to transfer prior to birth due to rapid delivery
- Birth between 16 weeks and 23+6 weeks: 0.5% in 2020
- Births between 24 weeks and 36+6 weeks: 6.5% in 2020 (internal data).
  - National Average 7.8% in 2019 (ONS Data)
  - NHS England target is 6%

Element 5: Service Expansion

The Shrewsbury and Telford Hospital NHS Trust

- ✓ Appointment of Lead Consultant for Preterm Birth Prevention
  - Provides continuity of clinical care and ultrasound scan support
  - Representation of SATH at regional network meetings
- ✓ Creation of weekly dedicated Preterm Birth Prevention Clinic run by consultant with Interest in Preterm Birth
  - Antenatal Care individualised for each patient, standardised to NICE and SBLv2
  - 630 Appointments offered per year
- ✓ Recent appointment of another new consultant with Interest in Preterm Birth Prevention to increase capacity further and better maintain continuity
- ✓ Introduction of Multiple Birth Clinic

Element 5: Service Improvement

The Shrewsbury and Telford Hospital NHS Trust

- ✓ All new Preterm Birth Prevention Guideline – referral criteria aligned to SBL v2 and management aligned to NICE.
- ✓ Referral pathway to tertiary hospital (Royal Stoke University Hospital) created for complex cases
- ✓ Retrospective Review of all preterm cases where steroids not given within 7 days regardless of outcome.
- ✓ Retrospective review of all pre-term babies where place of birth was outside guidance regardless of outcome

Element 5: Ongoing Developments

The Shrewsbury and Telford Hospital NHS Trust

- Management of Preterm labour and Birth guideline being updated in collaboration with West Midlands Preterm Birth Network

- Enhanced Delivery predication testing
  - Quantitative Fibronectin
  - QUIPP app

- Work to extend preterm care to Pre conception for women at very high risk and post natal clinics to prepare for future pregnancies

- Strengthening of in-utero Transfer Pathways in collaboration with West Midlands Neonatal and Preterm Networks

Questions?

Additional Transformation Plans

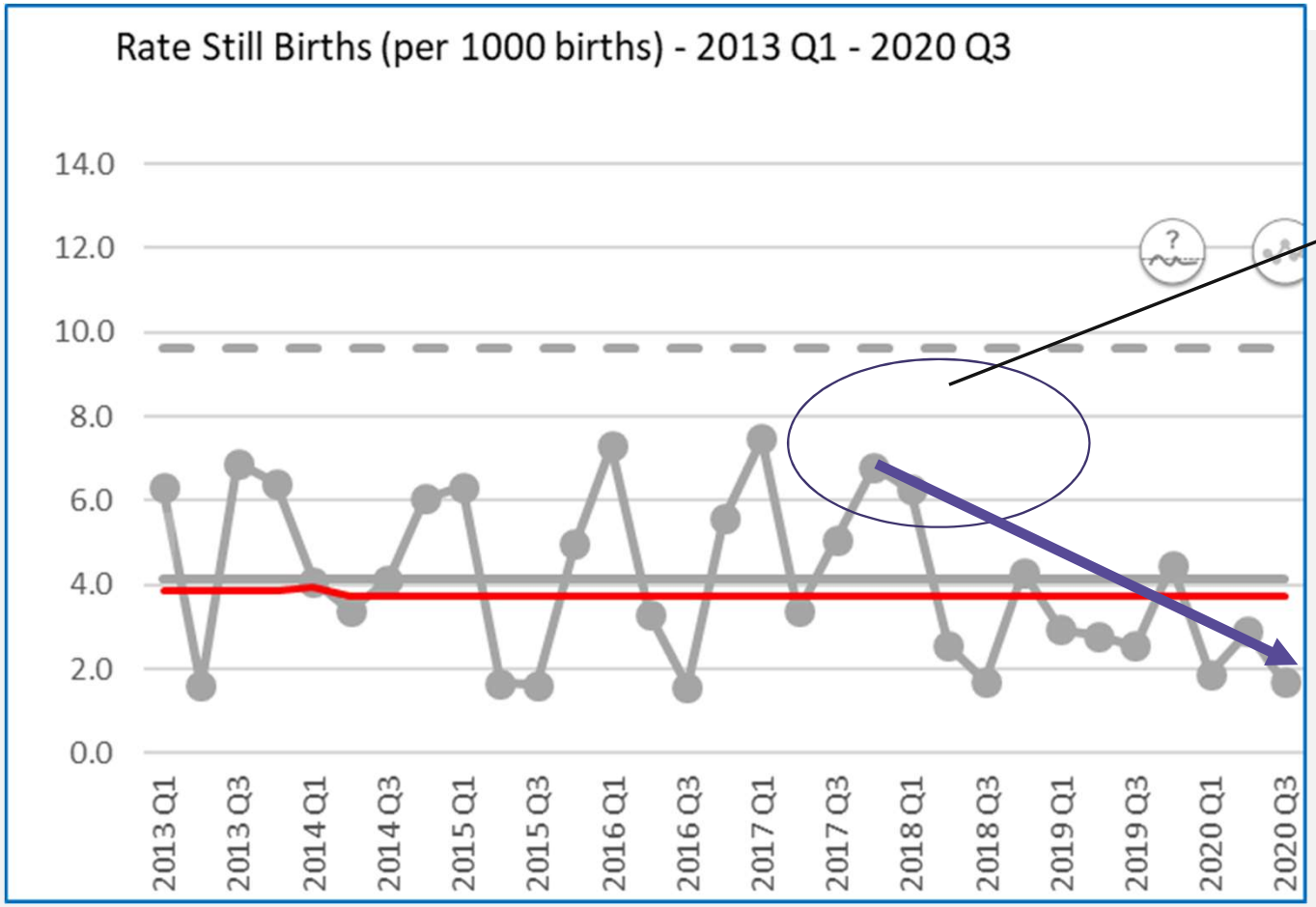
The Shrewsbury and Telford Hospital NHS Trust

- This year will see SaTH's maternity information system changing to Badgernet.

- This system is programmed with:
  - SBLCB related risk assessments and prompts

What is the outcome so far?

Stillbirth rate per 1000 births – SaTH 2013-20



2017 additional funding secured for CTG training
2018 SBL serial growth scans commenced

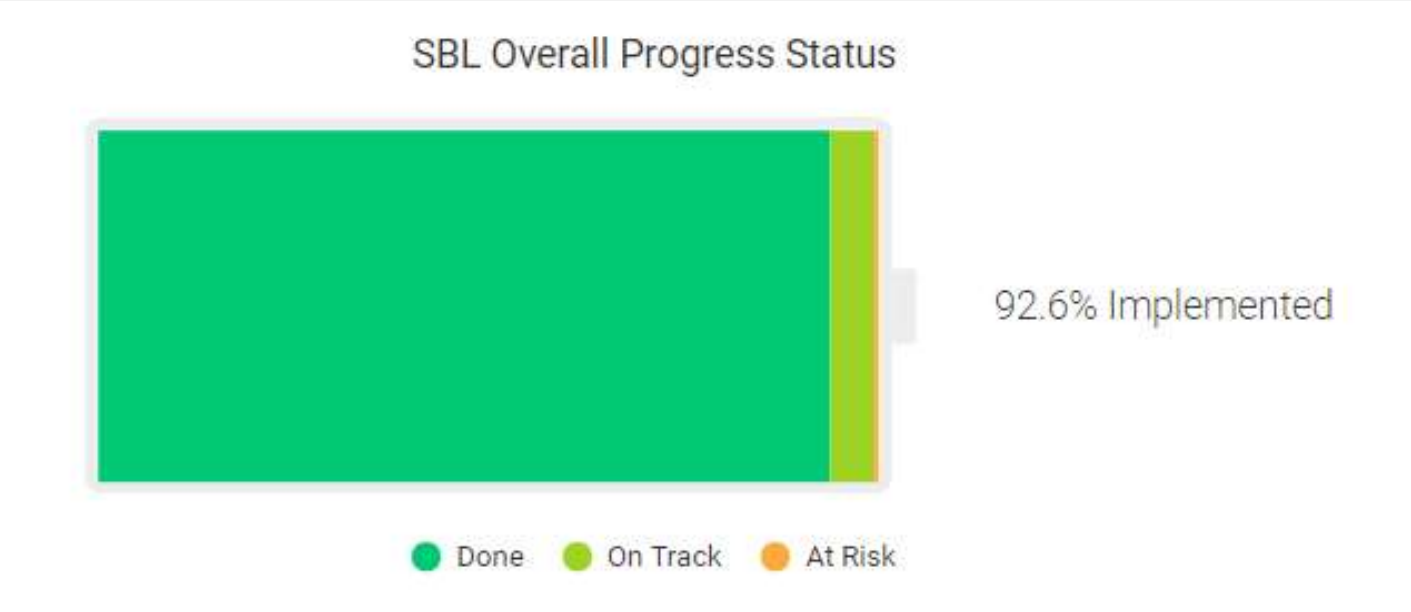
Latest validated data suggests a downward trend in the stillbirth rate.

Next Steps

Next Steps

The Shrewsbury and Telford Hospital NHS Trust

- As seen in below chart positive progress is being made to deliver the SBL Care Bundle v2



- SBL data will be validated at the Maternity Transformation Assurance Committee on 13 July 2021.