

Report	Saving Babies Lives Quarterly Report			
Executive Lead	Hayley Flavell, Director of Nursing			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	✓	Safe	✓
	Our people		Effective	✓
	Our service delivery	✓	Caring	✓
	Our partners		Responsive	✓
	Our governance	✓	Well Led	
	Report recommendations:		Link to BAF / risk:	
	For assurance	✓	BAF 1, BAF 2 BAF 3, BAF 4 BAF 7, BAF 8	
	For decision / approval		Link to risk register:	
	For review / discussion		CRR 15	
	For noting	✓		
	For information	✓		
	For consent			
Presented to:	Maternity Governance			
Dependent upon	n/a			
Executive summary:	<p>This paper provides an update on the Trust’s progress of ensuring SBLCBv3 is embedding and remaining compliant with the current national and local minimum and stretched ambitions. The data provided is part of a planned review cycle. This information is then shared within a quarterly System SBLCB review meeting where standards and ambition setting are undertaken (see 4.0)</p> <p>Relating to Element 1:</p> <ul style="list-style-type: none"> Carbon Monoxide (CO) testing should be offered to all pregnant women at the antenatal booking and 36 week appointment. Take assurance that the stretch ambition continues to be met for booking and has now met at the 36 week point for the last 6 months. CO monitoring offered at additional antenatal appointments for women who smoke continues has fallen to just above the minimum ambition Alert -Smoking Status updated each time CO monitoring for smokers – has fallen below the minimum ambition. Smoking status at 36 weeks for all women – compliant and above the minimum ambition. <p>Relating to Element 2:</p> <ul style="list-style-type: none"> The numbers of Babies born <10th centile decreased in quarter 1 (additional report 1) Take assurance that our detection and timely delivery of babies suspected of a growth issue are all better than the Perinatal Institutes GAP User average (additional report 1) 			

	<ul style="list-style-type: none"> 91.8% compliance of the initial SFH measurement before 28+6 weeks gestation. This has improved and has met the stretch target I this review period. Appropriate referrals for a growth scan following a SFH measurement was 100% <p>Relating to Element 3:</p> <ul style="list-style-type: none"> There was an 80% compliance of women who attend with recurrent RFM having an ultrasound scan to assess fetal growth by the next working day (Locally set LMNS target ≥80%) <p>Relating to Element 4:</p> <ul style="list-style-type: none"> 3 Standards relating to low risk intrapartum care were reviewed as part of the review cycle. 2 standards met their stretch ambitions. 1 standard (4 hourly peer review) reduced compliance but still met its minimum ambition. Small numbers in this group, 1 out of 5 did not have all the reviews expected. <p>Relating to Element 5:</p> <ul style="list-style-type: none"> There has been a slight decrease in our preterm birth rate (additional report 3). There continues to be an increase in the late preterm iatrogenic births (34+0 – 36+6 weeks) Number of women that delivered preterm that have had a discussion with the neonatal team regarding care options improved from the previous quarter (SBLCBv3 and Ockenden standard) - 2 missed opportunities noted of women that had several inpatient stays with known preterm birth risks Total Perinatal Optimisation Pathway Compliance (Composite metric) although decreased this quarter remains above the locally agreed ambition Note that there are Action Plans within the Preterm report (additional report 2) that are now closed <p>Relating to Element 6:</p> <ul style="list-style-type: none"> Compliance 100% in the 3 standards reviewed this period -Type 1 and 2 diabetics continuous or flash glucose monitoring and having a HbA1C at the beginning of the 3rd trimester in guideline with national guidance.
<p>Appendices</p>	<p>Additional reports (separate documents)</p> <ol style="list-style-type: none"> SBLCB Vn3.0 – Quarterly Assurance Meeting 23/7/24 Quarter 1 2024-25 SGA and FGR review Quarter 1 2024-25 Preterm review Periprem passport Audit
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1.0 Introduction.

- 1.1 The Saving Babies Lives (SBL) care bundle is designed to reduce perinatal mortality, and its implementation constitutes Safety Action 6 of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS), of which SaTH is a participant.
- 1.2 SaTH is now completed delivery of CNST year 5(2023-24), which includes implementation of SBL version 3.
- 1.3 The purpose of this paper is to:
 - 1.3.1 Provide updates to the Maternity Governance committee on the SBLCBv3 standards dependent on their planned review cycle.
 - 1.3.2 Provide quarterly reports of information which require sharing (as per SBLCBv3) with the Trust Board and LMNS.

2.0 Background.

- 2.1 The first version of the Saving Babies' Lives Care Bundle (SBLCB) was published in March 2016 and focussed predominantly on reducing the stillbirth rate¹. The care bundle was designed to deliver the then Secretary of State for Health's announced ambition to halve the rates of stillbirths, neonatal and maternal deaths, and intrapartum brain injuries by 2030, with a 20% reduction by 2020. The care bundle consisted of four standards.
- 2.2 In November 2017, as part of the National Maternity Safety Strategy, the national ambition was extended to include reducing the rate of preterm births from 8% to 6% and the date to achieve the ambition was brought forward to 2025². This is reflected in the NHS Long Term Plan.³
- 2.3 The second version of the care bundle was published in 2019 and included a fifth element: 'Reducing preterm birth'.⁴
- 2.4 The NHS has worked hard towards the national maternity safety ambition, to halve rates of perinatal mortality from 2010 to 2025 and achieve a 20% reduction by 2020. ONS data showed a 25% reduction in stillbirths in 2020, with the rate rising to 20% in 2021 with the onset of the COVID-19 pandemic. While significant achievements have been made in the past few years, more recent data shows there is more to do to achieve the Ambition in 2025 period (SBLCBv3).
- 2.5 The 3rd version of the care bundle (SBLCBv3)⁵ was released in June of this year. Building on the achievements of the previous versions, Version 3 includes a refresh of all existing elements, drawing on national guidance such as from NICE or RCOG Green Top Guidelines, and frontline learning to reduce unwarranted variation where the evidence is insufficient for NICE and RCOG to provide

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/03/saving-babies-lives-car-bundl.pdf>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/662969/Safer_maternity_care_-_progress_and_next_steps.pdf

³ <https://www.longtermplan.nhs.uk/>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2019/07/saving-babies-lives-care-bundle-version-two-v5.pdf>

⁵ <https://www.england.nhs.uk/publication/saving-babies-lives-version-three/>

guidance. It also includes a new, additional element on the management of pre-existing diabetes in pregnancy based upon data from The National Pregnancy in Diabetes (NPID) Audit.

There are now 6 elements of care:

- 2.5.1 Element 1 Reducing smoking in pregnancy
- 2.5.2 Element 2 Fetal Growth: Risk assessment, surveillance, and management
- 2.5.3 Element 3 Raising awareness of reduced fetal movement (RFM)
- 2.5.4 Element 4 Effective fetal monitoring during labour
- 2.5.5 Element 5 Reducing preterm birth
- 2.5.6 Element 6 Management of pre-existing diabetes in pregnancy

2.6 CNST year 6 has been released. Safety action 6 remains.

It now requires Systems to agree their own ambitions.

Safety action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives (SBL) Care Bundle Version Three?

- Removed requirement within MIS for providers to demonstrate implementation of a specific percentage of interventions.
- Agreement of a local improvement trajectory with the Local Maternity and Neonatal System (LMNS), and subsequently quarterly reviews to confirm progress against that trajectory, with optional use of the SBL implementation tool.
- Evidence of work towards full implementation / sustained improvement.
- Evidence of regionally shared learning.

As SaTH has achieved implementation, the focus will be on ensuring the care bundle standards are embedded and continuing to improve.

3.0 The Trust actively participates in engaging with regional and national Trusts and networks developed to share standards, action plans, learning and peer support. Below are the main active groups.

3.1 Regional – NHS England Midlands

- SBLCBv3 Community of Practice – SaTH's Lead Midwife for SBL to commencing chairing role supported by our ICB Quality Midwife
- Midlands Preterm Group (hosted by the Midlands Perinatal Team)- active members participating in developing regional pathways
- Regional Fetal Monitoring group (hosted by the Midlands Perinatal Team)

3.2 National

- SBL forum – support network created for Trusts, currently chaired by SaTH representative
- National Fetal Monitoring network
- Perinatal Institute
- Preterm Midwives Network – linked to UK Preterm Birth Network (represented by SaTH's Preterm Prevention Lead Midwife).
- UK Preterm Birth Network

4.0 Quarterly joint review with system partners

- 4.1 The quarterly meeting was held in July (see additional report 4). The meeting focused on 2 standards that had fallen below their minimum ambition in quarter 4 2024 and standards that have meet their minimum ambition and working towards a stretch ambition. The ICB agreed actions and support where required.
- 4.2 A 2nd meeting was held to discuss review/audit cycles of certain standards. It was agreed due to sustained compliance that the following can become annual reviews (from 6 monthly).

Change to annual

Element 2 and 5

High sustained compliance in the following

1. Perform a risk assessment for FGR by 14 weeks gestation using an agreed pathway
2. Assessment of all women at booking for their risk of preterm birth and stratification to low, intermediate and high-risk pathways

Includes

- Aspirin review
 - Smoking status
 - Vitamin D
 - Uterine artery doppler referral (element 2)
 - MSU (element 5)
 - Referral to and seen in Preterm clinic/cervical length assessment (element 5)
3. Risk assessment and management of growth disorders in multiple pregnancy should comply with NICE guidance
2 reports 6 months apart 100%
4. Element 3 (all standards)
- RFM information
 - Computerised CTG
 - recurrent RFM are offered an ultrasound scan by the next working day to assess growth.
 - Percentage of stillbirths which had issues associated with RFM management identified using PMRT
 - Rate of IOL when RFM the only indication prior to 39 weeks

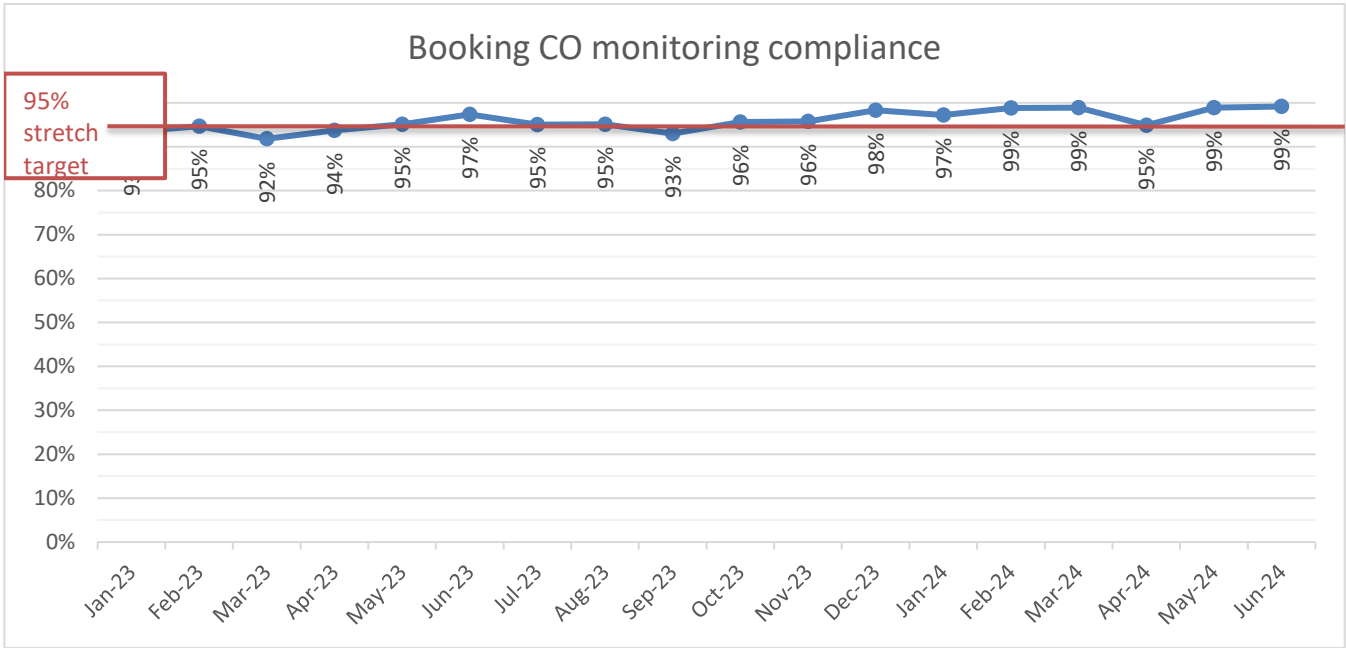
Discussed ongoing format for E12 and 5 quarter reports – it was agreed by the ICB that the data provided within the individual reports could be added to the SBL quarter report if required to reduce reporting volume.

5.0 Ambition review on Element 1: Reducing smoking in pregnancy

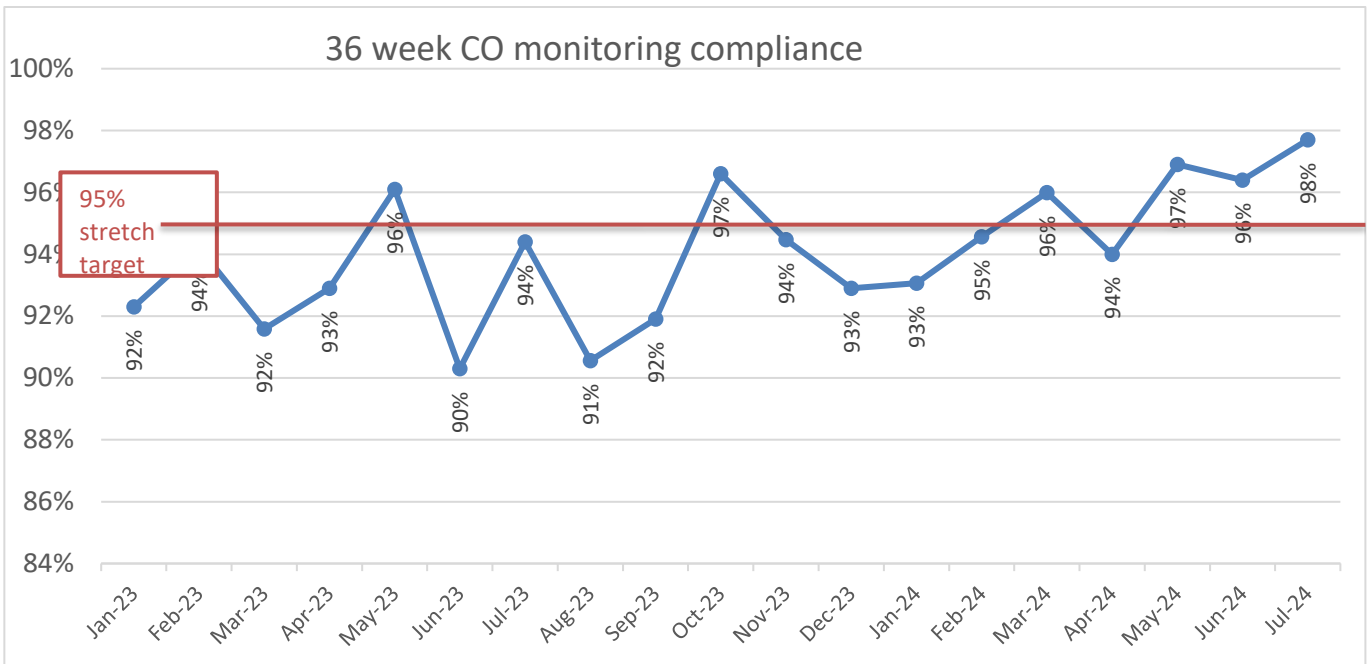
5.1 Carbon Monoxide (CO) testing should be offered to all pregnant women at the antenatal booking and 36 week appointment

Review period - monthly

5.1.1 Booking - The stretch ambition continues to meet.

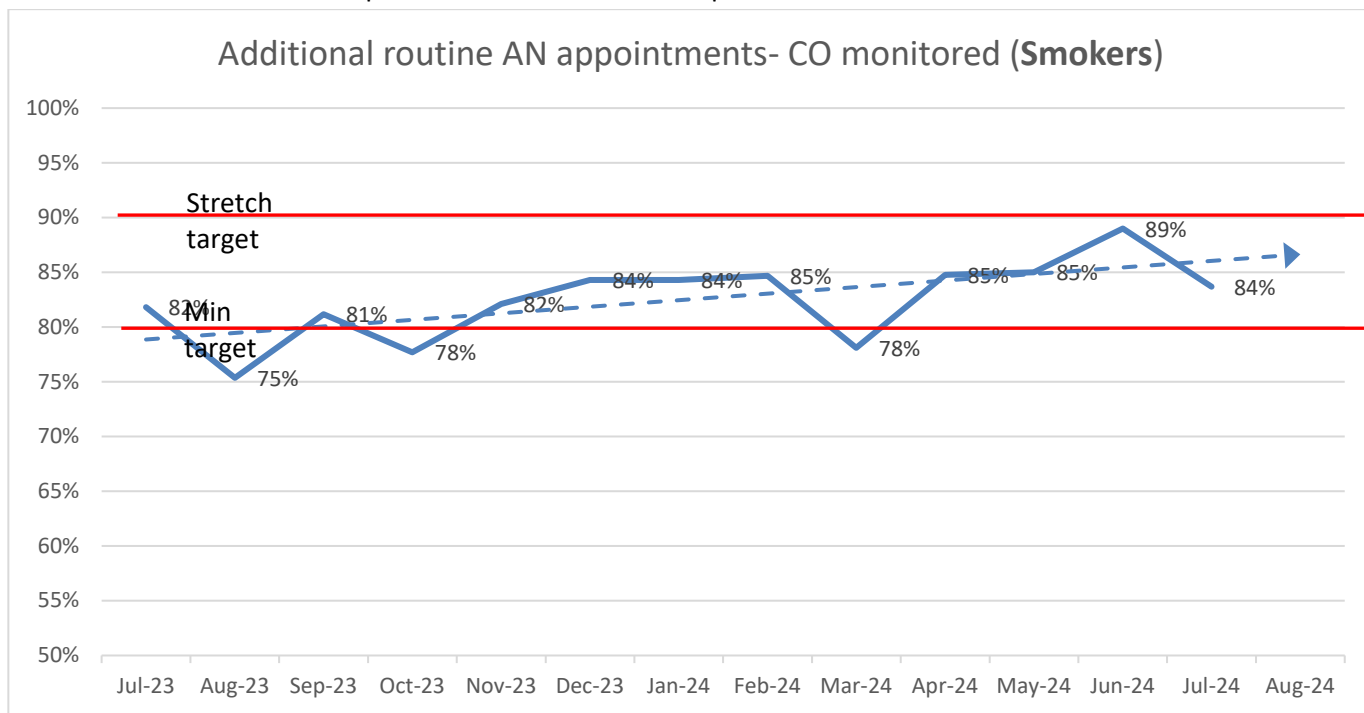


5.1.2 36 weeks -the stretch ambition of 95% has been met for the last 9 months. This standard will continue to be monitored monthly



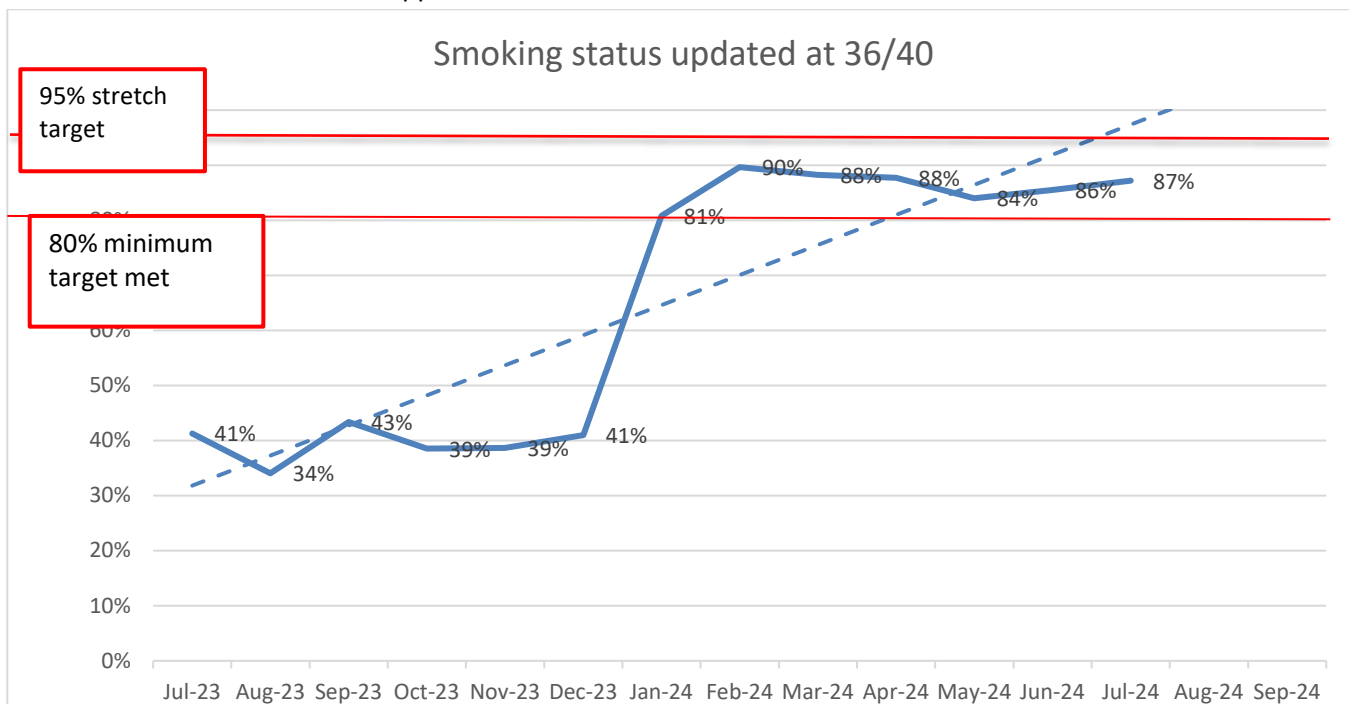
5.1.3 CO testing offered at all other antenatal appointments to groups identified within NICE Guidance NG209⁶ (person that identifies themselves as a smoker).

Compliance has fallen in the last quarter.



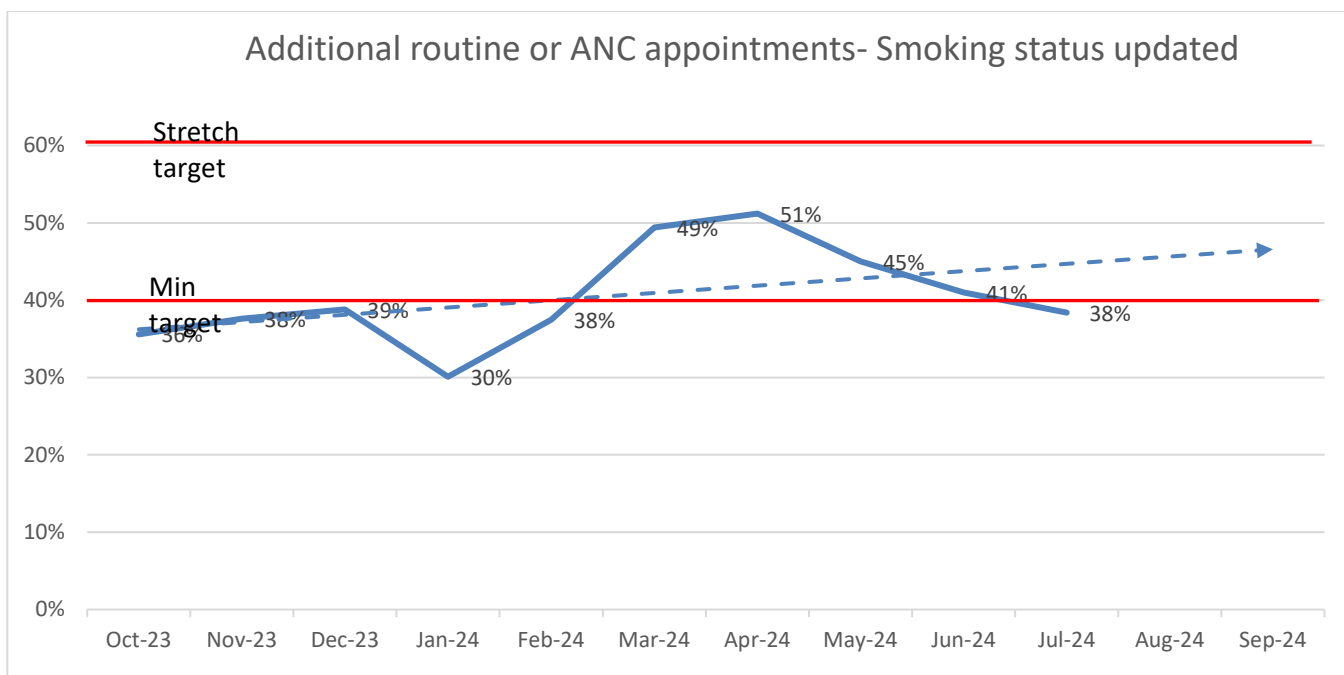
5.1.4 Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded.

5.1.4.1 Compliance for all pregnant women at 36 weeks remains fairly static in the upper 80%



⁶ <https://www.nice.org.uk/guidance/ng209>

5.1.3.2 Compliance for smokers at all routine and ANC appointments when CO monitored has fallen again.



Action plan for 4.1.3 and 4.1.4 (added to Maternity Governance Action tracker)

- Continue monitoring monthly
- Cascade results to Managers
- Report quarterly to Maternity Governance
- Report progress to system partners through the SBLCBv3 quarterly reviews

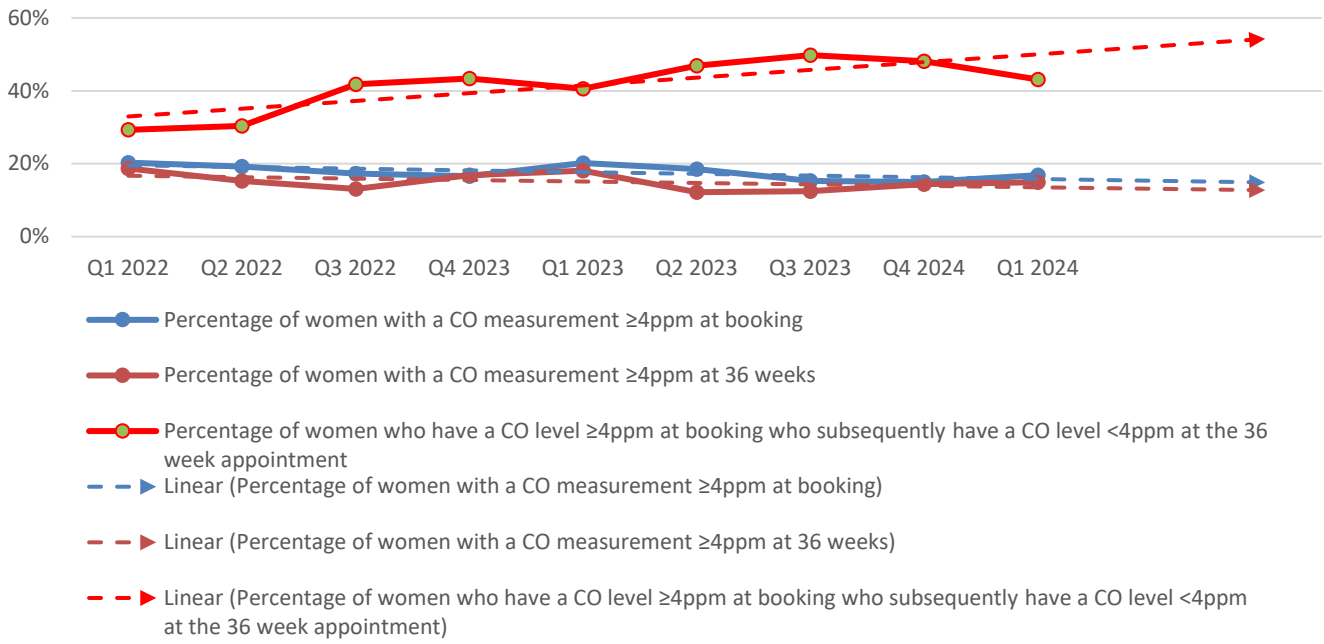
5.1.4 The following are outcome indicators for Element 1

- Percentage of women with a CO measurement ≥ 4 ppm at booking.
- Percentage of women with a CO measurement ≥ 4 ppm at 36 weeks.
- Percentage of women who have a CO level ≥ 4 ppm at booking and < 4 ppm at the 36 week appointment.

The following chart demonstrates SaTH's service user data (extracted from Badgernet) and linear forward trends.

NB – although a positive indicator of a reduction in smoking by 36/40, a small proportion will be non-smokers at booking but had a booking CO of ≥ 4 ppm.

Trends of women with a CO recording $\geq 4\text{ppm}$ at booking and $< 4\text{ppm}$ at 36 weeks

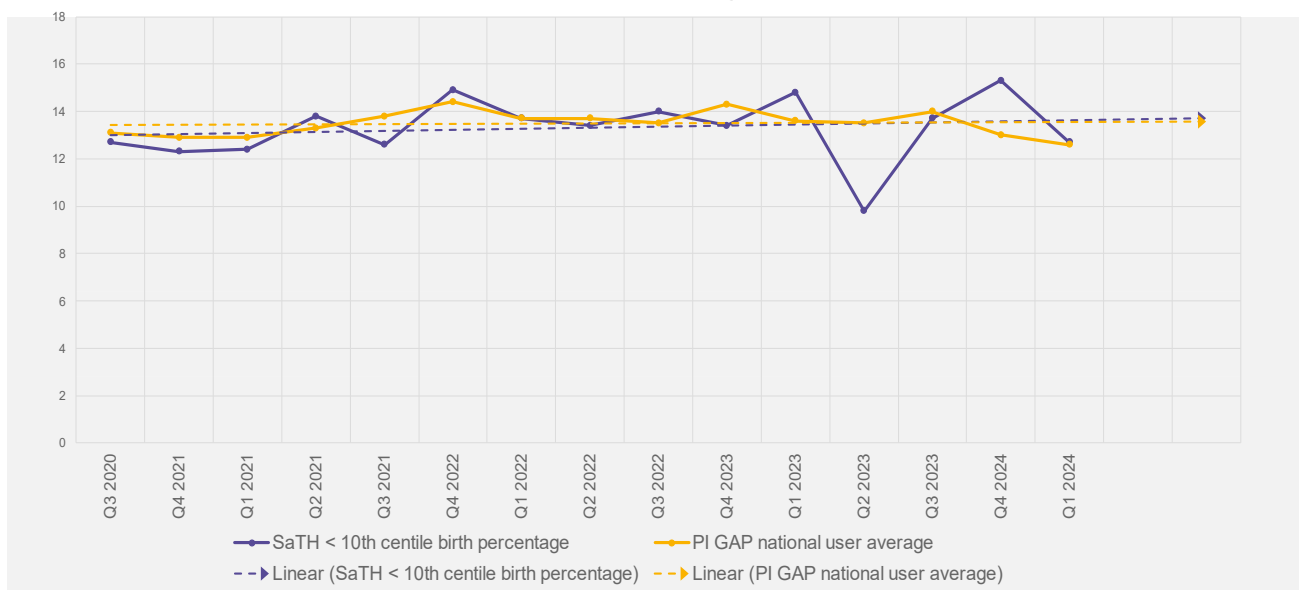


6.0 Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)

6.1 Review of Small for Gestational Age births at SaTH in Quarter 1 2024 (Additional report 2)

6.1.1 Numbers of Babies born $< 10\text{th}$ centile has fallen in quarter 1.

Babies born $< 10\text{th}$ centile at SaTH compared to the perinatal Institutes national GAP User average

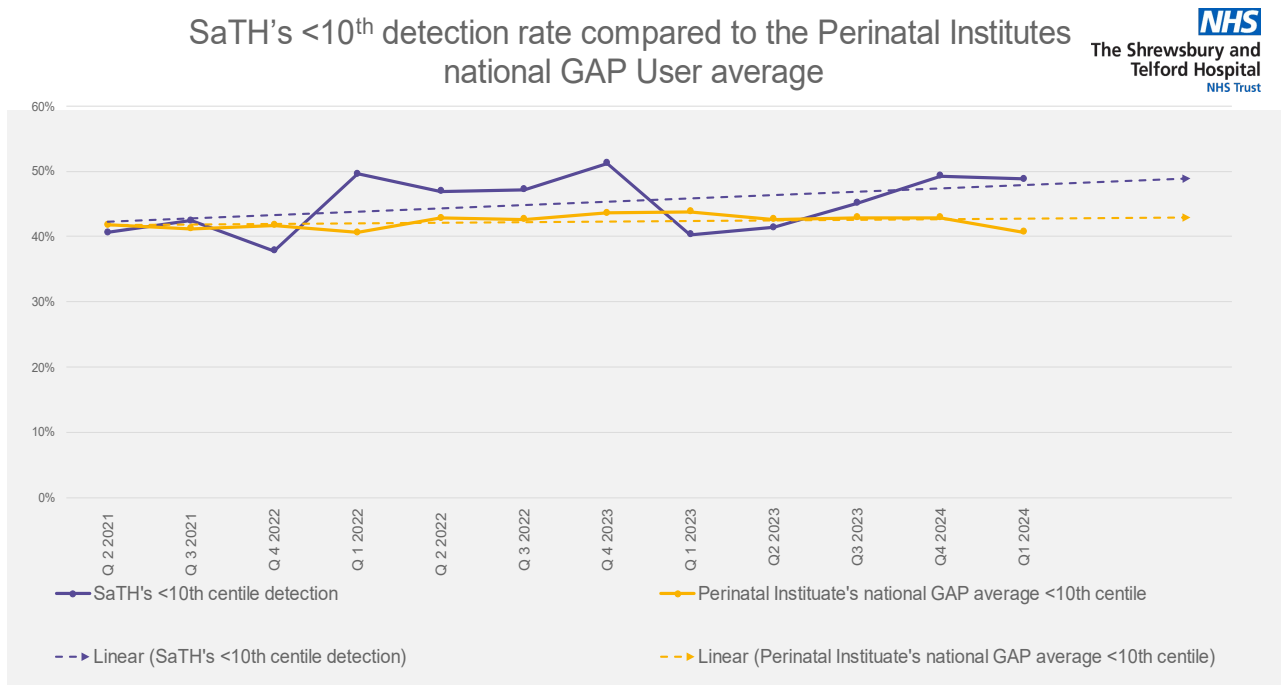


6.1.2 Things in our control i.e. detection and timely delivery are all better than average

6.1.2.1 Antenatal detection (suspected by ultrasound assessment) rate of all babies <10th centile was 48.8% which is better than the PI national GAP average of 40.7%. This continues to be a positive result.

6.1.2.2 Antenatal detection (suspected by ultrasound assessment) rate of all babies <3rd centile was 67.5%, it remains better than the PI national GAP average of 58.5%. This continues to be a positive result.

6.1.2.3 Babies <3rd centile delivered $\geq 38+0$ weeks \uparrow 45.0% although slightly increased it remains better than the PI national GAP average of 53.0%. This continues to be a positive result.



Our Vision: To provide excellent care for the communities we serve

6.2 **Ambition review** -Women who are at low risk of FGR following risk assessment should have surveillance using antenatal fundal height (FH) measurement before 28+6 weeks gestation. They should then be offered further measurements at each antenatal appointment (providing there has been a 2 week gap or a growth scan within 2 weeks).

6.2.1 Initial SFH by 28+6 weeks was 91.8% in the review period. This has increased and has met the stretch ambition.

6.2.2 The review also checked compliance with referrals for SGA/FGR from SFH for a growth scan – the compliance was 100% in 2 Trust guideline standards.

7.0 Element 3: Raising awareness of reduced fetal movements (RFM).

Ambition review on:-

7.1 Proportion of women who attend with recurrent RFM who had an ultrasound scan to assess fetal growth by the next working day (USS not required if growth scan within the last 2 weeks).

7.1.1 Six monthly compliance monitoring – LMNS agreed local ambition \geq 80%.

80% compliance (locally system set compliance 80%)

32 cases indicated in the Badgernet unit report 1/6/24 - 26/7/24

14 cases exclude following case history review

Of the remaining 18 cases

15 cases had a scan by the next working day

3 cases were not scanned by the next working day; however, they were all scanned within

2 working days

8.0 Element 4: Effective fetal monitoring during labour

Ambition review on:- Low risk (IA fetal monitoring).

20 randomly selected births that were monitor by IA (1/7/24 – 13/8/24

8.1 At the onset of every labour, there is a structured risk assessment undertaken which informs the clinicians recommendation of the most appropriate fetal monitoring method at the start of labour.

8.1.1 Stretch ambition met at 95%

8.2 Regular (at least hourly) systematic review of maternal and fetal wellbeing.

8.2.1 Stretch ambition met at 96%

8.3 A buddy system should be used to help provide an objective holistic review for example 'Fresh Eyes' – this should be undertaken at least hourly when CTG monitoring is used and at least four hourly when IA is utilised, unless there is a trigger to provide a holistic review earlier.

8.3.1 Minimum ambition met at 89%. This has fallen from meeting the stretch ambition.

Numbers of low risk women labouring over 4 hours is low. In this review only 5 women met the criteria and it was missed in 1 case. To be noted however there is a positive increase in peer reviews occur more than 4 hourly.

9.0 Element 5: Reducing preterm birth.

9.1 Review of preterm births report Quarter 1 2024 (additional report 3)

9.1.1 Number of women that delivered preterm that have had a discussion with the neonatal team regarding care options improved from the previous quarter (SBLCBv3 and Ockenden standard). 2 missed opportunities noted of women that had several inpatient stays with known preterm birth risks

9.1.2 Implementation of optimisation interventions as a complete preterm perinatal optimisation pathway, including measurement and reporting of overall optimisation pathway compliance (report as a composite metric - proportion of individual elements

achieved. Denominator is the total number of babies born below 34 weeks of gestation multiplied by the number of appropriate elements (eligibility according to gestation))

Perinatal Optimisation Pathway Compliance (Composite metric)

Implementation of optimisation interventions as a complete preterm perinatal optimisation pathway, including measurement and reporting of overall optimisation pathway compliance

Proportion of individual elements achieved. Denominator is the total number of babies born below 34 weeks of gestation multiplied by the number of appropriate elements (eligibility according to gestation)

Inclusive of; Place of birth, Antenatal corticosteroids, MgSO₄, IV intrapartum antibiotic, Delayed cord clamping, Normothermia, MBM.

Total relevant interventions 97

Total interventions achieved 71

Q1 ↓73%

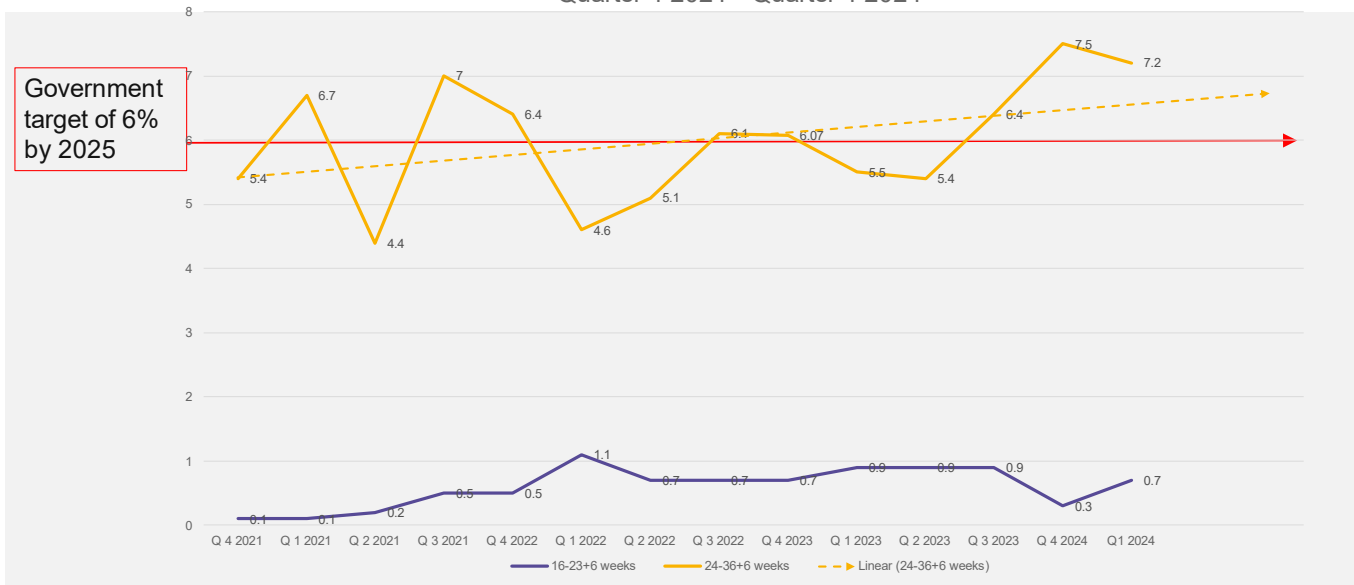
(Locally agreed ambition min 50%, stretch 70%)

9.1.3 The preterm report currently contains **action plans** for the following preterm optimisation standards:

- Place of birth (Singleton infants less than 27 weeks of gestation, multiples less than 28 weeks of gestation, or any gestation with an estimated fetal weight of less than 800g, born in a maternity service on the same site as a neonatal intensive care unit (NICU) – to meet minimum target of 70%.
 - no missed opportunities relating to SaTH's care in Q1 2024
 - This action has closed following discussion with are ICB. Case numbers are very low. Monitoring however, will remain by continuous with case reviews and reported quarterly
- Antenatal steroids – has met and exceeded the stretched target of 55%
 - Although upgraded to green/compliant, – monitoring will remain continuous with case reviews and reported quarterly

9.1.4 The past 2 quarter's show that there has been a slight increase in our preterm birth rate. The increase appears to be in the late preterm group (34+0 – 36+6 weeks)

Incidence of singleton preterm births at SaTH
Quarter 4 2021 - Quarter 4 2024



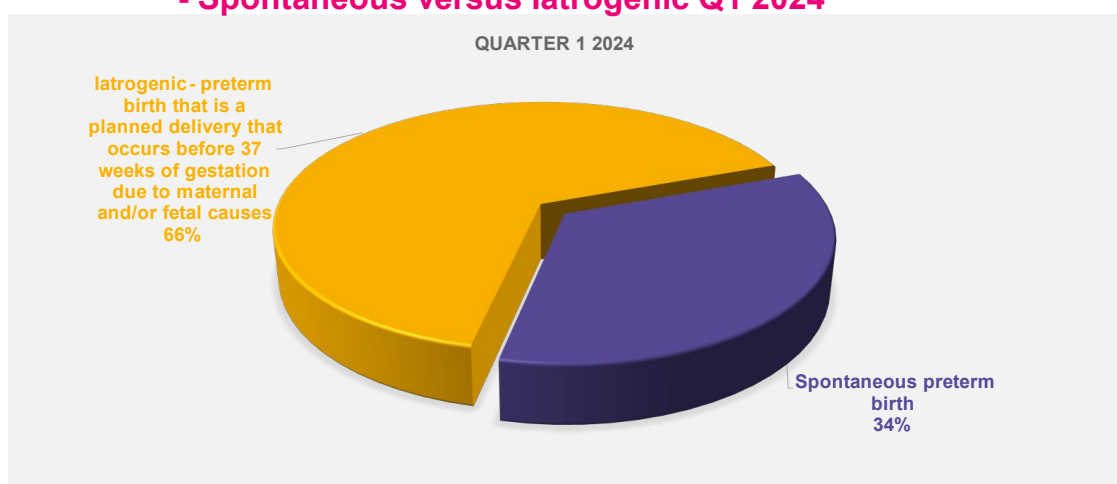
Government target of 6% by 2025

Preterm births < 34 weeks (Extremely preterm to moderately preterm) has remained at a relatively stable rate.

The type of birth, either spontaneous or iatrogenic (a planned delivery that occurs before 37 weeks of gestation due to maternal and/or fetal causes) also follows known recognition that 50% or over of preterm births will be spontaneous in origin.

However, we have had an increase in late preterm births (34 – 36+6 weeks) in the Trust over the last 2 quarters. A review of quarter 1’s late preterm births demonstrated that iatrogenic births were the majority at 66%

**Late Preterm singleton births (34-36+6) weeks
- Spontaneous versus iatrogenic Q1 2024**



The late preterm births will continue to be reviewed over the next few quarters to understand if there are any themes or trends emerging.

- 9.1.4 Preterm Optimisation Passports (Periprem) audit (additional report 4) conducted by the Lead ANNP for Periprem is beginning to show a better use of the clinical and parental passport in the antenatal/intrapartum period.

10.0 Element 6: Management of Pre-existing Diabetes in Pregnancy

Ambition review on:-

- 10.1 Women with type 1 diabetes should be offered real time continuous glucose monitoring (CGM) and be provided with appropriate education and support to use this.
- 10.2 Women with type 2 diabetes should have an objective record of their blood glucose recorded in their hospital records/EPR and be offered alternatives (e.g., intermittently scanned CGM) to blood glucose monitoring if glycaemic targets are not achieved.
- 10.3 Women with diabetes should have an HbA1c measured at the start of the third trimester (between 24+0 and 30+0 weeks).

A retrospective review (August 2024) of 20 Type 1 and Type 2 diabetic women either delivered or not yet delivered but >30 weeks demonstrated compliance of 100% in all 3 standards.