Stillbirths in Wales

The Way Ahead

Welsh Stillbirth Register
Structured Perinatal Review
Fetal Movements
Prolonged Pregnancy
Screening for Growth Restriction
Post Mortem Uptake and Consent
Post Mortem Reporting

Dr R B Beattie (Consultant in Fetal Medicine)
Stillbirths in Wales

General Measures

Public awareness
Stillbirth (1 in 200) and risk factors
10 x more common than Cot Death
3 x more common than Down Syndrome
70% in LOW RISK mothers

Maternal education
Stillbirth
Antenatal care
Reduced fetal movements
Prolonged pregnancy
Obesity
Stillbirths in Wales

Welsh Stillbirth Register

Scale of the problem
Nationally
Health Board

Demographics
Mother
Age
Obesity
Smoking
Hypertension

Baby
Fetal Movements
IUGR not just SGA
Stillbirths in Wales

Welsh Stillbirth Register

190 Stillbirths a year in Wales
- 4 per week
Registration or Monitoring?
Customised birthweight centiles?

All Wales Perinatal Survey  CARIS

Welsh Stillbirth Register
Stillbirths in Wales

Structure Perinatal Review

Current local reviews
ad hoc
unstructured
variable quality
outcomes not captured
rarely leads to change in practice
no way of assessing impact of changes

National reviews
none
Stillbirths in Wales
Structured Perinatal Review

### Standardised Clinical Outcome Review

<table>
<thead>
<tr>
<th>PDN</th>
<th>Investigations</th>
<th>Booking</th>
<th>Antenatal</th>
<th>Labour and Delivery</th>
<th>Neonatal</th>
<th>Postnatal</th>
<th>General</th>
<th>Case Review</th>
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<tbody>
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#### Mother
- **Hospital ID number:**
- **Mother's last name:** Other
- **Mother's first name:** Ann
- **Mother's address (at delivery):** 1 Perinatal Rd
- **Mother's DOB:** 01/01/1991
- **Ethnic origin of mother:** Europe - Ireland
- **Mother born in UK:** Yes
- **Father blood relation (consanguinity):** No relation
- **No. of previous pregnancies:**
  - 24+ wks: 3
  - <24 wks: 2
- **Mat. height (at booking):** 155 cm
- **Mat. weight (at booking):** 67.0 kg

#### Baby
- **Smoking at booking:** No
- **Smoking at delivery:** No
- **1st booking date:** 10/02/2011
- **EDD (by USS):** 12/09/2011
- **Number of fetuses at start of pregnancy:** 1
- **Birth order:** 1
- **Intended unit/place of delivery (at booking):** Specify
  - **Intended unit type:**
  - **Actual unit/place of delivery:** Specify
  - **Actual unit:**
  - **Unit type:**

#### Maternal conditions (pre-existing, in pregnancy or at delivery)
- **Main maternal:** Gestational diabetes
- **Other maternal 1:**
- **Other maternal 2:**

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30 minutes
Stillbirths in Wales

Fetal Movements

Maternal education
Professional education

Professional response and clinical pathway
Audit practice in Wales
RCOG Guidance
Develop Welsh clinical pathway
Set the standards
  Reporting to assessment time
  Auscultation and CTG
  Ultrasound Scan
Monitor or audit pathway?
My Kicks Count!
Listen to Me & My Mummy

A baby’s movements indicate its well being
“Any changes in regular fetal movements should be reported to a Midwife or healthcare provider for further assessment” NICE

Michelle Heaton, Patron of COUNT THE KICKS encourages Mums to listen to their babies.

Supported by Practical Parenting & Pregnancy Magazine

www.mykickscount.org.uk
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Fetal Movements RCOG 2011 – part 1

Women should be reassured that 70% of pregnancies with a single episode of RFM are uncomplicated.

Women who report RFM on two or more occasions are at an increased risk of a poorer perinatal outcome including an increased risk of stillbirth, fetal growth restriction and/or preterm birth.

One Count or Two?
Even after 1 episode 30% have complications!
After 28 weeks of gestation if a woman is unsure whether movements are reduced she is advised to lie on her left side and focus on fetal movement for 2 hours. If she does not feel 10 or more discrete movements then she should contact her midwife or maternity unit immediately. **Target response time?**

If a clinician is presented with a woman reporting RFM, a relevant history should be taken to assess the woman’s risk factors for stillbirth and fetal growth restriction (FGR). **Checklist?**

In most cases a handheld Doppler device can be used to confirm the presence of the fetal heart beat. If the presence of a fetal beat is not confirmed then immediate referral for an ultrasound scan is needed to assess fetal cardiac activity. **Availability?**
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Fetal Movements RCOG 2011 – part 3

Cardiotocographic (CTG) monitoring of the fetal heart rate should be used if the pregnancy is over 28 weeks of gestation and there is still a decrease in fetal movements after fetal viability has been confirmed. CTG monitoring for at least 20 minutes can provide an easily accessible means of detecting any problems. **IUGR excluded?**

Ultrasound scanning can also be used as part of the preliminary investigations of a woman reporting RFM if the perception of RFM persists despite a normal CTG. **Scan after 1 or 2 episodes? When?**
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Prolonged Pregnancy

Maternal education
Professional education

Local clinical pathway
Audit practice in Wales
RCOG Guidance (offer IOL T+10-12)
Develop Welsh clinical pathway
Set the standards
  Offer of induction of labour
  Induction started
  Delivery and outcome
Monitor or audit pathway?
I don't even say "hello" anymore. Every call begins with... "No baby yet."
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Prolonged Pregnancy

Hazard (risk) of stillbirth for singleton births without congenital anomalies by gestational age, 2001–2002

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Screening for Growth Restriction

Technique for S-H Height and using it
Education for professionals

Clinical pathway
Audit practice in Wales
RCOG Guidance
Develop Welsh clinical pathway
Set the standards
Monitor or audit pathway?
S-F Height (30%)
Ultrasound (90%)
Stillbirths in Wales
Post Mortem Uptake and Consent

Why is it important?

Barriers to uptake
- Misinformation (Public and Professional)
- Parental distress
- Delay in releasing body
- Complexity of forms - ?being simplified
- Professionals lack of confidence

Education
- Online
- DVD
- Local teaching sessions
Stillbirths in Wales

Post Mortem Reporting

Standardised reporting and times
(allowing comparison by UHB, region, country)
Outcome linked to Welsh Stillbirth Register

Standardised feedback to parents
Who?
When?
Waiting time for meeting 6-8 weeks?
SPA and DCC  30 minutes?
Where?
Antenatal clinic
Office
Neutral environment – Quiet Room?
“So often as healthcare professionals we sit down with a couple who have lost their baby and talk about how we can work together with them to plan for a better outcome in the next pregnancy.

Its time we got it right first time around.”
Stillbirths in Wales
An Invitation

First International Conference on
Fetal Growth
12-15 September 2012 - Birmingham, UK