



Making Stillbirths Count

Katy Evans, Sally Bryant, Diana Downs, Mary Gardner, Julie Harland, Kim Housham, Mel Robson & Debra Young

Aim

Quality improvement programme to implement the NHS England Saving Babies' Lives Toolkit.

Design

By 31 December 2017, the stillbirth rate in our community (Somerset) will have reduced by 50% and when each case is reviewed, no stillbirth would have been 'avoidable'.

Primary outcome measure

Zero avoidable stillbirths & reducing stillbirths by 50%.

Situation & background

Despite significant reductions in maternal and child deaths, there has been little change in the number of stillbirths in England. We realised that we were in danger of accepting mediocrity for the women of Somerset in terms of this outcome and resolved, as a service, to improve. Reducing stillbirths by 50% became an ambitious, high level aim which staff from the frontline to the Board committed to achieve from January 2015.

Assessment

Through reviews of our recent stillbirths identified that our events could be influenced by the four elements of the Saving Babies Lives Toolkit. We became early implementers of the toolkit and here report the results of our first year working with this.

Implementation

We used a Driver Diagram to focus the work streams, the 4 elements of the Care Bundle being the primary drivers.

A PDSA cycle was used to test changes.

We became an early adopter of the NHS England, *Saving Babies Lives Toolkit*

A Saving Babies Lives Study Day raised awareness with our midwives



Reference: NHS England, Saving Babies Lives. A care bundle for reducing stillbirth. O'Connor, D. (2016). <https://www.england.nhs.uk/wp-content/uploads/2016/03/saving-babies-lives-car-bundl.pdf>

Elements & methods

1. Reducing smoking in pregnancy

- No opt out for referral to Stop Smoking Service
- CO breath test on all women who attend the antenatal screening clinic



- 'Every Cigarette Counts' & 'I Quit' sticker



- Nicotine Replacement patches
- Weekly Risk Perception Clinic
- PA system outside maternity unit uses children's voices, activated when people smoke



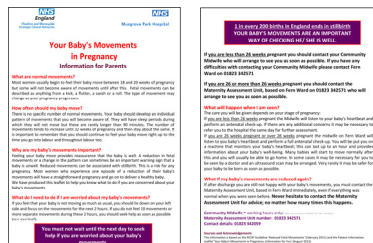
2. Risk assessment and surveillance for fetal growth

- Customised Growth Charts (CGC) for all women
- Sonographers plot EFW on CGC
- Mandatory e-learning for all staff
- New Fetal Growth Assessment Guideline
- Phased approach for the provision of serial scans to 'high risk' women
- On-going notes audit of missed cases of SGA babies
- Learning shared with individuals and discussed on study day



3. Raising awareness of reduced fetal movements (RFM)

- Care Bundle for women who attend DCAU with RFM
- Community midwives give women Baby Movement leaflet at 16 week



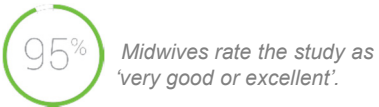
4. Effective fetal monitoring during labour

- Investment in K2 package
- K2 training mandatory
- 'Fresh eyes' & CTG Sticker in place

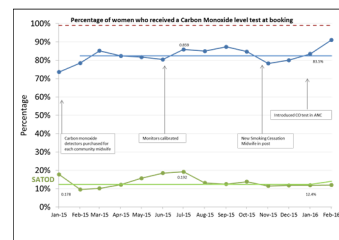
Results & Discussion

Data was collected to monitor compliance with the Saving Babies Lives Toolkit.

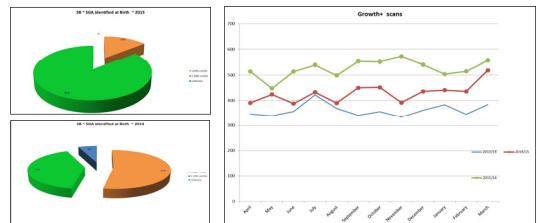
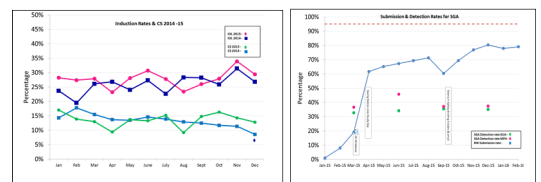
There has been a reduction of 60% in the number of stillbirths, but this decrease needs to be sustained to know if this is fully attributable to the Care Bundle.



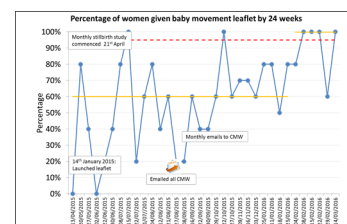
1. Reducing smoking in pregnancy



2. Risk assessment and surveillance for fetal growth



3. Raising awareness of reduced fetal movements



4. Effective fetal monitoring during labour

Compliance with CTG training is increasing. The aim for 2016 is that only staff who are in date with their training will care for women in labour. We recognise the K2 assessment tool has yet to be validated for competency.

Conclusion

The essential elements to the successful implementation of the bundle are leadership, emphasis, maintaining momentum and staff ownership.