

SAVING BABIES LIVES CARE BUNDLE IMPLEMENTATION PLAN

Version Control

Updated on: March 2021

Updated: May 2021


Key


BLUE	GREEN	AMBER	RED
Completed	On track for delivery to timescales	Action not being implemented within timescales	Outstanding

SUMMARY RAG RATING

Element 1	Element 2	Element 3	Element 4	Element 5	Summary
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Saving Babies lives Care Bundle version 2	RAG	LEAD	TIME SCALE	PROGRESS
Element 1: Reducing smoking in pregnancy by carrying out a CO test at booking to identify smokers (or those exposed to tobacco smoke) and referring to a stop smoking service / specialist as appropriate				
1a Are you meeting all requirements of Element 1 of the care bundle?				Overall Summary – processes are in place but not able to evidence compliant with 80% implementation target
1b Does your SOP/guideline include the following:				Included in guideline




i. CO monitoring at booking and additional CO testing throughout pregnancy including the 36 week antenatal appointment with the outcome recorded?				 9.60 - smoking guideline.pdf
ii. Referring expectant mothers with elevated CO levels (≥ 4 ppm) to a trained stop smoking specialist, based on opt out system with a pathway that includes feedback and follow up processes?		KF	January 21	
1c Do the improvement activities include training all maternity staff on the use of the CO monitor and having a brief and meaningful conversation with women about smoking?		KF	March 21	Currently 75% training compliance against required compliance of 100% of relevant staff. Training package now on Closed Facebook page for staff All CO monitors checked and resupplied to areas where required – also extended to DAU, MDAU and Triage
1d If CO monitoring is suspended due to Covid-19, the audit of 40 consecutive cases to assess compliance		KF/MS/SP	March 21	Audit of notes at PCH completed At HH, audit of all notes is being undertaken
Percentage of women where Carbon Monoxide measurement at booking is recorded		KF	July 2021	CO Monitoring has been restored post COVID. <ul style="list-style-type: none"> • AT PCH booking compliance is 96.7% and 65.7% at 36 weeks • At HH booking compliance is 64.6% and data is being collected for 36 weeks booking Daily exception reporting in place with missed women followed up
Percentage of women where CO measurement is recorded at 36 Weeks		KF	July 2021	CO Monitoring has been restored post COVID. <ul style="list-style-type: none"> • AT PCH booking compliance is 96.7% and 65.7% at 36 weeks At HH booking compliance is 64.6% and data is being collected for 36 weeks booking


				Daily exception reporting in place with missed women followed up
1e Have all recorded outcomes of CO testing in pregnancy relating to element 1 activities been recorded on your MIS enabling their submission in MSDS v2.0 monthly submissions		DH/CS	July 2021	Yes though compliance levels needs improving
Element 2 Identification and surveillance of pregnancies with fetal growth restriction				
Are you meeting all requirements of Element 2 of the care bundle?				Overall Summary – processes are in place but not able to evidence compliant with 80% implementation target
2b use of antenatal growth charts for all pregnant women by clinicians who have gained competence in their use		KF/SP/MS	July 2021	Current training compliance is 90% for midwives Audit of all notes shows charts used in 87-90% of cases
2c Does your SOP/guidelines include the following: i Assessing women at booking to determine of a prescription of aspirin is appropriate using the algorithm given in Appendix C of the care bundle or an alternative which has been agreed with the local commissioners (CCGs) following advice from the provider's clinical network?				All elements included in the Trust Policy  9.28 Fetal Growth Assessment and Fet:
ii. Risk assessment and surveillance of women at increased risk of FGR, with triage of women at increased risk of FGR into an appropriate clinical pathway?				
iii. Risk assessment and management of growth disorders in multiple pregnancy in compliance with NICE guidance or a variant agreed locally following advice from the providers Clinical Network?				
2d Women with BMI>35kg/m2 are offered ultrasound assessment go fetal growth from 32 weeks gestation onwards				
2e In pregnancies identified as high risk at booking uterine artery Doppler is performed by 24 completed weeks gestation				


2f Regarding women not undergoing serial ultrasound scan surveillance of fetal growth does your SOP/guidelines include assessment performed using antenatal symphysis fundal height (SFH) charts by clinicians trained in their use?				
2g Does your SOP/guidelines include differentiation between the management of the SGA and growth restricted fetus in accordance with the pathways and guidance outlined in v2 of the SBLCB?				
2h Does your SOP/guidelines include the following: i Following recommended guidance on the frequency of USS review of estimated fetal weight (EFW) when SGA is detected, in accordance with appendix D of SBLCBv2 or a variant agreed locally following advice from the providers Clinical network?				
ii Maternity care providers caring for women with FGR identified prior to 34 ⁺⁰ weeks having an agreed pathway for management which includes network fetal medicine input (for example through referral or case discussion by phone)?				
2i Accepting the proviso that all management decisions should be agreed with the mother in the cases of fetuses <3rd centile and with no other concerning features does your SOP/guideline include the following principles: * initiation of labour and /or delivery should occur at 37 ⁺⁰ weeks and no later than 37 ⁺⁶ weeks gestation * Delivery < 37 ⁺⁰ weeks can be considered if there are additional concerning features, but these risks must be balanced against the increased risk to the baby of birth at earlier gestations?				
2j Does your SOP/guidelines include individualised care of fetuses between 3rd - 10th centile using a risk assessment including doppler investigations, assessment for the presence of any other high risk features such as reduced fetal movements, and the mother's wishes, and in the absence of any high risk features the offer of delivery or the initiation of induction of labour approximately 39 ⁺⁰ weeks?				
2k Ongoing audit and reporting of SGA rates and antenatal detection rates		SP/SK	Mar 21	First Cycle of audit completed

2l There is quarterly audit of the percentage of babies born<3 rd centile>37 ⁺⁶ weeks' gestation		SP/SK	Mar 21	 SGA Audit 2021.ppt
2m Ongoing audit of selected cases not detected antenatally		SK/SP	Mar 21	
Percentage of pregnancies where a risk status for FGR is identified and recorded at Booking		KF	July 2021	Audit completed and compliance is 87% against target of 80%
Percentage of pregnancies where an SGA fetus is antenatally detected and this is recorded on the provider's MIS and included in the MSDA submission to NHS Digital		NG	July 2021	<p>Current detection rates are 2020/21</p> <p>QTR1 35.8% (National 38.5%)</p> <p>QTR2 33.7% (national 40.1%)</p> <p>QTR 3 (national 40.5%)</p> <p>Improvement actions include the recruitment of a Gap and Grow Midwife to progress</p>
Percentage of Perinatal Mortality cases annually where screen and management of FGR was a relevant issue		LC/EB	July 2021	Theme identified and included in Annual report
2m Have all findings for SGA fetuses been recorded on your MIS enabling their submission in MSDS v2.0 monthly submissions?				Included in K2 IT system
<p>Element 3 Raising awareness amongst pregnant women of the importance of detecting and reporting reduced fetal movements (RFM) and ensuring providers have protocols in place, based on best available evidence, to manage care for women who report RFMs.</p>				
3a Are you meeting all requirements of Element 3 of the care bundle?				Overall, Processes are in place and compliance evidence for 2 metrics and data being collected for the third Metric
3b Does your guideline/SOP include providing pregnant mothers with information and an advice leaflet on RFM, based on current evidence, best practice and clinical guidelines?				Included in the guideline

3c Does your guideline/SOP include giving pregnant mothers this information by 28 weeks of pregnancy at the latest?				 9.05 Reduced Fetal Movements Guidelin
3d Does your guideline/SOP include discussing RFM with pregnant mothers at every subsequent contact?				
3e Use of an approved checklist to manage the care of pregnant women who report RFM, in line with national evidence-based guidance				
3f Have all the findings of RFM been recorded on your MIS enabling their submission as Coded Clinical Entry in MSDS v2.0 monthly submissions?				Included in K2 IT system
Percentage of women booked for antenatal care who have received the leaflet information by 28+0 weeks of pregnancy		RT	July 2021	 Reporting reduce fetal movements_Ma Compliance data is 92.5%
3g Audit of management of women presenting with reduced FMs and the monitoring the care				Audit reports 95% compliance and audit scheduled to be repeated in 6 months
3h Percentage of women who attend with RFM who have a computerised CTG				Audit reports 95% compliance and audit scheduled to be repeated in 6 months
Element 4 Effective fetal monitoring in labour				
4a Are you meeting all requirements of Element 4 of the care bundle?				Overall – Training compliance improving with additional sessions being added
4b Ensuring annual multidisciplinary training and competency assessment on cardiotocograph (CTG) interpretation and use of auscultation for staff who care for women in labour? <i>90% of each staff compliance required-</i> <i>-Obs Consultants</i> <i>-Other Obs doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows contributing to the obstetric rota</i>		RT	July 2021	93% of midwives and 86% of Obstetricians have successfully achieved annual competency test Face to face training restarted in October 2020 so full compliance will be achieved by September 2021 and a trajectory is in place

-Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives). Maternity theatre midwives who also work outside of theatres.				
4c What is the percentage of staff who care for women in labour that have undertaken this training in the last 12 months?		RT	July 2021	Midwives 48% Obstetricians 50% Compliance impact by COVID Face to face training restarted in October 2020 so full compliance will be achieved by September 2021 and a trajectory is in place
4d Do you have a system that, irrespective of place of birth, assesses risk at the onset of labour to determine the most appropriate fetal monitoring method, as described in SBLCBv2?				Included on K2 IT System
4e Does your guideline/SOP include a review at least every hour of fetal well-being incorporating the following:				Included in guideline
i CTG or intermittent auscultation				 2.04 Intrapartum Assessment of Fetal
ii reassessment of fetal risk factors				
iii a fresh eyes / buddy system				
iv clear guideline for escalation if concerns are raised through the use of a structured process?				 9.10 Antepartum CTG.pdf
4f Do you have an identified a Fetal Monitoring champion/midwife for a minimum of 0.4 WTE per consultant led unit during which time it is their responsibility to improve the standard of intrapartum risk assessment and fetal monitoring?				1wte in post that covers both sites Revised JD  Fetal Wellbeing Midwife V2.docx
Element 5 Reducing preterm births				
5a Are you meeting all the requirements of Element 5 of the care bundle?				On track with just a few data issues to confirm

<p>5b Does your SOP/guidelines include the following: i Assessing all women at booking for the risk of preterm birth and stratifying to low, intermediate and high risk pathways as per the criteria in Appendix F of the SBLCB v2 document or an alternative which has been agreed with local commissioners (CCGs) following advice from the provider's clinical network?</p>				<p>Included in guideline</p>  <p>3.04 Management of Preterm Delivery :</p>
<p>ii Assessing women with a history of preterm birth to determine whether this was associated with placental disease and a discussion about prescribing aspirin with the woman based on her personalised risk assessment?</p>				
<p>iii All women being offered screening for asymptomatic bacteriuria by sending off a midstream urine (MSU) for culture and sensitivity at booking, and a repeat MSU to confirm clearance following a positive culture?</p>				
<p>iv Having access to transvaginal scanning (TVS) and a clinician with an interest in preterm birth prevention with a clinical pathway for women at risk of preterm birth that is agreed with local commissioners (CCGs) following advice from the providers clinical network (eg UK Preterm clinical network or NICE guidance)?</p>				
<p>5c Does your SOP/guidelines include risk assessment and management in multiple pregnancy compliant with NICE guidance or a variant which has been agreed with local commissioners following advice from the provider's clinical network?</p>				
<p>5d Does your SOP/guidelines include the following: i every provider having referral pathways to tertiary prevention clinics for the management of women with complex obstetric and medical histories including access to clinicians who have the expertise to provide high vaginal (Shirodkar) and transabdominal cerclage?</p>				
<p>ii women at imminent risk of preterm birth being offered transfer to a unit with appropriate and available neonatal cot facilities when safe to do so and as agreed by the relevant neonatal operational delivery network (ODN)?</p>				<p>Included in guidelines Required place of birth audited at network level</p>
<p>iii offering antenatal corticosteroids to women between 24⁺⁰ and 33⁺⁶ weeks, optimally at 48 hours before a planned birth?</p>				<p>Included in guidelines</p>

<p>iv offering antenatal corticosteroids to women between 24⁺⁰ and 33⁺⁶ weeks, optimally at 48 hours before a planned birth? If so to what extent have you implemented this improvement activity?</p>				<p>Added to the maternity dashboard to audit compliance Febuary Compliance is 97.2% against target of 85% To ensure that mandatory field on K2</p>
<p>v offering Magnesium sulphate to women between 24⁺⁰ and 29⁺⁶ weeks of pregnancy; and considering offering magnesium sulphate for women between 30⁺⁰ and 33⁺⁶ weeks of pregnancy, who are in established labour or are having a planned preterm birth within 24 hours? If so to what extent have you implemented this improvement activity?</p>				<p>Included in guidelines  3.15 Antenatal Magensium.pdf Added to the maternity dashboard to audit compliance February Compliance is 100% Against national target of 85%</p>
<p>vi ensuring the neonatal team are involved when a preterm birth is anticipated, so that they have time to discuss options with parents prior to birth and to be present at the delivery?</p>		SP/MS	July 21	<p>Included in policy Latest NNAP data reports compliance of 95%</p>
<p>vii holding a multidisciplinary discussion before birth between the neonatologists, obstetrician and the parents about the decision to resuscitate the baby for women between 23 and 24 weeks gestation? If so to what extent have you implemented this improvement activity?</p>		SP/MS	July 21	<p>Included in policy</p>
<p>5e Have all instances of maternal administration of corticosteroids for fetal lung maturation been recorded on your MIS enabling its submission as in MSDS v2.0 monthly submissions?</p>		DH	January 21	<p>On K2 and Badgernet</p>
<p>5f Audits to be completed: -To measure the percentage of singleton live births of less than 34⁺⁰ weeks occurring more than 7 days after completion of their first course of antenatal steroids</p>		MS/SP	January 21	<p>Compliance achieved – see above</p>

-Percentage of singleton live births (<34 ⁺⁰ weeks) receiving a full course of antenatal steroids, within 7 days of birth (information on MIS data or audit) -Percentage of singleton live births (<30 ⁺⁰ weeks) receiving magnesium sulphate within 24 hrs prior to birth (information on MIS data or audit)				
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