



Mr Mark Drakeford AM
Chair of the Health and Social Care
Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Dear Mr Mark Drakeford,

**Re: The National Assembly for Wales' Health and Social Care Committee's
inquiry into stillbirths in Wales.**

On behalf of Betsi Cadwaladr University Health Board, I would like to thank you for this opportunity to present written evidence to the National Assembly for Wales' Health and Social Care Committee's inquiry into stillbirths in Wales.

As the Associate Chief of Staff for Women's Services and the Head of Midwifery I enclose a local action plan developed to reduce the incidence of stillbirths in North Wales. This document is collated from material provided by colleagues across Betsi Cadwaladr University Health Board and the North Wales Public Health Team.

If you should require any further details or clarification, please do not hesitate in contacting me.

Yours sincerely,

Fiona Giraud
Pennaeth Staff Cysylltiol – Nursio Merched a Bydwreigiaeth
Associate Chief of Staff – Nursing and Midwifery

Betsi Cadwaladr University Health Board
Evidence for the National Assembly for Wales' Health and Social Care Committee into stillbirths in Wales

Upstream Prevention Measures

Known Risk Factor/Elements	Aim	Plan	Progress
Pre-conceptual Care – for specific Medical Conditions prioritised	Babies are born healthy	<ul style="list-style-type: none"> ▪ Complete review of current provision of pre-conceptual advice and support across North Wales in partnership with Local Public Health colleagues. ▪ Develop Action Plan to implement recommendations. 	<ul style="list-style-type: none"> ▪ A review and summary of recommendations has been completed.
Obesity in Pregnancy	Babies are born healthy	<ul style="list-style-type: none"> ▪ Develop a North Wales Obesity Pathway. ▪ Develop a proposal for locality based access to services for weight management. ▪ Build capacity of communities to support healthy eating and prevent malnutrition through enabling community staff to work in partnership with other agencies. 	<ul style="list-style-type: none"> ▪ The Maternity Obesity Pathway has been prioritised by the Health Board. ▪ Pathway Launched as a document at the local Paternity Public Health Conference in North Wales on 3.5.12
Smoking	Babies are born healthy	<ul style="list-style-type: none"> ▪ Implementation of the BCUHB Tobacco Control Plan – which specifies elements relating to smoking cessation in pregnancy. 	<ul style="list-style-type: none"> ▪ 40% of Community Midwives have now been trained to deliver smoking cessation – early intervention messages ▪ and actively signpost women to



Known Risk Factor/Elements	Aim	Plan	Progress
			<p>Stop Smoking Wales Services.</p> <ul style="list-style-type: none"> ▪ Carbon Monoxide testing in pregnancy is to be piloted in the Flint area.
Women living in areas of Social Deprivation	Babies are born healthy	Continued involvement exists with the development of Families First project and with specific projects e.g. Flying Start initiatives in the Community.	Ongoing review of provision in view of population needs accessed annually.
Women from ethnic minority groups	Babies are born healthy	<ul style="list-style-type: none"> ▪ NICE Guidance on Pregnancy and Complex Social factors implemented into local practice guidelines. 	<ul style="list-style-type: none"> ▪ NICE Guidance has been integrated into local policies and practice. ▪ Review of local Maternity, Neonatal, Paediatric and Child Health Services – recommendations reflect local population needs.
Teenage Mothers	Babies are born healthy	<ul style="list-style-type: none"> ▪ Work in partnership with Public Health Wales to introduce the LARC project. ▪ Work in partnership with Children and Young People’s Clinical Programme Group to develop local equal access to sex and relationship education in schools across North Wales. ▪ Teenage Pregnancy Midwife in post. 	<ul style="list-style-type: none"> ▪ Local roll out of project in planning phase. ▪ Ongoing.
Alcohol	Babies are born healthy	<ul style="list-style-type: none"> ▪ In partnership with local Public Health Wales review evidence to inform and develop a systematic coordinated approach to addressing Alcohol and Substance Misuse in pregnancy – 	<ul style="list-style-type: none"> ▪ National developments noted within Public Health. Local delivery of key messages to women ongoing as routine



Known Risk Factor/Elements	Aim	Plan	Progress
		linking to Public Health Institute work.	care.

Evidence Based Practice – Antenatal Prevention

Guidance/Practice	Aim	Progress
NICE Antenatal Care Guidance: routine care for healthy pregnant women.	Babies are born healthy	<ul style="list-style-type: none"> ▪ Local practice and Guidance are based on these guidelines. ▪ Regular Audits are undertaken to ensure care reflects guidance. ▪ Pregnancies at risk of complications and stillbirth are identified at booking and continually risk assessed throughout pregnancy and at each clinical contact – and high risk women are appropriately referred to the Obstetric Team or other relevant medical teams/agencies as clinical needs determine. Care is then coordinated by the named midwife in line with Midwifery 20:20. ▪ Bespoke Care Plans are then developed to maximise wellbeing and reduce risk in line with local evidence based guidance. ▪ Previous history of pregnancy complications and stillbirth are referred to the obstetric team and a specific plan with monitoring arrangements is agreed.
Antenatal Screening Wales Guidance and Protocols.	Babies are born healthy	BCUHB complies with the National ASW standards and Guidance. Standards and compliance are monitored on a quarterly basis.
Fetal Growth Screening	Babies are born healthy	Local policies/guidance and practice reflects the NICE Antenatal Care guidance on symphysis fundal height measurement. Any deviation detected is referred appropriately for further



<p>Reduced Fetal Movements (RFM) Introduction of the RCOG – Green-top Guideline 57 – Reduced Fetal Movements.</p>	<p>Babies are born healthy</p>	<p>assessment of need and monitoring.</p> <ul style="list-style-type: none"> ▪ Information for staff and patient has been issued in the last year re. the management of RFM. ▪ Local guidance/pathway for the management of RFM based on the RCOG guidance has been developed and currently out for final consultation before ratification. ▪ Patient information leaflets that reflect the RCOG guidance have also been developed and are awaiting final approval.
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Monitoring/Reporting mechanisms for stillbirths.

- All live births and stillbirths are reported to WG as a mandated quarterly summary on the QSI.
- All stillbirths are reported to the All Wales Perinatal Survey.
- Stillbirths are reported monthly to the Women’s CPG Board on the RCOG Maternity Dashboard.
- All stillbirths are reviewed internally by the Women’s CPG and lessons learned shared across the service.
- All intrapartum stillbirths are reported to WG and an appropriate SIR is convened. Recommendations and action plans on any learning are monitored by the Women’s CPG, by the local Patient Safety Group, within the Health Board and update provided directly to WG as per schedule.

National Developments – 1000 lives – National Stillbirth Working Group Scoping Exercise

- A BCUHB Lead will be identified to lead on this work and feedback to the scoping exercise.