GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Our Ref:

Via Committee Clerk
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

28th May 2012

Dear Mr Drakeford,

Inquiry into stillbirths – evidence from Powys teaching Health Board

I am pleased to provide evidence to the Committee in relation to the inquiry on still births. I would be content to give oral evidence as required. I understand that the Committee will:

> Examine the awareness, implementation and effectiveness of current guidance and recommendations across the different sectors with regard to stillbirth prevention, especially in relation to poor fetal growth and reduced fetal movements, and where potential improvements can be made.

Still birth is a tragic occurrence and one which within Powys teaching Health Board is considered within both strategy and practice. The evidence intends to give a perspective on both.

Strategy

Within the teaching Health Board the issue of population health attracts a high priority. There are a number of key strategic documents that articulate this and the actions being taken to improve the health of the people of Powys. It is recognised that, apart from factors unknown, significant lifestyle or similar risk factors exist that increase the potential for a stillbirth to occur. These risk factors include:

- Smoking
- Alcohol
- Obesity
- Social deprivation factors
- Ethnicity factors
- Teenage pregnancy

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We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board

The strategic approach therefore to improving public health, with specific emphasis on certain groups is evident through:

- One Powys Plan – a joint strategic plan for Powys, developed and delivered by statutory and non-statutory organisations and led by the Local Service Board. This plan is based on needs assessment of the population and focuses on aspects such as, but not exclusively, health and wellbeing, education and lifelong learning, economic development, and community safety.

- Vision for Maternity Services in Wales and locally within Powys the Powys teaching Health Board Maternity Strategy. This focuses on the key issue of public health particularly of women pre-conception as well as during and after pregnancy, enabling children to have a good start in life.

- Our Healthy Futures (WG Public Health Plan) and locally the tHB Annual Plan 'Improving Health and Wellbeing' focusing specifically on reduction in tobacco usage, healthy level of alcohol usagel, healthy weight management, healthy exercise, etc.

Ensuring that every healthcare professional has an active role in promoting public health is important and for some healthcare professionals actively working with, supporting and coaching people to modify their lifestyle is an increasingly core part of their role. Enabling that to happen in reality is a core part of the development work already underway in the Health Board and this is reflected in the Powys teaching Health Board Annual Plan and its Nursing and Midwifery strategy for example.

Practice

The teaching Health Board endeavours to work to NICE guidance (National Institute for Clinical and Healthcare Excellence). In addition local policies and protocols further enhance the practice of practitioners. Practice, particularly of midwives in Powys, focuses on 3 key areas:

1. Initial assessment and care planning:

All local practice and guidelines are based upon the relevant NICE guidance i.e. antenatal care guidance: routine care for healthy pregnant women. Women identified as at risk of complications and/or with a previous history of pregnancy complications and stillbirth are identified at initial contact with the service and referred to the appropriate obstetric teams. All women are continuously risk assessed throughout pregnancy, with formal reviews at 28 and 36 weeks of pregnancy. Where required they are referred to the appropriate obstetric/medical teams. All women have a named midwife who is responsible for coordinating care and all women have an individual care plan developed at initial assessment which is reviewed and revised at each contact. Compliance against key areas is audited throughout the year.

2. Fetal growth screening

Fetal growth screening is a key practice that supports the identification at all stages of pregnancy of concerns or potential concerns that could impact on a healthy birth. The Maternity service in Powys uses the customised growth charts for all pregnancies. Working practice is based upon the West Midlands Perinatal Institute guidance for fetal growth screening.
Local guidelines reflect NICE guidance and workshops are held to provide ‘refresher’ training for midwives in relation to the mechanisms for measurement and thresholds for referral to obstetric services.
Where fetal growth becomes an issue of concern the women involved is referred to an obstetrician for further review.

3. Reduced fetal movements

In relation to the practice of surveillance and management of fetal movement, midwives discuss and document in hand held records at each contact the fetal movements as outlined by the woman. This includes feeling fetal movement. We do not encourage women to routinely chart or count movements as per NICE (2008) guidance, current levels of evidence do not demonstrate that routine kick charting improves outcomes. We advise women however to contact their midwife if any change in the pattern of movements so that review can be undertaken at a District General Hospital where amongst other intervention a continuous electronic fetal monitoring can be instigated.

A more detailed account of the current practice, practice improvement plans and challenges is included as an appendix.

Reviewing practice, learning and improving

The teaching Health Board has a range of mechanisms for reviewing practice, learning and improving. These include case reviews, Perinatal Mortality annual reviews involving Executive Clinical leaders; the reporting of incidents of concern both under the Serious Incident guidance from Welsh Government and to Local Supervising Authority. As services to the population of Powys are delivered in partnership with other Health Boards and Trusts, it is and has been essential that our mechanisms reflect those pathways and those relationships are built in order that review of practice across organisational boundaries takes place.

I hope this is helpful to your Committee, however please do not hesitate to contact me for any clarification or further detail.

Yours Sincerely

Carol Shillabeer
Nurse Director

Executive Lead for Maternity Services

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The National Assembly for Wales' Health and Social care Committee's inquiry into stillbirths in Wales.

	Current practice	Plans	Challenges
Initial assessment and care planning	All local practice and guidelines are based upon the relevant NICE guidance i.e. antenatal care guidance: routine care for healthy pregnant women. Women identified as at risk of complications and/or with a previous history of pregnancy complications and stillbirth are identified at initial contact with the service and referred to the appropriate obstetric teams. All women are continuously risk assessed throughout pregnancy, with formal reviews at 28 and 36 weeks of pregnancy. Where required they are referred to the appropriate obstetric/medical teams. All women have a named midwife who is responsible for coordinating care. All women have an individual care plan developed at initial assessment which is reviewed and revised at each contact. Compliance against key areas is audited throughout the year.		
Obesity in pregnancy	Local guidelines are based upon NICE	Development of local	Whilst PtHB guidelines

	Current practice	Plans	Challenges
	guidance. Women with a BMI >30 are offered GTT. Women with a BMI ≥35 are referred for obstetric care. 2010 review of outcomes for mothers and babies completed in relation to BMI at booking	project focusing on weight management during pregnancy – funding sources currently being explored	reflect NICE guidance not all the provider units we refer into comply. This can cause problems in services refusing to undertake requested test i.e. GTT. BMI cut offs for midwife led are may also be different as other provider units do not have to factor in women using a free standing facility.
Smoking Alcohol	80% of midwives have completed early intervention training. 6 midwives have recently completed motivational interviewing training.	Exploration of electronic mechanism for collecting baseline data Develop local guidance in line with fetal alcohol syndrome best practice.	Monitoring baseline data and referrals to smoking cessation and substance misuse teams is currently paper based and unreliable.
Women living in areas of social deprivation Women from ethnic minority groups	NICE guidance integrated into local policies. Midwives work closely with families to signpost to local services and support i.e. Flying Start, Barnardos, Action for Children. Individual care pathways developed as required. Language line and interpreters used as necessary.	Revision of Powys maternity services leaflet – exploration of translation – specifically Polish and Nepalese.	
Teenage mothers	Midwives develop in partnership with		Due to small numbers

	Current practice	Plans	Challenges
	young mothers individual care pathways, where teams are aware of several teenagers opportunities to meet are offered.		teenage mothers often do not have access to peer support.
Fetal growth screening	Customised growth charts are used for all pregnancies. West Midlands perinatal institute guidance used. Local guidelines reflect NICE guidance. Workshops run in last 12 months reminding midwives of mechanisms for measurement and thresholds for referral to obstetric services.	Currently reviewing whether elements of USS, GTT can be provided in Powys within a day assessment service	Access to timely USS can be problematic.
Reduced fetal movements	Midwives discuss and document in hand held records at each contact – Fetal movements discussed and fetal movements felt. We do not encourage women to routinely chart or count movements as per NICE (2008) guidance – however we advise women to contact their midwife if any change in the pattern of movements so that review can be undertaken at DGH Continuous electronic fetal monitoring	Currently reviewing whether elements of fetal monitoring can be provided in Powys within a day assessment unit.	Not all provider units have pathways that reflect NICE guidance i.e. doppler and USS access, formal kick charts.

Monitoring/Reporting

All perinatal deaths are reviewed and reported internally. We actively endeavour to share reviews with partner organisations and where possible ensure a joint review process.

All perinatal cases reported to Welsh perinatal Survey

Lessons learnt are shared with both individual practioners and wider teams.

Where substandard care is identified as a contributing factor to a stillbirth this is reported to Welsh Government SI process and to the Local Supervisory Authority.

1000 lives National stillbirth working group

This work is welcomed by the teaching Health Board. The commitment of the Head of Midwifery has been made and she sits on the steering group representing Heads of Midwifery Advisory Group. Two senior Powys midwives are involved with the 1000 lives implementation.