TVSCN Saving Babies Lives progress report

First published: 10.1.17

Rebecca Furlong TVSCN Network Manager

FeFe Ma TVSCN Quality Informatics Manager

Jane Herve TVSCN Clinical Director Maternity

Table of Contents

Purpose of this report

The purpose of this report is to provide an update to the TVSCN Children and maternity steering group, the Maternity Network Oxford AHSN Steering group and wider stakeholders and partners following the TVSCN Stillbirth audit undertaken in 2014.

Background

In November 2014 the Secretary of State for Health announced a new ambition to reduce the rate of stillbirths by 50% in England by 2030, with a 20% reduction by 2020. Despite falling to its lowest rate in 20 years, one in every 200 babies is stillborn in the UK; this is more than double the rate of nations with the lowest rates. There are currently around 665,000 babies born in England each year with just over 3,000 stillbirths.

Reducing infant deaths and stillbirths is therefore a priority for the NHS and government, captured in the NHS and Public Health Outcomes Frameworks. TVSCN has identified stillbirths as a key priority for the Children and Maternity Network since 2013/14.

In 2013 all Head of Midwifery in Thames Valley including Milton Keynes were asked to take part in a Stillbirth audit for the SCN which would be completed by a midwife in each Trust. The audit included all stillbirths over a six month period December 2013-May 2014. The Network also established an expert group made up of Obstetricians and Midwives who reviewed each case separately. Three groups were defined;

Group 1 – clear explanation independent of care e.g. congenital/genetic abnormality
Group 2 – there is an explanation and it might have been influenced by improvement in care
Group 3 – there is no obvious explanation

The Network TVSCN then brought the expert group together to discuss each case – there were **71 in total** and key recommendations were agreed.

The Expert panel made five recommendations;

1. There is a need for further education of primary care and midwifery staff on features of pre conception and early pregnancy care highlighting the need for things such as aspirin, high dose folic acid and good diabetic care.
2. The measurement of symphysis-fundal height should be standardised across TV/MK and recorded at each antenatal visit.
3. Each Trust should consider whether women who are having serial scans should have either additional scans or the timing of routine scans altered such that late pregnancy is covered.
4. Every professional should be aware of the need for good communication and ensure a full history is available where a woman is moving between providers. Each discharge summary after pregnancy should contain specific advice about the need for any special measures in any subsequent pregnancy and should be provided to the mother.
5. Each Trust should examine how post mortem consent is sought and by whom in order to improve the uptake of post mortem after stillbirth.

The report can be found by using the following link:
http://tvscn.nhs.uk/networks/maternity-and-childrens/maternity/stillbirth-including-local-audit/

The SCN works collaboratively with the Oxford AHSN Maternity Network and the audit results were shared and it was agreed that the AHSN would lead on recommendation 3 which will be discussed in section 3.

The SCN works with NHS England to ensure implementation of the Saving Babies Lives care bundle in each of the acute trusts in Thames Valley. This is discussed in more detail in section 2 of the report.

Section 1: Recommendations 1 and 2

Recommendation 1: Further education of primary care and midwifery staff

The TVSCN Stillbirth audit identified that there was a need for further education of primary care and midwifery staff on features of pre conception and early pregnancy care highlighting the need aspirin, high dose folic acid and good diabetic care. In 2015/16 the TVSCN offered maternity update sessions in each CCG focusing on preconception care for women.

There are 3 cohorts of women where there is a high grade evidence base for the need for pre-conceptual counselling – women with epilepsy, women with type 1 or type 2 diabetes and women with bipolar disorder. The education was undertaken in Slough CCG and in Milton Keynes CCG. A request was made for education sessions requested on perinatal mental health which will be progressed through the TVSCN Perinatal mental health network (PMH) and locality perinatal networks in each CCG. The TVSCN PMH network has regular meetings to lead and support the local transformation work. The TVSCN will be prioritising work around the care of women with diabetes in all CCGs in 16/17.

Recommendation 2: Standardise measurement of symphysis-fundal height by all midwives across Thames Valley

The TVSCN Stillbirth audit expert group felt that the measurement of symphysis-fundal height should be standardised across TV/MK and recorded at each antenatal visit. It was agreed that an education tool was to ensure compliance and consistency. This work was undertaken by the Consultant Midwives and Practice Development midwives who developed a training package. This is now being done as part of mandatory training and aligns to the teaching of the perinatal institute.

Section 2: The Saving Babies Lives Care Bundle

The guidance – called Saving Babies' Lives Care Bundle – is part of a drive to halve the rate of still births from 4.7 per thousand to 2.3 per thousand by 2030, potentially avoiding the tragedy of still birth for more than 1,500 families every year.

The Saving Babies' Lives Care Bundle addresses variation in the still birth rate by bringing together four key elements of care based on best available evidence and practice in order to help reduce stillbirth rates. It supports commissioners, providers and professionals in making care safer for women and babies.
Reducing stillbirth continues to be a priority for the NHS. It is one of the mandate objectives from central government and is included in the NHS England Business Plan 2015-16. It was also included in the 2016-17 business plan, as part of a wider objective to implement the recommendations from the National Maternity Review, which was published on 23 February 2016.

Saving Babies' Lives is designed to tackle stillbirth and early neonatal death and a significant driver to deliver the ambition to reduce the number of stillbirths, bringing four elements of care together:

1. Reducing smoking in pregnancy
2. Risk assessment and surveillance for fetal growth restriction
3. Raising awareness of reduced fetal movement
4. Effective fetal monitoring during labour.

The package was developed by groups brought together by NHS England, including midwives, obstetricians and representatives from stillbirth charities. Though the NHS already follows much of this best practice, this is the first time that guidance specifically for reducing the risk of stillbirth and early neonatal death has been brought together in a coherent package.

The care bundle approach is now a recognised and familiar approach to improvement across the NHS. Care bundles typically bring together a small number of focused interventions designed to effect improvement in a particular disease area, treatment or aspect of care. When implemented as a package, evidence shows that greater benefits are achieved at a faster pace than if those improvements had been implemented individually. The care bundle is being tested and piloted by volunteer maternity care providers and NHS England will consider how to further support implementation nationwide, as part of the National Maternity Review

Progress Saving Babies Lives Care Bundle

The TVSCN works with NHS England to monitor progress in each Trust against the care bundle and the most recent progress can be found in appendix A. NHS England requested in July 2016 (based on March–June 2016 survey) that all Trusts would develop action plans for the 4 elements – for some Trusts this requires ongoing management of the element and no additional action for other Trusts additional action has been required. The plans are in the following tables 1-5

Chart 1: Previous survey 4 result (March to June 2016)

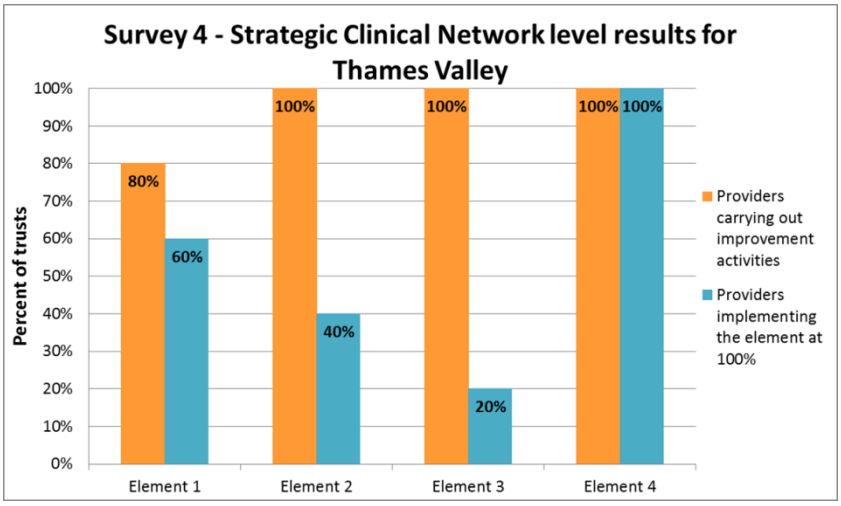

Chart 2: Summary of survey in November 2016

Bucks	FHFT - WPH	MK	Oxford	RBFT
Element 1: Reducing smoking in pregnancy				
Element 2: Risk assessment & surveillance for fetal growth restriction				
Element 3: Raising awareness of reduced fetal movement				
Element 4: Effective fetal monitoring during labour				

Completed and ongoing
Partially completed and action plan

Table 1 Buckinghamshire Healthcare NHS Trust

Saving Babies' Lives Action Plan 16/17 BHT	
Element	**Action plan Nov 16**
Element 1: Stopping smoking – all women to be offered a test to check their carbon monoxide level at their antenatal appointments	Ongoing: Community midwives have CO test portable monitors – provided by PH 2 years ago – this information is recorded in the antenatal notes and on MEDWAY.
Element 2: Monitoring babies' growth during pregnancy – using the GAP Programme that trains midwives to make consistent measurements and use growth charts personalised to the mother's characteristics	Ongoing: The trust is part of the GAP programme – which includes audit. Midwives undergo TV agreed education update as part of their mandatory training to standardise measurement of SFH across TV – which aligns to GAP. The trust reviews the case notes for the unexpectedly exceptionally small SGA babies.
Element 3: Reminding pregnant women of the importance of babies' movements and encouraging units to develop consistent care pathways if a woman phones to say she is concerned	Action: It has not been routine to provide written information to women for RFM it is provided when women raise a concern. However movement of the baby IS discussed at every contact. The trust is now providing an electronic link to the information to women at 28 weeks.
Element 4: Monitoring during labour, with units encouraged to develop a system where 'fresh eyes' double check important CTG traces during labour (the CTG monitors the baby's heart rate and the trace can show if a baby is in distress)	Ongoing The trust uses a buddy system (different terminology but same system as fresh eyes). It is following the FIGO guidance (2015) which is a systematic review every 30 mins and buddy review every hour.

Table 2 Royal Berkshire NHS Trust Foundation Trust

Saving Babies' Lives Action Plan 16/17 RBFT	
Element	**Action plan Nov 16**
Element 1: Stopping smoking – all women to be offered a test to check their carbon monoxide level at their antenatal appointments	Ongoing: The trust has undergone training to community midwives to ensure the CO testing is done and documented in the notes and onto CMIS. The women are offered smoking cessation from a commissioned provider. RBFT has the correct number of CO monitors.
Element 2: Monitoring babies' growth during pregnancy – using the GAP Programme that trains midwives to make consistent measurements and use growth charts personalised to the mother's characteristics	Ongoing: Midwives undergo TV agreed education update as part of their mandatory training to standardise measurement of SFH across TV. The trust plots the SFH on a growth chart but is not part of the GAP programme. It undertakes audits and will be repeated the regional AHSN SGA audit.
Element 3: Reminding pregnant women of the importance of babies' movements and encouraging units to develop consistent care pathways if a woman phones to say she is concerned	Ongoing: RBFT have a CQUINN attached to this part of the care bundle – to implement and audit compliance. They have a complete new pathway guideline for RFM which includes a flowchart when a women presents/calls with concerns. The trust uses the charity kicks count which includes leaflets and stickers to promote the correct advice to be given to women and when to contact for advice which has also been communicated to the GPs as well. The pathway guideline would be an example of good practice and has been shared with the TV when needed.
Element 4: Monitoring during labour, with units encouraged to develop a system where 'fresh eyes' double check important CTG traces during labour (the CTG monitors the baby's heart rate and the trace can show if a baby is in distress)	Ongoing improvement: Undertake annual assessment of CTG monitoring/K2 and face to face. Step change the trusts has now introduced K2 guardian which has various components -central CTG monitors/CTG looked at in real time and can go back via electronic archive. The electronic intrapartum record links with the CTG. Currently K2 guardian is available in delivery suite, DAU and Theatre.

Table 3 Frimley Health NHS Foundation Trust

Saving Babies' Lives Action Plan 16/17 FHFT	
Element	**Action plan Nov 16**
Element 1: Stopping smoking – all women to be offered a test to check their carbon monoxide level at their antenatal appointments	All women are offered CO monitoring at booking, but they can opt out if they wish. The CO monitors are also in every clinical and all midwives are trained to use them so they can be used at any contact if required. Solutions4health provide the smoking cessation service when women are referred to them. They also have a stand in clinic so they can speak to women and their partners directly and they also visit the antenatal and postnatal wards on a regular basis to offer their services to women also.
Element 2: Monitoring babies' growth during pregnancy – using the GAP Programme that trains midwives to make consistent measurements and use growth charts personalised to the mother's characteristics	Ongoing: Part of GAP programme. They are continually auditing that all women are having a customised growth chart generated and where there are any issues, these are addressed. Also, the GPs see all women for 3 of their appointments and they have been trained in the gap and grow, and their training is being updated regarding this and they are offered a free training session. Midwives undergo TV agreed education update as part of their mandatory training to standardise measurement of SFH across TV.
Element 3: Reminding pregnant women of the importance of babies' movements and encouraging units to develop consistent care pathways if a woman phones to say she is concerned	Full implementation and audit undertaken annually. The RFM checklist is a cross site venture and is being implemented across both sites.
Element 4: Monitoring during labour, with units encouraged to develop a system where 'fresh eyes' double check important CTG traces during labour (the CTG monitors the baby's heart rate and the trace can show if a baby is in distress)	Full implementation and audit undertaken annually.

Table 4 Oxford University Hospitals NHS Foundation Trust

Saving Babies' Lives Action Plan 2016/17 OUHFT	
Element	**Action plan Nov 16**
Element 1: Stopping smoking – all women to be offered a test to check their carbon monoxide level at their antenatal appointments	1. Due to insufficient numbers of carbon monoxide monitors (cost to supply to all midwives would be about £6000) the plan is to centralise carbon monoxide testing onto 2 sites: Banbury and Oxford. This will be offered in the ultrasound department during their first trimester scan. This will be piloted in Oxford at the JR in October 2016 for 3 months. This will be documented in the notes. 2. Pathway is clear if high reading – opt in. Not opt out because of a high (more than 75% DNA rate) to smoking cessation clinic. 3. It should be noted that on audit 92% of smokers were offered stop smoking or specialist based on an opt out system – this is clearly documented.
Element 2: Monitoring babies' growth during pregnancy – using the GAP Programme that trains midwives to make consistent measurements and use growth charts personalised to the mother's characteristics	Ongoing: All women are scanned at 36 weeks as part of a growth scan pilot programme to detect SGA which is being led by the AHSN Maternity Network until March 2018. Each woman has an individualised care plan regarding growth scanning, determined by risk factors and the results of Dopplers which are performed at the anomaly scan. The SFH measurements are plotted on to a chart to map growth against the estimated fetal weight. The Midwives undergo TV agreed education update as part of their mandatory training to standardise measurement of SFH across TV.
Element 3: Reminding pregnant women of the importance of babies' movements and encouraging units to develop consistent care pathways if a woman phones to say she is concerned	Ongoing: The Maternity Services agreed to use the information provided by The Kicks Count charity which provides all the information leaflets for women to raise awareness and have been disseminated to GPs/community midwives/hospitals with guidance to midwives. The leaflets should be given out at the woman's booking appointment by 12 weeks. If a woman does ring in with concerns Maternity services do use their triage sheet.
Element 4: Monitoring during labour, with units encouraged to develop a system where 'fresh eyes' double check important CTG traces during labour (the CTG monitors the baby's heart rate and the trace can show if a baby is in distress)	Ongoing: All staff undergo mandatory training through a quiz questionnaire which is continually evaluated. They have a dynamic teaching package.

Table 5 Milton Keynes NHS Foundation Trust

Last updated 18.10.16	
Saving Babies' Lives Action Plan 16/17 MK	
Element	**Action plan Nov 16**
Element 1: Stopping smoking – all women to be offered a test to check their carbon monoxide level at their antenatal appointments	Action: • All community staff have received smoking cessation training June 2016. • Plan to roll out training to hospital based midwives. • Introduction of CO monitoring (now have the right supply for all community midwives). • Phrasing smoking cessation questions in development - plan to implement from July 2016. • CO monitoring to be documented at booking and 36/40 for non smokers and at every appointment for smokers. • All women with CO reading above 4 to be referred unless they opt out
Element 2: Monitoring babies' growth during pregnancy – using the GAP Programme that trains midwives to make consistent measurements and use growth charts personalised to the mother's characteristics	Action. The trust is part of the GAP programme. • "High Risk" women, as per algorithm, to be identified. • Algorithm to be in all clinical areas. • Sticker in notes at booking. • The guideline to be updated – to reflect plan by December 16. • Estimated fetal weight plotted on GROW graph at scan appointment • Current potential to miss small for gestational age fetus. Raise awareness of difference between Hadlock and Grow criteria. • USS staff to plot at growth scan. • Involve USS in guideline development. • Arrange training for USS to plot on GROW chart with Fetal medicine & Scan department. • Evidence of attending training at Perinatal Institute and local training August 2016 - GROW chart accessible to all midwives. • Standardise obstetric review of scans by August 2016. Ensure all obstetric document scan reviews and resulting plan-through the guideline group-and audit. Present and communicate new guideline September 16.
Element 3: Reminding pregnant women of the importance of babies' movements and encouraging units to develop consistent care pathways if a woman phones to say she is concerned	Action: • Documented discussion at every encounter. • Provide leaflet by 16/40 to women-plan for June 16-and to be documented in the notes which the trust plans to audit. • Number of episodes of reduced FM to be documented on the antenatal admission sheet in presenting history section – will be audited from the notes. • Guideline updated Health care professional to risk assess using checklist based upon RCOG Guideline 57 – and the trust plans to audit this.

Section 3: Maternity Network Oxford AHSN

The Maternity Network at the AHSN lead the SGA work stream and initially undertook a regional SGA audit following the results and recommendations from the regional TVSCN still birth audit.

The Maternity Network Oxford AHSN has also developed a growth scan pilot which is only being piloted at OUHNHS FT and commenced in May 2016 and is due to run for 2 years.

Both can be found following the below link to the Oxford AHSN website

http://www.oxfordahsn.org/our-work/clinical-networks/maternity/pregnancy-scan-changes-could-save-lives/

Section 4: CCG IAF

In 2016 The CCG improvement and assessment framework 2016-17 (CCG IAF) was produced by NHS England which aimed to provide a baseline maternity assessment on the effectiveness of commissioning of maternity services.

The 2016-17 baseline maternity assessment was designed to align with a number of the key themes from the National Maternity Review, published in February 2016. Four indicators were selected which provide a broad representation of the various aspects of the maternity pathway:

- Stillbirth and neonatal mortality
- Maternal smoking at time of delivery
- Experience
- Choice.

This assessment is intended to provide an initial baseline, a snapshot of how CCGs are performing in the areas measured by the indicators. However, it is important to note the assessment is limited by the small number of metrics selected and is not intended to provide an overall picture of the quality of maternity services within the CCG area.

Table 6: CCG OIS indicator 1.25 Neonatal mortality and stillbirths

Level	Level description	Rate per 1,000	CI lower	CI upper	Live births	Stillbirths	Neonatal deaths
England	Resident in England	7.1	6.9	7.3	661,501	3,047	1,679
04F	NHS Milton Keynes CCG	7.2	4.8	10.5	3,720	15	12
10G	NHS Bracknell and Ascot CCG	1.8	0.4	5.3	1,646	3	0
10H	NHS Chiltern CCG	9.5	6.6	13.2	3,656	27	8
10M	NHS Newbury and District CCG	6.8	3.1	13.0	1,309	6	3
10N	NHS North & West Reading CCG	9.9	5.1	17.3	1,202	10	2
10Q	NHS Oxfordshire CCG	6.3	4.6	8.3	7,604	33	15
10T	NHS Slough CCG	8.1	5.0	12.3	2,592	14	7
10W	NHS South Reading CCG	11.5	7.2	17.5	1,895	13	9
10Y	NHS Aylesbury Vale CCG	5.5	2.9	9.4	2,359	7	6
11C	NHS Windsor, Ascot and Maidenhead CCG	9.1	5.1	15.1	1,629	11	4
11D	NHS Wokingham CCG	9.9	5.8	15.6	1,811	13	5

The stillbirth and neonatal mortality indicator currently uses ONS data and is unadjusted. The data used for this year's assessment is from 2014. It is recognised that using more recent data will make this indicator significantly more useful for CCGs; NHS England will therefore continue to develop the data source and methodology for next year's assessment to look for opportunities to make further improvements.

The TVSCN Maternity Network will work with provider, commissioner and NHS England to understand the data for each locality. The regional Maternity dashboard for TV should also help with understanding the data in more depth.

Summary

The SCN will continue to monitor progress through the SCN steering group; this includes the implementation of the Saving Babies Lives Care Bundle and progress on the action plans. Collaboration with the Oxford AHSN is also key to the success of the programme.

Next Steps:

- The SCN and AHSN will work collaboratively to look and understand the data for each locality published in the CCG IAF to support providers, commissioners and NHS England.
- The AHSN is commencing an audit in 2017 on the interventions and outcomes when a women presents to the Trust with Reduced Fetal Movements.
- The Oxford AHSN Growth Scan Pilot in Oxford University hospitals NHS Foundation Trust is ongoing

Appendix A

Stillbirth Reduction Care Bundle Elements

	Bucks	FHFT - WPH	MK	Oxford	RBFT
	Element 1: Reducing smoking in pregnancy by carrying out a Carbon Monoxide (CO) test at booking to identify smokers (or those exposed to tobacco smoke) and referring to stop smoking service/specialist as appropriate				
	1.1. Are you carrying out any improvement activity designed to reduce smoking in pregnancy?				
Nov-15	Yes	Yes	No	Yes	Yes
Mar-16	Yes	Yes	No	Yes	Yes
Nov-16	Yes	Yes	No	Yes	Yes
	1.2. Does it include carrying out carbon monoxide (CO) testing of all pregnant women at antenatal booking appointment? If so to what extent have you implemented this improvement activity?				
Nov-15	1 - Completely	1 - Completely	4 - roughly 25% of this is achieved	3 - roughly 50% of this is achieved	1 - Completely
Mar-16	1 - Completely	1 - Completely	4 - roughly 25% of this is achieved	3 - roughly 50% of this is achieved	1 - Completely
Nov-16	1 - Completely	1 - Completely	4 - roughly 25% of this is achieved	3 - roughly 50% of this is achieved	1 - Completely
	1.3. Does it include referring expectant mothers, as appropriate, to a stop smoking service/specialist, based on an opt out system? If so to what extent have you implemented this improvement activity?				
Nov-15	1 - Completely	1 - Completely	4 - roughly 25% of this is achieved	5 - Not at all	1 - Completely
Mar-16	1 - Completely	1 - Completely	4 - roughly 25% of this is achieved	5 - Not at all	1 - Completely
Nov-16	1 - Completely	1 - Completely	4 - roughly 25% of this is achieved	5 - Not at all	1 - Completely
	1.4. If you answered "no" to 1.1., are you planning/considering introducing this type of intervention/improvement activity?				
Nov-15	Click to Select	Click to Select	Yes - With no firm date	Click to Select	Click to Select
Mar-16	Click to Select	Click to Select	Yes - Within the next 6 months	Click to Select	Click to Select
Nov-16	Click to Select	Click to Select	Yes - Within the next 6 months	Click to Select	Click to Select
	1.5. Would you like to be an early implementer of this element of the care bundle?				
Nov-15	No	No	Undecided	No	No
Mar-16	No	No	Undecided	No	No
Nov-16	1 - Completely	1 - Completely	4 - roughly 25% of this is achieved	5 - Not at all	1 - Completely
	Element 2: Identification and surveillance of pregnancies with fetal growth restriction				
	2.1. Are you carrying out any improvement activity designed to detect Fetal Growth Restriction?				
Nov-15	Yes	Yes	No	Yes	Yes
Mar-16	Yes	Yes	No	Yes	Yes
Nov-16	Yes	Yes	No	Yes	Yes
	2.2. Does it include making use of customised antenatal growth charts for all pregnant women by clinicians who have gained competence in their use? If so to what extent have you implemented this improvement activity?				
Nov-15	1 - Completely	1 - Completely	1 - Completely	5 - Not at all	5 - Not at all
Mar-16	1 - Completely	1 - Completely	1 - Completely	5 - Not at all	5 - Not at all
Nov-16	1 - Completely	1 - Completely	1 - Completely	5 - Not at all	5 - Not at all
	2.3. Does it include making use of a growth chart to aid decision making on classification of risk of fetal growth restriction? If so to what extent have you implemented this improvement activity?				
Nov-15	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Mar-16	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Nov-16	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
	2.4. Does it include screening and monitoring all pregnancies based on the assessment of risk? If so to what extent have you implemented this improvement activity?				
Nov-15	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Mar-16	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Nov-16	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
	2.5. Does it include performing ongoing audits and reporting of Small for Gestational Age (SGA) rates and antenatal detection rates? If so to what extent have you implemented this improvement activity?				
Nov-15	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Mar-16	1 - Completely	1 - Completely	1 - Completely	1 - Completely	Click to Select
Nov-16	1 - Completely	1 - Completely	1 - Completely	1 - Completely	Click to Select
	2.6. Does it include producing ongoing case-note audits of selected cases not detected antenatally, to identify barriers? If so to what extent have you implemented this improvement activity?				
Nov-15	1 - Completely	1 - Completely	4 - roughly 25% of this is achieved	1 - Completely	3 - roughly 50% of this is achieved
Mar-16	1 - Completely	1 - Completely	4 - roughly 25% of this is achieved	1 - Completely	3 - roughly 50% of this is achieved
Nov-16	1 - Completely	1 - Completely	4 - roughly 25% of this is achieved	1 - Completely	3 - roughly 50% of this is achieved
	2.7. If you answered "no" to 2.1, are you planning/considering introducing this type of intervention/improvement activity?				
Nov-15	NA	NA	Yes - With no firm date	NA	NA
Mar-16	NA	NA	Yes - Within the next 3 months	NA	NA
Nov-16	NA	NA	Yes - Within the next 3 months	NA	NA
	2.8. Would you like to be an early implementer of this element of the care bundle?				
Nov-15	No	No	Undecided	No	No
Mar-16	No	No	Undecided	No	No
Nov-16	No	No	Undecided	No	No

	Element 3: Raising awareness amongst pregnant women of the importance of detecting and reporting reduced fetal movement (RFM), and ensuring providers have protocols in place, based on best available evidence, to manage care for women who report RFM				
	3.1. Are you carrying out any improvement activity designed to raise awareness among pregnant women of the importance of Reduced Fetal Movement (RFM)? (If "no", please go to question 3.5.)				
Nov-15	Yes	Yes	Yes	Yes	Yes
Mar-16	Yes	Yes	Yes	Yes	Yes
Nov-16	Yes	Yes	Yes	Yes	Yes
	3.2. Does it include providing pregnant mothers with information and an advice leaflet on reduced fetal movement? If so to what extent have you implemented this improvement activity?				
Nov-15	3 - roughly 50% of this is achieved	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Mar-16	3 - roughly 50% of this is achieved	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Nov-16	3 - roughly 50% of this is achieved	1 - Completely	1 - Completely	1 - Completely	1 - Completely
	3.3. Does it include giving pregnant mothers this information by 24 weeks of pregnancy at the latest and is RFM discussed at every subsequent contact? If so to what extent have you implemented this improvement activity?				
Nov-15	3 - roughly 50% of this is achieved	1 - Completely	2 - roughly 75% of this is achieved	1 - Completely	1 - Completely
Mar-16	3 - roughly 50% of this is achieved	1 - Completely	2 - roughly 75% of this is achieved	1 - Completely	1 - Completely
Nov-16	3 - roughly 50% of this is achieved	1 - Completely	2 - roughly 75% of this is achieved	1 - Completely	1 - Completely
	3.4. Does it include making use of a checklist to manage the care of pregnant woman who report reduced fetal movement? If so to what extent have you implemented this improvement activity?				
Nov-15	5 - Not at all	5 - Not at all	0 - Don't know	5 - Not at all	5 - Not at all
Mar-16	5 - Not at all	5 - Not at all	0 - Don't know	5 - Not at all	1 - Completely
Nov-16	5 - Not at all	5 - Not at all	0 - Don't know	5 - Not at all	1 - Completely
	3.5. If you answered "no" to 3.1, are you planning/considering introducing this type of intervention/improvement activity?				
Nov-15	NA	NA	NA	NA	NA
Mar-16	NA	NA	NA	NA	NA
Nov-16	NA	NA	NA	NA	NA
	3.6. Would you like to be an early implementer of this element of the care bundle?				
Nov-15	No	No	No	No	No
Mar-16	No	No	No	No	No
Nov-16	No	No	No	No	No
	Element 4: Effective fetal monitoring during labour				
	4.1. Are you carrying out any improvement activity designed to carry out effective fetal monitoring during labour?				
Nov-15	Yes	Yes	Yes	Yes	Yes
Mar-16	Yes	Yes	Yes	Yes	Yes
Nov-16	Yes	Yes	Yes	Yes	Yes
	4.2. Does it include ensuring that all staff who care for women in labour undertake an annual training and competency assessment on cardiotocograph (CTG) interpretation/ intermittent auscultation?				
Nov-15	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Mar-16	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Nov-16	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
	4.3. Does it include making use of a fresh eyes/buddy system to review cardiotocograph (CTG) interpretation/ intermittent auscultation? If so to what extent have you implemented this improvement activity?				
Nov-15	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Mar-16	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Nov-16	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
	4.4. Does it include a protocol for escalation if concerns are raised? If so to what extent have you implemented this improvement activity?				
Nov-15	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Mar-16	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
Nov-16	1 - Completely	1 - Completely	1 - Completely	1 - Completely	1 - Completely
	4.5. If you answered "no" to 4.1, are you planning/considering introducing this type of intervention/improvement activity?				
Nov-15	NA	NA	NA	NA	NA
Mar-16	NA	NA	NA	NA	NA
Nov-16	NA	NA	NA	NA	NA
	4.6. Would you like to be an early implementer of this element of the care bundle?				
Nov-15	No	No	No	No	No
Mar-16	Yes	No	No	No	No
Nov-16	Yes	No	No	No	No