

Maternity

Saving Babies Lives Care Bundle Version 2 - A Parent's Guide



What can you do to reduce the risk of stillbirth during your pregnancy?

Element 1

How can we work together to stop smoking?

Smoking in pregnancy has been identified as the biggest factor influencing poor outcomes such as miscarriage, premature birth, low birth-weight and Sudden Infant Death Syndrome (SIDS). Stopping smoking will help your baby to receive all the necessary nutrients from the placenta.

Each cigarette deprives your baby of oxygen for up to 20 minutes. Therefore, your baby's heart has to beat harder and faster because of this. Carbon monoxide is a poisonous gas produced by smoking which may slow the growth and development of your baby.

Carbon monoxide testing is offered to all pregnant women at the antenatal booking appointment and repeated at 36 weeks. Additional carbon monoxide testing is also offered as appropriate throughout pregnancy.

It is routine antenatal care to refer all pregnant women who smoke and



Patient Information

those with elevated levels (4ppm or above) for non-judgemental support from a trained specialist. This can be at home, in a local clinic or a place to suit you.

What does this mean for you?

You will be offered carbon monoxide screening at the appointments identified. At your appointment, the midwife will ask you to blow into a straw attached to a Smokerlyser. The Smokerlyser then analyses the breath and produces a carbon monoxide result. The range can be from 0 parts per million (ppm) to more than 20 ppm.

You will be given advice on the importance of stopping smoking in pregnancy if you confirm you are a smoker. You are 4 times more likely to quit smoking with support.

Element 2

Checking your baby's growth

We identify women who are high risk of pre-eclampsia and who will therefore be recommended aspirin in pregnancy to aid placental flow. We assess smoking status (see Element 1) and efforts for the pregnancy to be smoke free before 16 weeks to help improve outcomes.

If the pregnancy is twin or triplets, appointments for additional growth scans will be made to monitor the babies' growth.

The midwife will measure your abdomen every 2 weeks from 26 to 28 weeks of pregnancy and record this on the customised growth charts. Women with a history of certain conditions or who have previously had a small baby will be asked to attend for regular growth scans at the hospital.

If babies are identified as small, we may not need to measure the abdomen as we will take the measurements from ultrasound scan and plot these on the growth chart.

Patient Information

If your baby is measuring as below the 3rd birthweight percentile, then this will be discussed with you by the obstetrician. We need to explain the risk of continuing the pregnancy and the risks associated with earlier birth. It may be recommended to initiate the labour and/or delivery.

Babies who are identified as growing between the 3rd and 10th centile are not at increased risk of stillbirth. Care of your baby will therefore be individualised. As long as there are no other concerns, delivery or induction of labour may be offered after 39 weeks.

What does this mean for you?

You may require a prescription for aspirin which is taken once a day prior to bed during your pregnancy, following recommendation from a medical professional.

If you are identified as a smoker at booking, you will be referred to the Stop Smoking in Pregnancy Service and you will be given advice around stopping smoking in pregnancy.

It is important you have a correct customised growth chart in your pregnancy records by 20 weeks gestation, taking into account your ethnicity, height and weight, and any previous babies you may have had.

You will be referred for ultrasound assessment where growth is identified from your chart as either small or static (the same) from the symphysis fundal height measurements. We do not want you to worry about this, but this helps us to assess in more detail.

Induction of labour will only be offered to women whose babies are identified as plotting below the 3rd centile on the chart at around 37 weeks gestation. If growth is between the 3rd and 10th centile without other risk factors, induction of labour will not be offered until around 39 weeks gestation as there are risks for the baby of developmental delay.

Element 3

Acting on any changes in your baby's movements

Information will be provided by midwives and doctors along with an advice leaflet (Movements Matter) to all pregnant women by 28 weeks of pregnancy. This information leaflet will also be accessible on your electronic maternity records.

Your baby's movements will be discussed with you at every appointment in and out of the hospital. Most women start to feel their baby move between 18 and 24 weeks of pregnancy. Between 28 and 32 weeks of pregnancy, your baby usually develops a pattern of movements which should remain the same until birth.

If you experience any changes in your movements after 26 weeks of pregnancy, you will be invited into the hospital so that electronic fetal monitoring (CTG) can be performed. If a CTG has been completed and is normal, and there are no other concerns, an ultrasound scan may not be required for a first episode of reduced fetal movements (RFM). However this may be offered for women reporting recurrent reduced fetal movements (RFM).

However, if you have an anterior placenta, it may be a bit more difficult to feel your baby move because your baby is cushioned by the placenta lying at the front of your stomach. Nevertheless, it is still very important that you should feel your baby move in the same pattern. Any change in movement must be reported immediately and you will be invited into the hospital.

Changes to induction of labour have occurred as a result of a recent study. The recommendation for delivery needs to be individualised and based upon evidence of fetal compromise. This may differ from your friends and family in recent times.

What does this mean for you?

Your electronic maternity records have 'Maternity contacts' which provides relevant contact numbers. You will also receive a MAMA Academy wallet at your booking appointment, reminding you of important information.

Patient Information

You will be signposted to the Movements Matter leaflet at 16 weeks gestation, and your midwife will confirm that you have received this on your electronic maternity records. Any concerns about your baby's movements must be reported immediately on **024 7696 7333**.

Please don't feel as though you are wasting our time. We have midwives and doctors on shift 24/7 to keep you and your baby safe during pregnancy. Staff will be very happy to speak to you and arrange for you to come in and be reviewed.

If you attend with any concerns, a management plan will be made regarding your follow up. A RFM checklist will be completed by our midwives.

Element 4

Checking on your baby's heartbeat in labour

All midwives and doctors who care for women in labour are required to complete annual training and competency assessments on listening to your baby's heartbeat and interpreting cardiotocographs (CTG).

There is a process to assess risk at the start of your labour irrespective of place of birth. This assessment will be used to determine the most appropriate method of listening or recording your baby's heartbeat.

Hourly reviews of your baby's wellbeing in labour will also involve support from other members of the team to provide independent assessments. This will include escalation if any concerns are raised throughout your labour.

What does this mean for you?

You will be offered intermittent auscultation (either with a pinard stethoscope or Doppler) or continuous electronic fetal monitoring based on the risk assessment carried out when you attend in labour. This will be discussed with you and documented in your electronic maternity records.

Patient Information

Your risk may change in labour, and this will be discussed with you as it may be necessary to re-review the method of listening to your baby's heart if a concern is identified.

A buddy approach (Fresh Eyes) of reviewing your baby's heartbeat will be completed. This involves another trained professional, other than the midwife providing direct care, coming into your room, and looking at or listening to your baby's heartbeat. This does not mean that they are concerned about you or your baby.

Any concerns will be raised to the senior midwife in charge and the doctor.

Element 5

If your baby is born early (before 30 weeks gestation)

Prediction

All women will be assessed at booking for the risk of preterm birth. You will follow a pathway of referral to a consultant based on this assessment.

Prevention

Women will be assessed for aspirin, smoking status, multiple pregnancy (twins), previous preterm birth /placental disease, screening for urine and vaginal infections.

Ultrasound scanning (vaginally) will be done in a Preterm Prevention Clinic. If you have experienced previous preterm birth, the consultant may discuss putting a stitch into the cervix in the current pregnancy to try and avoid this happening again.

Preparation

Optimise place of birth is based on your risk of preterm delivery. UHCW accepts babies born from the earliest viable gestations.

We offer antenatal steroids (to help mature your baby's lungs) between 24 and 33+6 weeks. This is best given within 48 hours of birth (avoiding an interval of more than 7 days).

Patient Information

Magnesium sulphate, to help protect your baby's brain, should be offered to all women between 24 and 29+6 weeks for women who are in established labour or labour is planned within 24 hours.

A consultant neonatologist will discuss plans with you around your baby's birth.

What does this mean for you?

A risk assessment will be completed at your booking appointment and a referral will be made if appropriate. An assessment will be completed regarding administration of aspirin, and this will be prescribed if required. Carbon monoxide screening will be performed, and results documented.

A urine sample to be sent after your booking appointment and results will be followed up by your community midwife or GP. If you have abdominal pain, further urine samples may be tested to exclude an infection.

All women with a history of preterm birth will be referred to the preterm prevention clinic for management under the specialist team.

Antenatal steroids may be required, and this will be discussed with you to help your baby's lungs mature.

If you attend hospital with threatened preterm labour, you will be offered a magnesium sulphate infusion to help protect your baby's brain.

For the full Saving Babies Lives Care Bundle, Version 2 (2019) and further detailed information visit: <https://www.england.nhs.uk/wp-content/uploads/2019/03/Saving-Babies-Lives-Care-Bundle-Version-Two-Updated-Final-Version.pdf>

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 0247 696 7333 and we will do our best to meet your needs.

Patient Information

The Trust operates a smoke free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us to make further improvements and to recognise members of staff who provide a good service.



Have your say. Scan the QR code or visit:

www.uhcw.nhs.uk/feedback

Document History

Department:	Maternity
Contact:	27333
Updated:	September 2022
Review:	September 2024
Version:	1
Reference:	HIC/LFT/2648/21