

Maternity

Saving Babies Lives Care Bundle Version 3

How to reduce the risk of stillbirth

Element 1

Why it's important not to smoke during pregnancy

Smoking in pregnancy can cause miscarriage, premature birth, low birthweight and Sudden Infant Death Syndrome (SIDS). Stopping smoking will help your baby get all the nutrients it needs from the placenta.

Every time a cigarette is smoked; a baby doesn't get enough oxygen for up to 20 minutes. This makes the baby's heart beat harder and faster. Cigarettes also make a poisonous gas called Carbon monoxide, which can slow the growth and development of your baby.

Carbon monoxide testing is offered to all pregnant women at each antenatal appointment to help keep you and baby safe. At your appointment, the midwife will ask you to blow into a straw attached to a machine called a Smokerlyser. The Smokerlyser checks how much carbon monoxide is in your breath. The range can be from 0 parts per million (ppm) to more than 20 ppm. The midwife will then discuss these results with you and offer advice and a referral if needed.

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.



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As part of antenatal care, all pregnant women people who smoke and have carbon monoxide levels of 4 or more will be offered non-judgemental support from a trained specialist to help them quit. They can offer Nicotine Replacement products (NRT) at home, in a local clinic or a place to suit you.

If the high carbon monoxide levels might be caused by a fault in your boiler at home, the local fire service can come and do a free home safety check.

Element 2

Checking your baby's growth

We identify women who are high risk of pre-eclampsia , they will then be recommended aspirin in pregnancy to help placental flow. We will also ask if you smoke and try to help you stop before 16 weeks to make the pregnancy healthier.

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

From 24 weeks, the midwife will measure your abdomen every 2 weeks to check how your baby is growing. This will be recorded on a chart if your baby is low risk. If you have had certain health issues or had a small baby before, you might need extra growth scans. If your baby is small, we may use ultrasound scans to track growth instead of just measuring your belly.

If your baby is measuring as below the 3rd birthweight percentile, the doctor will talk to you about the risks of continuing the pregnancy to a full 9 months and what might happen if the baby is born early. It may be recommended to start labour deliver the baby earlier.

If your baby is growing between the 3rd and 10th centile, there is no increased risk of stillbirth. We will tailor the care of your baby, and if everything is fine, delivery or induction of labour may be offered after 39 weeks.

Element 3

Acting on any changes in your baby's movements

By 28 weeks of pregnancy, midwives and doctors will give you an information leaflet called Movements Matter. You can also find this leaflet 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 stay the same until birth.



If you notice any changes in your baby's movements after 24 weeks, you will be invited into the hospital for fetal monitoring (CTG). If the CTG is normal, and there are no other concerns, you might not need an

Patient Information

ultrasound scan for the first episode of reduced fetal movements (RFM). However, this may be offered for women reporting recurrent reduced fetal movements (RFM).

If you have an anterior placenta, it might be harder to feel your baby move because the placenta cushions your baby. However, it is still important that you feel your baby move in the same pattern. Any change in movement must be reported immediately and you will be invited into the hospital. We are open 24 hours a day including weekends and public bank holidays.

New research has led to changes in how we handle induction of labour. Each case is treated individually based on the baby's health. This might be different from what your friends and family have experienced. Currently induction of labour will be offered if you have reduced fetal movements after 38 weeks and 6 days of pregnancy.

Your electronic maternity records have 'Maternity contacts' which provides all the contact numbers you need. At your first appointment, you will also get a MAMA Academy wallet to remind you of important 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 to the hospital.

Fetal Wellbeing Unit can be contacted between 8am and 8pm on **024 7696 7427**.

Labour Ward Triage can be contacted 24/7 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 trained to listen to your baby's heartbeat and understand cardiotocographs (CTG).

At the start of your labour, we will assess the risks and make sure we are doing everything we can to keep you and the baby safe, no matter where you will be giving birth. This assessment will help us decide the best way to listen or record 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 extra checks. This will include escalation if any concerns are raised throughout your labour.

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 recorded in your electronic maternity records.

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 or Fresh Ears) 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 regardless of your chosen place of birth. If you are birthing either at home or in the Lucina birth centre, your midwife will regularly update the Labour Ward co-ordinator on the progress of your labour. Additionally, if there are any concerns during your birth at home or in the Lucina birth centre you may be advised to transfer to labour ward to continue your care. This will be fully discussed with you if needed at the time.

Patient Information

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 if you are high risk.

Prevention

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

Ultrasound scanning (vaginally) will be done in a Preterm Prevention Clinic if you are risk assessed as high risk. If you have had a 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

Optimising the 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).

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 needed. An assessment will be completed for if you need aspirin, and this will be prescribed. Carbon monoxide screening will be done, and results recorded.

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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, more 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. If you attend in pre-term labour the midwives and doctors will make sure you have steroids or Magnesium sulphate if required

Element 6

Pre-existing diabetes in Pregnancy

Most women with either type 1 or type 2 diabetes who become pregnant give birth to healthy babies. However, diabetes increases the risk of complications to the baby and mother compared to the non-diabetic population.

During your pregnancy you will continue to see your community midwife for routine care. You will also be seen by your named consultant or a member of their team as well as seeing the specialist diabetes midwife/nurse.

What does this mean for you?

- Contact your GP or diabetes care team as soon as possible at the start of your pregnancy.
- Optimum blood glucose control is very important for a healthy pregnancy and healthy baby, make sure you test your blood sugars regularly.
- Start taking Folic acid 5mg daily to help reduce the risk of a birth defect occurring in the 1st trimester of pregnancy.
- Have your eyes and kidneys checked to ensure they are healthy.
- Your GP will advise you on medications that are safe to take during pregnancy and may change your existing medications.
- Blood tests to check your diabetic control (HbA1c) will be taken in early pregnancy and re-checked in the third trimester.

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- You will be referred to a dietician alongside your specialist antenatal clinic appointments for advice on eating a healthy diet during your pregnancy.
- Your baby's growth will be monitored every 2 to 4 weeks from 28 weeks of pregnancy alongside your obstetric antenatal clinic appointments. These appointments will also be used to discuss your individualised plan for delivery. These discussions usually take place around 34 to 36 weeks.
- Following birth, you will be asked to resume your pre-pregnancy doses of metformin or insulin.
- Your baby will need early feeding after birth and routine observations for the first 12 hours of life. This includes baby's blood glucose monitoring.
- If you are feeling unwell during your pregnancy your blood glucose levels may increase. This can cause a serious condition called Diabetic Ketoacidosis (DKA). It is important if you become unwell that you contact labour ward triage immediately

Further information

For the full Saving Babies Lives Care Bundle, Version 3 (2023) and further detailed information visit: [PRN00614-Saving-babies-lives-version-three-a-care-bundle-for-reducing-perinatal-mortality.pdf](https://www.uhcw.nhs.uk/PRN00614-Saving-babies-lives-version-three-a-care-bundle-for-reducing-perinatal-mortality.pdf)

For further information regarding reduced fetal movements in pregnancy visit: [Leaflet and banner: Feeling your baby move is a sign that they are well | Tommy's](#)

For further information regarding preterm birth visit: [Premature \(preterm\) birth | Tommy's](#)

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.

The Trust operates a smoke free policy.

Patient Information

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

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