Continuous Quality Monitoring- Standard Operating Procedure

Reference no.: SOP-MAT/4252/23

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1. Introduction

The government's key commitment is to halve the 2010 rates of stillbirths, neonatal and maternal deaths, and brain injuries in babies occurring soon or after birth by 2025.
Saving Babies Lives Care Bundle provides guidance to support Maternity Services to meet these aims and objectives. Additional Safety Elements are included in other national drivers such as the Maternity Incentives Scheme, Better Births and within the Ockenden Report. These all include auditable standards that are covered within this SOP.

2. Purpose and Outcomes

The purpose is to provide a standardised approach to regular auditing and reporting of Care and Outcome Quality standards within maternity, as defined within the national drivers such as the Maternity Incentive Scheme, Saving Babies Lives Care Bundle, Ockenden Report and Better Births.

3. Key Responsibilities and Duties

- For monthly audits to be carried by midwifery and medical staff, to be reported as per schedule (see overview paragraph 5).
- The Risk and Governance Team will ensure a person has been identified for each month to complete each element.
- The Data Information Team will provide a database to enable audit in the week following month's end.
- The Data Information Team to use the data collection framework (Appendix A) to extract monthly overview where indicated
- Where manual audit is indicated, audit to be completed by using the Formic forms online by following the links provided for those topics where indicated. Formic forms can be used manually on printed copies and can be scanned in with support from local or Trust audit team. Alternatively, data may me collated directly onto the EXCEL spreadsheet

4. Abbreviations

ANC	Antenatal Care
FGR	Fetal Growth Restriction
MOH	Major Obstetric Haemorrhage
OASI	Obstetric Anal Sphincter Injury (3rd and 4th degree tears)
PCSP	Personalised Care and Support Plan
SGA	Small for Gestational Age

5. Overview of data to be reported on

Driver	What to audit	How many	Data collection	Targets	Reporting
Staff training and working together (Immediate and Essential Action (IEA) 3)					
Ockenden	MDT ward rounds	Labour ward cross sites	% of days where twice daily consultant led MDT ward rounds have taken place		Quarterly Quality report
Immediate and Essential Action 4: Managing complex pregnancy					
Demonstrating compliance with all five elements of the Saving Babies' Lives Care Bundle V2 (MIS)					
SBLCB element 1	Reducing smoking in pregnancy	All bookings All births	• % of women where CO measurement and smoking status is recorded at booking • % of women where CO measurement and smoking status is recorded at 36 weeks	95%	MSDS
		All smokers at booking	• Opt-out referral at booking for treatment by a TDA within an in-house service	95%	Quarterly Quality report
		All women referred for tobacco dependence treatment	• Have at least one session and receive treatment plan • Setting a quit date • Successfully quit at 4 weeks • CO verified	85% 60% 60% of those setting a quit date 85% of quitters	Quarterly Quality report
SBLCB element 2	Fetal Growth Restriction and Small for Gestational Age	All term babies with birth weight: • <3rd centile • <10th centile (using Intergrowth21st)	• undetected <3rd, ≥38 weeks Outcome indicators: • % of live births and still births with birthweight <3rd centile born ≥39 weeks where growth restriction was suspected • % of babies born <3rd birthweight centile born ≥38 weeks (this is a measure of the effective detection and management of FGR) For Dashboard split in RDH/QHB: • Percentage of babies born with birth weight <10th centile born ≥40 weeks (indication of detection rates and management of SGA babies) For KPI report (Business Analyst); in FGR rolling data database: • undetected <3rd at term (from 37 weeks) in month as well as 12 months rolling For BAME monitoring report: • undetected <3rd at term (from 37 weeks) in month with BAME ethnicity	As per national dashboard	Quarterly Quality report Quarterly Quality report Monthly SPC Monthly SPC Monthly quality monitoring Monthly quality monitoring

		All bookings	% of pregnancy bookings where a risk for fetal growth restriction is identified at booking	90% completion	Monthly SPC
		PMRT cases for stillbirths	• % of stillbirths which had issues with FGR management identified		Quarterly Quality report
SBLCB element 3	Raising awareness of reduced fetal movements	PMRT cases for stillbirths	• % of stillbirths which had issues with RFM management identified		Quarterly Quality report
		All inductions <39 weeks gestation	• % of IOL <39 weeks when RFM is the only indication		Quarterly Quality report (MSDS; currently not sufficient)
		Women who attend with reduced fetal movements	• % who have a computerised CTG • % of those with recurrent RFM who had an ultrasound scan to assess fetal growth		Quarterly Quality report
SBLCB element 4	Fetal monitoring	PMRT intrapartum stillbirth cases, early neonatal deaths and cases of severe brain injury	• % where failures of intrapartum monitoring are identified as a contributory factor		Quarterly Quality report
SBLCB element 5	Preterm birth	All singleton live births from 16^{+0} to 36^{+6} weeks gestation	• % born from 16^{+0} to 23^{+6} weeks gestation • % born from 24^{+0} to 36^{+6} weeks gestation	≤ 6.0	Monthly SPC
		PMRT intrapartum stillbirth cases, early neonatal deaths and cases of severe brain injury	• % where the prevention, prediction, preparation or perinatal optimisation of preterm birth was a relevant issue		Quarterly Quality report
		All bookings planned to birth at UHDB	• % of women that have had a risk assessment completed for the risk of preterm birth		Monthly SPC
		live births <34 weeks	• % receiving full course of corticosteroids within 7 days of birth • % who receive IV ABX prophylaxis • % who have their umbilical cord clamped at or after one minute of birth • % who have a first temperature which is between 36.5-37.5°C and measured within one hour of birth • % who receive their own mother's milk within 24 hours of birth • % Perinatal Optimisation Pathway Compliance • % born in appropriate setting for gestational age	These will all be reported on from external reports, derived from BadgerNet Neonatal Reporting. If improvement needed, for separate reporting of audit data.	
		live births <30 weeks	• % Of those <30 weeks receiving Magnesium Sulphate within 24 hours prior to birth		
SBLCB element 6	Diabetes	All pregnancies with type 1 diabetes identified at booking	• % that have used CGM during pregnancy	95%	Quarterly quality reporting
		All pregnancies with type 1 and type 2 diabetes	• HbA1C measured at the start of the third trimester	95%	Quarterly quality reporting

		identified at booking			
Ockenden Immediate and Essential Action: named consultant for complex pregnancy					
	Named consultant for complex pregnancy	CLC bookings, planned to birth at UHDB (exclude loss or moved out of area prior to 16 weeks)	% with named consultant by 16 weeks	≥90%	Quarterly quality reporting
Immediate and Essential Action 5: Risk assessment throughout pregnancy					
	Review of place of birth, based on developing clinical picture	UHDB births	% where place of birth was reviewed in risk assessment at all antenatal contacts	≥90%	Quarterly quality reporting
	Risk assessment	UHDB births	% where risk assessment was completed and recorded at all antenatal contacts	≥90%	Quarterly quality reporting until sufficient data quality available
	Personalised Care and Support plans	UHDB births (MSDS data collection)	% where personalised care and support plan was in place	≥90%	Monthly SPC
Immediate and Essential Action 7: Informed Consent					
	Women's participation and informed choice	UHDB births; to include maternal request induction/section	• % demonstrating women enabled to participate in decision making and informed choice about their care • % demonstrating women's choices were respected		Quarterly quality reporting
PMRT (Maternity Incentive Scheme; Safety Action 1)					
	Timely review using PMRT tool	All deaths of babies, suitable for review using the PMRT tool	Percentage with review started within two months of each death	≥95%	Quarterly quality reporting
	Review by a multidisciplinary team		Percentage who were reviewed by a MDT review team, completed to the point that at least a PMRT draft report has been generated within four months of each death and the report published within six months	≥50%	Quarterly quality reporting
IEA2	Listening to parents		Percentage where parents have been told that a review of their baby's death will take place, their perspective/questions/concerns about their care have been sought.	≥95%	Quarterly quality reporting
MIS Safety Action 3: Avoiding admissions to the neonatal unit and Transitional Care					
	Term admissions to the neonatal unit	All term admissions to the neonatal unit	• % of term babies transferred to the neonatal unit regardless of the length of stay • % of term admissions considered avoidable		Quarterly quality reporting (combination of quantitative and qualitative)
	Transitional care	All babies born from 34^{+0}	• % cared for as a transitional care activity • % of preterm babies between 34^{+0} and 36^{+6} who neither had surgery nor were transferred during any admission, cared for as transitional care activity • Number of babies transferred to the neonatal unit that would have met TC admissions but were transferred or admitted due to capacity or staffing issues • Number of babies transferred or admitted to the neonatal unit that remained there because of nasogastric feeding that could		Quarterly quality reporting

			have been cared for on a TC if NG feeding was supported there		

- Quantitative data will be entered onto the NHSE SPC Runchart Tool by the senior Digital Midwife, using data provided by the Digital Analyst. The summary sheet will be submitted for inclusion in the monthly quality report to include highlighting of trends and outliers, including specific charts where more information is required. A specification of numerators and denominators has been agreed within a KPI data collection framework and aligns with national guidance.
- Qualitative data will be gathered by the specialist team for the specific topic and passed on to the Lead Guidelines and Audit Midwife who will coordinate gathering of all data and submit quarterly to be included in the quality report.
- Where quantitative data quality is not sufficient, the specialist teams will be informed by the Digital Midwife or the Guidelines and audit midwife to ensure the teams default to manual audit for assurance.
- The Lead Midwife for Guidelines and Audit will monitor trends and outliers to coordinate and facilitate deep dives where needed and/or assure a quality improvement project is commenced where appropriate (for example when trends are showing deterioration or not moving towards aims).

5.1. Quality of data and manual audit

Where data is provided automatically from the electronic Maternity Records:

1. Aim for data availability of ≥95% of the cohort
2. If data availability is between 80-94% the data quality will be reported additional to the KPI until data in each month of two consecutive quarters is ≥95% to monitor improvement
3. If data availability is <80%:
    - The data quality will be reported as under 2
    - The KPI data will be reported for a quarter, based on manual audit of 15 consecutive cases per month (10 RDH site and 5 QHB site), until data availability in each month of two consecutive quarters is ≥80%
    - Automated data will be additionally reported on for each month where data availability is ≥80% to monitor trend

6. PMRT

6.1. Purpose

To use the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard, including parents being notified as a minimal and external review.

6.2. Selecting cases for review

As per PMRT standards

7. Consultant led, multidisciplinary ward rounds on labour ward

7.1. Purpose

Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour wards.

7.2. Selecting data collection

Cross site evidence for each day of the month, manually documented and charted on SPC run chart.

8. Managing Complex Pregnancy

8.1. Purposes

To improve safe care by:

- Assuring women with complex pregnancies have a named consultant lead and are appropriately referred to specialist services if indicated
- Implementing the 5 elements of the Saving Babies Lives Care Bundle (SBLCB)

Within each of the SBLCB elements are indicators that will be used to monitor as indicated within the Maternity Incentive Scheme -year 4 document (see paragraph 5).

8.2. SBLCB element 1: Reducing smoking during pregnancy

There is strong evidence to suggest that reducing smoking in pregnancy reduces the likelihood of stillbirth. It also impacts positively on many other smoking-related pregnancy complications such as preterm birth, miscarriage, low birth weight and Sudden Infant Death Syndrome.

8.2.1. Selecting cases for review

Initial data will be extracted from the ePR systems with manual input where required.

8.3. SBLCB element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction

There is strong evidence to suggest that FGR is the biggest risk factor for stillbirth. Therefore, antenatal detection of growth restricted babies is vital and has been shown to reduce stillbirth risk significantly because it gives the option to consider timely delivery of the baby at risk.

For SGA babies with birth weight between the 3rd and 10th centile, the recommendation is to aim for delivery prior to 40 weeks. The LMNS currently requires reporting of missed SGA babies within the cohort of babies born outside of the recommended gestational age (<3rd centile born >37+6 weeks AND <10th centile born >39+6 weeks. The data reported on in the quality report will be in line with Maternity Incentive Scheme Year 4 guidance.

8.3.1. Selecting cases for review

The database with all births from the Information Team is to be used to create a database that can be used to upload onto Intergrowth21st website, instructions are available on the website. Standards and Tools • INTERGROWTH-21st (tghn.org)

A filter function can be used to filter out all those with birth weight <10th centile. These can then be copied onto the correct SGA database. Use the table in paragraph 5 for data that needs to be reported on. The Formic audit form needs to be completed for all babies born at term with their birth weight below the 3rd centile.

8.3.2 Escalation of missed FGR at term

Action to be considered for the following cohort:

- Birth weight <3rd centile AND
- Gestation at birth ≥37 weeks AND
- Conclusion at audit to be not detected

Based on audit findings the following actions are to be considered:

- Escalation for scan reviews and management plan by obstetric fetal medicine consultant for:
  - Pregnancies on serial growth pathway
  - Pregnancies where a growth scan was carried out in the last 3 weeks prior to birth
- Escalation for review of SFH monitoring of growth and escalation by community senior team leads for:
  - Pregnancies where fetal growth was monitored by SFH
- Scan review by senior sonographer for:
  - Missed cases not escalated to obstetric consultant for review where there appears to be a discrepancy between EFW and birth weight of ≥15% which may have contributed to FGR not being detected

Datix to be completed for the following within this above cohort:

- Birth weight <3rd centile AND gestation at birth ≥40 weeks AND conclusion at audit to be not detected
- Any in the above cohort where risk issues were identified during audit that require risk review

8.4. SBLCB element 3: Raising awareness of reduced fetal movements

Enquiries into stillbirths have consistently described a relationship between two episodes of RFM and

stillbirth.
The outcome indicator is to ensure appropriate use of induction of labour when RFM is the only indication (for example, induction of labour for RFM alone is not recommended prior to 39^{+0} weeks gestation)
The process indicator is to ensure computerised CTG is carried out when women are reporting reduced fetal movements.

8.4.1. Selecting cases for review

Data with all inductions of labour to be used. Select those that occurred prior to 39^{+0} weeks gestation with no other reason indicating necessitating delivery at this gestation. These cases are to be audited for the presence of other risk factors.

Aim is to identify all that were seen in month with reduced fetal movements. Whilst IT systems at the time this SOP was written cannot identify this cohort, manual selection of cases is to be used (first 10 consecutive in month at RDH from appointment book and first 5 consecutive in month from QHB appointment book).

8.5. SBLCB element 4: Fetal monitoring in labour

CTG monitoring is a well-established method of confirming fetal wellbeing and screening for fetal hypoxia. Interpretation is a high-level skill and is susceptible to variation in judgement between clinicians and by the same clinician over time.

8.5.1. Selecting cases for review

All intrapartum stillbirths, early neonatal deaths and cases of severe brain injury as part of the PMRT review and/or HSIB reports.

8.6. SBLCB element 5: Reducing preterm births

The outcome indicator for this element consists of incidence only. The process indicators will be extracted regionally from Badgernet Maternity. The indicators as per the Maternity Incentive Scheme will need to be audited within Maternity settings as long as Maternity ePR and neonatal ePR is not interlinked.

8.6.1. Selecting cases for review

All births between from 16 weeks and $<37^{+0}$ weeks gestation are to be included, then excluding multiple births and stillbirths / 2nd trimester miscarriages / TOP's

8.7. SBLCB element 6: Diabetes

Women with type 1 and type 2 diabetes have persistently high perinatal mortality with no improvement over the past 5 years.

8.7.1. Selecting cases for review

All births in month where diabetes type 1 or type 2 was identified at booking.

9. Risk assessment through pregnancy

All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional

- Risk assessments must include ongoing review of the intended place of birth, based on the developing clinical picture
- Risk assessments must be completed and recorded at every contact
- Personalised Care and Support Plans are to be in place: data collection is part of MSDS and will be collected accordingly.

The Data Information Team aims to provide a database overview with the quantitative information required for all women. This data base is to provide an overview and additional qualitative manual audit is to be completed as per schedule in paragraph 5, using the Formic Audit Form.

10. Informed consent

The Trust is to ensure women have ready access to accurate information to enable them to participate equally in all decision making processes and to informed choices about their care. These choices must be respected.

These audits are to be carried out manually to ensure women are included who have specifically requested a care pathway which may differ from that recommended by the clinician during the antenatal period, and also a selection of women who request a caesarean section during labour or induction.

11. Avoiding admissions to the neonatal unit

The aim is to minimise separation of mother and their babies due to admission for any length of time to a neonatal unit.

Data to be included:

- Review of all term admissions is carried out using an MDT approach during ATAIN meetings.
- Data on transitional care activity
- Secondary data for preterm babies from 34 weeks (if meeting requirements) to inform future capacity management for those who could be cared for in a TC setting

12. References

Saving Babies' Lives Care Bundle. Version 3. NHS England May 2023

Ockenden Report. Final; March 2022. Ordered by the House of Commons; Gov.UK

Maternity Incentive Scheme; year 4. NHS resolutions.

NICE preterm labour and birth; NG25. Last updated June 2022

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	V1.1	Feb23	C Meijer	Added paragraph 8.3.2: escalation of missed FGR
	V2	August 2023	C Meijer- senior Digital Midwife	Updated in line with version 3 of SBLCB
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	/ /2023: Maternity Development & Governance Committee/ACD – Miss S Raouf
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