

Maternal and Perinatal Watch

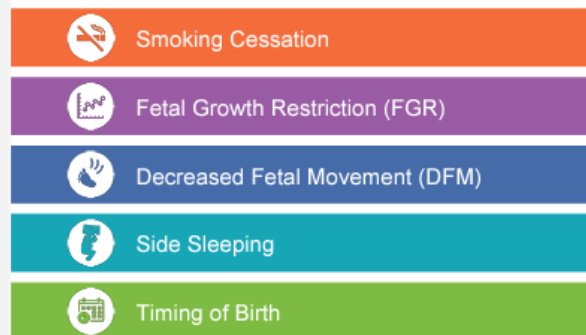
Reducing Stillbirth

The Clinical Excellence Commission, Patient Safety Directorate developed the following summary from Maternal and Perinatal Serious Incident Reviews.

Reducing Stillbirth – What can we do?

In NSW, for every 1000 babies born, six will be stillborn. In many cases stillbirth is preventable. Evidence has shown that 20-30% of late gestation stillbirths could be avoided with improved elements of care.

The Safer Baby Bundle (SBB) has five evidence-based elements for best practice maternity care. By implementing these we can reduce the number of stillborn babies and the personal tragedy that stillbirth results in for families. Each element has written information for women as well as resources and care pathways to inform best practice for clinicians.



The following cases presented at the Maternal and Perinatal Serious Incident Review Sub-Committee illustrate the importance of the key messages in the Safer Baby Bundle (SBB).

Case 1: Summary

A woman pregnant with her first baby phoned the maternity service reporting 2 days of decreased fetal movements (DFM). She was 35 weeks gestation and had not experienced any complications with her pregnancy. She was invited in for an assessment.

On arrival to the maternity unit, her medical and obstetric history was taken and further discussion around her concerns about fetal movements occurred. An A-G assessment did not identify any clinical reasons for the DFM. On review, this was found to be her second presentation for DFM. A cardiotocograph (CTG) was attended and was interpreted as having yellow zone features for the first 30 mins and a clinical review was called. The CTG was

reviewed as per policy and plans were made to continue the CTG. The CTG continued until it was interpreted as normal. However, the woman remained concerned about her baby's movements.

Follow up plans were made including an ultrasound referral. Instructions were for the woman to have this done prior to her next routine appointment. She was discharged home with the referral form. Five days later, the ultrasound identified a fetal death in utero. Pathology results confirmed a feto-maternal haemorrhage (FMH) of 74 milliliters (mL).

Background information

Decreased fetal movements is a risk factor for stillbirth and is a very serious concern.

Around half of all women who had a stillbirth noticed their baby's movements had slowed or stopped.

Women can present with risk factors for stillbirth in addition to concerns regarding fetal movements. These women are considered higher risk and require additional surveillance.

Antenatal education with an emphasis on the importance of maternal awareness of fetal movements supports early care provider contact and can help prevent stillbirth.

Assessment should include a thorough review of antenatal care including any previous presentations for concerns regarding fetal movements. This will inform the level of investigation required.

Presentation and Assessment

Assessment of a woman presenting with concerns about her fetal movements is to be performed in accordance with NSW Health Guideline *Care Pathway for Women Concerned about Fetal Movements*. This guideline endorses the SBB Decreased Fetal Movements (DFM) Care Pathway.

Key messages from the review

Women with additional risk factors for stillbirth require individualised care plans.

Women who remain concerned about their fetal movements during the assessment or who have had repeat presentations for DFM require further review and investigation.

Testing for FMH should be considered, particularly with a history of sustained or recurrent DFM.

Care Recommendations

In accordance with NSW Health Guideline *Care Pathway for Women Concerned about Fetal Movements*:

Antenatal Care

- Provide written information to women about monitoring fetal movements.

- Provide fetal movement education at each antenatal visit from 28 weeks.
- Encourage women to get to know their baby's movements and understand what is normal for them.
- Advise women to contact their care provider immediately if they are concerned about a reduction or a change in the baby's movements.

Antenatal presentation

- Utilise the Decreased Fetal Movements (DFM) care pathway.
- Identify risk factors for stillbirth.
- A Clinical review is required in the presence of any concerning findings. This includes identified risk factors and previous presentations for DFM.

Case 2: Summary

A woman presented for her first comprehensive antenatal assessment at 27 weeks gestation. She was 30 years old and G3P2. She had limited access to care due to geographical isolation. Her body mass index (BMI) was 42 and she was a smoker. Due to the identification of the two risk factors for stillbirth an ultrasound was recommended. The woman was provided with a referral however, the ultrasound was not attended until 9 weeks later. At the ultrasound, a fetal death in utero (FDIU) was found. The woman had also missed planned routine antenatal appointments during this time. A male baby was stillborn weighing 1885g (3rd centile).

Background information

Smoking in pregnancy is one of the major contributing factors to stillbirth. Quitting smoking at any time during pregnancy reduces the harm to baby. Improving screening and surveillance for fetal growth restriction (FGR) is an important element in reducing stillbirth. The

presence of the two risk factors for fetal growth restriction should result in increased fetal wellbeing assessment.

Presentation and Assessment

It is important to address modifiable lifestyle factors such as smoking. The SBB Smoking cessation care pathway and resources should be utilised to support best practice and reduce the risk of stillbirth.

All women should be assessed for their risk of FGR in early pregnancy in accordance with NSW Health Guideline *Care of women with suspected or confirmed Fetal Growth Restriction*. This will include a combination of assessment and measurement, and for some women it may be necessary to monitor the growth of the baby by ultrasound. The NSW Fetal Safety Risk Assessment Pathway: Fetal Growth Restriction care pathway should be utilised to support clinical care.

Key messages from the review

Antenatal care should identify and address modifiable factors that reduce the risk of stillbirth.

Increased surveillance of the baby is required in the presence of risk factors for FGR.

Ensure access to timely ultrasound.

Ensure appropriate antenatal care planning.

Care Recommendations

Smoking Cessation

- Explain the importance of smoking cessation.
- Universal carbon monoxide monitoring at first antenatal care visit for all women.
- Universal carbon monoxide monitoring at every antenatal visit thereafter for smokers and at 28 weeks gestation for non-smokers.

- Offer referral to Quitline to all women who smoke and follow up acceptance of referral.
- Provide collaborative care to support quitting smoking.
- Women may require Nicotine Replacement Therapy if supportive measures are unsuccessful.

Fetal Growth Restriction

- Identification of risk for FGR.
- Measure growth via symphysial fundal height at each antenatal visit commencing from 24-28 weeks gestation.
- Regular ultrasound scanning for women at higher risk of FGR.

CEC Resources

[Safer Baby Bundle](#) - The Safer Baby Bundle has five evidence-based elements that emphasise the importance of best practice maternity care.

NSW Health Resources

[Care of women with suspected or confirmed Fetal Growth Restriction – GL2023_004](#)

[Care Pathway for Women Concerned about Fetal Movements – GL2021_019](#)

We value your feedback. If you have any questions or comments about this report, please email CEC-PatientSafety@health.nsw.gov.au