





NATIONAL STILLBIRTH SAFER BABY BUNDLE MEASURES FOR NSW

OUTCOME MEASURES:

| Measure: | Numerator/ Denominator | Operational Definition: |
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| 1: Rate of stillbirths 28 weeks' gestation or more excluding congenital abnormality | Numerator: Number of stillbirths at 28 weeks' gestation or more excluding congenital abnormality Denominator: All births | For SBB Stillbirth is defined as birth without signs of life at 28 weeks or more. Excluding termination of pregnancy |
| 2: Percentage of compliance with all five elements | Numerator: Number of women giving birth who received all bundle elements Denominator: All women giving birth | All five bundle elements used in the care of the woman. BHI Survey |
| 3: Percentage of women who cease smoking between first antenatal assessment visit and birth. | Numerator: The number of women who cease smoking between the first antenatal assessment visit and birth episode Denominator: The number of women identified as smoking at antenatal assessment visit | The total number of women who gave birth with a stated smoking status are included in the denominator. Smoking refers to the use of cigarettes or inhaled tobacco via a water pipe (shisha, hookah, narjeela, arghile, goza or hubble bubble. |







BALANCING MEASURES:

| Measure: | Numerator/ Denominator | Operational Definition: |
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| 1: Rate of caesarean sections | Numerator: Number of births by caesarean section Denominator: All births | A surgical operation by which the baby is extracted through an incision in the abdominal and uterine walls |
| 2: Percentage of babies admitted to neonatal intensive care units after 36 completed weeks | Numerator: Number of babies admitted to neonatal intensive care units after 36 completed weeks Denominator: Number of babies admitted to neonatal intensive care units after 36 completed weeks | All babies that have an admission for, any reason, to special care nursery to be captured as part of the numerator. |
| 3: Proportion of women with a singleton pregnancy who undergo induction of labour (IOL) or elective caesarean section (CS) before 39 weeks. | Numerator: Number of women with a singleton pregnancy who undergo induction of labour (IOL) or elective caesarean section (CS) before 39 weeks Denominator: All women with a singleton pregnancy giving birth | Use of intervention (medication, rupture of membranes, or mechanical means) to assist the process of labour to begin. |
| 4: Rate of late preterm births | Numerator: Number of babies born between 34 and 36+6 weeks' gestation Denominator: Total number of babies born | Preterm birth is defined as the three week period from 34 weeks gestation. |







| PROCESS MEASURES: | | |
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| BUNDLE ELEMENT 1: SUPPORTING WOMEN TO STOP CIGARETTE SMOKING IN PREGNANCY | | |
| Key Performance Indicator: | Numerator/ Denominator | Operational Definition: |
| Percentage of women who cease smoking between first antenatal care visit and birth. | Numerator: The number of women who cease smoking between the first antenatal care visit and birth Denominator: The number of women identified as smoking | The total number of women who at the first Antenatal History and Assessment visit affirmed as a smoker are included in the in the denominator. Smoking refers to the use of cigarettes or inhaled tobacco in any form e.g. shisha |
| Measure: | | |
| 1.Proportion of women who undertake exhaled breath carbon monoxide (CO) analysis at first antenatal care visit and at 28 weeks antenatal appointment | Numerator: Women who undertake exhaled breath carbon monoxide analysis at first antenatal care visit and at 28 weeks antenatal appointment. Denominator: All women at first antenatal care visit and at 28 weeks antenatal appointment. | All women, no matter what the smoking status, will be offered an assessed for carbon monoxide using breath analysis via a Smokerlyzer at the first Antenatal History and Assessment visit with the health service and the 28-week antenatal appointment or nearest equivalent. |
| 2. Proportion of women, identified as smoking, with documented referral to smoking cessation service e.g. Quitline | Numerator: Women, identified as smoking, with documented referral to smoking cessation service e.g. Quitline Denominator: All women, identified as smoking | Smoking is defined as using cigarettes or any other devices to inhale tobacco. Referral service such as Quitline |







| 3. Proportion of women, identified as smoking, who are provided with information and/or resources about the risks associated with smoking and advised to quit smoking at first antenatal care visit | Numerator: Women, identified as smoking, who are provided with information about the risks associated with smoking and benefits of quitting at first antenatal visit. Denominator: All women, identified as smoking, at first antenatal visit. | All women, at first Antenatal History and Assessment visit identified as smoking any form of tobacco require information about the risks associated with smoking and benefits of quitting. Information includes SBB Smoking Cessation Flyer. BHI survey |
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| 4. Proportion of women, identified as smoking, who engaged with a smoking cessation service e.g. Quitline. | Numerator: Women, identified as smoking, engaged with a smoking cessation service. Denominator: Women, identified as smoking, with documented referral to smoking cessation service. | BHI survey |







| PROCESS MEASURES: | | |
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| BUNDLE ELEMENT 2: IMPROVING DETECTION AND MANAGEMENT OF FETAL GROWTH RESTRICTIONS | | |
| Key Performance Indicator: | Numerator/ Denominator | Operational Definition: |
| Proportion of term births with undetected FGR defined as severely growth restricted singletons (less than 3rd centile) undelivered at 40 weeks gestation (missed FGR) | Numerator: Singleton births at 39 completed weeks or more gestation with birthweight less than 3rd centile according to Dobbins et al Denominator: Singleton births (live and stillborn) with severe FGR born at 32 weeks or more gestation | Proportion of severely growth restricted singleton babies (defined as birth weight below the third centile) who were born at or after 40 weeks' gestation and birth weight was ≤ 3 rd centile – Missed FGR. |
| Measure: | Numerator/ Denominator | Operational Definition: |
| 1: Proportion of women with documented risk assessment for FGR at first antenatal care visit | Numerator: Women with documented risk assessment for FGR at first antenatal care visit. Denominator: All women attending for antenatal care | All women should be assessed for FGR risks at the first Antenatal History and Assessment visit and the results documented within the pregnancy record. |
| 2: Proportion of women with documented risk assessment for FGR at every antenatal episode of care from 24 weeks' gestation. | Numerator: Women with documented risk assessment for FGR at every antenatal episode of care from 24 weeks' gestation. Denominator: All women attending for antenatal care. | All women should be assessed for FGR risks at the every antenatal visit from 24 weeks gestation. Care will be as per the FGR Clinical Pathway and the management plan documented within the pregnancy record. |
| 3: Proportion of women (at any gestation) identified as at risk of FGR whose care was escalated as per the FGR care pathway | Numerator: Women (at any gestation) identified as at risk of FGR whose care was escalated as per FGR care pathway Denominator: Women (at any gestation) identified as at risk of FGR. | Every woman who has FGR risks identified care has been escalated according to the FGR Care Pathway. There is evidence within the pregnancy record that this has occurred. |







| 4: Proportion of women with SFH measurement taken and plotted on growth chart at each antenatal visit from 24 weeks gestation. | Numerator: Women with SFH measurement taken and plotted on growth chart at each antenatal visit from 24 weeks' gestation Denominator: Women having SFH measurement | Assessment of fetal growth through serial measurement of SFH is recommended at every antenatal appointment from 24 weeks gestation. A standardised approach to SFH measurement and serial plotting through use of evidenced based standardised growth chart is recommended. Escalation of care should be considered when risk identified. |
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| 5: Proportion of babies delivered for suspected FGR at 37 weeks' gestation or more who have a birthweight >25th centile. | Numerator: Babies delivered at 37 weeks' gestation or more for suspected FGR who have a birthweight >25th centile. Denominator: All singleton births at 37 weeks gestation or more | All singleton newborns at ≥ 37 weeks gestation where there was an alleged FGR and the birth weight was ≥ 25th centile. This measure is detecting of the number of newborns who were iatrogenically birthed for FGR and birth weight did not indicate FGR. |







PROCESS MEASURES:

BUNDLE ELEMENT 3: RAISING AWARENESS AND IMPROVING CARE FOR WOMEN WITH DECREASED FETAL MOVEMENTS

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| Key Performance Indicator: | Numerator/ Denominator | Operational Definition: |
| Proportion of women with singleton pregnancies who have a CTG commenced within 2 hours of presenting (in person) at the maternity service with DFM, from 28 weeks' gestation. | Numerator: Number of women with singleton pregnancies who have a CTG commenced within 2 hours of presenting (in person) at the maternity service with DFM, from 28 weeks' gestation. Denominator: All women with singleton pregnancies presenting (in person) at the maternity service with DFM from 28 weeks' gestation | Fetal movements have been defined as any discrete kick, flutter, and swish. DFM is defined as a report from a woman of a reduction or sudden alteration in fetal movement. Clinical management of women who report DFM is provided according to the NSW Health Guideline. The number of women with a singleton pregnancy who either ring or present in person and report No FM felt are assessed and a CTG commenced within 2 hours from the initial contact with the services. |
| Measure: | Numerator/ Denominator | Operational Definition: |
| 1: Proportion of women provided | Numerator: Women who were provided with | BHI Survey |
| with DFM information by 28 weeks' | DFM information by 28 weeks' gestation. | |
| gestation. | Denominator: All women attending for | |
| | antenatal care. | |







| 2: Percentage of women at 28 weeks' gestation or more who attend a maternity service within 12hrs of DFM concern. | Numerator: Women who attend a maternity service within 12hrs of DFM concern from 28 weeks' gestation Denominator: Women who attend a maternity service for DFM concern from 28 weeks' gestation. | Clinical management of women who report DFM as per NSW Heath Guideline. Outpatient management of DFM. The number of women with a singleton pregnancy who either ring or present in person and report Decreased or changed FM felt are assessed within 12 hours from the initial contact with the services. DFM is defined as a report from a woman of a reduction or change in fetal movement. |
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| 3: Proportion of women with singleton pregnancies who present with DFM who undergo induction of labour (IOL) or elective caesarean section (CS) before 39 weeks' gestation for DFM as the only indication. | Numerator: Women with singleton pregnancies who present with DFM who undergo induction of labour (IOL) or elective caesarean section (CD) before 39 weeks' gestation for DFM as the only indication. Denominator: All women with singleton pregnancies who present with DFM. | All women with a singleton pregnancies who present with DFM and birth is expedited because of DFM |







| PROCESS MEASURES: | | |
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| BUNDLE ELEMENT 4: IMPROVING AWARENESS OF MATERNAL SAFE SLEEPING POSITION | | |
| Key Performance Indicator: | Numerator/ Denominator | Operational Definition: |
| Proportion of women after 28 weeks' gestation who report safe sleep practices (side sleeping). | Numerator: Number of women attending for antenatal care after 28 weeks' gestation who report safe sleep practices. Denominator: Number of women attending for antenatal care after 28 weeks' gestation. | Proportion of women who report settling to sleep on their side after 28 weeks' gestation for all episodes of sleep including going to sleep at night, returning to sleep after any awakenings, and daytime naps. |
| | | BHI Survey |
| Measure: | Numerator/ Denominator | Operational Definition: |
| 1: Proportion of women who, by 28 weeks' gestation, were given the information brochure on safe going-to-sleep position in late pregnancy | Numerator: Number of women who, by 28 weeks' gestation, were given the information brochure on safe going-to-sleep position in late pregnancy. Denominator: Number of women attending for antenatal care before 28 weeks' gestation. | BHI Survey |
| 2: Proportion of women after 28 weeks' gestation who can describe safe sleep practices (going to sleep on their side) | Numerator: Number of women after 28 weeks' gestation who can describe safe sleep practices (going to sleep on their side). Denominator: Number of women attending for antenatal care after 28 weeks' gestation. | BHI Survey |







PROCESS MEASURES:

BUNDLE ELEMENT 5: IMPROVING DECISION-MAKING AROUND TIMING OF BIRTH FOR WOMEN WITH RISK FACTORS AT TERM

| Key Performance Indicator: | Numerator/ Denominator | Operational Definition: |
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| Proportion of women with singleton pregnancies who undergo induction of labour (IOL) or elective caesarean section (CS) before 39 weeks' gestation. | Numerator: Number of women with singleton pregnancies undergoing IOL or elective CS before 39 weeks' gestation. Denominator: Number of women with singleton pregnancies giving birth at term (37 to 42 weeks) awaiting spontaneous labour. | The number of women with a singleton pregnancy who undergo induction of labour (IOL) or elective caesarean section (CS) before 39 completed weeks. |
| Measure: | Numerator/ Denominator | Operational Definition: |
| 1: Proportion of women assessed for stillbirth risk factors at first antenatal care visit | Numerator: Number of women assessed for stillbirth risk factors at first antenatal care visit Denominator: All women at first antenatal care visit | All women will undergo a comprehensive Stillbirth Risk Assessment at the first Antenatal History and Assessment visit. There will be evidence of this assessment documented in the pregnancy record. |
| 2: Proportion of women reassessed for stillbirth risk factors at 34-36+6 weeks' gestation | Numerator: Number of women reassessed for stillbirth risk factors at 34-36+6 weeks' gestation Denominator: Number of women giving birth at term | All women who present for antenatal care are re assessed at around 36 weeks for any SB Risk factors. There will be evidence of this assessment documented in the pregnancy record. |
| 3: Percentage of women who report being involved as much as they wanted in decision-making about timing of birth. | Numerator: Number of women who report being involved as much as they wanted in decision-making about timing of birth Denominator: Number of women giving birth at term | Shared decision making involves the integration of a patient's values, goals and concerns with the best available evidence about benefits, risks and uncertainties of treatment, to achieve appropriate health care decisions. BHI Survey |