

Every Move I Make: contributing to the reduction in stillbirth in Scotland

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Introduction

The loss of a child is something that no parent should ever have to go through. But, sadly, it's a devastating reality for many families. The cause of stillbirth can be complex and multifactorial; however, it is recognised that the need to monitor fetal movement throughout pregnancy and escalate any concerns is a key area in reducing stillbirths.¹



With this in mind and with no national co-ordinated programme to reduce the number of stillbirths, Healthcare Improvement Scotland launched the Maternity and Children Quality Improvement Collaborative (MCQIC), as part of the Scottish Patient Safety Programme (SPSP), in 2013. Its key aim was to reduce the Scottish rate of stillbirth by 15% by December 2016. This aim was then stretched to 35% by December 2019.

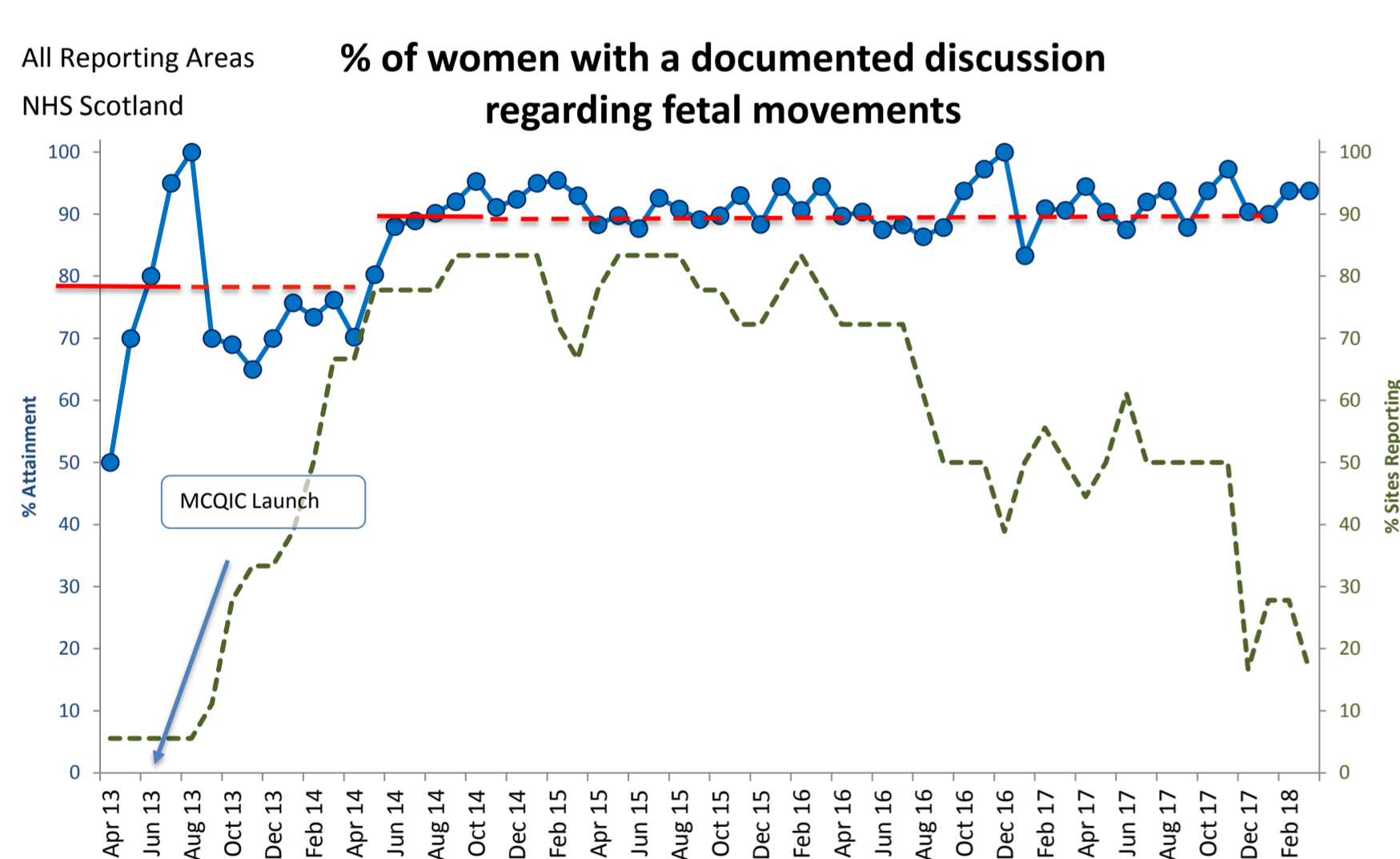


Figure 1: Documented discussion on fetal movements

An example of how this worked in practice is the powerful story of a mum (Lynne Campbell – pictured right with her son, Innes) who acted upon this intervention. One evening, she became aware of altered fetal movements. As a direct result of the conversation with her midwife, Lynne, instead of going to sleep (as she was tempted to do) contacted her maternity unit and several hours later, her son, Innes was safely delivered by emergency caesarean section at 33 weeks' gestation. Lynne describes how this was key to saving her baby's life. She describes the impact and importance of that conversation with her midwife.



Method

One of the process measures MCQIC focused on was a documented discussion on fetal movement between the midwife and pregnant woman (Figure 1). To do this, the national MCQIC team:

- adopted the Breakthrough Series collaborative Model for Improvement created by Institute for Healthcare Improvement (IHI) (Figure 2)

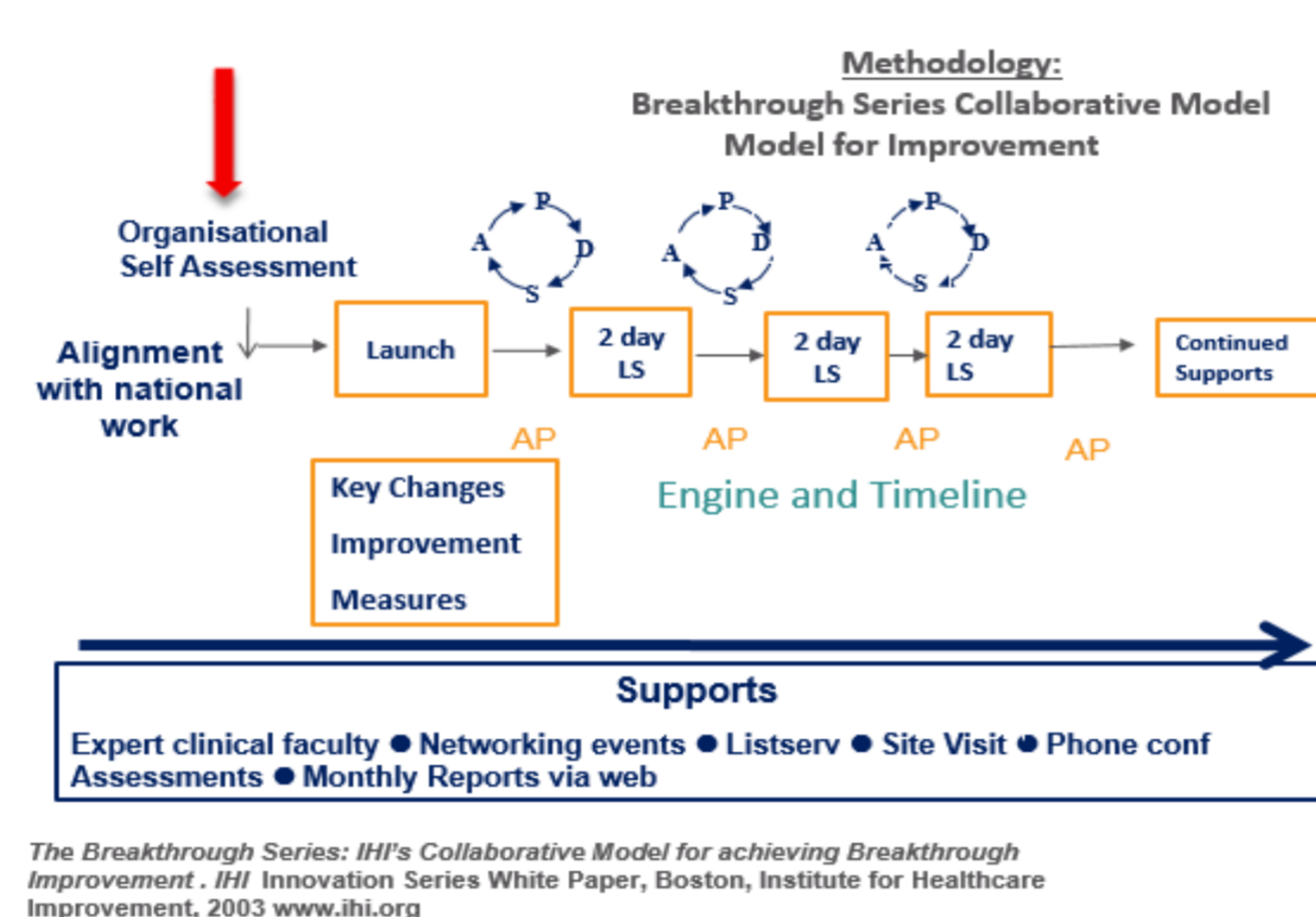


Figure 2: IHI Collaborative model for achieving breakthrough improvement

- provided teams with tools and resources such as Excel run charts, improvement resources and one-to-one support, and
- supported NHS boards with testing of various change ideas, including patient information leaflets and communication tools (Figure 3).



Figure 3: The 7 C's of effective communication

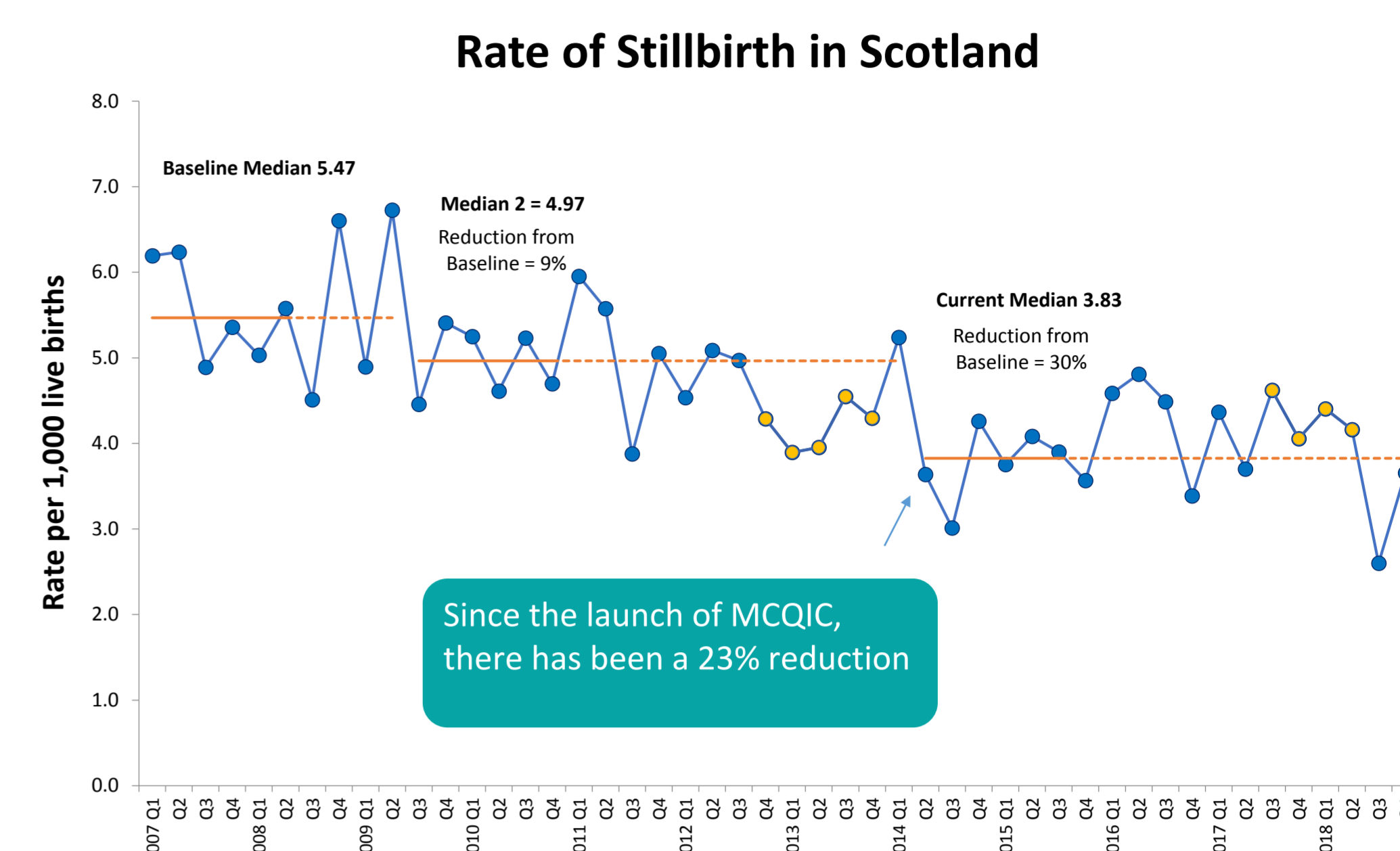


Figure 4: Reduction of 22.5% in Scottish stillbirth rate from 2012 (National Records of Scotland data)²

Results

MCQIC has contributed to a 23% reduction in the Scottish national stillbirth rate. From 2013, this means an average of 220 more babies have gone home safe and well to parents, grandparents and siblings (Figure 4).

The work on documented discussion is now spread and at scale across all of Scotland – but there is still more to be done to achieve the stretch aim.

Improvement initiatives across the UK and Australia suggest giving women standardised written information on fetal movement at 18-23 weeks' gestation and focusing on growth of the fetus to improve outcomes and public awareness of this often taboo subject.³ Therefore, the focus now for MCQIC is improvements related to the above.

Conclusion

MCQIC's project continues to contribute to the reduction in the Scottish national stillbirth rate, improving outcomes for mothers, babies and families in Scotland.

It provides staff across Scotland with up-to-date, evidence-based practice, practical guides and support on how to test implementation in their care setting. It also encourages them to review and test their escalation processes of clinical concerns.

References:

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2. National Records for Scotland (NRS) 2013, Births, deaths and marriages in Scotland. Available at: www.nrs.org (accessed April 2013).
3. Papageorghiou AT, Ohuma E, Gravett M, et al. (2016) International standards for symphysis-fundal height based on serial measurements from the Fetal Growth Longitudinal Study of the INTERGROWTH-21st Project: prospective cohort study in eight countries On behalf of the International Fetal and Newborn Growth Consortium for the 21st Century (INTERGROWTH-21st). *BMJ* 355: 10.1136/bmj.i5662.