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Llywodraeth Cymru  
Welsh Government

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Professor Mark Drakeford AM  
Chair, Health & Social Care Committee

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Dear Mark

Thank you for your letter of 10 January 2013 in which you request a short written update on the work of the National Stillbirth Working Group which I enclose.

I wish to reinforce both my and the Welsh Government's commitment to reducing stillbirths in Wales and trust the attached report from the National Stillbirth Working Group demonstrates that commitment.

Kind Regards

Lesley

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## **Welsh Initiative for Stillbirth Reduction (WISR): Progress Update January 2013**

### **National Stillbirth Working Group**

The National Stillbirth Working Group was set up within the 1000 Lives programme of work in April 2012 and includes representation of key stakeholders in maternity care. A scoping exercise was undertaken with all Health Boards in relation to issues identified in preventing stillbirth.

The evidence review is being revisited by Public Health Wales.

Stillbirth reduction will be achieved via implementation of a series of nationally agreed interventions:

- **Standardising the management of reduced fetal movements**  
There is a need for a national minimum standard for management of reduced fetal movements and there is a first draft of a Policy Exemplar Guide circulated to the Stillbirth Group. This asks clinicians for clarification of the Royal College of Obstetricians and Gynaecologist's 'Green Top' Guidelines, with a view to agreeing all-Wales exemplar guidelines. This is not entirely straight forward because there is the dilemma of how to recognise a baby with growth restriction in a low risk woman whose uterus and baby appear to be growing clinically but are found not to be at delivery, for example. Clarity is needed about how to monitor babies less than 28 weeks gestation.
- **Implementing Customised Growth Charts (Perinatal Institute)**  
There is an association between fetal growth restriction and stillbirth. Using individualised charts should pick up more women with growth problems. There are training and resource issues to be considered before extra ultrasound scanning is introduced, but training advanced midwives to perform 3<sup>rd</sup> trimester fetal assessment scanning is one way used in some centres.
- **Increasing post-mortem (PM) consent**  
The group agreed the need to standardise the process for baby transfer to Cardiff for PM and improving the pathological examination of the placenta (to pick up placental pathology more reliably), by utilising the specialist perinatal pathologists at Cardiff. The ability to arrange a post-mortem on a specific date and to transport a baby to Cardiff and back on the same day helps parents to know where their baby is at all times. This is an excellent example of where sharing good practice leads to the possibility of immediate improvements in service quality.
- **Local peri-natal audit/review**  
We know that at least 1:3 stillbirths are associated with substandard care. Reviewing and standardising existing process systems in a manner that enables shared learning throughout Welsh maternity units is key to making reviews effective and learning from mistakes. There is no funding for an obstetric network.
- **All Wales Peri-Natal Survey**

Although there is no resource to conduct detailed national confidential enquiries of stillbirths in Wales, it is possible that collaboration within Wales and with the UK national enquiries will mitigate the need for this. Wales still needs to work towards maternity clinical information that is timely and available for use by clinical teams.

- **The Scottish Research Study**

The lack of formal trial data for many interventions makes it very difficult to be certain what is appropriate in low risk women. Researchers in Scotland are doing a national trial aiming to test a package of care that may help reduce stillbirth through heightened awareness and actions when a woman reports reduced fetal movements. In parallel with the 1000 Lives work, Phil Banfield and Bryan Beattie will work with the research midwives in North Wales, Lynda Sackett and Sarah Davies, to develop Welsh involvement with the help of the NISCHR CRC team.

- **Chief Nursing Officer's intrapartum fetal monitoring group**

This group lies outside the mini-collaborative, but outcomes from it will inform the work of WISR.

The intention is that this work will be completed by end of March 2014