

Document Title: <i>Midwife Sonographers – SOP for women with Previous SGA</i>	1 of 6	Approval Date: 06 Sep 2019
Reference Number: UHBOBS207		Next Review Date: 11 Sep 2022
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Reference Number: UHBOBS207 Version Number: 1	DATE OF REVIEW September 2019 Date of Next Review: September 2022
Midwife Sonographers – SOP for women with a previous ‘small baby >3rd but <10th customised centile.	
Introduction and Aim This guideline is for health professionals within maternity services, to support clinical practice and the care of women with a previous small baby who would otherwise be having midwife led –care.	
Objectives <ul style="list-style-type: none"> • Recommend practice based on the most update research evidence • To provide clear pathways to guide clinical practice • To support women to make informed choices about their care 	
Scope This policy applies to all healthcare professionals in all locations including those with honorary contracts	
Equality Health Impact Assessment	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>
Documents to read alongside this Procedure	<i>Antenatal care guideline</i> <i>GAP/GROW guideline</i> <i>Small for gestational age guideline</i> <i>PGD for provision of low dose Aspirin</i>
Approved by	<i>Maternity Professional Forum</i>

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Document Title: <i>Midwife Sonographers – SOP for women with Previous SGA</i>	2 of 6	Approval Date: 06 Sep 2019
Reference Number: UHBOBS207		Next Review Date: 11 Sep 2022
Version Number: 1		Date of Publication: 11 Sep 2019
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Summary of reviews/amendments			
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1	MPF 2/9/2019 Q&S 6/9/2019	11/09/2019	NEW DOCUMENT

1 Table of Contents

Contents

1	Table of Contents.....	2
2	Background.....	3
3	Eligible women ;-.....	4
3.1	Exclusions:-	4
4	Standard Operating Procedure:.....	5
5	References	6

Document Title: <i>Midwife Sonographers – SOP for women with Previous SGA</i>	3 of 6	Approval Date: 06 Sep 2019
Reference Number: UHBOBS207		Next Review Date: 11 Sep 2022
Version Number: 1		Date of Publication: 11 Sep 2019
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2 Background

Fetal growth restriction is associated with stillbirth, neonatal death and perinatal morbidity. Confidential enquiries have demonstrated that most stillbirths are due to fetal growth restriction in association with suboptimal care and are potentially avoidable. Antenatal detection of fetal growth restriction significantly reduces risk; it also prompts further investigation, fetal surveillance and timely delivery in the most appropriate place.

This SOP is to facilitate women who would otherwise be MLC, having serial growth scans with a midwife sonographer and remaining MLC. If any concerns develop the woman can be transferred back for consultant review.

Customised assessment of birth weight and fetal growth has been recommended by the RCOG since 2002 and was re emphasised in the 2013 revision of the green top guidelines. Midwife sonographers routinely scan women for fetal well being when there are concerns regarding growth, reduced movements and previous history of a small for gestational age fetus. Midwife sonographers offer scanning provision in Ante Natal Clinic on a daily basis

Following a Consultant review, women with a history of a previous small baby, could be scanned by midwife sonographers.

[Back to Contents](#)

Document Title: <i>Midwife Sonographers – SOP for women with Previous SGA</i>	4 of 6	Approval Date: 06 Sep 2019
Reference Number: UHBOBS207		Next Review Date: 11 Sep 2022
Version Number: 1		Date of Publication: 11 Sep 2019
Approved By: MPF, Q&S		

3 Eligible women :-

Previous baby >3rd but <10th Centile with no other risk factors.

3.1 Exclusions:-

Women with another reason for Consultant led care

- Women with a previous baby birthweight <3rd centile
- OR early onset placental dysfunction necessitating delivery <34 weeks
- OR Placental histology confirming placental dysfunction in a previous pregnancy

Women with the above HIGH risk factors for fetal growth restriction should remain under Consultant led care and consideration should be given to the prescription of low dose aspirin.

[Back to Contents](#)

Document Title: <i>Midwife Sonographers – SOP for women with Previous SGA</i>	5 of 6	Approval Date: 06 Sep 2019
Reference Number: UHBOBS207		Next Review Date: 11 Sep 2022
Version Number: 1		Date of Publication: 11 Sep 2019
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4 Standard Operating Procedure:

All women with a previous SGA baby (<10th customised centile as identified onGROW chart) to have a Consultant appointment at 16 weeks.

If no other risk factors for consultant led care and previous baby >3kg for serial scans on **DAU OB12 list** at 36 and 39 weeks gestation, with SFH up until this point.

If no other risk factors for consultant led care and previous baby <3kg for serialscans on **DAU OB12 list** at 28, 32,36 and 39 weeks.

If growth is within the normal boundaries ie between the 10th and 90th Centiles and isfollowing the centile curve for midwife surveillance only.

If growth becomes static or “tails off” or there are abnormal Doppler or Liquor - forreferral and review by a Senior Obstetrician ensuring clear documentation in the hand held notes.

For place of delivery to be decided at 36 weeks by the midwife sonographer.

For these women NO symphysis fundal height measurements should bedocumented.

[Back to Contents](#)

Document Title: <i>Midwife Sonographers – SOP for women with Previous SGA</i>	6 of 6	Approval Date: 06 Sep 2019
Reference Number: UHBOBS207		Next Review Date: 11 Sep 2022
Version Number: 1		Date of Publication: 11 Sep 2019
Approved By: MPF, Q&S		

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[Back to Contents](#)