



Midwife Sonographers - SOP for Growth Scan Referrals

Speciality: Maternity

Approved by: Antenatal Forum

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Document No: 2



Midwife Sonographers – SOP for Midwife Surveillance Serial Growth Scan Clinics

Introduction and Aim

This SOP is for health professionals within Swansea Bay Maternity Services, to support autonomous clinical practice for the care of women who require referral for Serial growth scan assessment. These women who, if not for 1 Risk factor identified at booking would be receiving midwife led antenatal care.

Objectives

- To support practice based on approved clinical research evidence
- To provide clear a pathway to guide clinical practice
- To support women to make informed choices regarding their care

Scope

This guideline applies to all healthcare professionals involved with Maternity care in the Swansea Bay University Health Board

Equality Health Impact Assessment

An Equality Health Impact Assessment (EHIA) has not been completed.

Documents to read alongside this Procedure

Antenatal care guideline
 GAP/GROW guideline (Perinatal Institute 2020)
 Small for Gestational age guideline (RCOG Green Top Guideline No 31 2013)
 Weight management in pregnancy (2023)

Standard Operating Procedure for Midwife-led serial scan surveillance (2018)
 All Wales Altered Fetal Movement Guideline (WMNN 2021)
 All Wales Midwifery-Led Care guideline (WMNN 2022)

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
2			NEW DOCUMENT

1. Background

This SOP is to facilitate autonomous clinical practice for the care of women who require midwife surveillance serial growth assessment scans. These women if not for the one risk factor identified on risk assessment at booking, would otherwise be receiving midwife led antenatal care. If any of the scan findings are found to be abnormal the woman will be promptly referred to a senior Obstetrician for review.

As recommended by perinatal institute, implementation of the Gap Grow pathway aims to balance the need to identify, investigate and appropriately manage pregnancies, with the aim to avoid unnecessary intervention.

Small for gestational age (SGA) is associated with stillbirth, neonatal death and perinatal morbidity. Whilst large for gestational age (LGA) is associated with birth complications and perinatal morbidity. The significance of antenatal detection of suspected Large for gestational age (LGA) is unclear and the effects of intervention to reduce perinatal morbidity and mortality is still being explored.

Antenatal detection of SGA/LGA may reduce some of these risks by prompting further fetal surveillance, investigation and responsive care planning.

2 Eligible women:

Women with only 1 of the risk factors identified below who can remain Midwife Led Antenatal care are eligible:

- Previous SGA (Growth below 10th centile)
- Multiparous women with Raised BMI 35-39.9 following a previous normal vaginal birth.
- Primiparous women with a BMI of 35-39.9 with no other co-morbidities
- Smoker
- Low Papp-A (MoM <0.415)

2.1 Exclusions:

Women who have more than 1 risk factor require Obstetric led antenatal care from booking, in accordance with Swansea Bay University Health Board policies and GAP risk assessment.

3 Standard Operating Procedure:

Referrals accepted from community midwives and antenatal clinic in line with the criteria stated above.

Referrals can be made by completing the necessary referral form online and returning to the Midwife Sonographers generic mailbox

SBU.midwifescanreferrals@wales.nhs.uk alternatively placing in our allocated folder in the ANC office.

The woman will then be contacted via post with an appointment to attend their first growth surveillance scan and subsequent appointments will be discussed at this appointment. USS will be performed at 28,32,36,39 weeks' gestation then weekly after 41 weeks as per SBUHB policy, unless there is a clinical requirement to perform more frequently.

All women who attend MSSSC will have a full antenatal check in line with NICE guidelines. This will include, BP, urinalysis, and a discussion around fetal movements and any health promotion discussion expected at that episode of care in line with NICE guidelines. CO checks and weight will be recorded at the appropriate recommended intervals. Any Bloods routine or otherwise will be taken in ANC/ADAU. This will be communicated to the community midwife to follow up if the bloods are routine. Requirement for Anti-D prophylaxis should be arranged by the Community midwife. All women will see their named community midwife at 34/40 for birth plan discussion.

At 36 weeks where there are no other complexities and USS have been normal, most women will be suitable for a midwifery led birth. The only exception is Primiparous women with BMI 35-39.9, the obstetric unit is the recommended place of birth due to a small increase in complications around the time of birth (See proforma).

Midwife surveillance only –

If EFW is within the normal parameters (i.e. on or between the 10th and 97th Centiles and is following the normal growth trajectory). Normal Liquor volume and Normal umbilical artery Doppler, women will continue with Midwife Led Antenatal Care.

Referral and review by senior obstetrician –

- If the growth is static
- Does not follow the curve of the 3rd centile
- Plots below the 10th centile
- If growth is plotting above 97th centile at <37/40 gestation an appointment in the next obstetric clinic will be made however, if >37/40 gestation, then the woman will be reviewed the same day in the relevant obstetric antenatal clinic.
- Doppler or liquor volume are abnormal

Any concerns with the antenatal check the woman will be asked to attend the ADAU/AAU for obstetric review in line with current guidance.

NB: If women exit the MSSSC pathway and transfer to Obstetric led antenatal care, they can continue to have their USS with the midwife

sonographers for continuity of care, however no clinical decisions will be made regarding their plan of care, they will be seen in the relevant obstetric antenatal clinic.

If there is the need for any fetal medicine input following the USS, the midwife sonographers will not continue any further care/USS as this is outside of their scope of practice.

4 Abbreviations

MSSSC- Midwife Serial Scan Surveillance Clinic

SGA- Small for gestational age

LGA- Large for gestational age

USS- Ultrasound scan

OLC- Obstetric Led Care

ADAU- Antenatal day assessment unit

AAU- Antenatal assessment unit

5 References

1. RCOG Green Top guideline, 2013
2. Perinatal Institute of maternal and child health. Growth Assessment protocol. 2020
3. NHS England Saving Babies Lives Version 2. 2019 - <https://www.england.nhs.uk/wp-content/uploads/2019/03/Saving-Babies-Lives-Care-Bundle-Version-Two-Updated-Final-Version.pdf>
4. Standard Operating Procedure for Midwife-led serial scan surveillance (MSSS). 2018. Swansea Bay University Health Board.
5. All Wales Midwifery-Led Care guideline (WMNN 2022)

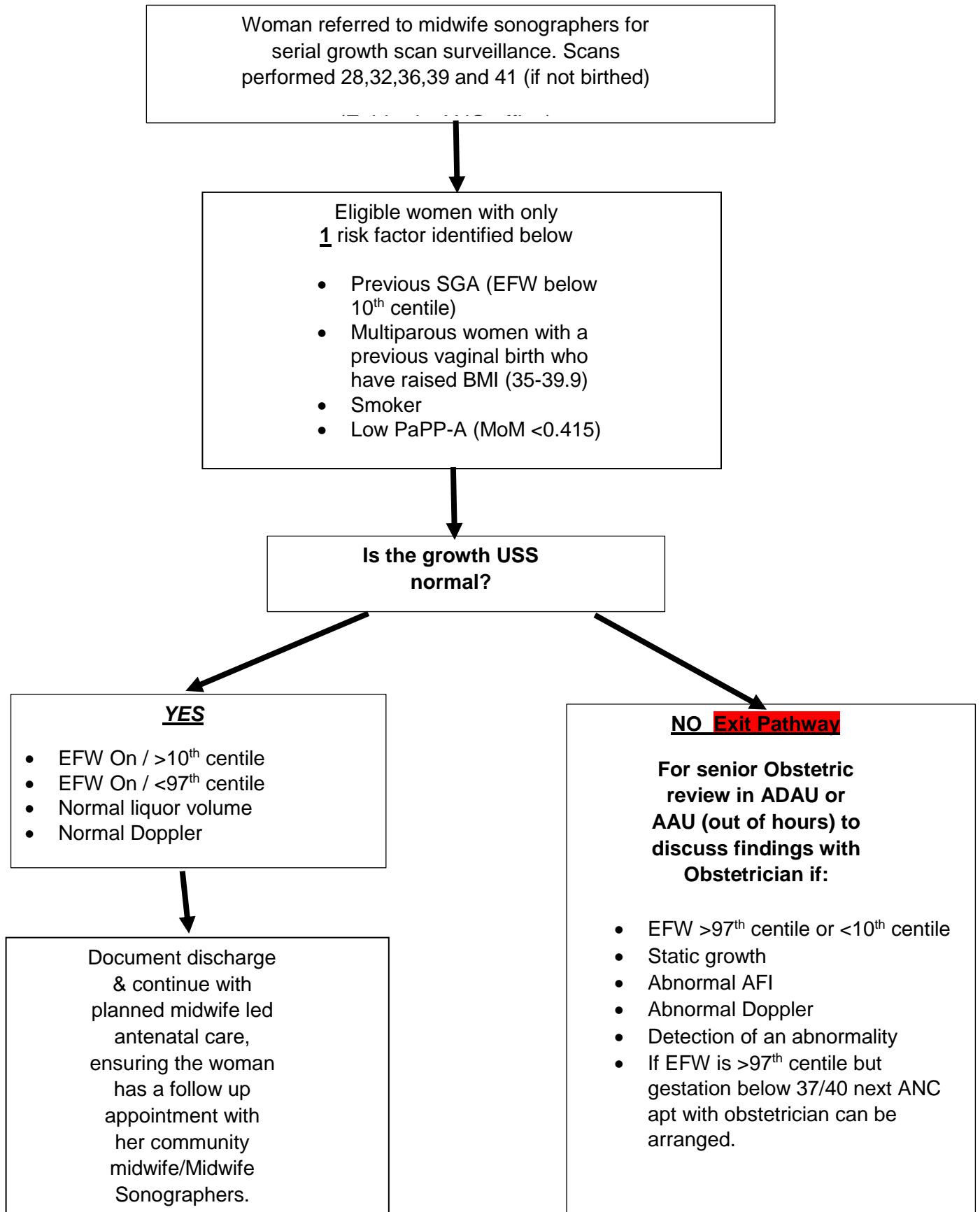
6 Practice points

- Slow growth is defined by Perinatal Institute as a Fundal Height measurement not following the slope of the 10th centile or EFW on USS not following the curve of the 3rd centile.
- Accelerated Growth is defined by the perinatal institute as EFW measurement not following the curve of the 90th centile or EFW on USS above the 97th centile
- Static Growth: same EFW measurement as 2 weeks previously (**USS for growth can only be repeated after a minimum of 14 days in line with current guidance**)

NB: *A helpful tool filmed by the Perinatal Institute to aid decision making which demonstrates how to use a set square and ruler to plot the trajectory of growth. See link below*

https://www.perinatal.org.uk/GAP/slow_growth.mp4

Pathway for Midwife Surveillance Serial Growth Scan Clinics



Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Midwife Sonographers - SOP for Growth Scan Referrals
Name(s) of Author:	Tania Peverley, Midwife Sonographer
Chair of Group or Committee approving submission:	Antenatal Forum
Brief outline giving reasons for document being submitted for ratification	
Details of persons included in consultation process:	
Name of Pharmacist (mandatory if drugs involved):	
Issue / Version No:	2
Please list any policies/guidelines this document will supercede:	
Date approved by Group:	July 2023
Next Review / Guideline Expiry:	July 2024
Please indicate key words you wish to be linked to document	Midwife sonographer, growth scan
File Name: Used to locate where file is stores on hard drive	