

Midwife Sonographers - SOP for Growth Scan Referrals

Speciality: Maternity

Approved by: Antenatal Forum

Approval Date: 5 August 2022

Review Date: August 2023

Document No: 1



Midwife Sonographers - SOP for Growth Scan Referrals

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 a growth scan who would otherwise be receiving midwife led 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
Small for Gestational age guideline
Large for Gestational age guideline
Standard Operating Procedure for Midwife-led serial scan surveillance
All Wales Altered Fetal Movement Guideline

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Summary of reviews/amendments

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

1. Background

This SOP is to facilitate autonomous clinical practice for the care of women who require referral for a growth assessment scan who would otherwise be receiving midwife led 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. Antenatal detection of SGA/LGA significantly reduces these risks; it also prompts further fetal surveillance and investigation.

2. Eligible women:

- Slow Growth on FH Measurement (curve not following that of the 10th centile on customised GROW chart)
- Static Fundal Height Measurement
- Accelerated Fundal Height Measurement (curve not following the trajectory of 90th centile on customised GROW charts)
Scan at 36/40
- Altered Fetal Movements as per All Wales Guideline
- Presentation Scan from 36/40
- 1st fundal height measurement <10th centile (from 28/40)
- Suspected Polyhydramnios.

NB: Serial FH measurements that are above 97th centile and are linear **DO NOT** require a scan and women should be reassured that the FH measurement is NOT a prediction of Large baby as it measures the whole content of the uterus not just the fetus.

2.1 Exclusions:

Women who require Obstetric led 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, antenatal day assessment unit (ADAU) and AAU in line with criteria stated above.

Referrals can be made by emailing a completed referral form (located on the Z-Drive) to our generic email account:

SBU.midwifescanreferrals@wales.nhs.uk

You will then have a read email receipt to confirm we have received the referral.

Midwife surveillance only - if growth is within the normal parameters (i.e. between the 10th and 97th Centiles and is following the centile curve). Normal Liquor volume and Normal umbilical artery Doppler, women will be referred back to their community midwife to continue MLC.

Referral and review by senior obstetrician - if growth becomes static, does not follow the curve of the 3rd centile or plots below the 10th centile, Doppler or liquor volume are abnormal, the woman will be referred to senior obstetrician the same day via ADAU/AAU for further management plan. If growth is plotting above 97th centile but below 37/40 gestation an appointment in the next obstetric clinic can be made. If over 37/40 gestation, then the woman will be reviewed the same day in ADAU/AAU.

4. References

RCOG Green Top guideline, 2013

Perinatal Institute of maternal and child health. Growth Assessment protocol. 2020

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>

Standard Operating Procedure for Midwife-led serial scan surveillance (MSSS). 2018. Swansea Bay University Health Board.

5. Appendices

- 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 Fundal height measurement not following the curve of the 90th centile or EFW on USS above the 97th centile
- Static Growth: same FH measurement as 2 weeks previously (**USS can only be repeated after 14 days**)
- Suspected Polyhydramnios: **E.g.** tense abdomen, unable to palpate fetal parts.

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 Growth Scan Referrals for Midwife Sonographers

Woman referred for growth assessment USS with midwife sonographers Via email. You will then get a Read receipt.

Sbu.midwifescanreferrals@wales.nhs.uk

Accepted

Woman contacted with date & time of scan.

Is the growth USS normal?

YES

- On / >10th centile
- On / <97th centile
- Normal liquor volume
- Normal Doppler

Document discharge & continue with planned antenatal care ensuring the woman has a follow up appointment with her community midwife



Declined

Referring midwife contacted with explanation of decision.



NO

For senior Obstetric review in ADAU or AAU (out of hours) to discuss findings with Obstetrician if:

- >97th centile or <10th centile
- Static growth
- Abnormal AFI
- Abnormal Doppler
- Detection of abnormality
- If growth is ↑97th centile but gestation below 37/40 next ANC apt with consultant can be arranged.

Maternity Services

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:	1
Please list any policies/guidelines this document will supercede:	
Date approved by Group:	July 2022
Next Review / Guideline Expiry:	
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	