

INTRODUCTION

Stillbirth is one of the major obstetric complications and a devastating experience for the woman and her family. The national stillbirth rate in the UK for 2018 was 3.5 per 1000 total births. In comparison to the national data the stillbirth rate of ABHUB in 2019 was higher at 4.4 per 1000 births. Hence, we undertook a QIP to reduce our stillbirth rate.

Table 1 – Stillbirth rate UK

England	Wales	Scotland	N.Ireland
3.52	3.79	3.22	3.34

AIM

To analyse the causes of stillbirths and identify areas of improvement to reduce the stillbirth rate.

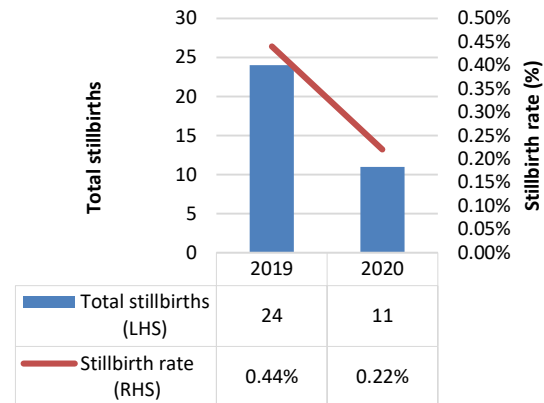
METHODS

We performed a retrospective analysis of still birth cohort for 2019 and 2020 for ABUHB using case notes and online database. We identified areas of improvement from 2019 study and implemented the changes and have audited the stillbirth cohort again in 2020.

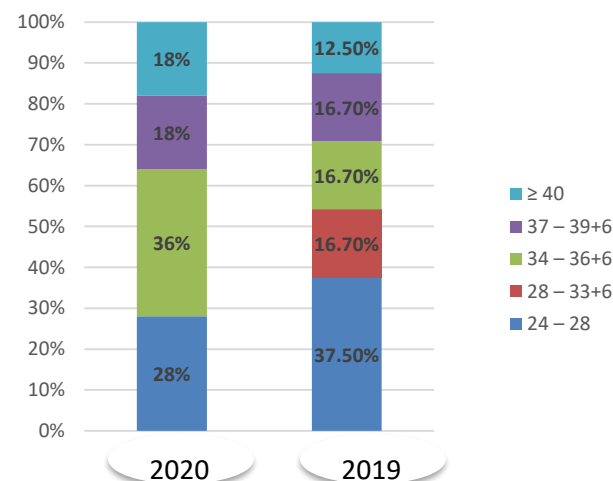
RESULTS 2020

- Stillbirth rate of ABUHB reduced to 0.22%
- 9% did not have any known antenatal risk factors
- 27% Concealed pregnancies (>37weeks)
- Term still birth in booked women 9%
- 18% had previous SGA
- 18% smokers
- 90% had vaginal birth
- No intrapartum stillbirth
- 56% had SGA

COMPARISON 2019 vs 2020



Gestational age and stillbirths



CHANGES IMPLEMENTED AFTER 2019 AUDIT

- Four serial growth scans for fetal surveillance from 28 weeks instead of two.
- Gap and grow training
- Term growth scan implemented to diagnose late IUGR
- Introduction of virtual booking clinic by consultant for antenatal care plan.

DISCUSSION & RECOMMENDATIONS

2020 audit areas of improvement -

- Umbilical artery dopplers for static growth.
- Serial growth scans for late bookers.
- High risk patients to have a 24 week scan by consultant.
- Plot SFH on customised growth chart from 24 weeks.
- Reaudit next year.

CONCLUSION

ABUHB successfully reduced stillbirth rate to 2 per 1000 births in 2020, due to multiple factors like antenatal care plan by consultants and introduction of late third trimester scanning.

As one third of our stillbirths were between 24 to 28 weeks and growth restriction was the most important identified cause, we would like to introduce 24 weeks growth scan to reduce stillbirth rate further.

REFERENCE

https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/perinatal-surveillance-report-2018/MBRRACE-UK_Perinatal_Surveillance_Report_2018_-_final_v3.pdf