

Maternity

The NHS recently set out a national ambition to halve the rates of stillbirths by 2030, with a 20% reduction by 2020; using the *Saving Babies Lives* initiative to help maternity services to meet this aspiration. The Maternity Programme aims to support our region in achieving this ambition.

Working collaboratively with all the hospital trusts in the region allows the programme to introduce innovations as a unit, pool expertise and resources and share learning in a non-judgemental manner. The aim is to reduce unwarranted variation in care and standards and agreeing best practice in a region where 30,000 babies are born every year.

Oversight and the work of the programme is set by the units involved (informed by national priorities as appropriate). Work to date includes:

- Region Wide Guidelines**
 Guideline topics are chosen to meet a local need to unify best practice across the region. Supported by regional Sustainability and Transformation Plans (via Local Maternity Systems).
- Reducing Retained Swabs**
 Quality improvement project reducing “never events” to 0 in 36 months using a reliable handover method.
- Regional Shared Learning Events**
 Half-day events for sharing cases and improvement work.
- Growth Restriction Identification Programme (OxGRIP)**
 An innovative pilot to increase identification of small for gestational age babies before an adverse outcome.
- Place of Birth**
 Ensuring extremely premature babies are born in the safest place.

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“There is so much good work going on and it is important we have the opportunity to share it.”

Attendee

Shared Learning Event

2017



75 - 80% of extremely premature babies now born in the safest place



9 regionally agreed, ratified & implemented network guidelines



5 Shared Learning Events
30 Presentations
250+ delegates



36-week growth scan for expectant mothers identifying small, unwell babies

**All 6
regional
hospitals engaged**

“There is now a more equitable service which has identified babies at risk that have not previously been identified by routine care.”

Alison Chevassut

Research Midwife Sonographer

*Oxford University Hospitals NHS
Foundation Trust*



A member of the OxGRIP project team conducting an ultrasound scan on a patient.

Oxford

**Patient
Safety
Collaborative**

Identifying a baby in trouble ...

A woman whose first language was not English attended her 36-week growth scan as part of the OxGRIP project. The midwife sonographer was concerned that the baby's growth had decreased since her last scan. She also saw that the blood-flow between the mum and the baby was abnormal, the baby did not move during the appointment and the woman confirmed that she had not felt the baby move recently.

The midwife sonographer raised her concerns urgently and the baby's heart rate was monitored and found to be severely abnormal. The decision was made to perform an emergency caesarean section that evening to save the baby.

Four months later, the baby and mother are doing well at home. Without being offered and accepting the now routine 36-week scan, the outcome could have been very different.

Since 2015, region wide guidelines have been developed by a multidisciplinary team of obstetricians, midwives and other specialists. The democratic process of development and topic selection reflects the national ambition and local requirement.

All guidelines are based on the best available evidence and are developed by a group of engaged clinicians with a specialism or interest in the area that the guideline is covering. The aim is to make the guidelines easy to follow and implement. They usually take on the form of an algorithm on a single side of paper.

Regional sharing, reviewing and ratification follow from all the regional trusts via their representative senior doctors and midwives. Once implemented in each unit and embedded for a certain amount of time, the wider group of engaged clinicians will review each guideline to confirm its suitability.

So far, nine regional guidelines have been implemented. Examples include:

- Oxytocin for the augmentation of labour
- Management of preterm birth
- Palliative care framework
- Placental histology
- Cardiotocograph interpretation tool



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