



The Maternity Clinical Network Shared Learning Event 13th July 2016

Oxford Academic Health Science Network 

Time	Item	Speaker
09:00	Refreshments	
09:30	Welcome and Introduction	Lawrence Impey Clinical Lead Maternity Clinical Network Katherine Edwards Network Manager Maternity Clinical Network
09:40	Identifying Small for Gestational Age Babies	Yos Matsumiya Milton Keynes Hospital
10:00	IUGR and Stillbirth	Lawrence Impey John Radcliffe Hospital
10:20	Implementing a new CTG tool	Michelle Anderson Jayne Pigott Stoke Mandeville Hospital
10:40	Break	
11:00	Acute Pancreatitis in Pregnancy	Salma Ibrahim Milton Keynes Hospital
11:20	A Tale of Two Heads	Charlotte Holland Wexham Park Hospital
11:40	Obstetric Haemorrhage at Caesarean Section	Clement Fletcher Tom Swell Great Western Hospital
12:00	Retained Swab Never Events	Jill Ablett Royal Berkshire Hospital Katie Lean Patient Safety Collaborative
12:30	Close	

Who are we/ what do we do?

- Part of the Oxford Academic Health Science Network
- Maternity Network Steering Group meets quarterly with representatives from each Trust and other Stakeholders
- Regional service user forum in collaboration with researchers and the SCN

Examples of Projects

- SGA identification and Stillbirth
- Interoperability – connecting ultrasound records
- Place of Birth of Extremely Premature Babies
- Network wide guidelines
- Shared Learning Events

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Network-wide Guidelines

Completed Guidelines

- IUGR
- Rhesus
- Magnesium Sulphate
- Pre term labour and In Utero Transfer

Next Set

- Oxytocin
- Variation in the use of CTG interpretation tools
- Improving the appropriate use of placental histology
- Palliative Care



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Improving the survival rates of extremely premature babies in the region



Place of Birth of Extremely Preterm Babies in the Thames Valley Neonatal Network

April 2015



Extremely premature babies are more likely to survive if they are born in a hospital with Level 3 neonatal care. The Maternity Network audited all cases born outside of a Level 3 unit in our area.

In the Thames Valley 50% of these babies were born outside of Level 3 care.

In response to findings -

- Referral pathway improved
- Network wide clinical guidelines developed
- Ongoing audit and monitoring

Now 75-80% of these babies are born in Level 3 care in our region

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