SaBiNE shortlisted for 2017 Patient Safety Award

The GAP Team have been shortlisted for the Saving Babies in North England project, which engaged the help of 52 designated clinical midwives (photo). It resulted in the reduction in ONS stillbirth rates to their lowest ever levels in each of the three participating NHS regions, and has contributed significantly to the recent, year on year fall in stillbirth rates in England. Further details and full report: www.perinatal.org.uk/gap/SaBiNE.aspx

GAP units in the UK

GAP Plus: linking with Maternity Information Systems

GROW software can now be accessed through several MIS, with the following benefits:

- Reduced double entry of data for busy clinicians
- Electronic version of the chart as well as a paper copy
- Auto-plotting of fundal height and EFW → reduced plotting errors
- Customised centiles at birth and automated reports of detection rates
- Phase two: decision support (growth rate; informing when to refer)

GAP units in the UK

National GAP User Forum

Friday 7 July 2017 – Birmingham

- Fetal growth audits and benchmarks
- Local successes and challenges
- New third trimester scan QA tool
- HEE funded ultrasound training
- Hypoglycaemia screening: defining ‘SGA’
- Integrating with information systems

Details: www.perinatal.org.uk/diary

Update on Growth Assessment Protocol (GAP)

- Assisting evaluation of NHS England Saving Babies Lives Care Bundle
- Additional London Trusts being trained as part of ‘DESiGN’ study
- E-learning theory and practice modules now exceeding 30,000 users
- GAP will be in 82% of all UK Trusts & Health Boards by end of 2017

Detailed list of all units on www.perinatal.org.uk/gap-uptake.aspx

Maintaining the momentum – improving performance

All GAP units are able to monitor their antenatal referral and detection rate of SGA births. The ‘Ten Best’ units are now averaging detection rates of 55% (SGA <10th centile) which represents a three-fold increase from the pre-GAP baseline (18%). Best unit averages 64%.

The GAP SCORE audit tool can help ascertain the reasons for missed cases. Analysis of the first 1541 cases entered by clinicians in 46 units is summarised in the pie chart →

- 58.3% of missed cases were ‘high risk’
- 23% of these (>39.4% of all ‘high risk’ cases) had no serial scans, against the guidelines
- Lack of detection despite scan was a feature in (35.3+19.3) = 54.6% of cases
- Average interval between last scan and delivery was 3-4 weeks, which may have contributed to the poor detection rate

Congratulations to Donna Southam and Dr Amaju Ikomi from Basildon & Thurrock University Hospitals for winning the East of England Innovation in Patient Care Award!
Customised coefficients have now been derived from ‘low risk’ pregnancy data from 20 countries, including 2.8 Million births.

Free individual and bulk centile calculators are currently in use by clinicians and research groups in 33 countries.

Training and clinical implementation has been undertaken to date for health services in 18 countries.

The new universal GROW chart, due for release during 2017, will have functionality to adjust for over 50 ethnic groups.

For further information, please contact:

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