

Background:

- Stillbirth rate in UK is 3.83/1000, highest among developed countries.
- Routine screening detects 20-25% of SGA cases.
- Up to 57% of babies who die in utero are SGA.
- Improved detection of SGA babies may halve the stillbirth rate.

Important Points:

- SGA and FGR are distinct entities
- Fetuses < 3rd centile are far more likely to be FGR than those between 3-10th centile

Management:

- Initiation of Labour/delivery should occur at 37-37+6 in fetusus < 3rd centile
- If between 3-10th centile risk assess with Doppler investigations
- Individualise care if high risk features present like decreased FM. Take patient's view.
- In the absence of high risk features offer delivery at 39+ weeks

Statistics:

- Baseline detection rate for SGA is 18.7%
- Top 10 units in UK average 56% (38.9 – 56%)

Overall 90 cases missed out of 180 (detection rate of 50%)
We are at par with the top units in UK!

Outcome indicators:

- Percentage of babies < 3rd centile delivered from 37-37+6 is a measure of effective detection and management of FGR

All SGA's detected under 3rd centile were delivered by 37+2

Results:

- Total births at NCIC from 01/04/20 – 30/09/30 = 1364
- Total SGA – 180
- Babies < 3rd centile = 58. We missed 19 (detection rate 67.2%)
- 122 babies in 3rd – 10th centile. 71 undetected (detection rate 41.8%)

Scan to birth interval:

- 0-6 days = 78.95 % detection rate
- 7-14 days = 70.69%
- 15 days and over = 22.37%
- 78% of our patients had on average 2 scans in pregnancy which reflects on 50% detection rate
- Surveillance until delivery is recommended as most FGR's are late onset

We can improve on:

- Symphsio-fundal height measurements (20% accuracy at present)
- Proper risk assessment at booking

References:

Saving Babies Lives Care Bundle (Version 2)