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Objective

To assess compliance of our department to Saving Babies’ Life Bundle 2 recommendations, with a focus on term severe SGA babies, defined by birth weight of less than 3rd centile.

Design

Retrospective re-audit on antenatal, intrapartum and postnatal care was performed with a focus on smoking cessation, awareness of reduced fetal movements, risk assessment/prevention/surveillance of fetal growth restriction and fetal monitoring during labour in women with severe SGA babies.

Method

A retrospective re-audit was done on 26 mothers of severe SGA babies born between January and March 2024. The results were compared with an earlier audit of 21-term severe SGA babies born between April and June 2022.

The following recommendations were implemented from 2022 audit:

1. Growth centile charts to be included in the electronic patient record.
2. Improve blood sugar monitoring of severe SGA babies by highlighting this in departmental meetings and labour ward handover
3. Structured SGA risk assessment at booking to be included in EPR

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Results

Parameter	2022	2024	Comments
Ethnicity (BAME group)	62%	50%	BAME remains a risk factor for SGA.
CO monitoring at booking	29%	73%	Significant improvement
CO monitoring at 36 weeks	9%	88%	Drastic improvement in late-pregnancy smoking screening
Fetal movement discussion documented	100%	100%	Consistently implemented in both audits
Attended with reduced fetal movements	38%	46%	
Multiple attendances with RFM but not followed by scan	-	1 case	Missed opportunity.
Growth scans performed	48%	65%	Marked improvement in antenatal surveillance
Normal growth scan but within 20% error margin	100%	100%	Consistent margin of diagnostic accuracy
SGA known at delivery	14%	27%	Significant improvement in antenatal detection
Cesarean section rate in severe SGA	48%	35%	Compared to 23% overall Trust CS rate
Blood sugar monitoring (severe SGA neonates)	71%	61%	Declined performance – needs re-evaluation

Conclusion

Including a structured SGA risk assessment tool at booking improved the detection of risk factors for SGA and, hence, enhanced antenatal severe SGA detection. Ethnicity (BAME) is a risk factor for SGA, and there is a need to develop strategies that can improve diagnosis and management in this group. We will disseminate the information on neonatal blood sugar monitoring to enhance its compliance.