

AUDIT OF REFERRAL FOR UTERINE ARTERY DOPPLER INDICATORS

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INTRODUCTION:

- **Saving Babies’ Lives Care Bundle (SBL)** was launched to reduce stillbirths in England by targeting key areas, including fetal growth restriction (FGR).
- **Element 2** focuses on early identification of FGR through structured risk assessment by 14 weeks and uterine artery Doppler (UAD) between **18+0 and 23+6** weeks for high-risk pregnancies.
- UAD helps assess placental blood flow and identify women at risk of placental insufficiency and adverse perinatal outcomes.
- Accurate referral and documentation are essential to ensure effective surveillance and optimise maternal-fetal care.
- This audit aimed to evaluate compliance with Element 2 of SBLv3 at University Hospitals of North Midlands (UHNM).

OBJECTIVES

- Assess **appropriateness** of uterine artery Doppler (UAD) referrals in high-risk pregnancies
- Identify instances of **unindicated** UAD referrals and their sources
- Evaluate **accuracy and completeness** of referral and result documentation on K2
- Review **timing of UAD** scans to ensure alignment with the recommended 18+0 to 23+6 weeks gestation
- Audit all women with K2 pregnancy records created between March and June 2024 (**n = 73**)

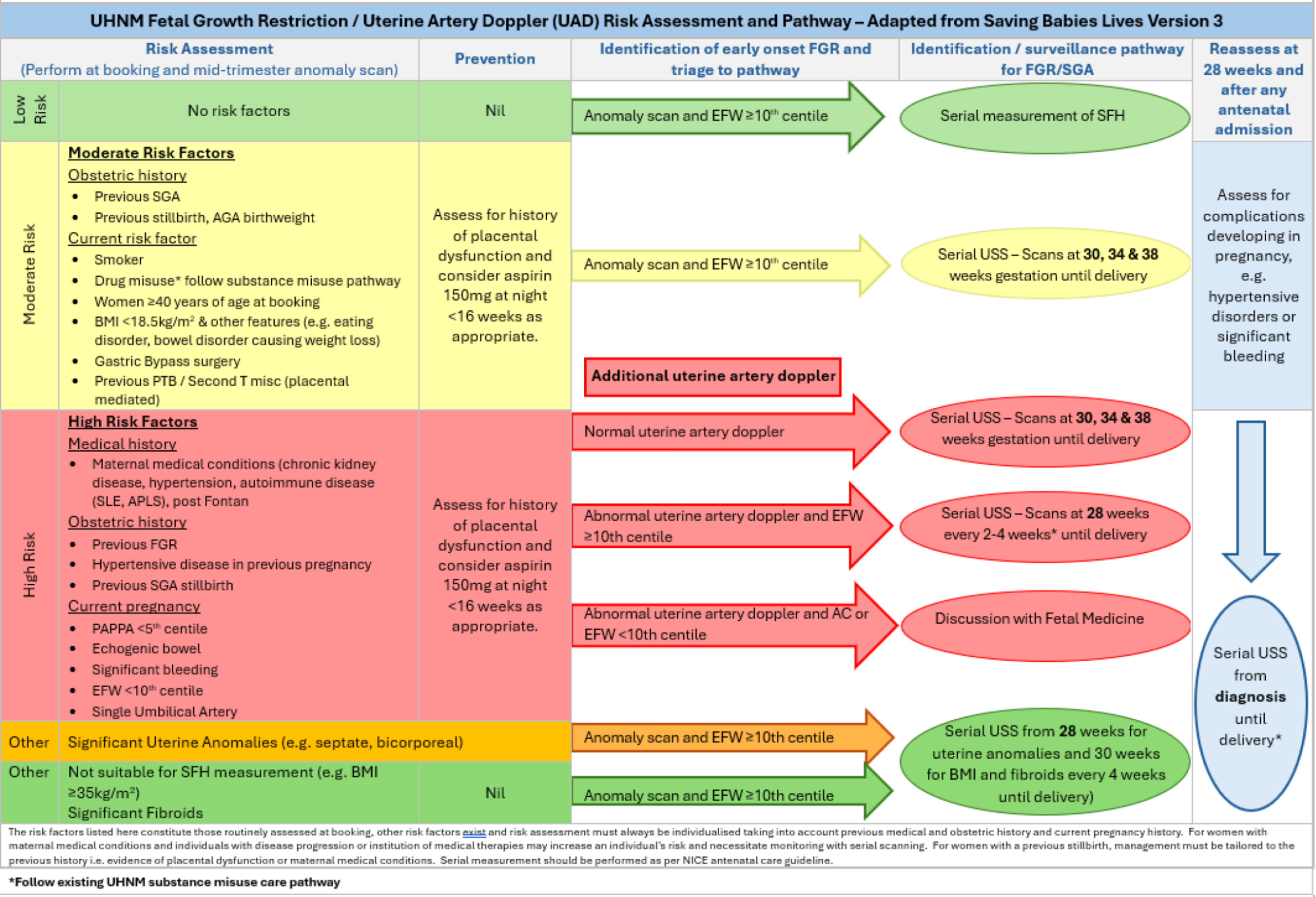
METHODS

- Design: **Retrospective audit**
- Data Sources: K2 maternity records and I-Portal notes
- Sample Size: 73 women
- **Audit Period: 1st March to 30th June 2024**
- Tool Used: Excel-based proforma, methodology agreed with Quality & Risk team

AUDIT STANDARDS / CRITERIA

- 100% of high-risk women should receive UAD
- 100% of UADs should occur between 18+0 and 23+6 weeks
- 100% of referrals/results should be documented on K2
- 0% unindicated referral

RISK ASSESSMENT



CONCLUSION

- The audit shows **good compliance** with referral standards, particularly in the timing of UAD assessments and referral documentation.
- However, **17.8%** of eligible women did not receive UAD, and **69.2%** of unindicated referrals were actioned, highlighting variation in applying criteria.
- **Critically low result documentation (9.6%)** on K2 limits auditability and continuity of care.
- Targeted actions, including memo circulation, improved system prompts, and ongoing feedback, are planned to optimise adherence to SBLv3 Element 2 and enhance maternity outcomes.

RECOMMENDATIONS & ACTION PLAN

- Circulate **memo** to reinforce UAD referral criteria across clinical teams
- Promote consistent **documentation** of UAD results on the K2 growth chart
- Provide targeted **feedback** on unindicated referrals to support clinical decision-making
- Explore feasibility of **integrating UAD with the anomaly scan** to reduce additional appointments
- Conduct a **re-audit** to evaluate the impact of implemented changes

REFERENCES

- Saving Babies’ Lives Care Bundle v3 (SBLv3)
- ASQUAM Guideline: Uterine Artery Doppler (UtAD) Screening

◆ KEY FINDINGS – UAD AUDIT COMPLIANCE

STANDARD	COMPLIANCE	RATING
Appropriate Referrals for UAD	82.2%	⚠ Needs Improvement
Documentation on K2	95.9%	✅ Excellent
Fetal Assessment Summary Wizard on K2	9.5%	❌ Poor
Timing of UAD Assessment (18 to 23+6 weeks)	96.7%	✅ Excellent
Inappropriate Referrals	17.8%	⚠ Moderate Concern