

SPSP Stillbirth Change Package



2023 Stillbirth Driver Diagram





| What we are trying to achieve | We need to ensure | Which requires | | | | | | |
|--------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| | | Women / birthing people and families listened to and included in all care decisions | | | | | | |
| | Person centred care* considers the Continuity of Carer approach | Inclusive care pathways which provide equitable and culturally appropriate access and treatment | | | | | | |
| | | Awareness of altered fetal movements | | | | | | |
| | approach | Support for women / birthing people to make healthy lifestyle choices | | | | | | |
| | | Bereavement support for women / birthing people and families | | | | | | |
| Reduction in stillbirth | | Risk assessment for fetal growth restriction | | | | | | |
| | Effective fetal monitoring | tal monitoring Surveillance of fetal growth restriction | | | | | | |
| By [locally agreed %] | | | | | | | | |
| by 31 st March 2025 | | Effective fetal monitoring antenatally and during labour | | | | | | |
| | | | | | | | | |
| | | Use of standardised tools for communication | | | | | | |
| | Safe communication* | Management of communication | | | | | | |
| | | | | | | | | |
| | | Psychological safety | | | | | | |
| *Essentials of Safe Care | Leadership to promote a culture | Staff wellbeing | | | | | | |
| | of safety at all levels* | System for learning | | | | | | |
| | | Safe staffing | | | | | | |

Core programme measures





Reduction in stillbirth

By [locally agreed %] by 31 March 2025

Rate of stillbirths

Primary Driver Person centred care considers the Continuity of Carer approach





| Secondary Driver | Change | ideas | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------|
| Women / birthing people and families listened to and included in all care decisions | Implement CoC model of care | 1: 1 care labour and and immed postnat period | birth diate al | rth centred care plan | | Person c langua promoted (e.g. RCM in all se | ge is and used Re:Birth) | Consider digital a systems appropria Near | and IT where ate e.g. | Use of evidence based parent education and signposting to inform birth plans e.g. BRAINS / It's OK To Ask | | Use of a universal wellbeing assessment which identify vulnerability and protected characteristics | |
| Inclusive care pathways which provide equitable and culturally appropriate access and treatment | Co-produced centred car consider et deprivation and communication | e plans hnicity, d individual | addr onw | Social determinants addressed through onward referral to appropriate services Staff afforded flexibility to provide care proportionate to need for those experiencing severe and multiple disadvantage | | | challen val and | able to ide age and char ues, structu behaviours betuate syst racism | nge the ires that | Local education to enable supp those experie severe and m disadvanta | ort for ncing ultiple | Provision of timely interpretation services support | |
| Awareness of altered fetal movements | written inforn importance | ormation regarding women / birthing people r | | | | reliab | l pathway for le care for w rting altered movements | omen fetal | | | | | |
| Support for women / birthing people to make healthy lifestyle choices | women about | ources to infor | 'n | at booking and 36 weeks smoking | | is in place for ut referral to ng cessation ervices | Signpost to services to sup behaviour in pregnancy e.g. Ready Steady Bal Pathways / Solihull E | | nancy and l ady Baby / F | beyond PMH | Pathways include evider based interventions to address substances harn to health e.g. alcohol / dr | |) Iful |
| Bereavement support for women / birthing people and families | Implementation National Bereavement C Pathway | sup Care | port ser bereave | ve promotion to port services e.g. pereavement port/counselling Opportunit questions to discussed a PN | | at will be he SAER / | Women / birthing people are offered the opportunity to discuss their care before discharge from maternity services | | | are | | | |

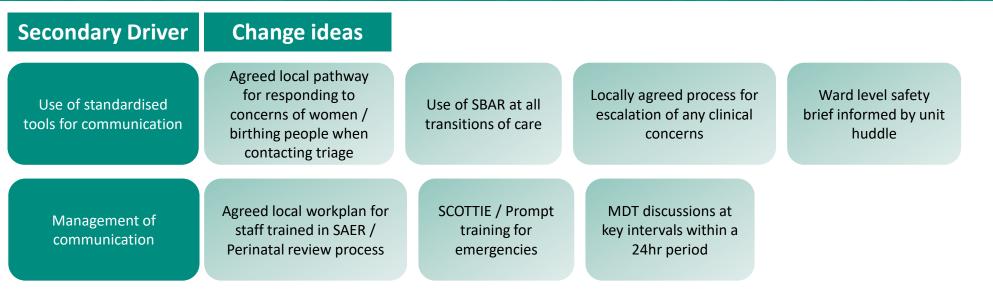
Primary Driver Effective fetal monitoring



| Secondary Driver | Change ideas | | | | | | | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------|
| Risk assessment for fetal growth restriction | Locally agreed risk assessment for growt restriction at booking a key points in antenatal c | Triage women birthing people risk to appropr pathways | use of to su | ls consider digital aids pport risk essment | | | | |
| Interventions to prevent fetal growth restriction | Low dose aspirin following appropriate screening (PIGF UtAD) and risk assessment | sta | Use of national ndardised fundal ght measurement | gui | Use of nationa guideline to supp plotting, interpre and referral | | from at ar | dal height measurement n 24+0 weeks and plotted ntenatal check if not done vithin the last 2 weeks |
| Surveillance of fetal growth (SGA) restriction | Assessment of SGA an growth restricted fetus clear local protocols for | with | Local process to identify women / birthing people who require increased surveillance/ assessment e.g. multiple pregnancies | | | nt con | fetal m nmunity | se and benefits of onitoring in the y (USS and CTG in a y (or home) setting) |
| Effective fetal monitoring antenatally and during labour | Use of standardised intrapartum risk assessment tool | p moi | ocal education comp rogramme to includ nitoring, fetal physic ophysiology of fetal k | e fetal logy and | | Use of bud stem in prov holistic car | viding | |

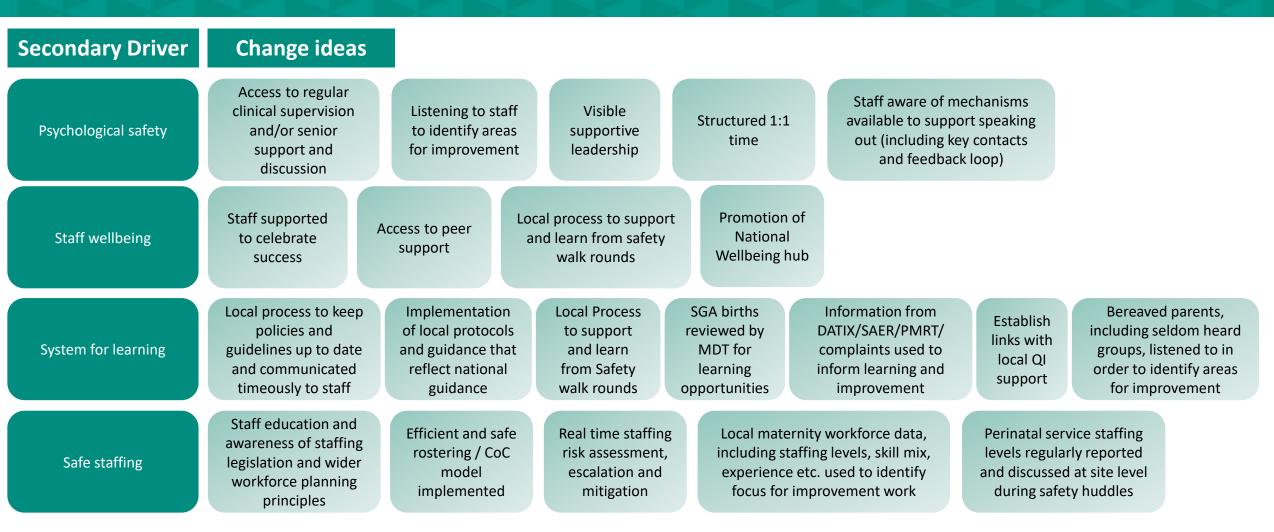
Primary Driver Safe communication





Primary Driver Leadership to promote a culture of safety at all levels





Contact details





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