SHARING GOOD PRACTICE

10 TEACHING AND LEARNING STRATEGIES TO REDUCE THE STILLBIRTH RATE

Barking, Havering and Redbridge University Hospitals NHS Trust

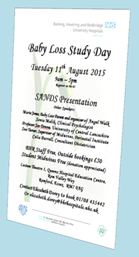
Introduction

BHRUT has a dedicated Bereavement Team who see clients at hospital and at home following their loss. There is also a weekly Consultant led bereavement/counselling clinic so that all clients can be debriefed with Post Mortem or histology results or just to discuss what happened. We are responsible for the input of all stillbirths onto the MBRRACE system.

We then see our clients when they are pregnant again, seeing them through the next pregnancy, providing support as well as midwifery care. We run 2 Antenatal Clinics a week, enabling us to ensure that the clients have the extra appointments and scans that they need. All care is Consultant led, with joint clinics for those that have underlying health conditions.

1. Introduction of Fetal Loss Study Day

The Bereavement Team have set up Fetal Loss/Death of a Baby Study Days using funds raised by one of our clients, who has attended and launched the day on 2 occasions. Last year the study day was offered to delegates outside of the Trust for a small fee, as well as students and members of staff. The day included a SANDS Workshop, a patients experience and feedback from the Psychotherapist, who provides emotional and psychological support. External speakers attended including a talk on Clinical Governance and GROW Customised Growth Charts. The intention is to have these study days on an annual basis.

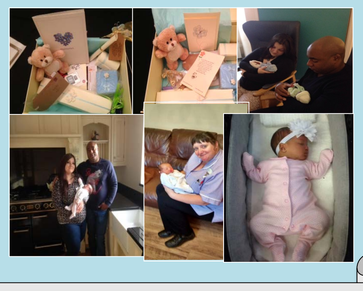


Bereavement Midwife Claire Waters (Left) and former client Marie Jones (Right) who organises an annual "Angel" walk around Hyde Park in aid of the BHRUT Bereavement Team.
(Picture used with permission)

Comments from the last study day:
"Marie Jones is a courageous woman, needs further healing but how amazing to create such a legacy"
"Sue Turner – fascinating talk making GROW charts really interesting"
"Absolutely brilliant and invaluable study day, time well spent"
"Soo Downe – Research and studies are very important in the provision of care"

Having study days enables bereaved families and clinicians to work in partnership with each other, creating awareness of the impact of the loss of a baby on the family.

A Personal Journey



Becky and Kester's story. Becky and Kester lost twins Leo and Noah on Christmas Day 2014. They were devastated. The Bereavement Team supported them through their loss. In September 2015, an excited but anxious Becky advised that she was pregnant again. After a lot of appointments, care and support, Mia was born on 4th April 2016.
(Photos used with permission)

3. Local SANDS Support Group Workshop

The Stillbirth and Neonatal Death Society (SANDS) provides peer support for bereaved parents. The Bereavement Team work closely with the local SANDS group who regularly come and talk to the staff, and provide first hand experiences of fetal loss and stillbirth. This allows the staff to ask questions and to gain insight and understanding. Clients are encouraged to use SANDS and each couple are given a SANDS Bereavement Support Pack, which is full of leaflets on many relevant subjects.

Video made by the Bereavement Team with clients who had had babies following a pregnancy loss. The video was shown at the first Fetal Loss Study Day in 2014.
(Picture used with permission)

2. Perinatal Morbidity and Mortality Teachings

BHRUT have a monthly multidisciplinary teaching session where cases from the previous month are discussed. Lessons learnt are disseminated and changes to Guidelines and Protocols can be considered following further investigation.

4. Clinical Governance Conference

BHRUT have a regular monthly multidisciplinary Clinical Governance Conference where Maternity issues, including Stillbirth and Late Fetal Loss are discussed. For April 2016 a term stillbirth and Maternal Death were the topics of discussion. The conference allows the chance for presentation and discussion and for lessons to be learned from what was done right as well as wrong. It allows the finding from the MBRRACE reports to be filtered through on a local level to clinicians.

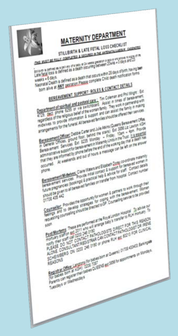
5. Serious Incident Group (SIG)

Clinical Governance Team:
Tracy Dilger: Maternity Quality & Safety Manager
Wunmi Wickliffe: Risk Midwife
Mr Richard Howard: Obstetric Consultant Lead for Governance

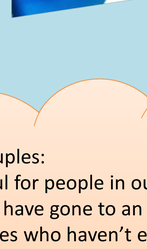
BHRUT Maternity holds a weekly multidisciplinary Serious Incident Group (SIG) meeting . All serious incidents are discussed including all stillbirths and neonatal deaths to see if any further investigation is required. Findings from the meeting are passed to the Audit Meeting, Labour Ward Forum, Clinical Guidelines Meeting and Quality and Safety Meeting.

6. Bereavement Checklist and Documentation Workshop

One of the roles of the Bereavement Team is to support the family through their loss. We support the midwives caring for the family and provide training for the staff on the care and documentation that is required. We run a rolling study session on a monthly basis, going through all the paperwork required and answering questions on any issues they may have such as making memories, photographs, post mortems, funerals etc. Student Midwives are encouraged to attend the sessions as well, Many students opt to spend time with us during their Elective placements to prepare themselves for their future encounters with bereaved parents.



7. Specialised Parentcraft Antenatal Education Class



The Bereavement Team run their own Antenatal Education Classes on a monthly basis. Every couple that attends has had a previous loss. The couples benefit from peer support as well as midwifery support and guidance. The emphasis is on trying to make what is a high risk pregnancy/delivery as normal as possible. We restrict the classes to a maximum of 6 couples so that individualised plans can be discussed. We discuss induction of labour as well as going into labour naturally as a lot of our clients will be induced early due to their previous history. As Claire is a Licensed Natal Hypnotherapy Practitioner, she is able to use aspects of this for teaching relaxation techniques and to help reduce fear.

Comments from our couples:
"This class is very helpful for people in our situation. We personally wouldn't have gone to an antenatal class for first time couples who haven't experienced a loss. It's good to see that it is being catered for and not overlooked. Thanks Claire for your help!"

"Claire is a really great midwife and answered every question thrown at her. At no point did I feel we had wasted our time coming. We now feel a lot more ready to have our baby and a lot of the worry is gone"

8. Near Miss Meetings

BHRUT run weekly multidisciplinary Near Miss Meetings to discuss cases, including stillbirths, late fetal losses and neonatal deaths, where lessons can be learnt from care given to women in the antenatal, intrapartum and postnatal periods. Positive aspects of care are highlighted but more importantly clinicians can gain insight into where care can be improved and practice changed as a result.

Statistics

Since 2000, stillbirth rates in the UK have shown a downward trend but still remain relatively high compared to the rest of Europe and other high income countries. The stillbirth rate decreased from 5.4 per 1,000 total births in 2000, to 5.2 per 1,000 in 2009 and 4.7 per 1000 in 2013 BHRUT figures from same year 4.0 per 1000, down from 5.0 in 2011.
(perinatal mortality report 2013)

9. Clinical Governance Newsletter

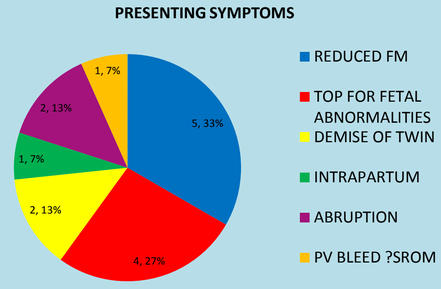
The weekly Clinical Governance Newsletter is distributed to all members of Maternity staff via email, keeping them up to date with information regarding audits, complaints, compliance issues, incident reporting and lessons learnt in an attempt to promote good practice and patient safety.

10. Trust Wide Teaching Patient Safety Summit

This is a round table multidisciplinary forum where all morbidity and mortality cases can be discussed, not just Maternity cases and pregnancy losses. It gives a chance for anyone who is interested in patient safety to be involved and to help make a difference by offering their suggestions.

The Trust has signed up to the "Sign Up to Safety" campaign, Spotlight on Maternity, contributing to the Governments national ambition to halve the rates of stillbirths, neonatal and maternal deaths and intrapartum brain injuries by 2030.

Audit



All members of BHRUT staff are encouraged to take part in audits. The Bereavement Team carried out an audit of Stillbirths between 1st April 2015 and 30th September 2015. There were 15 cases, of which 4 were Terminations of Pregnancy (TOP) for fetal abnormalities. The Team referred to the MBRRACE Missed Opportunities highlighted in the 2015 MBRRACE Perinatal Report. Data showed 5 cases of Reduced Fetal Movement, 2 cases of missed Glucose Tolerance Tests (GTT) and 2 cases of missed Intrauterine Growth Restriction (IUGR). The lessons learnt were presented and discussed at the Monthly Audit Meeting.

Becky and Kester with Mia on the day she was born.
(Photos used with permission)

Conclusion

In summary, the 10 strategies for teaching and learning create an environment for gaining knowledge, open communication and a multidisciplinary approach , sharing good practice in partnership with bereaved families. Working together we can try to provide safe care and improve the outcomes for mothers, babies and families.

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TAKING PRIDE IN OUR CARE