

Obstetric Scanning: Introduction of the RCOG SGA Pathway and Reduced Fetal Movements guidance

A focus on the reduced fetal movement (RFM) element

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The Safety Concern

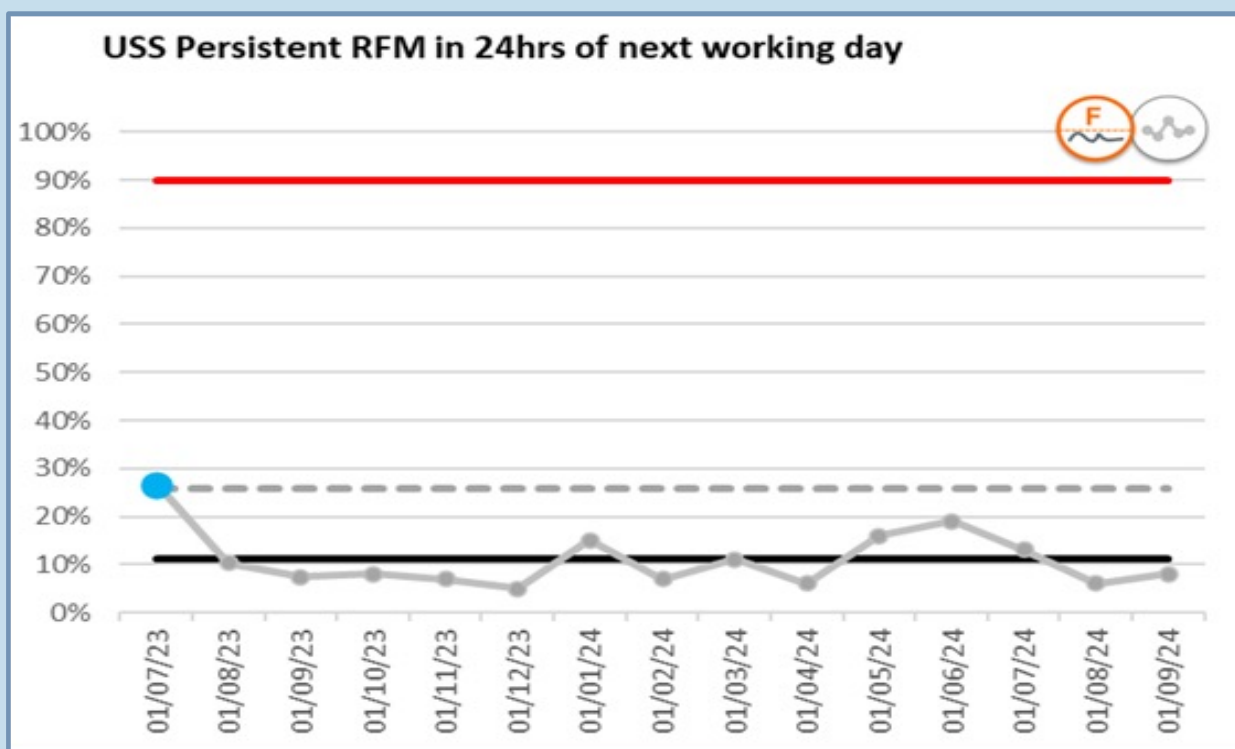
The obstetric scan service's current capacity is unable to meet the demands of a safe service.

We are unable to perform timely scans, implement UtAD for high risk women and offer urgent scans for women presenting with RFMs (within 24 hours – next working day) or slowing growth – this presents a risk of poor outcomes for our patients.

A focus on the reduced fetal movement (RFM) element

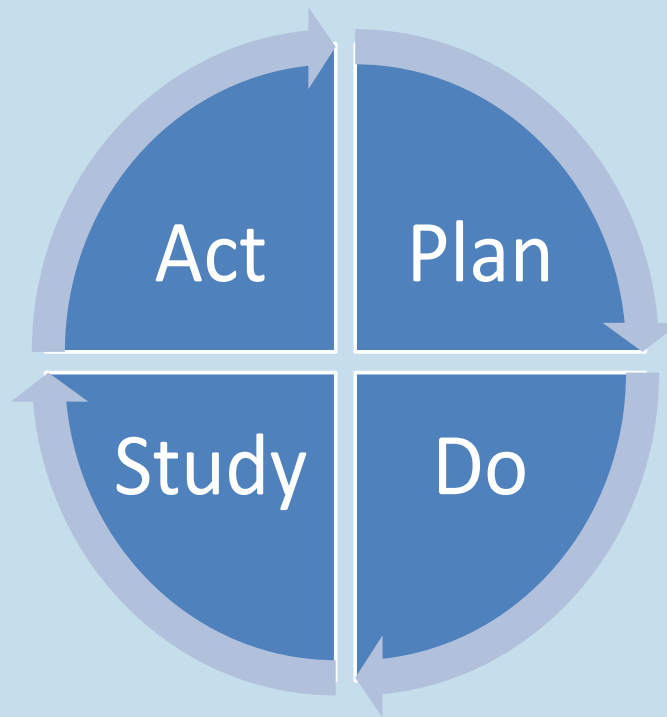
Initial data

Average wait times for an urgent growth scan for persistent reduced fetal prior to this QI was 10.6 days and a median wait time of 7 days, a total of 6 days longer than the recommended 24hrs/ next working day. Between July 2023- September 2024 we have been unable to meet this requirement with a mean compliance of 11% of eligible patients having an ultrasound scan within the required timeframe.

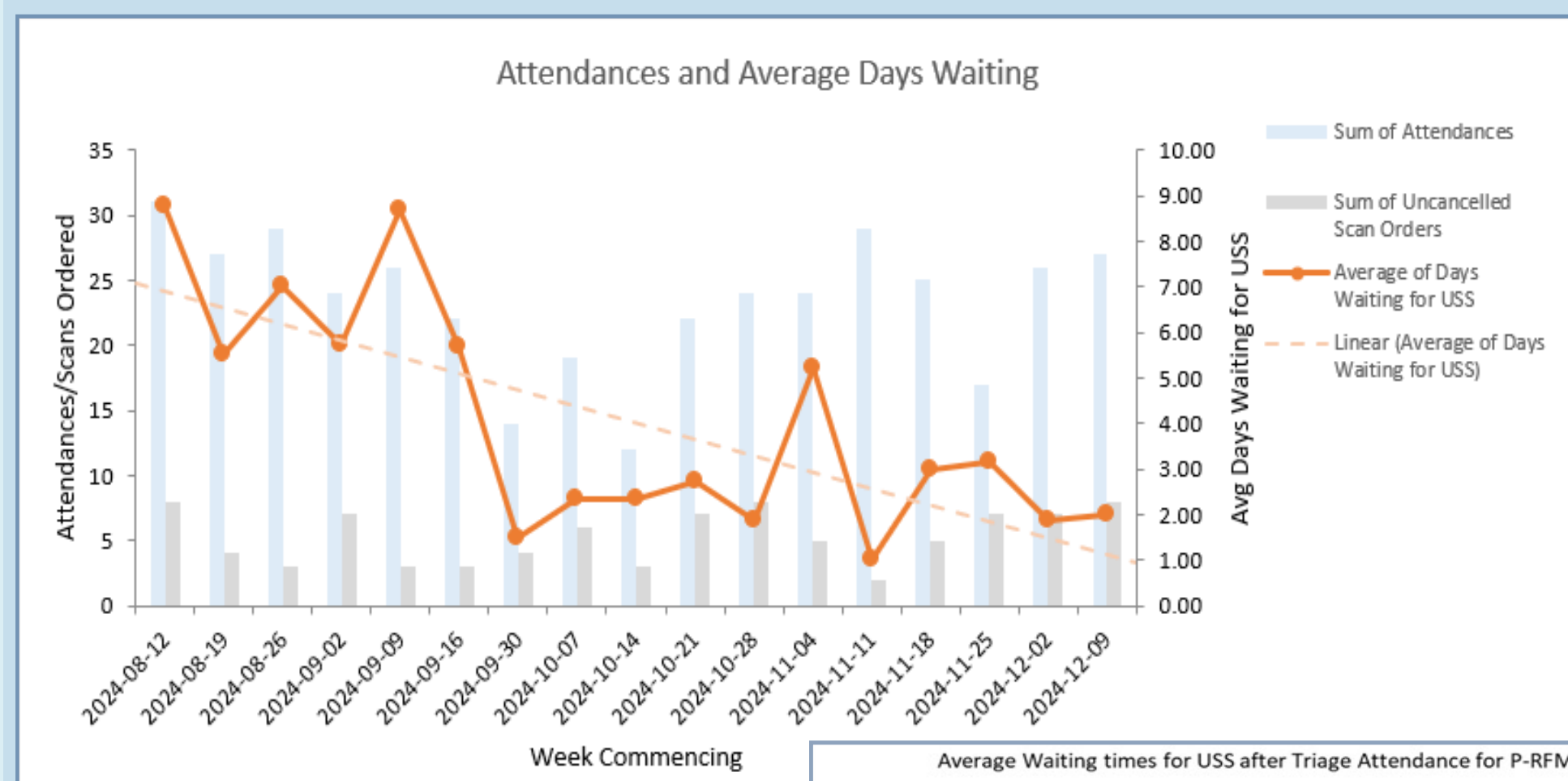


PDSA

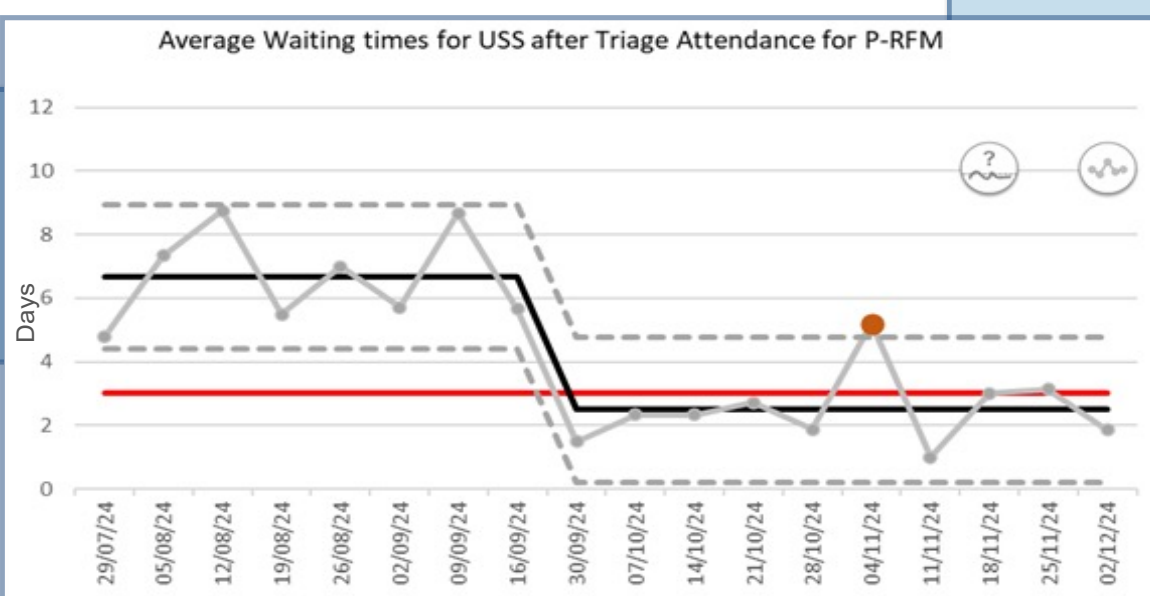
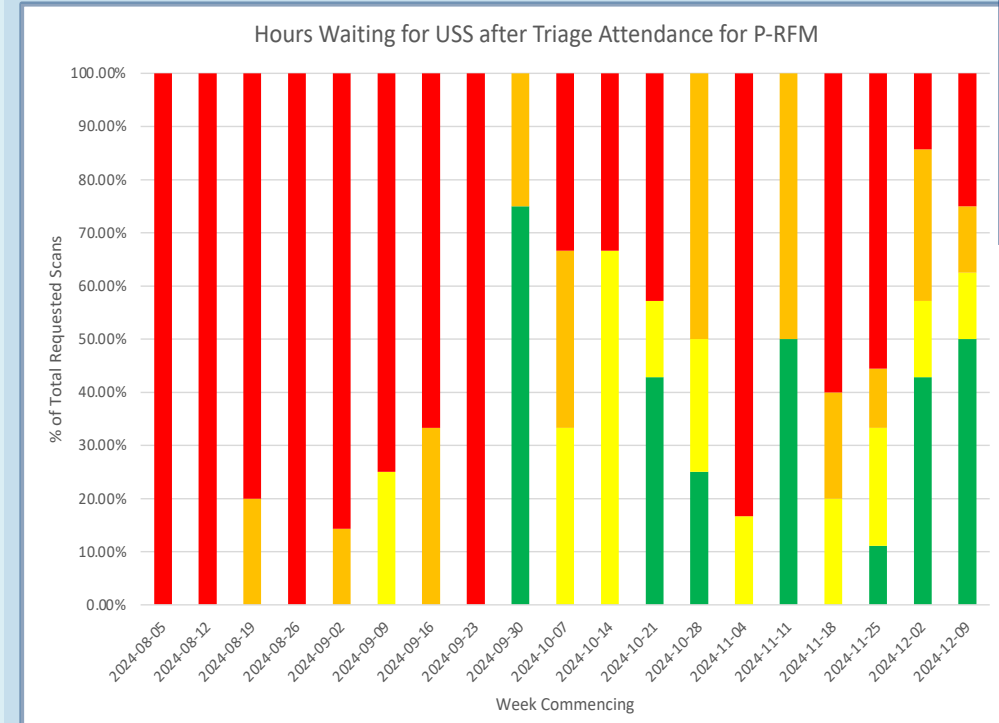
- Cycle 1** Use a standardised phrase for RFM USS request for booking clerk to identify those for expedited booking
- Cycle 2** Daily CTG/maternal checks whilst women await their USS in DAU and Triage
- Cycle 3** Utilise 5 protected RFM slots
- Cycle 4** Weekly auditing of RFM patients and outlier identification
- Cycle 5** Dopplers and liquor volume introduced as further mitigation
- Cycle 6** Protected slots increased to 8 per week and times adjusted



The improvement



Mitigations and PDSA cycles began 30/09/2024, auditing of patient data and outliers provided real time feedback of issues and drove further changes for improvement



As waits reduced we began monitoring by hours waited to ensure we were on track for compliance. This allows for responsive actions to be taken when needed and has helped us to identify that further mitigations are needed during bank holidays and periods of increased annual leave

The evolution of our SMART aim

- V1** Implement sufficient scan capacity that is compliant with SBL and adequately staffed by August 2025
- V2** 60% eligible women receive the appropriate USS, including cx length, growth scan with umbilical dopplers for persistent RFM or indicated by the SBL risk assessment by March 2025 and 90% by January 2026.
- V3**
 1. Implement SGA RCOG pathway for all eligible women by March 2025.
 2. Implement growth scanning with Umbilical dopplers for persistent RFM or indicated by the SBL risk assessment by next working day with a 75% improvement rate within 3 months.

Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Change Ideas
Implement SGA RCOG pathway for all eligible women by March 2025. And growth scanning with Umbilical dopplers for persistent RFM or indicated by the SBL risk assessment by next working day	Developing guidance	Sonography guidelines	Guidance to support reporting of normal scans based on BMUS Ensure guidance contains robust process in place for review of risk pathway and ongoing care based on scan.
		Maternity guideline	Implement specific midwifery guidance on SFH measurements and referral pathway based on RCOG Include direct links to RCOG guidance to ensure pathway is always up to date with national guidance Specifically meet SBL element 2 maternity incentive scheme requirements
	UtAD	Train Sonographers	Formal teaching Ad hoc teaching USS protocol for UtAD developed and implemented
		Leadership	Appointment of Obs USS lead
	Interpretation of growth scans outside of ANC appointments	Medical staffing	Consultant and registrar teaching for competency Reduce time spent on scan reviews
		Midwifery staffing	ANC/MAC/DAU midwives able to review within set guidance. Pathway for further scan requests
	Screening & requesting within national guidance	Sonography staffing	Update training package
		Booking processes	Design and deliver teaching for CMW Redefine descriptions on SNOMED codes UtAD requesting Growth scanning series requests / order set creation BadgerNet risk assessment – implementation Booking pilot for booking scan and appointments together.
	Growth scan capacity	Increasing bank hours	Equivalent rates across the week Agreement for duration and rate Locum for registrars to review OOH/evening sessions Align growth scan additional lists with locum registrar lists
		Increasing number of staff who can growth scan	Midwife 3 rd trimester sonographer x2 B7 obstetric sonographer appointment
Dedicated consultant lead for growth scanning service		Consultant lead with weekly growth clinic OOH USS data capture and review Advertise role and recruit	
RFM - Urgent scan requirement within 24-48 hours	Data	Full review of current capacity Create model for required capacity based on new guidance Identifying time critical scans	
	Scanning for repeat reduced fetal movement	Capacity for scans within next working day Urgency categories Define and implement mitigations Raise the risk at trust level	
	Data	Develop auditing tool for RFM scanning Audit of outliers and compliance with mitigations.	
Environmental impact	Comms and engagement	Work alongside system partners to raise awareness of RFM amongst women Internal comms on process changes (Wellbeing Wednesday)	
	Reduce paper used on scanning beds for abdominal scanning	Policy change based on the BMJ paper Practice change	

Measures for RFM

- Outcome** – Demonstrated progress in RFM scanning compliance for SBL
- Process** – % of women scanned by next working day for RFM
- Process** – Number of scan requests following new pathway implementation
- Balancing** – Utilisation of protected RFM scanning slots

Next steps for RFM

- Continue to reduce waiting times** - Meet the recommendations of the guidance. We aim to reduce these to 72 hours in 3 months, this target will be monitored throughout
- Training** - Train 2 midwife sonographers in 3rd trimester scanning and implement an agreed pathway for triage
- National Guidance** - Align our scan pathway to national guidance - we are projecting this will increase our capacity to facilitate the urgent growth scans. We plan for staggered implementation over 12 months starting with uterine artery dopplers at anomaly scans for high-risk pathways
- Collaboration with Radiology** - Approval and introduction of scan request codes for RFM scans that will indicate the increased urgency to the booking team.