Detection and Management of Fetal Growth Restriction (FGR) Policy

1. Background

There have been a number of poor fetal outcomes in WACHS where there were missed opportunities to detect, then appropriately monitor and manage fetal growth restriction (FGR).

The National Health and Medical Research Council (NHMRC) Centre for Research Excellence (CRE) in stillbirth has released the Safer Baby Bundle of care to improve mother and baby outcomes https://www.stillbirthcre.org.au/safer-baby-bundle/.
The Safer Baby Bundle consists of five elements:

Element 1: Supporting women to stop smoking in pregnancy.
Element 2: Improving detection and management of fetal growth restriction.
Element 3: Raising awareness and improving care for women with decreased fetal Movements.
Element 4: Improving awareness of maternal safe going-to-sleep position in late pregnancy.
Element 5: Improving decision-making about the timing of birth for women with risk factors for stillbirth.

2. Policy Statement

2.1 Key principles

Outline evidence based care for midwives and Obstetric doctors to:

- improve detection of FGR as a strategy to reduce stillbirth
- ensure risk assessment of FGR occurs in early pregnancy and at every antenatal visit
- where modifiable FGR risk factors are present provide advice and support to women (e.g. smoking cessation)
- in women at increased risk of FGR and/or pre-eclampsia, consider low dose aspirin (100-150mg nocte) commencing prior to 16 weeks' gestation.
- seek obstetric opinion for ongoing management when FGR is suspected by ultrasound
- when planning the birth for suspected FGR, discussion should be had with a consultant obstetrician and care should be individualised taking into consideration:
    - the woman's preferences
    - the woman's health
    - gestational age
    - fetal condition, AND
    - access to appropriate paediatric / neonatal services.

- Clinical audit and feedback are key drivers of practice change and should be undertaken to enhance best practice for FGR.

2.2 Symphyseal Fundal Height (SFH)

- **All midwives and Obstetric doctors** are to measure SFH using a standardised technique (as per the Safer Baby Bundle e-resources via the WACHS LMS) at each antenatal visit from 24 weeks up to birth. NOTE: this will be required to be plotted when K2 Athena is in place
- Act where the SFH measurement:
  - differs by +/_ 2cm to actual gestation in weeks, or
  - is static at two consecutive visits, or
  - slowed growth is suspected.
- Actions to take include CTG and ultrasound assessment of:
  - fetal biometry (plotted)
  - amniotic fluid index (AFI), and
  - Doppler of umbilical artery (UA) +/- middle cerebral artery (MCA)
  - Discuss /refer to consultant Obstetrician.

2.3 WACHS FGR Care pathway

- WACHS has adapted the NHRMC CRE Stillbirth FGR Care Pathway for the WACHS context (see WACHS FGR care pathway).
- **Midwives and Obstetric doctors** must screen all women for FGR risk factors at each antenatal visit and on admission in labour against the WACHS FGR care pathway.

This policy should be read in conjunction with:

- The NHMRC CRE Fetal Growth Restriction Position Statement.
- KEMH Small for gestational age and intrauterine growth restriction: management of clinical guideline.

3. Definitions

AFI	Amniotic fluid index
CRE	NHMRC Centre for Research Excellence
FGR	Fetal Growth Restriction
MCA	Middle cerebral artery
NHMRC	The National Health and Medical Research Council
SFH	Symphyseal Fundal Height
UA	Umbilical artery

4. Roles and Responsibilities

All midwives and Obstetric doctors are to screen each women for FGR risks at every antenatal attendance and on admission in labour using the WACHS FGR Care pathway.

All midwives and Obstetric doctors should complete the five Safer Baby Bundle e-learning modules via the WACHS LMS.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

Health Record Management Policy

7. Evaluation

All cases of small for gestational age at birth and stillbirth are to be reviewed for preventability and where it is determined that health care or lack of health care could have or did lead to unintended harm then it is to be notified as a clinical incident into the DATIX Clinical Incident Management System.

The Maternity managers / Obstetric leads are to regularly monitor and escalate staff compliance with the Safer Baby Bundle education program via the WACHS LMS. Compliance results are to be tabled at the Site /Regional Maternity governance committee.

8. Standards

National Safety and Quality Health Service Standards - 1.1b/c, 1.7a,1.27a, 2.5a/b, 2.6, 2.7, 5.3, 5.5, 6.1, 6.11, 8.8, 8.10.

9. Legislation

Health Services Act 2016

10. References

NHMRC CRE Stillbirth Safer Baby Bundle

11. Related Forms

Nil

12. Related Policy Documents

KEMH Small for gestational age and intrauterine growth restriction: management of Clinical Practice Guideline

13. Related WA Health System Policies

Nil

14. Policy Framework

Clinical Governance, Safety and Quality Policy Framework

15. Appendices

Appendix 1 - WACHS FGR care pathway

This document can be made available in alternative formats on request for a person with a disability

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