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Evidence from Perinatal Institute / Tystiolaeth gan Y Sefydliad  
Amenedigol – SB (F) 06

National Assembly for Wales - Health and Social Care Committee  
Inquiry into Stillbirths in Wales; Comment on progress - 4.12.2014



## Perinatal Institute

*Note: I gave evidence to the One Day Inquiry on 28 June 2012 as director of the West Midlands Perinatal Institute (WMPI), a regional NHS hosted organisation funded by Primary Care Trusts (PCTs). The unit was closed together with all PCTs as part of the last NHS reorganisation in England. To continue the work, I have since set up together with core staff from WMPI, the Perinatal Institute, a national not-for-profit organisation limited by guarantee, which derives income from the services we offer.*

In June 2012, I reported (Paper 7) on progress with the West Midlands stillbirth prevention programme, and outlined work which helped us to understand the causes and assist us in formulating strategies to avoid deaths due to the largest factor, fetal growth restriction.

I concluded our evidence by stating that *“We would be pleased to assist the Welsh national programme if our West Midlands experience is deemed potentially useful, and would also be happy to help implement any of the fore-mentioned tested tools and processes, as desired”*.

Since then, the West Midlands work has been exported more widely, and stillbirth rates have dropped in each of 3 early adopter NHS regions, resulting in overall ONS stillbirth rates in England reducing to their lowest ever levels [1] [2]. This downward trend has continued with the national implementation of our growth assessment protocol (GAP), and resulted, by 2013, in 500 fewer stillbirths in England per year, compared to the previous 10 year average [3].

According to ONS, the stillbirth rate in Wales is 4.51 in 2013, which is lower than last year but essentially the same as in 2008 (4.61) and 2011 (4.67).

Our external perspective is that **progress has been slow** in some of the key areas identified as needing attention:

- Most stillbirths are still categorised as unexplained, according to the latest AWPS report.
- The need for comprehensive case reviews were identified as important but have not been progressed with.
- Take up of the GAP programme to improve antenatal detection of fetal growth restriction has been patchy, with implementation achieved in less than half of Welsh Health Boards.

We have seen many good intentions but also heard many complaints about lack of financial support, which seemed to affect the momentum. This delayed introduction of the GAP programme, which costs only 50 pence per birth but is comprehensive and includes training, e-learning, software updates, and protocol templates and audit tools, which could provide information on growth restriction and antenatal detection rates for the whole country.

Going forward, we suggest that consideration should be given for proper funding for the stillbirth initiative, and to strengthen a network which can champion the improvements needed, and help facilitate engagement by all stakeholders to progress with implementation.

Director, Perinatal Institute, Birmingham

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1. Gardosi J, Giddings S, Clifford S, et al Association between reduced stillbirth rates in England and regional uptake of accreditation training in customised fetal growth assessment *BMJ Open* 2013; *doi:10.1136/bmjopen-2013-003942* <http://bmjopen.bmj.com/content/3/12/e003942.full>
  2. Gardosi J. Preventing stillbirths through improved antenatal recognition of pregnancies at risk due to fetal growth restriction *Public Health* 2014; 128: <http://www.perinatal.org.uk/FetalGrowth/pdfs/PUHE2100.pdf>
  3. Perinatal Institute – Newsletter Nov/Dec 2014 [www.perinatal.org.uk/News/PI\\_Newsletter\\_Nov\\_Dec\\_2014.pdf](http://www.perinatal.org.uk/News/PI_Newsletter_Nov_Dec_2014.pdf)