GAP - Baseline Audit

In order to quantify quality improvements and measure progress of the GAP programme, it is essential to undertake a baseline audit to determine:

- Rates of SGA/FGR at birth
- Rates of referral for suspicion of SGA/FGR by fundal height measurement
- Rates of detection of SGA/FGR by ultrasound scan

As SGA/FGR is a sub-group of all pregnancies; it is important to audit sufficient numbers in order to gain meaningful data. Set a date to start inputting birth details and continue using the baseline audit account for your hospital for **3 months**. Once you have completed the 3 month period, please contact the Perinatal Institute for your report.

Audit Tool

We provide a specific audit tool for hospitals to calculate their baseline report; each hospital will be allocated an account with a unique username and password.

The following details will need to be entered:

- Mother reference ID, Estimated date of delivery (EDD), Mothers' height, weight (at booking), parity (at booking), and ethnic origin.
- Baby's date of birth, outcome, birthweight, gender, and whether there was -
  - **Antenatal suspicion of SGA or FGR leading to referral** for further investigation. This is usually on the basis of a fundal height measurement (first plot below the 10th centile line, or sequential measurements suggesting no or slow growth).
  - **Antenatal detection / diagnosis of SGA** indicates an ultrasound estimated fetal weight (EFW) below the tenth centile, or sequential measurements with slow or no growth, and/or one or more abnormal Doppler's.

The aim of the questions - suspicion and detection is to assess 2 different screening tools i.e. fundal height measurements and ultrasound scanning. **Referral** is to assess the effectiveness of serial fundal height measurements and **detection** is to assess the effectiveness of scanning once risk has been identified. If the decision has been made at booking to bypass serial fundal height measurements and undertake serial scans, then we are only assessing scanning as a tool.

After this information is entered, the software calculates the baby's birthweight centile, and whether it was SGA. The software will save the non-patient identifiable data and will return a unique 'record identifier' so you can search for this record again at a later date if required. Please either print this page out after saving or record the record identifier somewhere in the woman's records so you able to recall this information if needed.

Reports

The information entered will produce a report (see example below). Once your hospital goes "live" with generating charts and inputting birth data the GROW software will generate quarterly reports with the same content so that improvements can be tracked.

********** Hospital**

BASELINE AUDIT

Input Dates: Sept - Nov 2014

No. of Babies submitted	SGA (birthweight below 10th customised centile) [1]		Referred for suspected SGA/FGR [2]		SGA/FGR detected [3]	
n	n	%	n	%	n	%
322	43	13.4%	13	30.2%	10	23.3%

Definitions

SGA is defined as a measurement below the 10th customised centile (of fundal height, estimated weight or birthweight). Some of these babies are normal (constitutionally small) but if the cut-off limit is customised, most (but not all) constitutional variation has been adjusted for and the smallness is more likely to be pathological (i.e. FGR, fetal growth restricted).

FGR or IUGR is the term used for babies that have slow or no growth according to serial fundal height or ultrasound (EFW) measurements (regardless of whether they are already below the tenth centile or not), and/or who have had one or more abnormal Doppler flow measurements.

Notes

1. **SGA Rate** [No. with birthweight <10th centile / Total No. of births] is expected to be 10% in a normal ('optimal') population free from pathology, and varies with the prevalence of factors such as smoking, social deprivation, diabetes, congenital anomalies etc.

2. Antenatal suspicion of SGA or FGR leading to referral for further investigation is usually on the basis of a fundal height measurement below the 10th centile line, or sequential measurements suggesting no or slow growth. The rate (%) is calculated as [No. referred antenatally / Total No. SGA at birth].

3. Antenatal detection / diagnosis of SGA [No. detected antenatally / Total No. SGA at birth] indicates an ultrasound estimated fetal weight (EFW) below the tenth centile, or sequential measurements with slow or no growth, and/or one or more abnormal Dopplers.

NB – FGR rate: We have no way to determine the actual number of babies that are FGR at birth. Therefore, the proxy denominator used for calculating the rates of 'referred for suspected FGR' and 'detected' cases is SGA birthweight, but this does not include babies that had slow (restricted) growth but were not SGA.