# Picture3.jpgMinutes of the meeting of the RCOG Stillbirth Clinical Studies Group, **2 pm,** 29 November 2013, RCOG London

**Present:** Gordon Smith (Chair) (GS), Neil Sebire (NS), Tracey Mills (TM), Catherine Calderwood (CC) [by phone], Janet Scott (JSc),Alyson Hunter (AlyH) [by phone], Dimitrios Siassakos (DS), David Cromwell (DC), Shantini Paranjothy and Laura Price (minutes)

**Apologies:** Jane Sandall, Charlotte Bevan, Alex Heazell (AH), Baskaran Thilaganathan, Jim Thornton, Peter Brocklehurst and Jane van Zyl

1. The Group welcomed new member Shantini Paranjothy.
2. Minutes from the meeting 16 May 2013 were agreed as a true and accurate record.
3. The Group recognised and endorsed the forms and pro-formas devised by RCOG Research Committee to align the work of all CSGs.
4. **AH update on NIHR grant application and priority setting partnership study**: Carried forward in AH’s absence.
5. **2014 birth cohort/Life Study** (GS/NS): A pilot study is under way at GOSH to determine the feasibility of collecting whole placentas from all women in the study (*n*=60,000). Study group meeting again early 2014 to discuss the practicalities.
6. **AFFIRM Study** (CC): Randomisation will start in very early January 2014. First units in the study to deliver the intervention will start in March 2014.
7. **PPM study** (NS): So far 600 cases have been entered onto the database, with a further 150 projected to be entered by year end (all from Great Ormond St Hospital [GOSH]). In 2014, cases from St Georges will be entered to bring the total to 1000. Data entry will be finished by Spring 2014 and proteomic work will start. One aim is to investigate the effect of delay in PM after intrauterine death in terms of biochemical markers and tissue integrity.
8. **InSight study** (DS): Recruitment was completed in November 2013 (22 women [planned 15–26 women]; inclusion criteria: all parents with late stillbirth [not termination]. Study uses case-study analysis with a contextual element, so interviewees’ comments are corroborated with evidence from units. Interviews have also been conducted with religious leaders from six cultures to explore the ways they experience bereavement. This may produce evidence to support a larger multicentre study in this area.
9. **POP study (Cambridge)** (GS): Analysis of data from 4,500 unselected nulliparous women, from whom samples have been taken and research scans performed. The study allows the performance of selective ultrasound to be compared with routine scanning. Three abstracts accepted for the Society for Maternal-Fetal Medicine's 34th Annual Pregnancy Meeting 2014 (3–8 Feb 2014), one of which is in a plenary session for "Late Breaking Abstracts" (one of two selected from 49 submissions).

1. **Prospective audit of IUGR detection** (AlyH): Prospective study of 1000 women in Belfast Women’s Hospital, at high and low risk (from NICE guideline), for whom charts, scans and information on birth weight and accurate detection of SGA will be collected to determine if they were managed adequately according to their risk profile. GS welcomed the study in light of the paucity of robust analyses of effectiveness of SGA detection.

Members suggested there might be opportunities to extend to Scotland and Wales. In England, an audit may be possible on a trust-by-trust basis, but difficulty would arise when distinguishing ‘SGA detected’ from ‘SGA not detected’ with current record. Any published work in this area may stimulate improvements to coding.

***Action: AlyH to prepare a proposal for CSG comment; AlyH, CC and SP to discuss possible extension to Scotland and Wales.***

1. **Public accounts committee update** (CC): The session followed the publication of a report into maternity services by the National Audit Office. NHS England and the Department of Health (DH) were called to account for findings in the report, such as the spending on insurance by maternity services. Those called to appear have to prepare a report from the session, with actions that must be further reported on in ~18 months’ time. This presents an opportunity to highlight measures that can be introduced over a rapid time frame that will reduce the stillbirth rate. The DH will cost out these measures and make additional funds available.

Currently, 2.8% of NHS budget goes on maternity services, which is the same proportion as a decade ago, despite the increasing complexity of pregnancies and deliveries. The committee asked:

* whether there are comparable data available for other countries, such as Spain
* whether other countries are better at recognising growth restriction
* whether better implementation of RCOG SGA guideline would make an immediate impact
* whether allocation of funding re high/low risk pregnancies is aligned with actual care needs (are some women are missing out if resources are directed to high-risk pregnancies [in England, decision re risk (for funding) is made at 12 weeks; the ‘high-risk group actually extends to include ‘super-high risk’ with, for example, cardiac transplant])?

***Action: CC to prepare four questions, to which other CSG members can add. Details of studies in the areas of the questions would be helpful. CC meeting with DH on 16 December.***

1. **MBRRACE-UK Confidential Enquiry 2014** (GS): Sands’ proposed topic on unexpected term antepartum stillbirth has been accepted. MBRRACE-UK now working on protocol.
2. **Possible confidential enquiry topic on intrapartum (IP) stillbirth/hypoxic ischaemic encephalopathy** (HIE): The group discussed the merits of submitting a proposal on IP stillbirths/HIE to MBRRACE-UK. It was felt there would be merit in a CE into these cases (this is of economic interest to the NHS). The best course would be to liaise with IPCSG over the submission of HIE as a topic.

***Action: SCSG to comment on draft topic proposal to JSc by w/e 13 Dec. JSc to liaise with IPCSG about submission***

1. **Sands/DH work** (JSc): Standards for perinatal mortality review will be finalised early 2014. DH discussing next steps with NHS England to determine how the standards will be developed into a web-tool for roll-out across England. Devolved countries observing and hopefully will also adopt standards.   
   Findings from testing the public health messaging have been clear and consistent across groups of pregnant women, women considering a second pregnancy and midwives: don’t want to know about stillbirth unless there’s action that can be taken, like the public health messages presented as ‘advice for a safer pregnancy’.
2. **National maternity audit**: National Perinatal Epidemiology Unit (NPEU)has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) to scope a national audit and Sands, having been invited to contribute, asked the CSG for recommendations. Committee advised it would be important for the audit to identify a gap where a change would improve practice. The Committee considered that an audit of severe SGA (<third centile) would cover a reasonable size sample (~20,000) and audit could look at whether the baby was compromised in perinatal period/identified antenatally/detection of SGA/variation/whether stillbirth is part of the spectrum of adverse outcomes from SGA.

***Action: SP to draft a paragraph on proposed measures/outcomes, circulate to CSG for comment. JSc to submit to NPEU.***

1. ***Lancet* update 2014**: There will be two papers following up on Stillbirth Series from 2012. The deadline has been extended.
2. **International Stillbirth Alliance** ISA’s 2014 conference will be held in Netherlands (Amsterdam 18—21 Sept): involvement in ISA programme was encouraged.
3. **AOB**: Regarding whether it falls within SCSG remit to review papers prior to submission, the Committee considered that it would be appropriate to look at papers reporting research funded via the CSG, and that it would be good to build a repository of papers.

**Dates of next meetings:** 1 May 2014; 6 November 2014