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**Notes and actions from Stillbirth Clinical Study Group March 18th 2015**

**Attending:** Gordon Smith (GS), Basky Thilaganathan (BT), Charlotte Bevan (CB), Dimitrios Siassakos (DS), Steve Charnock-Jones, Tracey Mills (TM), Dharmintra Pasupathy (DP - guest attending at 4.15pm)

**Apologies:** Alex Heazell (AH), Peter Brocklehurst, Jane Sandall, Neil Sebire, Jim Thornton (JT), David Cromwell, Catherine Calderwood

**Attending via conf. call**: Shantini Paranjothy, Alyson Hunter (AlH), Janet Scott (JSc), Donald Peebles (DPe)

1. Welcome and apologies (GS)
2. Minutes of last meeting and matters arising (GS)
3. Stillbirth Priority Setting Partnership: CB reported on behalf of AH final results of the PSP workshop in Manchester 2 Feb 2015 which ended this 2 year study. 11 priorities were decided. The work which is NIHR James Linda Alliance funded will be updated onto the NICE DUETS database by spring 2015.
4. AH sent written update on the Midland and North of England Stillbirth Study. MiNESS is now running in 35 maternity units. Would still welcome large sites with research infrastructure to come on board now and recruit for 6+ months to help achieve target of 291 stillbirths.

**ACTION: Sands to liaise with AH to support recruitment of bereaved parents**

1. Lancet 2015 publication: follow up Lancet papers (5 in total) on stillbirth will be launched at FIGO in Vancouver on 7 October 2015 at 09:55am local time. Papers, several of which will be co-authored by members of the CSG, include a systematic review of stillbirth research; economic cost of stillbirth; meta-syntheses of the psychological impact on parents and staff; what has been achieved in high income countries since Series publication 2011 and what else needs to be done.

**ACTION: Sands to co-ordinate with their comms department**

1. GS reported on PICO submission to HTA for an RCT of routine late pregnancy ultrasound.
2. GS updated on the POPs study. The first paper from the study has been accepted by The Lancet. The main findings are that routine US increased detection of small babies by about 3-fold. Moreover, the risk of morbidity in small babies was dependent on the fetal abdominal circumference growth velocity. If this was normal, small babies were not at increased risk. However, small babies with a reduced growth velocity were at significantly increased risk of morbidity. It is anticipated the trial would use a model based on the POPs study as the screening tool.
3. DS reported on new HTA call for care in subsequent pregnancy after perinatal death. This followed submission of a PICO by DS. This also came up as a PSP priority topic area.
4. AFFIRM: The study is progressing well, the 4th wave of sites were randomised at the beginning of February and the 5th wave will commence on 1st May. Site visits by the study team have continued to new and existing sites to facilitate adoption of the protocol and use of the educational tool. GS chairs advisory group for AFFIRM which includes Sands.
5. Discussion around Induction of Labour: while meta-analysis shows a 10-15% reduction in C-section rates associated with IOL, there are issues around capacity for scanning within AFFIRM and GAP (Growth Assessment Protocol) programme which is currently being rolled out in the NHS England Care Bundle.

**ACTION:** **Need to synthesize evidence around IOL for midwives**

1. Insight: DS reported that they have collected information on both parent and staff attitudes to aspects of care after stillbirth, what’s bad and how it can be improved. Possibility will be published alongside Lancet in October. Also doing systematic review of bereavement care and study looking at cultural differences in attitudes to bereavement care.. Is also running Review study looking at how parents may want to be involved in perinatal mortality review after their baby has died.

**ACTION: DS to feedback results**

1. CB reported on 4 elements of NHS England Care Bundle work, and time scales for early adopters, roll out and evaluation after 12 months.
2. Discussion around HTA call for applications to look at value of Minimally Invasive Autopsy.
3. JSc reported that Sands Research Strategy is currently with the board for discussion at the end of March and will be able to update at next meeting in November. AlH reported that she was now a Sands Trustee.
4. Sands updated on process for triaging requests for PPI in research. Sands currently involved in around 11 research studies either as co-applicant or in support/advisory role.
5. Sands reported on Department of Health/Sands Task and Finish Groups including Perinatal Mortality Review and Public Health messaging both of which are progressing.
6. Catherine Calderwood had recently been appointed Chief Medical Officer for Scotland and will be retiring from her role on the CSG. The CSG would like to thank Catherine for all her contributions to the work of the CSG and wishes her luck for the future.
7. DP gave presentation on step-wedged design evaluation of GAP study within the M25. The CSG gave its support for the study and provided advice for improving the design.

**ACTION: DP to incorporate suggestions in new study design and share with CSG.**

**Next Meeting:** 5 November 2015