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| sands logo 144+280Stillbirth Clinical Study Group **Minutes** 19 May 2016 **Present**: Gordon Smith (GS; Chair); Alex Heazell (AH); Alyson Hunter (AlyH); Basky Thilaganathan (BT); Charlotte Bevan (CB); David Cromwell (DC); Dimitrios Siassakos (DS); Hannah Knight (HK; invited); Jane Sandall (JS); Janet Scott (JSc); Jim Thornton (JT); Judith Abela (JA; invited); Laura Price (LP; minutes); Neil Sebire (NS); Steve Charnock-Jones (SC-J); Tracey Mills (TM)  **Apologies:** Shantini Paranjothy, Peter Brocklehurst   1. **Welcome, introductions and apologies.** AH joined by teleconference. Apologies were accepted. |
| 1. Minutes of the last meeting and matters arising (GS). No matters arising. Minutes agreed as a true and accurate record.   **ACTION:** LP to post minutes on Sands and BMFMS websites.   1. **Ongoing projects**  * **Minimally invasive autopsy study (NS).** HTA-funded; start date 1/5/16. Two-year project looking at acceptability of less invasive autopsy to bereaved parents, including those belonging to ethnic and religious groups. * **MiNESS (AH).** Case–control questionnaire-based study, cases = women with baby stillborn after 28 weeks, controls = matched women with healthy pregnancy at time of interview. Recruitment now finished. Analysis to start in 2017. * **AFFIRM (AH)**. Stepped wedge trial of intervention to raise awareness of changes in fetal movements and follow a consistent management pathway. Data collection will end at end of 2016, with 2017 publication. * **DESiGN (JSc)**. One-year stepped wedge trial of GAP implementation in 12–14 centres. * **POP study (GS)**. *Lancet* paper published on ultrasound screening in third trimester: blinded universal research scans vs clinically indicated scans, with SGA as primary outcome. Sands-funded statistician now analysing data for five biomarkers according to prospective data analysis plan.  1. Completed projects  * **Stillbirth autopsy study (NS).** St Georges and Great Ormond St Hospitals have input data from fetal deaths >23 weeks to newly created database. * **InSight (DS).** Study comparing perceptions of care after stillbirth among parents and health professionals. Also making recommendations and triangulating findings with current literature. Currently working on final paper to submit to *BMJ*.   **35/39 trial (JT).** Published in *NEJM*. Induction had no effect on Caesarean section rate in women >35.   1. Pending and planned applications  * **HTA call for value of interest (VoI) study on universal ultrasound.** Comments on applications received by applicants. * **TRUFFLE 2 (BT).** Same group as involved in TRUFFLE study (monitoring [three interventions] early-onset FGR). TRUFFLE 2 will involve women 32–36 weeks, IUGR and cerebral blood flow redistribution (i.e. point at which many obstetricians would intervene). * **ReMIT2 (AH).** Carried forward. |
| 1. **RCOG breech consultation guidelines.** CSG concerned about bias in interpretation of evidence**. Action:** JT to draft comments and circulate before submission to RCOG. 2. **Each Baby Counts update (HK).** Surveillance and thematic analysis of babies dying or seriously brain injured because of intrapartum event. 100% of UK units have an EBC reporter. First report from project will be launched 10 June. Initial findings reported to CSG [confidential]. Will publish robust thematic analysis next year.   HK invited to join CSG.   1. *Lancet* series update (DS). Publication of second series was delayed, but successful. There are plans to improve dissemination to increase international impact. 2. ISA meeting 2016 (DS). Meeting likely to be smaller than usual as is being held in Uruguay. Interesting programme. 2017 Cork, 2018 Glasgow. ISA in good shape with increased interest in stillbirth. 3. MBRRACE-UK bolt-on research (CB). MBRRACE-UK want to use data for research. MBRRACE-UK to be notified of any additional data fields that would be helpful. CSG advised that linkage of audit data would facilitate research - issues of patient confidentiality are theoretical as data are anonymised. Action: Sands to pursue. 4. Attendance at next CSG. Claire Francis (Wales) to be invited to join to share Welsh representation with SP. Representation to be sought from Scotland and NHS England. Action: Sands/GS to invite individuals. 5. AOB. DAME RCT found induction of labour for suspected large-for-date fetuses to be associated with a reduced risk of shoulder dystocia and associated morbidity compared with expectant management.   **NEXT MEETING:** 3 Nov 2016 |
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