

EVALUATION OF BIRMINGHAM COMMUNITY GROWTH SCANNING PROJECT (COGS) UPDATE - SEPTEMBER 2012

INTRODUCTION

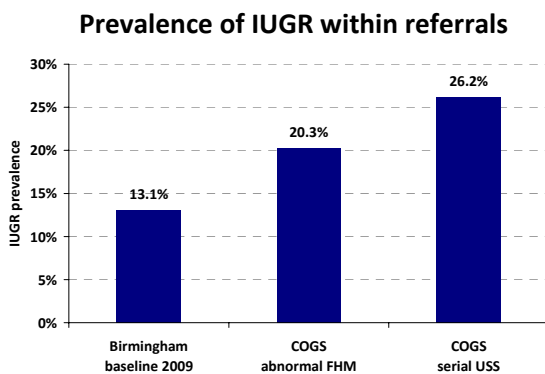
Antenatal detection of intrauterine growth restriction (IUGR) is a key objective of maternity care. According to a large 2009 case-note audit, 4 in 5 babies in Birmingham born with IUGR are not recognised as such antenatally. The Birmingham-wide Community Growth Scanning service (CoGS) aimed to improve detection through an enhanced ultrasound screening service for mothers at higher risk of IUGR.

Details of aims, methods and protocols are available on www.pi.nhs.uk/cogs. The new service was commenced in October 2010 and this evaluation includes all women who attended the service and delivered by the end of Dec 2011.

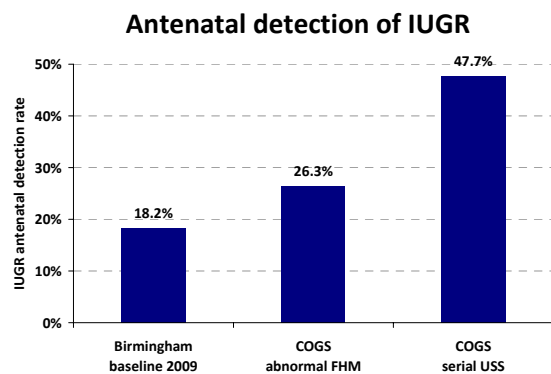
FINDINGS

2,583 women attended the COGS service during the evaluation period. The group referred for serial ultrasound assessment comprised the majority of women (57.1%) and scans (79.7%). The most common indication for serial ultrasound was IUGR in a previous pregnancy. High-risk mothers were more likely to receive the appropriate number of scans (mode 4; 68.3% had 3 or more), compared to the 2009 baseline audit (mode: 1 scan; 73% had less than 2).

The additional capacity created for serial ultrasound was 0.40 scans per unit birth (all births at unit) i.e. fewer resources than offering routine third trimester ultrasound to all women.



→ The referral criteria were effective in selecting higher-risk groups.



→ Detection rates were higher than the previous baseline, and highest in the serial USS group.

Compared to an overall IUGR rate of 13.1% in the local population, the prevalence of IUGR in mothers referred for serial ultrasound was 26.2%, and had an antenatal detection rate of 47.7% (CI 42.7-52.7%). The median gestation for IUGR detection (1st abnormal scan) was 32⁺⁴ weeks (IQR 30⁺¹-36⁺³ weeks).

In pregnancies referred because of abnormal fundal height measurement, the prevalence of IUGR was 20.3%, of which 26.3% (CI 20.6-32.1%) were detected antenatally.

Pregnancy outcomes

There were 2 perinatal deaths of normally-formed IUGR babies in this cohort (0.8/1,000 births, CI 0.0-1.8).

CONCLUSIONS

- The COGS service successfully increased availability and access to ultrasound scans.
- Referrals to the service had significantly increased risk of IUGR.
- Effective antenatal detection of IUGR can be improved by the enhanced provision of ultrasound resources.
- Further work needs to be undertaken to improve detection rates in referrals following abnormal fundal height measurement.