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| Draft Notes Stillbirth Clinical Study Group5th November 2015 **Attending**: Gordon Smith (GS), Basky Thilaganathan (BT), Jane Sandall, Dimitrios Siassakos (DS), Steve Charnock-Jones, Tracey Mills, Alex Heazell (AH), Neil Sebire (NS), Alyson Hunter (AlyH), Peter Brocklehurst (PB), David Cromwell, Janet Scott(JSc), Charlotte Bevan (CB) and Alexandros Moraitis (guest), Sarah Mackay (guest)  **Apologies:** Shantini Paranjothy, Jim Thornton   1. Welcome, introductions and apologies. GS introduced Alexandros, currently academic trainee at Cambridge. GS suggested anyone who has a fellow who’d would like to attend the CSG contact CB. |
| 1. Minutes of the last meeting and matters arising (GS)   DS made some amends.  **ACTION:** CB to amend and re-post mins on Sands and BMFMS websites.   1. Admin: Declaration of Interest forms handed in.   **ACTION:** CB to chase those outstanding. |
| 1. JSc to meet Ben Gummer Undersecretary of State for Health. PB highlighted the need for ministers to ‘develop a research policy programme linked to their policy on stillbirth reduction’ which is to be announced on Friday 13th Nov.     **ACTION:** JSc to bring up issues in meeting with Ben Gummer   1. Lancet 2015 publication (GS, AH and DS)   Papers for Lancet now accepted. Paper 2 – will revisit country comparisons for stillbirth rates. Paper 3 – psychological and economic cost of stillbirth. Paper 4 – what’s been achieved since 2011 Series and way forward for high-income countries. Proposed launch date Jan 19th2016. London launch but as yet no confirmed location.   1. **Ongoing projects :**   **6.1** Sands Stillbirth Autopsy Study (NS)  GOSH looked at post mortem information on 1000 unselected antepartum stillbirths to see significance of findings in determining cause of stillbirth and relevance of data collected. Some significant findings reported to funders, Sands. Paper to be published in 2016.  **6.2** MiNESS (AH)  Looking at sleep position and modifiable factors which may influence stillbirth risk in 3rd trimester. 40 sites currently recruiting parents who have lost a baby and data will be compared to 579 controls. Happy with multi-ethnic representation so far. Study will recruit for further 4 months. AH looking to Sands to assist with recruitment from Sands groups working in local areas.  **ACTION:** AH to email CB study site locations so that Sands can broadcast study information via groups.  **6.3** AFFIRM (AH)  Study to ascertain whether improved information for women on awareness and rapid reporting of reduced fetal movement and improved protocol and intervention around reports of DFM improve outcome ie stillbirth. Criticism of the study is that it will raise induction rates. However data so far suggests that induction rates overall are not raised but induction rates for women reporting DFM are raised – suggestion that some of these women would be induced for other conditions any way, such as hypertension. Preliminary findings look positive for impact on stillbirth rates. Final results in 2017. Jane Norman PI for the study is also looking at qualitative study on women’s experiences of being induced. PB highlighted need to collect economic data on the study to show maternity cost impact as commissioning groups will want this information.  **ACTION:** AH to raise at subsequent AFFIRM steering group meeting.  **6.4** 35/39 (GS update on behalf of JT)  Looking at effect of induction of labour on C-section rates. Study comparing offering routine induction for women over 35 years old in a first pregnancy at 39 or more weeks gestation versus routine management. Result of study shows no effect of IOL on C-section rates. Hoping to be accepted by the New England Journal in the next few weeks. GS raised issue of 10% increase in Special Educational Needs for babies born at 39 weeks whether induced or spontaneous delivery – which suggests brain is still developing even at this late gestation.  **6.5** InSight (DS)  DS has submitted full report to funders, Sands, on InSight looking at optimal bereavement care for parents. Planning to submit to BMJ in next couple of months. Part of work includes systematic review of bereavement care. DS now made application to an HTA commissioned call for a package to improve bereavement care (pathways, training and tools) after stillbirth and early neonatal death following on from InSight and the systematic reviews of bereavement care compiled for the latest Lancet publication publishing in Jan 2016.  DS has also applied to the Health Foundation for funding for Parents2 – a qualitative study to look at parents’ views of being involved in the perinatal mortality review process after a baby dies, following up on work by Department of Health and Sands to develop a standard review process.   1. **Completed/published studies:**   **7.1** PSP publication (AH)  Peer reviewed and accepted by Ultrasound in Obstetrics and Gynaecology, publishing in Dec 2015.  **7.2** POPS (GS)  Published in the Lancet November 2015.   1. **New applications:**   **8.1** HTA expression of interest / 3rd trimester scans (GS)  The HTA have put out a commissioning brief on “Late pregnancy ultrasound”. GS has submitted an “Expression of Interest”. The call is for studies to generate an economic case for funding a trial (called a "value of information analysis") of the clinical effectiveness of a programme of screening and intervention based on routine use of ultrasound in late pregnancy in nulliparous women. Selected EoIs to be informed mid-December.  **8.2** HTA funded Minimally Invasive Autopsy study (NS)  Has applied for funding from HTA to look at parental and professional acceptability of Minimally Invasive Autopsy.  **8.3** DESiGN - evaluation of Growth Assessment Protocol in London (JSc)  Dharmintra Pasupathy has adjusted the proposal for DESiGN in light of CSG comments at previous meeting. Sands and Tommys have agreed to part fund and DP is looking for main funding from Guys and St Thomas.  **8.4** MCA-CPR study Holland (AH)  GS suggested given the multi-disciplinary nature of the group that all those attending would review studies submitted to the CSG for comment, rather than a single member lead on discussion.  Dutch study asking does, in late preterm fetuses identified as small-for-gestational-age (SGA), intervention based on abnormal CPR improve neurodevelopmental outcome? Group discussion and feedback summarised by GS.  **ACTION:** CB to forward CSG feedback to PI  **8.5** Predicting Outcomes in high-risk pregnancies, St Georges  Group discussion – feedback summarised by GS.  **ACTION**: CB to forward CSG feedback to PI   1. **Maternity Review**   CB reported on Sands involvement as member of the NHS England commissioned, independent Maternity Review panel. Sands replaces James Titcombe, ensuring the voices of bereaved parents are heard by the review team.  **NEXT MEETING: 19th May 2016** |

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