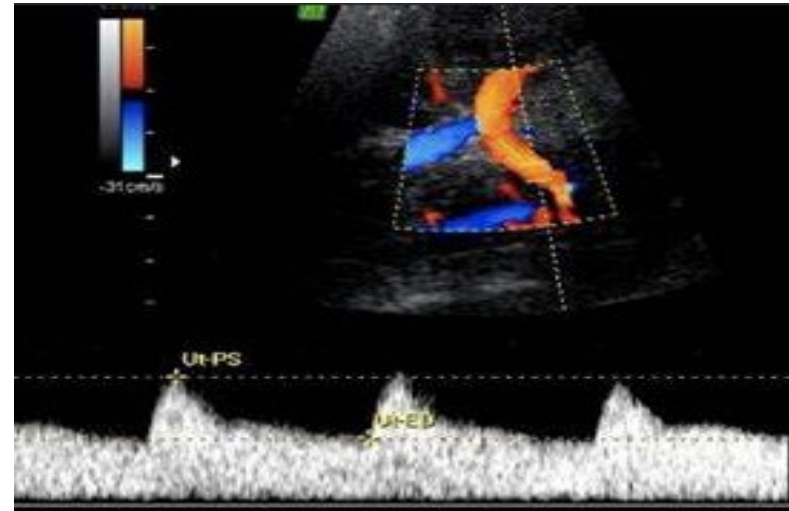


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  - Implementation of Uterine Artery Dopplers for women who are at high risk of FGR: the challenges and triumphs

Nicola Rose Stone Consultant Midwife at Frimley Health Foundation Trust at Wexham Park Hospital site.

Natalie Kyley Deputy Lead Ultrasound - Frimley Health Foundation Trust at Wexham Park Hospital site.



We are a merged trust and our presentation pertains to the implementation at the Wexham Park Site

# + • THE ○ CHALLENGES

Audit results:  
Jan 2024  
57% Trust  
compliance  
31% WP  
compliance

## Timeline

**March 2019** SBLV2 was released

**June 2020** Cross site trust guideline updated to include UAD's

The maternity ultrasound department were dealing with issue's with management, staffing, capacity and training and the Covid 19 pandemic put a stop to progression at this point.

**2022** Staff training sessions were held with sonographers lead by the fetal medicine team but the processes for screening, requesting and booking UAD were still not in place. The trust then introduced EPIC and became paperless.

- It took time for the requesting to be built into the EPIC platform correctly.

**June 2023** MIS requirements included working towards full implementation of the SBLV3 care bundle

At Frimley Park Hospital there was sporadic requesting that did not always follow guidelines

At Wexham Park Hospital only the fetal medicine consultants were performing UAD during ultrasound.

**November 2023** Decision made by ultrasound that the full service for UAD's in line with the 2020 guideline would be implemented on the 1st Nov. Compliance was Low for numerous reasons.

1. Sonographer's were not confident in their ability as they had not practiced following the initial training.
2. The community midwives were lacking knowledge of the FGR pathway
3. There was an issue with the requests not being linked to the anomaly scan booking.
4. The ultrasound department were dealing with a huge backlog of general ultrasound work which had accumulated over the period of the pandemic.

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# How we approached the change

- Spring 2024 – A new ultrasound management team was fully established and as part of that team I was approached by Nicola to resolve the problems we were facing.
- Together we approached and worked closely with the lead Midwife for antenatal clinic, the outpatients lead, sonographer's and administration staff within antenatal screening and ultrasound.





# Facing the challenges

## **Ultrasound:**

Training was prioritised in practice, and I was given the time to personally travel to all our obstetric sites and spent time with each sonographer to teach UAD.

1. Training was given to all sonographers regarding the saving babies lives V3 risk assessment and included the need for awareness around UAD for echogenic bowel, EFW <10<sup>th</sup> centile, significant PVB and 2 vessel cord.
2. Alongside this an SOP was constructed on how to find the requests, link the requests and report the UAD in the two software packages we use in ultrasound.
3. A visual guide was disseminated to all obstetric sonographers on how to correctly perform UAD as a reference.
4. All sonographers were aware they could contact me at any time to ask advice regarding UAD.

## **Community midwives and antenatal clinic:**

1. There were meetings, training sessions and drop-in sessions regarding screening for UAD requirement and requesting the scans on EPIC.
2. Information posters regarding screening for UAD requirement were disseminated to each community midwife hub.
3. There was training around the late requesting of UAD in ANC after booking and a process was put in place for emailing the maternity ultrasound inbox in these cases to ensure the request was linked to the anomaly booking.

## **Administration team:**

The administration team were fundamental in the successful implementation and are involved in the fail-safe process of linking UAD requests to anomaly scan booking.

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# Triumphs

Audit results:

Dec 2024

98% Trust

compliance

100% WP

compliance

- Identified areas of inefficiencies and waste
- Identified and engaged key stake holders
- Improved interprofessional relationships
- Reviewing and sharing data gave departments an insight into their performance and insight into own practice.
- Successful collaborative working between ultrasound, obstetrics and midwifery has facilitated improvement across other areas of the service
- Such insight into the service enabled positive feedback and constructive review of areas of concern
- PDSA cycle – On going feedback on performance enables further service development

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# Take home message

**Powerful and sustained change requires constant communication, not only throughout the rollout but after the major elements of the plan are in place. The more kinds of communication employed, the more effective they are. – DeAnne Aguirre**

**Change cannot be put on people. The best way to instill change is to do it with them. Create it with them. – Lisa Bodell**

**You can't change the world alone – you will need some help – and to truly get from your starting point to your destination takes friends, colleagues, the good will of strangers and a strong coxswain to guide them. – William H. McRaven**