



**Procedure for the creation of a customised fetal growth chart**

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## Section Headings

### 1.0 Introduction

Use of the Gestation Related Optimal Weight (GROW) software allows the generation of a customised fetal growth chart which is adjusted for physiological factors that are known to affect fetal weight. It is important that the data input for this chart is correct to ensure that potential fetal growth restriction is identified. Incorrect data input could result in missed opportunities for detection and poor associated outcomes.

### 2.0 Objective

This Standard Operating Procedure provides a clear and uniform approach for the production of the chart and ensuring a robust checking process is in place.

### 3.0 Scope

To ensure a robust procedure is clearly outlined so that the GROW Chart is produced accurately therefore reducing the risk of missed opportunities for detection of fetal growth restriction.

### 4.0 Main body of the document

Following the dating scan a Midwife Support Worker (MSW) will review the woman. A Customised Grow Chart will be created using the GROW app in the presence of the woman.

- Details required:
  - Name
  - Date of Birth
  - Unit Number
  - Ethnicity
  - Weight, Height and BMI
  - Parity
  - Estimated Delivery Date (from Department Ultrasound Scan)
  - Details of previous births >24 weeks
    - Ensure accurate birth weights are entered from previous partogram documentation
- The details entered should then be checked with the woman for accuracy prior to printing two copies. Once printed the ANC Midwife will check the information entered on the chart for accuracy and sign the chart as a confirmation this has been done
- One copy will be filed in the hospital notes as a failsafe if the woman presents to an appointment without the chart. The second copy will be given to the woman to take to each antenatal contact



- If any inaccuracies are identified on subsequent contacts, the chart will be reproduced with accurate information.

## **5.0 Roles and responsibilities**

### **5.1 Midwives**

- To provide the best evidence-based care for women in accordance with appropriate guidance from confirmation of pregnancy to delivery.
- To ensure the information generated on the GROW chart is accurate enabling appropriate referral and early detection of fetal growth restriction

## **6.0 Associated documents and references**

GROW App- UK

<https://ukaws.growservice.org/App/Account/Login?ReturnUrl=%2fApp%2fChartAdditional%2fSearch>

## **7.0 Training and resources**

Training will be delivered as outlined in the Maternity Training Needs Analysis. This is updated on an annual basis.

## **8.0 Monitoring and audit**

Any adverse incidents relating to the management of creating a GROW chart will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the Governance Midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The procedure for creating a GROW chart will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

## **9.0 Equality and Diversity**

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This procedure should be implemented with due regard to this commitment.

To ensure that the implementation of this procedure does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for



relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

### **9.1 Recording and Monitoring of Equality & Diversity**

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all /procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



**Appendix 1**  
**Equality Impact Assessment – required for policy only**

**Appendix 2**  
**Glossary of terms**

GROW- Gestation Related Optimal Weight  
 MSW- Midwifery Support Worker

**Appendix 3 (must always be the last appendix)**

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author
1	03/09/2020	Approved at guideline group	Emma Allott- lead midwife antenatal day services
2	11/11/2020	Amendments made	Emma Allott- lead midwife antenatal day services

**Review Process Prior to Ratification:**

Name of Group/Department/Committee	Date
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Approved by CBU 3 Overarching Governance Meeting	25/11/2020
Approved at NICE Trust Clinical Guidelines Group	14/01/2021
Approved at Medicines Management Committee (if document relates to medicines)	N/A



### Trust Approved Documents Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

<b>Document type (policy, clinical guideline or procedure)</b>	Guideline
<b>Document title</b>	<b>Procedure for the creation of a customised fetal growth chart</b>
<b>Document author</b> (Job title and team)	<b>Antenatal clinic lead Midwife</b>
<b>New or reviewed document</b>	New
<b>List staff groups/departments consulted with during document development</b>	<b>Maternity guideline group involving midwives, obstetricians and obstetric consultants and anaesthetists</b>
<b>Approval recommended by (meeting and dates):</b>	Maternity Guideline Group- 03/09/2020 Women's Business and Governance meeting- 18/09/2020 CBU 3 Overarching Governance Meeting- 25/11/2020 NICE Trust Clinical Guidelines Group- 14/01/2021
<b>Date of next review (maximum 3 years)</b>	14 January 2024
<b>Key words for search criteria on intranet (max 10 words)</b>	Creation of a customised fetal growth chart
<b>Key messages for staff (consider changes from previous versions and any impact on patient safety)</b>	
<b>I confirm that this is the <u>FINAL</u> version of this document</b>	<b>Name: Charlotte Cole</b> <b>Designation: Practice Educator Midwife</b>



FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): NICE

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