


## **SBLCB (v2) Survey 6: Key Findings**


Responses to Survey 6 were received from all 13 trusts.

**Element 1:** Reducing smoking in pregnancy by carrying out a Carbon Monoxide (CO) test at booking to identify smokers (or those exposed to tobacco smoke) and referring to stop smoking service/specialist as appropriate.




Survey 6	Survey 5	Survey 4	Survey 3
<b>100%</b> of Trusts are meeting all the requirements of Element 1 (excluding MSDS requirements) <b>85%</b> (11 of 13 trusts) are meeting the requirements including MSDS	<b>100%</b> of Trusts are now meeting all the requirements of Element 1 (excluding MSDS requirements) <b>77%</b> (10 of 13 trusts) are meeting the requirements including MSDS	<b>54%</b> (7 of 13 trusts) are now meeting all the requirements of Element 1.	<b>38%</b> (5 of 13 trusts) were meeting all of the requirements of Element 1.

**Element 2:** Identification and surveillance of pregnancies with fetal growth restriction.



Survey 6	Survey 5	Survey 4	Survey 3
<b>92%</b> (12 of 13 trusts) are meeting all the requirements of Element 2 – excluding MSDS requirements <b>77%</b> (10 of 13 Trusts) are meeting the requirements including MSDS	<b>92%</b> (12 of 13 trusts) are meeting all the requirements of Element 2 – excluding MSDS requirements <b>62%</b> (8 of 13 Trusts) are meeting the requirements including MSDS	<b>31%</b> (4 of 13 trusts) are meeting all the requirements of Element 2.	<b>31%</b> (4 of 13 trusts) are meeting all of the requirements of Element 2.

**Element 3:** Raising awareness amongst pregnant women of the importance of detecting and reporting reduced fetal movement (RFM), and ensuring providers have protocols in place, based on best available evidence, to manage care for women who report RFM.



Survey 6	Survey 5	Survey 4	Survey 3
<b>100%</b> of Trusts are meeting all the requirements of Element 1 (excluding MSDS requirements) <b>62%</b> (8 of 13 Trusts) are meeting the requirements including MSDS	<b>100%</b> of Trusts are now meeting all the requirements of Element 1 (excluding MSDS requirements) <b>69 %</b> (9 of 13 Trusts) are meeting the requirements including MSDS	<b>54%</b> (7 of 13 trusts) are meeting all the requirements of Element 3.	<b>54%</b> (7 of 13 trusts) are meeting all the requirements of Element 3

**Element 4:** Effective fetal monitoring during labour.

Survey 6	Survey 5	Survey 4	Survey 3
<b>100%</b> (13 of 13 trusts) continue to meet all the requirements of Element 4.	<b>100%</b> (13 of 13 trusts) are now meeting all the requirements of Element 4.	<b>100%</b> (13 of 13 trusts) are now meeting all the requirements of Element 4.	<b>69%</b> (9 of 13 trusts) recorded that they were fully implementing this element.

**Element 5:** Reducing preterm births.



Survey 6	Survey 5	Survey 4	Survey 3
<b>100%</b> of Trusts continue to meet all the requirements of Element 1 (excluding MSDS requirements) <b>77%</b> (9 of 13 Trusts) are meeting the requirements including MSDS	<b>100%</b> of Trusts are now meeting all the requirements of Element 1 (excluding MSDS requirements) <b>69 %</b> (9 of 13 Trusts) are meeting the requirements including MSDS	<b>54%</b> (7 of 13 trusts) are now meeting all the requirements of Element 5	<b>31%</b> (4 of 13 trusts) were fully implementing Element 5

**Comments:**

- An update was given by the National Team for Survey 5 that those elements relating to submission to MSDS will not be included in overall compliance to the SBLCBv2 Care Bundle.
- Those trusts not meeting MSDS requirements are shown in light green on the RAG rating, and a breakdown highlighting the percentage of trusts meeting the requirements (both with and without the MSDS elements) is shown in the analysis column of the RAG spreadsheet.
- For Element 3 there has been a reduction in the number of Trusts meeting the requirements **including** MSDS from 9 of 13 in survey 5 to 8 of 13 in Survey 6.

**Element 1:** Reducing smoking in pregnancy by carrying out a Carbon Monoxide (CO) test at booking to identify smokers (or those exposed to tobacco smoke) and referring to stop smoking service/specialist as appropriate.  
**100% (13 of 13 trusts) meeting all of the requirements of Element 1.**

Reducing Stillbirths Care Bundle Elements		Airedale NHS FT RCF	Barnsley Hospital NHS FT RFF	Bradford Teaching Hospitals NHS FT RAE	Calderdale and Huddersfield NHS FT RWY	Doncaster and Bassetlaw Hospitals NHS FT RP5	Harrogate and District NHS FT RCD	Hull University Teaching Hospitals NHS Trust RWA	Leeds Teaching Hospitals NHS Trust RR8	Northern Lincolnshire and Goole NHS FT RJJ	Sheffield Teaching Hospitals NHS FT RHQ	The Mid Yorkshire Hospitals NHS Trust RXF	The Rotherham NHS FT RFR	York Teaching Hospitals NHS FT RCB
<b>Element 1:</b> Reducing smoking in pregnancy by carrying out a Carbon Monoxide (CO) test at booking to identify smokers (or those exposed to tobacco smoke) and referring to stop smoking service/specialist as appropriate  <b>100% (13 of 13 trusts) meeting all of the requirements of Element 1.</b>	<b>1a. Are you meeting all requirements of Element 1 of the care bundle?</b>	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)
	<b>1ai.</b> Are you meeting all requirements of the modified version of Element 1 of the care bundle, which was changed due to the COVID-19 pandemic?	Yes	Yes	Yes - excluding MSDS	Yes	Yes	Yes	Yes	Yes	Yes - excluding MSDS	Yes	Yes	Yes	Yes
	<b>1aii.</b> Once CO testing is re-introduced, will your trust meet all the requirements of Element 1 of the care bundle?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>1b.</b> Are you carrying out any improvement activity designed to reduce smoking in pregnancy?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>1c.</b> Does your standard operating procedure (e.g. guidelines) include the following:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	i. CO monitoring at booking and additional CO testing throughout pregnancy including the 36 week antenatal appointment, with the outcome recorded?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	ii. Referring expectant mothers, with elevated CO levels (4ppm or above), to a trained stop smoking specialist, based on an opt out system with a pathway that includes feedback and follow up processes?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>1d.</b> Do the improvement activities include training all maternity staff on the use of the CO monitor and having a brief and meaningful conversation with women about smoking?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>1e.</b> Have all recorded outcomes of CO testing in pregnancy relating to element 1 activities been recorded on your MIS enabling their submission in MSDS v2.0 monthly submissions?	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
	<b>1f.</b> If you answered "no" to question 1b, are you planning on introducing this type of intervention / improvement activity?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Element 2: Identification and surveillance of pregnancies with fetal growth restriction.**  
**92% (12 of 13 trusts) meeting all of the requirements of Element 2.**

Reducing Stillbirths Care Bundle Elements		Airedale NHS FT RCF	Barnsley Hospital NHS FT RFF	Bradford Teaching Hospitals NHS FT RAE	Calderdale and Huddersfield NHS FT RWY	Doncaster and Bassetlaw Hospitals NHS FT RPS	Harrogate and District NHS FT RCD	Hull University Teaching Hospitals NHS Trust RWA	Leeds Teaching Hospitals NHS Trust RR8	Northern Lincolnshire and Goole NHS FT RJL	Sheffield Teaching Hospitals NHS FT RHQ	The Mid Yorkshire Hospitals NHS Trust RXF	The Rotherham NHS FT RFR	York Teaching Hospitals NHS FT RCB
92% (12 of 13 trusts) meeting all of the requirements of Element 2.	2ai. Are you meeting all requirements of the modified version Element 2 of the care bundle, which was changed due to the COVID-19 pandemic? NB The modified version of element 2 should only be implemented in the case of significant COVID-19 related staff shortages.	Yes	Yes	Yes- excluding MSDS	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes- excluding MSDS	Yes	Yes
	2aii. In the case of you having no significant COVID related staff shortages, do you meet all requirements of Element 2 of the care bundle?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	2b. Are you carrying out any improvement activity designed to risk assess and manage babies at risk of Fetal Growth Restriction (FGR)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	2c. Does your standard operating procedure (e.g. guidelines) include the following:  i. Assessing women at booking to determine if a prescription of aspirin is appropriate using the algorithm given in Appendix C of the care bundle or an alternative which has been agreed with local commissioners (CCGs) following advice from the provider's Clinical Network?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	ii. Risk assessment and surveillance of women at increased risk of FGR, with triage of women at increased risk of FGR into an appropriate clinical pathway?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	iii. Risk assessment and management of growth disorders in multiple pregnancy in compliance with NICE guidance or a variant agreed locally following advice from the provider's Clinical Network?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	2d. Regarding women not undergoing serial ultrasound scan surveillance of fetal growth does your standard operating procedure (e.g. guidelines) include assessment performed using antenatal symphysis fundal height (SFH) charts by clinicians trained in their use?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
2e. Does your standard operating procedure (guidelines) include differentiation between the management of the SGA and growth restricted fetus in accordance with the pathways and guidance outlined in version 2 of the Saving Babies Lives Care Bundle?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	2f. Does your standard operating procedure (e.g. guidelines) include the following:  i. Following recommended guidance on the frequency of ultrasound review of estimated fetal weight (EFW) when SGA is detected, in accordance with appendix D of SBLCBv2 or a variant agreed locally following advice from the provider's Clinical Network?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	ii. Maternity care providers caring for women with FGR identified prior to 34+0 weeks having an agreed pathway for management which includes network fetal medicine input (for example, through referral or case discussion by phone)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	2g. Accepting the proviso that all management decisions should be agreed with the mother in the cases of fetuses <3rd centile and with no other concerning features does your standard operating procedure (e.g. guidelines) include the following principles: - Initiation of labour and/or delivery should occur at 37+0 weeks and no later than 37+6 weeks gestation. - Delivery <37+0 weeks can be considered if there are additional concerning features, but these risks must be balanced against the increased risk to the baby of birth at earlier gestations.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	2h. Does your standard operating procedure (e.g. guidelines) include individualised care of fetuses between 3rd - 10th centile using a risk assessment including Doppler investigations, assessment for the presence of any other high risk features such as recurrent reduced fetal movements, and the mother's wishes; and in the absence of any high risk features the offer of delivery or the initiation of induction of labour at 39+0 weeks?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	2i. Have all findings of small for gestational age fetuses been recorded on your MIS enabling their submission in MSDS v2.0 monthly submissions?	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
	2j. If you answered "no" to 2b, are you planning on introducing this type of intervention / improvement activity?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Element 3:** Raising awareness amongst pregnant women of the importance of detecting and reporting reduced fetal movement (RFM), and ensuring providers have protocols in place, based on best available evidence, to manage care for women who report RFM.

**100% (13 of 13 trusts) meeting all of the requirements of Element 3.**

Reducing Stillbirths Care Bundle Elements		Airedale NHS FT RCF	Barnsley Hospital NHS FT RFF	Bradford Teaching Hospitals NHS FT RAE	Calderdale and Huddersfield NHS FT RWY	Doncaster and Bassetlaw Hospitals NHS FT RP5	Harrogate and District NHS FT RCD	Hull University Teaching Hospitals NHS Trust RWA	Leeds Teaching Hospitals NHS Trust RR8	Northern Lincolnshire and Goole NHS FT RJL	Sheffield Teaching Hospitals NHS FT RHQ	The Mid Yorkshire Hospitals NHS Trust RXF	The Rotherham NHS FT RFR	York Teaching Hospitals NHS FT RCB
<b>Element 3:</b> Raising awareness amongst pregnant women of the importance of detecting and reporting reduced fetal movement (RFM), and ensuring providers have protocols in place, based on best available evidence, to manage care for women who report RFM.  <b>100% (13 of 13 trusts) meeting all of the requirements of Element 3.</b>	<b>3a.</b> Are you meeting all requirements of <b>Element 3</b> of the care bundle?	Yes	Yes- excluding MSDS	Yes- excluding MSDS	Yes	Yes	Yes- excluding MSDS	Yes	Yes	Yes	Yes- excluding MSDS	Yes	Yes	Yes- excluding MSDS
	<b>3b.</b> Are you carrying out any improvement activity designed to raise awareness among pregnant women of the importance of Reduced Fetal Movement (RFM)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>3c.</b> Do the improvement activities include providing pregnant mothers with information and an advice leaflet on reduced fetal movement based on current evidence, best practice and clinical guidelines?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>3d.</b> Do the improvement activities include giving pregnant mothers this information by 28 weeks of pregnancy at the latest?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>3e.</b> Do the improvement activities include discussing RFM with pregnant mothers at every subsequent contact?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>3f.</b> Do the improvement activities include making use of an approved checklist to manage the care of pregnant woman who report reduced fetal movement, in line with national evidence-based guidance?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>3g.</b> Have all findings of reduced fetal movement been recorded on your MIS enabling their submission as Coded Clinical Entry in MSDS v2.0 monthly submissions?	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No
	<b>3h.</b> If you answered "no" to 3b, are you planning on introducing this type of intervention / improvement activity?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Element 4:** Effective fetal monitoring during labour.

**100% (13 of 13 trusts) meeting all of the requirements of Element 4.**

Reducing Stillbirths Care Bundle Elements		Airedale NHS FT RCF	Barnsley Hospital NHS FT RFF	Bradford Teaching Hospitals NHS FT RAE	Calderdale and Huddersfield NHS FT RWY	Doncaster and Bassetlaw Hospitals NHS FT RP5	Harrogate and District NHS FT RCD	Hull University Teaching Hospitals NHS Trust RWA	Leeds Teaching Hospitals NHS Trust RR8	Northern Lincolnshire and Goole NHS FT RJL	Sheffield Teaching Hospitals NHS FT RHQ	The Mid Yorkshire Hospitals NHS Trust RXF	The Rotherham NHS FT RFR	York Teaching Hospitals NHS FT RCB
<b>Element 4:</b> Effective fetal monitoring during labour  <b>100% (13 of 13 trusts) meeting all of the requirements of Element 4.</b>	<b>4a.</b> Are you meeting all requirements of <b>Element 4</b> of the care bundle?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>4b.</b> Are you carrying out any improvement activities designed around effective fetal monitoring during labour?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>4c.</b> Do your improvement activities include annual multidisciplinary training and competency assessment on cardiotocograph (CTG) interpretation and use of auscultation for staff who care for women in labour?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>4d.</b> What is the percentage of staff who care for women in labour that have undertaken this training in the last 12 months?	Yes below 60%	Yes 90-99%	Yes 90-99%	Yes 90-99%	Yes 80% to 89%	Yes 80% to 89%	Yes 90-99%	Yes 90-99%	Yes 70-79%	Yes 70-79%	Yes 90-99%	Yes below 60%	Yes 70-79%
	<b>4e.</b> Do you have a system that, irrespective of place of birth, assesses risk at the onset of labour to determine the most appropriate fetal monitoring method, as described in SBLCBv2?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>4f.</b> Do your improvement activities include a review at least every hour of fetal well-being incorporating the following: i. CTG or Intermittent Auscultation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	ii. reassessment of fetal risk factors	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	iii. a fresh eyes/buddy system	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	iv. clear guideline for escalation if concerns are raised through the use of a structured process?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>4g.</b> Do your improvement activities include identifying a Fetal Monitoring Lead for a minimum of 0.4wTE per consultant led unit during which time it is their responsibility to improve the standard of intrapartum risk assessment and fetal monitoring?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>4h.</b> If you answered "no" to 4b, are you planning on introducing this type of intervention / improvement activity?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Element 5: Reducing preterm births.**

**100% (13 of 13 trusts) meeting all of the requirements of Element 5.**

Reducing Stillbirths Care Bundle Elements	Airedale NHS FT RCF	Barnsley Hospital NHS FT RFF	Bradford Teaching Hospitals NHS FT RAE	Calderdale and Huddersfield NHS FT RWY	Doncaster and Bassetlaw Hospitals NHS FT RP5	Harrogate and District NHS FT RCD	Hull University Teaching Hospitals NHS Trust RWA	Leeds Teaching Hospitals NHS Trust RR8	Northern Lincolnshire and Goole NHS FT RJL	Sheffield Teaching Hospitals NHS FT RHQ	The Mid Yorkshire Hospitals NHS Trust RXF	The Rotherham NHS FT RFR	York Teaching Hospitals NHS FT RCB
<b>Element 5: Reducing preterm births</b>													
<b>100% (13 of 13 trusts) meeting all of the requirements of Element 5.</b>													
<b>5ai.</b> If you are using the modified version of element 5 of the care bundle, are you meeting all of the requirements?	Yes	Yes	Yes- excluding MSDS	Yes	Yes	Yes	Yes	Yes	Yes	Yes- excluding MSDS	Yes- excluding MSDS	Yes	Yes
<b>5aii.</b> Are you meeting all requirements of Element 5 of the care bundle?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>5b.</b> Are you carrying out any improvement activity designed around reducing the number of preterm births and optimising care when preterm delivery cannot be prevented?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>5c.</b> Does your standard operating procedure (e.g. guidelines) include the following:  i. Assessing all women at booking for the risk of preterm birth and stratifying to low, intermediate and high-risk pathways as per the criteria in Appendix F of the SBLCB v2 of the care bundle document; or an alternative which has been agreed with local commissioners (CCGs) following advice from the provider's Clinical Network?  ii. Assessing women with a history of preterm birth to determine whether this was associated with placental disease and a discussion about prescribing aspirin with the woman based upon her personalised risk assessment?  iii. All women being offered screening for asymptomatic bacteriuria by sending off a midstream urine (MSU) for culture and sensitivity at booking, and a repeat MSU to confirm clearance following any positive culture?  iv. Having access to transvaginal cervix scanning (TVCS) and a clinician with an interest in preterm birth prevention with a clinical pathway for women at risk of preterm birth that is agreed with local commissioners (CCGs) following advice from the provider's clinical network (for example, UK Preterm Clinical Network guidance or NICE guidance)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>5d.</b> Does your standard operating procedure (e.g. guidelines) include risk assessment and management in multiple pregnancy compliant with NICE guidance or a variant that has been agreed with local commissioners (CCGs) following advice from the provider's clinical network?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

	<b>5e.</b> Does your standard operating procedure (e.g. guidelines) include the following:  i. every provider having referral pathways to tertiary prevention clinics for the management of women with complex obstetric and medical histories including access to clinicians who have the expertise to provide high vaginal (Shirodkar) and transabdominal cerclage?  ii. women at imminent risk of preterm birth being offered transfer to a unit with appropriate and available neonatal cot facilities when safe to do so and as agreed by the relevant neonatal Operational Delivery Network (ODN)?  iii. offering Antenatal corticosteroids to women between 24+0 and 33+6 weeks, optimally at 48 hours before a planned birth?  iv. offering Magnesium Sulphate to women between 24+0 and 29+6 weeks of pregnancy; and considering offering Magnesium Sulphate for women between 30+0 and 33+6 weeks of pregnancy, who are in established labour or are having a planned preterm birth within 24 hours? If so to what extent have you implemented this improvement activity?  v. ensuring the neonatal team are involved when a preterm birth is anticipated, so that they have time to discuss options with parents prior to birth and to be present at the delivery?  vi. holding a multidisciplinary discussion before birth between the neonatologist, obstetrician and the parents about the decision to resuscitate the baby for women between 23 and 24 weeks of gestation? If so to what extent have you implemented this improvement activity?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	<b>5f.</b> Have all instances of maternal antenatal administration of corticosteroids for fetal lung maturation been recorded on your MIS enabling its submission as in MSDS v2.0 monthly submissions?	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	<b>5g.</b> If you answered "no" to 5b, are you planning on introducing this type of intervention / improvement activity?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A