The Dudley Group
NHS Foundation Trust

Trust Headquarters
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Dudley
West Midlands
DY1 2HQ

Ref: FOI-052025-0001617

Date: 23.7.25

Address / Email:

Dear

Request Under Freedom of Information Act 2000

Thank you for requesting information under the Freedom of Information Act 2000.

1. When adopting Intergrowth fetal growth charts, did the Trust consider alterations of thresholds (i.e.- trigger centiles usually at 3rd and 10th) for monitoring or intervention recommendations based on consideration of local population variation and local perinatal mortality and morbidity?

No adaptions/alterations made.

2. Why did the Trust adopt Intergrowth fetal growth charts? Please share the decision-making and ratification process for the Trust changing to Intergrowth charts including all documentation related to this change, i.e- ratification and guideline group meeting notes, papers considering the evidence, internal emails, etc.

The Trust undertook a robust and multidisciplinary process to support the transition to INTERGROWTH-21st growth standards.
This included ratifying updated Small for Gestational Age (SGA)/Fetal Growth Restriction (FGR) and Community Midwife Guidelines. The change is also reflected and taught on our Saving Baby Lives Study Day.
Please see attached guidelines and please note any links to documents will only work on Trust devices.
The guideline for SGA/FGR is undergoing another ratification but this is not yest available for release.

A list of journal references is provided below. However, it is important to note that the decision to transition to INTERGROWTH-21st charts was multifactorial and not based solely on a review of journal evidence:

Key considerations influencing the decision included:

- **Alignment with our local Fetal Medicine Unit, which routinely uses Hadlock formulas and plots Estimated Fetal Weight (EFW) on INTERGROWTH charts from 20 weeks gestation.**
- **Consistency with our Level 3 Neonatal Unit, which has used INTERGROWTH-21st postnatal standards for a number of years. This alignment addressed issues related to interdepartmental transfers where different growth charts were previously in use.**
- **A desire to maintain a single, consistent growth standard across the antenatal and postnatal pathway to reduce clinical variation and misclassification.**
- **Operational and financial considerations, including the increasing pressure on NHS resources. The move avoided additional administrative burdens such as dual**

documentation and reduced the need for staff to undertake separate GAP training, which often required time away from clinical duties.

The shift to INTERGROWTH fetal growth charts was therefore part of a broader strategy to streamline care, improve consistency, and ensure best use of clinical time and system resources.

Al Hamayel, N.A., Baghlaf, H., Blakemore, K., Crino, J.P. and Burd, I. (2020). Significance of abnormal umbilical artery Doppler studies in normally grown fetuses. *Maternal Health, Neonatology and Perinatology*, 6(1). doi:https://doi.org/10.1186/s40748-020-0115-7.

Ashoor, G., Syngelaki, A., Papastefanou, I., Nicolaides, K.H. and Akolekar, R. (2022). Development and validation of model for prediction of placental dysfunction-related stillbirth from maternal factors, fetal weight and uterine artery Doppler at mid-gestation. *Ultrasound in Obstetrics & Gynecology: The Official Journal of the International Society of Ultrasound in Obstetrics and Gynecology*, [online] 59(1), pp.61–68. doi:https://doi.org/10.1002/uog.24795.

Gardosi, J. and Hugh, O. (2023). Stillbirth risk and smallness for gestational age according to Hadlock, INTERGROWTH-21st, WHO, and GROW fetal weight standards: analysis by maternal ethnicity and body mass index. *American Journal of Obstetrics and Gynecology*, [online] 229(5), pp.547.e1–547.e13. doi:https://doi.org/10.1016/j.ajog.2023.05.026.

Iliodromiti, S., Smith, G.C.S., Lawlor, D.A., Pell, J.P. and Nelson, S.M. (2020). UK stillbirth trends in over 11 million births provide no evidence to support effectiveness of Growth Assessment Protocol program. *Ultrasound in Obstetrics & Gynecology*, 55(5), pp.599–604. doi:https://doi.org/10.1002/uog.21999.

Melamed, N., Baschat, A., Yinon, Y., Athanasiadis, A., Mecacci, F., Figueras, F., Berghella, V., Nazareth, A., Tahlak, M., McIntyre, H.D., Da Silva Costa, F., Kihara, A.B., Hadar, E., McAuliffe, F., Hanson, M., Ma, R.C., Gooden, R., Sheiner, E., Kapur, A. and Divakar, H. (2021). FIGO (international Federation of Gynecology and obstetrics) initiative on fetal growth: best practice advice for screening, diagnosis, and management of fetal growth restriction. *International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics*, [online] 152(S1), pp.3–57. doi:https://doi.org/10.1002/ijgo.13522.

Papageorghiou, A.T., Kennedy, S.H., Salomon, L.J., Altman, D.G., Ohuma, E.O., Stones, W., Gravett, M.G., Barros, F.C., Victora, C., Purwar, M., Jaffer, Y., Noble, J.A., Bertino, E., Pang, R., Cheikh Ismail, L., Lambert, A., Bhutta, Z.A., Villar, J. and International Fetal and Newborn Growth Consortium for the 21(st) Century (INTERGROWTH-21(st)) (2018). The INTERGROWTH-21st fetal growth standards: toward the global integration of pregnancy and pediatric care. *American journal of obstetrics and gynecology*, [online] 218(2S), pp.S630–S640. doi:https://doi.org/10.1016/j.ajog.2018.01.011.

R. Katie Morris, Johnstone, E., Lees, C., Morton, V. and Smith, G. (2024). Investigation and Care of a Small-for-Gestational-Age Fetus and a Growth Restricted Fetus (Green-top Guideline No. 31). *BJOG*, [online] 131(9). doi:https://doi.org/10.1111/1471-0528.17814.

Salomon, L.J., Alfirevic, Z., Da Silva Costa, F., Deter, R.L., Figueras, F., Ghi, T., Glanc, P., Khalil, A., Lee, W., Napolitano, R., Papageorghiou, A., Sotiriadis, A., Stirnemann, J., Toi, A. and Yeo, G. (2019). ISUOG Practice Guidelines: ultrasound assessment of fetal biometry and growth. *Ultrasound in Obstetrics & Gynecology*, 53(6), pp.715–723. doi:https://doi.org/10.1002/uog.20272.

Salomon, L.J., Bernard, J.P. and Ville, Y. (2007). Estimation of fetal weight: reference range at 20–36 weeks' gestation and comparison with actual birth-weight reference range. *Ultrasound in Obstetrics and Gynecology*, 29(5), pp.550–555. doi:https://doi.org/10.1002/uog.4019.

Vieira, M.C., Relph, S., Muruet-Gutierrez, W., Elstad, M., Coker, B., Moitt, N., Delaney, L., Winsloe, C., Healey, A., Coxon, K., Alagna, A., Briley, A., Johnson, M., Page, L.M., Peebles, D., Shennan, A., Thilaganathan, B., Marlow, N., McCowan, L. and Lees, C. (2022). Evaluation of the Growth Assessment Protocol (GAP) for antenatal detection of small for gestational age: The DESiGN cluster randomised trial. *PLOS Medicine*, 19(6), p.e1004004. doi:https://doi.org/10.1371/journal.pmed.1004004

3.

3. Please share the following data for the last year, broken down into quarters:	**Q1 24.25**	**Q2 24.25**	**Q3 24.25**	**Q4 24.25**
a. Percentage of babies born <3rd birthweight centile at any gestation.	**3.6%**	**3.5%**	**2.4%**	**1.0%**
b. Percentage of babies born <10th birthweight centile at any gestation.	**11.8%**	**10.9%**	**8.8%**	**4.5%**
c. Percentage of babies born <3rd birthweight centile >37+6 weeks' gestation.	**2%**	**1%**	**1%**	**0%**
d. Percentage of babies born >39+6 and <10th birthweight centile.	**2%**	**2%**	**2%**	**1%**
e. Percentage of pregnancies where an SGA fetus (<10th centile) is antenatally detected.	**58%**	**58%**	**68%**	**57%**
f. Percentage of perinatal mortality cases annually where the identification and management of FGR was a relevant issue (using the PMRT).	**0%**	**0%**	**0%**	**0%**

4. Please share which birthweight charts were used to identify the centiles of newborns for the data requested in questions 3. Please share the journal references for these charts, and indicate for which time periods (date, month, year started and ended as applicable) each chart was used within the data period requested.

Please note that the data collection for Q1-Q3 was conducted using the Perinatal Institute growth chart whereas the data for Q4 used the INTERGROWTH 21 chart following its introduction on 17/12/25. The data for Q4 is therefore not comparable to that for Q1-Q3.

5. Which of the three denominators does the Trust review internally and report to their Board and ICS as part of Saving Babies Lives monitoring data?

The Trust routinely reviews all three denominators in line with the Saving Babies' Lives Care Bundle. This is facilitated through the use of the audit tool available on the NHS Futures platform, ensuring transparency, consistency, and effective oversight.
We participate in quarterly LMNS touchpoint meetings to monitor compliance with both Saving Babies Lives and the Maternity Incentive Scheme (MIS). Where performance falls below target thresholds, a deep dive audit is undertaken, followed by the development of targeted action plans to drive improvement.
All evidence and outcomes are shared through established internal governance structures, including Trust governance meetings, the Quality Committee, and ultimately the Trust Board, to ensure organisational learning and accountability.

If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager
Trust Headquarters
Russell's Hall Hospital
Dudley
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DY1 2HQ
Email: dgft.dpo@nhs.net

Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office
Wycliffe House
Water Lane

Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
www.ico.org.uk

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

Freedom of Information Team
The Dudley Group NHS Foundation Trust