



**Procedure for the creation of a Customised Fetal Growth Chart using a GROW 2.0 record**

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The guideline uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as a woman but who are pregnant



## **1.0 Introduction**

Use of the Gestation Related Optimal Weight (GROW 2.0) software allows the generation of a digital 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 result in poor associated outcomes.

## **2.0 Objective**

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

## **3.0 Scope**

To ensure a robust procedure is clearly outlined to produce a GROW 2.0 chart accurately, therefore reducing the risk of missed opportunities for detection of fetal growth restriction.

## **4.0 Main body of the document**

### **4.1 Access to GROW 2.0**

A username and password will be generated for a new user by a Health Care Local Administrator (HCLA) following initial training of the GROW 2.0 system. (See section 7.0 Training).

### **4.2 Creation of the customised growth chart**

Following the dating scan a customised growth chart will be created by a midwife for all service users using the GROW 2.0 system (in and out of area). The use and relevance of the chart should be discussed with the service user and details completed in their presence.

Details required are as follows:

- Name



- Date of Birth
- NHS Number
- Barnsley Hospital Unit Number
- Postcode
- Ethnicity
- Weight, Height and BMI
- Parity
- Estimated Delivery Date (from Departmental Ultrasound Scan)
- Details of previous births >24 weeks. (Ensure accurate birth weights are entered from previous partogram documentation where possible.)

#### **4.3 Service User Chart Access**

An email address for all service users (in and out of area) should be entered and the 'yes' send chart access box should be selected.

Following the creation of a GROW 2.0 record and entry of the service user email address into the record the clinician is required to select 'Give Access'. This will automatically send an email (usually within a few minutes) to the service user who then has 72 hours to activate their account.

If the service user does not verify their account within 72 hrs the link will expire, they should contact the Perinatal Institute ([GROW2.0@perinatal.org.uk](mailto:GROW2.0@perinatal.org.uk)) to reset the verification link.

If a user (clinician or service user) cannot remember their password they can use the 'forgot password' link on the GROW 2.0 login page to reset their password. If a password is entered incorrectly 5 times the account is locked for security purposes.

All details entered should be checked with the service user for accuracy. If any inaccuracies are identified on subsequent contacts, the chart must be reproduced with accurate information.



#### **4.4 Out of Area Service Users**

For service users having antenatal care with an out of area community midwife, a copy of the chart should be printed. This should be given to the service user for the community midwife to plot the symphysis fundal height measurement at each antenatal contact. Any deviations from normal growth velocity on symphysis fundal height will be recorded on the paper copy and referred to the Midwife Sonographer team for further investigation by ultrasound scan. The estimated fetal weight derived from the ultrasound scan will be plotted on the digital GROW 2.0 chart **and** the paper chart for communication to the community midwife.

#### **4.5 Post Birth**

The birth information section on the GROW 2.0 record should be completed by the attending midwife, following birth, to generate the birth weight centile of the baby. The centile is then recorded in the electronic patient record (EPR).

The GROW 2.0 record will automatically be locked by the Perinatal Institute 6 weeks post birth.

### **5.0 Roles and responsibilities**

#### **5.1 Midwives**

- To ensure the information generated on the GROW 2.0 record is accurate enabling appropriate referral and early detection of fetal growth restriction
- To provide a printed copy of the chart for use by out of area community midwives
- To ensure the symphysis fundal height is measured and plotted in line with the schedule of antenatal care
- To refer any deviations from normal symphysis fundal height growth velocity for further investigation by ultrasound scan
- To complete and generate the birth weight centile on the GROW 2.0 record



## **6.0 Associated documents and references**

- GROW 2.0 App- UK  
<https://uk.growapp.org/>

## **7.0 Training and resources**

Training will be delivered as outlined in the Maternity Training Needs Analysis. This will consist of initial training of individuals new to the Trust and 2 yearly update of all multi-disciplinary staff.

- Perinatal Institute Training  
<https://www.e-lfh.org.uk/programmes/growth-assessment-protocol>

## **8.0 Monitoring and audit**

Any adverse incidents relating to the management of creating a GROW 2.0 record 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 maternity monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The procedure for creating a GROW 2.0 record will be audited in line with the annual audit programme, as agreed by the Clinical Business Unit. The audit action plan will be reviewed at maternity monthly risk management meetings on a quarterly basis and monitored by the Governance Midwife to ensure improvements in care are made.

All SGA babies below the 3<sup>rd</sup> centile will be audited in line with national guidance and a further audit of records to ensure data is inputted accurately.

## **9.0 Equality and Diversity**

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 endeavour 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**

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 Glossary of terms

GROW- Gestation Related Optimal Weight

OOA – Out of Area

HCLA – Health Care Local Admin

## Appendix 2

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

Version	Date	Comments	Author
1			
2	25/11/2020		
3	28/06/2024		

### Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed at Women's Business and Governance meeting	17/05/2024
Approved by CBU 3 Business & Governance Meeting	28/06/2024





**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>	Procedure for the creation of a customised fetal growth chart
<b>Document author</b> (Job title and team)	Antenatal clinic lead Midwife/ Maternity Guideline Group
<b>New or reviewed document</b>	Reviewed
<b>List staff groups/departments consulted with during document development</b>	Maternity guideline group involving midwives, obstetricians and obstetric consultants and anaesthetists
<b>Approval recommended by (meeting and dates):</b>	Reviewed at Women's Business and Governance meeting Date: 17/05/2024  Approved by CBU 3 Business & Governance Meeting Date: 28/06/2024
<b>Date of next review (maximum 3 years)</b>	17/05/2027
<b>Key words for search criteria on intranet (max 10 words)</b>	Create  Grow 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: Juliette Thompson</b>  <b>Designation: Governance Midwife</b>



**FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM**

<p><b>Approved by (group/committee):</b> NICE</p> <p><b>Date approved:</b> 14/01/2021</p> <p><b>Date Clinical Governance Administrator informed of approval:</b> 01/02/2021</p> <p><b>Date uploaded to Trust Approved Documents page:</b> 03/02/201</p>
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