Stillbirth Clinical Care Standard: 5a- Evidence of local arrangements to enable timely assessment and appropriate care for women presenting with concerns about changes in fetal movements

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# Stillbirth Clinical Care Standard: 5a- Evidence of local arrangements to enable timely assessment and appropriate care for women presenting with concerns about changes in fetal movements

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| Identifying and definitional attributes | |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | 5a-Evidence of local arrangements to enable timely assessment and appropriate care for women presenting with concerns about changes in fetal movements |
| METEOR identifier: | 766719 |
| Registration status: | [Australian Commission on Safety and Quality in Health Care](https://meteor.aihw.gov.au/RegistrationAuthority/18), Standard 04/11/2022 |
| Description: | Evidence of local arrangements to enable timely assessment and appropriate care for women presenting with concerns about changes in fetal movements. |
| Indicator set: | [Stillbirth Clinical Care Standard](https://meteor.aihw.gov.au/content/766607)  [Australian Commission on Safety and Quality in Health Care](https://meteor.aihw.gov.au/RegistrationAuthority/18), Standard 04/11/2022 |

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| Collection and usage attributes | |
| Computation description: | The local arrangements should include the:   * Locally approved fetal movement care pathway * Fetal monitoring and assessment protocol, with timelines and a process to access urgent clinical expertise if fetal heart tone is difficult to determine * Guidance and communication protocols for clinicians who may identify a fetal death, consistent with the *Parent-Centred Communication in Obstetric Ultrasound Guidelines* * Process to provide appropriate care for women if fetal death has been confirmed, in line with the *Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death* * Process to ensure clinicians are trained and competent in the fetal movement care pathway * Governance process to oversee implementation of the local arrangements and evaluate their effectiveness. |
| Computation: | Yes/No  A healthcare setting that has documented evidence of local arrangements that are implemented should record ‘Yes.’ Otherwise, the healthcare setting should record ‘No.’ |
| Representational attributes | |
| Representation class: | Count |
| Data type: | Real |
| Unit of measure: | Service event |
| Format: | Yes/No |
| Accountability attributes | |
| Reporting requirements: | These indicators are for local quality improvement. Monitoring the implementation of the Stillbirth Clinical Care Standard (ACSQHC, 2022) will assist in meeting some of the requirements of the National Safety and Quality Health Service Standards (ACSQHC, 2021). |
| Organisation responsible for providing data: | Not applicable |
| Accountability: | Not applicable |
| Other issues caveats: | Applicable settings: Hospitals where maternity care is delivered. |
| Release date: | 05/11/2022 |
| Source and reference attributes | |
| Submitting organisation: | Australian Commission on Safety and Quality in Health Care |
| Reference documents: | Australian Commission on Safety and Quality in Health Care. Stillbirth Clinical Care Standard. Sydney: ACSQHC; 2022.  Australasian Society for Ultrasound in Medicine. Parent-centred communication in obstetric ultrasound. Sydney: ASUM; 2022.  Flenady V, Oats J, Gardener G, Masson V, McCowan L, Kent A, et al. Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death. Brisbane: NHMRC Centre of Research Excellence in Stillbirth; 2020. |