And the winners are…

Prize winning presentations from REaSoN examine palliative care, delayed cord clamping and temperature management

Now in its 23rd year, the REaSoN conference continues to be one of the largest neonatology events in the UK calendar. Bringing together the entire neonatal multidisciplinary team, the meeting delivers stimulating and informative education opportunities on some of the key issues facing staff working in neonatal units today.

The 2017 meeting saw the continuation of the Fisher & Paykel Healthcare poster and oral presentation competitions along with the quality improvement and patient safety sessions and abstract competition, which aim to encourage cutting-edge research to be shared among the neonatal community.

Delegates attending the conference were invited to submit abstracts of new findings and original observations as poster presentations. Some excellent entries were received (**TABLE 1**). From the main poster display, four abstracts were chosen for oral presentation at the conference (pages 191-92) and a further three were selected for inclusion in the quality improvement and patient safety session.

Fisher & Paykel Healthcare would like to thank all of the authors and presenters for their amazing efforts and congratulate this year's winners.

REaSoN
University of Warwick, 3-4 July 2017

Fisher & Paykel HEALTHCARE

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This year's REaSoN conference featured company-sponsored educational symposia, which were incorporated into the main programme. The Fisher & Paykel Healthcare symposium was presented by Consultant Neonatologist Rajiv Chaudhary from the Rosie Hospital and Acute Neonatal Transport Service, Cambridge Perinatal Group. Dr Chaudhary spoke on Addenbrookes' Hospital's experience of using Optiflow nasal high flow therapy.

Dr Rajiv Chaudhary's presentation: *Changing practice with Optiflow.*

Nick Connolly, General Manager, Fisher & Paykel Healthcare UK and Ireland (far right), presenting the award for Best Poster to Clinical Teaching Fellow in Paediatrics Dr Thomas Isaacs, Consultant Neonatologist Dr Sarah Bates, Neonatal Nurse Rosalind Freestone and Neonatal Sister Antoinette Starr.

Poster title	Authors
Increasing provision of delayed cord clamping at preterm delivery to optimise outcome using a novel protocol for caesarean section delivery (Prize winning poster)	S. Bates, C. Yu, L. Gabbot, R. Craig, T. Isaac, C. Sullivan, R. Petrie, V. Norman, T. Reynolds, R. Davies, T. Miles, J. Peart, C. Gale, A. Starr, B. Palmer, R. Freestone, A. Armson, C. Dewdney
How many mothers of preterm babies were admitted to the neonatal unit at St Mary's Hospital and did not receive antenatal steroid?	A. Arunoday, A. Manou, I. Sadasivam
Assisting with parent-infant bonding in the NICU: role of video telephony	A. Psychogiou, C. Ashworth, L. Weaver-Lowe, C. Carroll, C. Callow, N. Edi-Osagie
Outcome of babies with serum bilirubin levels >400µmol/L in a tertiary NICU	R. Prasad, S.V. Rasiah
Should we lumbar puncture term babies based on CRP criteria set by NICE?	H. Wood, S. Steadman, J. Gray, S.V. Rasiah
Metabolic bone disease in preterm infants – review of practice of phosphate and calcium supplementation in the NICU	M. Fuller, T. Lawson
Neonatal vitamin D deficiency in term babies	M. Masand
Delivering babies less than 27 weeks' gestation in maternity units with neonatal intensive care remains challenging	S.V. Rasiah, S. Tranter, S. Saxon
Neurodevelopmental outcomes of babies with severe IVH	O. Omolokun, S. Sen
NICE or not so NICE? An audit of early onset neonatal sepsis	M. Ali, K. Milsom, N. Choudery, A. Mackereth, S. Goyal, S. Pasupuleti, R. Manikonda, A. Allman
Dead space volumes of catheters and drug delivery: does it matter?	K. Ghazal, J. Wyllie
Neurodevelopmental outcomes in infants treated with therapeutic cooling in a tertiary neonatal unit	S. Williamson, V. Garikapati
Review of outcomes in preterm neonates following change of ventilator practice to volume-targeted ventilation in a NICU	I. Fernando, H. McDermott, D. Abraham, A. Singh, S.V. Rasiah
A quality improvement project to improve handover in a tertiary NICU	P. Surana
Assessing efficiency at starting parental and enteral feeds at a regional NICU	H. Moore, C. Woolley, J. Kapur
Survey of paediatric handover practices in Northern Ireland	J. Courtney, G. Lavery
Introducing an individualised 'plan for the day' to a NICU	Z. Howard, A. Greenwood, E. Smit
An audit comparing the growth of preterm babies receiving donor expressed breast milk compared to maternal expressed breast milk	N. Holme, J. Liao, J. Preece
Proactive use of breast milk fortifier and breastfeeding at discharge: is there a link? A national survey of practice	S. Stiles, L. de Rooy
Predictive value of Bayley-III scores at six months for identifying disability at 24 months	L. Rowley, A. Keeling-Smith, J. Rose, H. McMurchie, P. Surana
Early extubation in very preterm infants: should we or shouldn't we?	A. Lok, C. Hudson, A. Pandey, C. Vasudevan, S. Seal
Should we offer resuscitation for infants born at 22 weeks' gestation? Single unit outcome data for infants resuscitated and admitted to the NICU	A. Paweletz, S. Kamupira
Supporting care of the sick neonate: networking and fostering inter-unit rapport through shared learning using mixed LNU/SCBU/NICU teams	T. Pillay, L. Clarke, J. Cookson
Trial of Vygon Microsite 2FR MST in a large tertiary neonatal unit	A. Basu, E. Gasiorowski
Evidence that RSV-immunoprophylaxis with palivizumab is beneficial in high-risk infants	G. Ball, P. Turner, L. Challis, M. Warren, S. Paul
Introducing the 'druggle': a quality improvement project to improve prescribing in a tertiary neonatal unit	H. Vawda, P. Rehsi, G. Holder
Quality improvement project for early neonatal sepsis	A. Gregory, C. Exon, A. Bedford-Russell, A. Taylor, H. McDermott, C. Seagrave, M. Farid, R. Dahoot, S. Turnock, D. Vieten
A very pink charity: making a difference to babies and parents in neonatal units in our network	S.V. Rasiah, S. Tranter, S. Saxon

TABLE 1 Posters featured in the Fisher & Paykel Healthcare sponsored display.

No baby is born with footsteps so small that they cannot leave an imprint on this world: perinatal palliative care improvement project for the North West

Fauzia Paize
Representing the Northwest Neonatal Operational Delivery Network Perinatal Palliative Group

Oral presentation by
Caroline Travers and Jacqueline Morgan

Prize winning oral presentation

Introduction

Perinatal palliative care focuses on the enhancement of quality of life for the baby and support for the family where a life-limiting condition has been identified and continues throughout life, death, bereavement and beyond.

Method

A regional audit was carried out in 2013 to evaluate perinatal palliative care provision in the North West. This led to the formation of a multidisciplinary, cross-organisational perinatal palliative group (PPG) to act on the results.

Results

One hundred per cent of babies died in the hospital setting with only 10% of families being offered an alternative to care in the hospital setting. The PPG produced a suite of online documents to assist healthcare professionals and promote the highest standard of family-centred care.

The online resources comprised the following:

1. An antenatal discussion form to document advanced care planning
2. A guideline for non/pre-viable births (including live birth following termination)
3. A 'lactation after loss' leaflet
4. Two care plans:
   - babies who were expected to die in hospital
   - babies who could be cared for at home or in a hospice (with an accompanying transport guideline)
5. Organ donation information
6. Pain and comfort measures
7. Guidance on family psychological, social, spiritual and sibling support with a memory making guide
8. Care after death information – post mortem, coroners, death certification, funerals
9. A guideline for staff support
10. A palliative care education framework.

Conclusion

This project promoted the right conversations taking place at the right time, in the right place and with the right people at this devastating time.

The winners of the Fisher & Paykel Healthcare oral presentation prize, Jacqueline Morgan and Caroline Travers, representing the Northwest Neonatal Operational Delivery Network Perinatal Palliative Group.

Counselling of parents of premature babies: a novel approach

Zahreddin Abusalah
Neonatal Intensive Care Unit, Mediclinic City Hospital, Dubai

Introduction

Counselling of parents expecting a preterm baby is a challenging experience that requires special expertise and knowledge. Despite its importance, there is no standard approved approach to conducting counselling.

Aims

To highlight the importance of effective communication with parents and to suggest a structured approach for counselling.

Methods

Colleagues in oncology have several protocols for discussing clinical conditions with their patients. Some of these protocols appear to be suitable for adapted use in counselling parents.

This presentation discussed the adoption of the SPIKES protocol that was originally described to disclose unfavourable clinical information to patients with cancer. Outcomes of premature infants comprise a major part of the consultation with parents; the latest evidence on outcomes for preterm babies was examined. The presentation included video clips from the author's counselling teaching video, which was recorded with real parents of a premature baby.

Conclusion

A structured standard approach will help healthcare professionals to perform a stressful task efficiently in a reproducible way and serve as a training tool. As far as the author is aware, the counselling video is the first of its kind in utilising a structured approach with the participation of real parents.

"We want everything done"

Shree Vishna Rasiah and Andrew Ewer
Birmingham Women's and Children's Hospital NHS Foundation Trust

Oral presentation by
Shree Vishna Rasiah

Background

Increasingly healthcare professionals in neonatal units encounter parents who want everything done for their baby even when their neurodevelopmental outcome is likely to be poor. This results in conflict with parents regarding the best interests of these babies, and moral distress among neonatal staff. The presentation considered a series of case studies.

Case studies

Case A
A 23-week infant who developed major parenchymal haemorrhagic infarct with midline shift and seizures on day three of life. The parents declined re-orientation to palliative care. He never demonstrated suck or gag reflex. He remained in low flow oxygen and nasogastric feeds. He was transferred to a paediatric ward and died following an aspiration episode.

Case B
A 24-week infant who became extremely sick following surgery for necrotising enterocolitis (NEC). Enteral feeds were never established. Despite discussions with the parents and second opinions they refused re-orientation. The baby subsequently died from multi-organ failure.

Case C
A 28-week infant with multi-organ failure and severe periventricular leukomalacia following NEC surgery. Despite seeking second opinions and counselling, the parents declined palliative care. This case went to court and the judgment was to re-orientate to palliative care, which the parents accepted.

Conclusion

These increasingly challenging ethical cases result in significant moral distress among neonatal staff that already operate in a high stress environment. In some cases the babies experience prolonged suffering. Healthcare professionals need to remain focused on their role as an advocate for these babies and keep the baby's best interest at the heart of their care. Support for staff is also vital.

Respiratory dashboard: clinical variation and benchmarking in the South East Coast region

Peter Reynolds, Aung Soe, Alexandra Scrivens, Vanessa Attrell, Martin Webb
Ashford and St Peter's Hospital

Oral presentation by
Alexandra Scrivens

Methodology

The authors developed a prototype regional neonatal respiratory dashboard that examined a number of data items extracted from the Badgernet database for the purpose of clinical benchmarking. The aim of the work was to examine variation in health care to facilitate deeper understanding of differences and the reasons for them.

These items include, for every unit:

1. Details on invasive and non-invasive respiratory support days by ventilation type
2. Rates of pneumothorax
3. Surfactant administration rates (eg by gestation)
4. Bronchopulmonary dysplasia (eg by severity)
5. Discharges home on oxygen (eg by gestation, by days after 36 weeks, by place of birth *vs* discharging unit).

Data showing funnel plots of invasive ventilation days revealed the distribution between units. Further analysis by gestation/birthweight/diagnosis was presented, which enabled comparisons to be made.

The data exist in anonymised format, as there is a need to ensure that units feel that their data are correctly represented.

Network data from 2015 and 2016 was shown. The draft dashboard of 2015 data was presented at a network governance meeting and was generally well received.

Conclusion

The respiratory dashboard is the first attempt to compare the respiratory management and outcomes of babies across the network. It has demonstrated that, while some of the data on Badgernet is inaccurate, such comparisons are feasible. It is expected to be useful for clinical teams and managers to review and compare practices.

The three quality improvement oral presentations:

TEMP – thermal education and management programme – a quality improvement initiative Prize winning presentation
Author and Presenter: Julia Courtney.

The warm bundle: reducing hypothermia and associated NICU admissions in term and near-term infants
Authors: L. Still, L. Raeside, A.M. Heuchan. Presenter: Lynsey Still.

The North West London Neonatal Network Nursing Workforce Clinical Education Support Team
Author: C. Mui. Presenter: Ines Silva.