

Our new home by the sea... Wansbeck Neonatal Unit

Wansbeck is England's most northerly DGH and is around 20 miles north of Newcastle, on the Northumbrian Coast. A move from our much-loved but ageing maternity hospital in Ashington town centre took us to a purpose-built maternity unit just under two years ago.

In 1995, all medical cover was withdrawn following changes in the way junior doctors were supervised and trained. Ashington's hospitals have never had an in-patient paediatric ward, so there were no other medics available to do the work. The health authority was faced with a choice: either devise a new way of providing neonatal care or close the main maternity unit in Northumbria – which delivered 2,500 babies a year – and two GP maternity units, which relied upon Wansbeck for medical backup.

Since then all neonatal care has been provided by ANNPs. Eight neonatal practitioners are in post (6.5 WTE) and we provide round-the-clock cover to SCBU, delivery suite, obstetric theatre and the postnatal wards. We undertake all the

anxious families. The unit practitioners are supported by a team of expert neonatal nurses and healthcare assistants, all holding qualifications in neonatal care.

As a national pilot since the introduction of the Northumberland nurse-led neonatal service, we have been subject to careful evaluation from an independent multi-disciplinary steering group. The management of the first 10,000 babies born under this arrangement was scrutinised by neonatologists, cardiologists, GPs, public health physicians and many others. These studies indicate that the nurse-led service provides care of the same standard as that provided in seven comparator medically-staffed units and, in several outcome measures, nurse-led care was superior.

Our main advantage over medically staffed units is 24-hours-a-day availability. In conventional DGH settings, doctors have commitments to other areas such as children's wards. We offer families time to discuss issues and parents enjoy the fact that we know each baby as an individual. As we



Wansbeck Neonatal Unit team members.

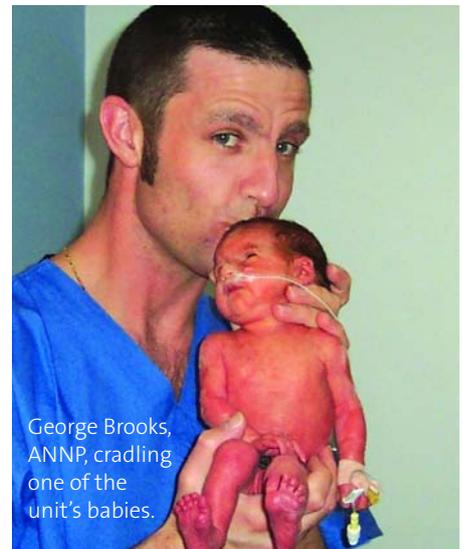
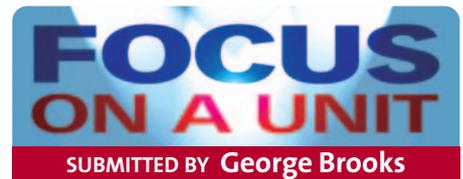
responsibilities which were once the domain of doctors – high-risk deliveries, resuscitating and stabilising compromised infants, and completing postnatal ward baby discharge examinations.

Our main responsibility is the holistic management of babies on SCBU. We admit infants, complete any tests or investigations (eg blood tests, x-rays), interpret findings and initiate treatments which include appropriate drug therapy and respiratory support and, importantly, dealing with

don't move to other posts like junior doctors, families see the same faces on return for care in subsequent pregnancies.

The change to nurse-led care was well publicised to the public and specifically the women who book in Northumberland for maternity care. It was emphasised that the change wouldn't produce "mini-doctors", but allow experienced neonatal nurses to expand their role to meet the needs of the users of Ashington maternity services.

The unit has continued to develop and now has two HDU and 12 special care cots, and admits most babies born > 30 weeks gestation. Over 2,000 women deliver in the unit each year and 300 babies are admitted to the neonatal unit. The number of babies



George Brooks, ANNP, cradling one of the unit's babies.

requiring transfer to level 3 units is decreasing; less than 1% of babies born here require transfer to the extended facilities of NICUs on Tyneside.

To date, none of the parents whose infants have been cared for on the unit have expressed the opinion that they wished doctors were on-site. We believe parents are satisfied with the high quality of care provided and are less worried by the status of those providing that care. As we have been in post for a number of years now, our service is accepted locally as the norm.

Our Trust contracts to Newcastle for consultant medical cover and the unit has twice weekly ward rounds from a visiting consultant from Newcastle NICU. If there is a need to discuss a baby, a mechanism is in place for direct access to a consultant neonatologist by phone 24 hours a day.

Working single-handed in a busy maternity unit is stressful as peaks in workload can occur without much warning, so an on-call system allows an ANNP to be called in if activity on the unit escalates.

In 1995, our critics thought we wouldn't develop the diagnostic and decision-making skills to provide safe standards of care. We are delighted that studies to date disprove this and are pleased to have maintained our nursing/midwifery roots. We believe we are unique in the way we work but other units are developing services based upon the "Ashington model". Our success is down to the nursing team who are committed to the unit, support from the tertiary centre and the encouragement we receive locally from our midwifery and obstetric colleagues.

Is your unit special?

Why not contribute to our focus on a unit feature?
Contact kate@infantgrapevine.co.uk