

## Poorly staffed units and inadequate transport provision

The National Audit Office's (NAO) report on neonatal services published in December reveals serious problems in the care of sick and premature babies in England and confirms that babies are not receiving the same level of care as children or adults. Problems highlighted in the report include a lack of capacity in neonatal units, short-ages of neonatal nurses and inadequate provision of transport for babies who need to be transferred between hospitals.

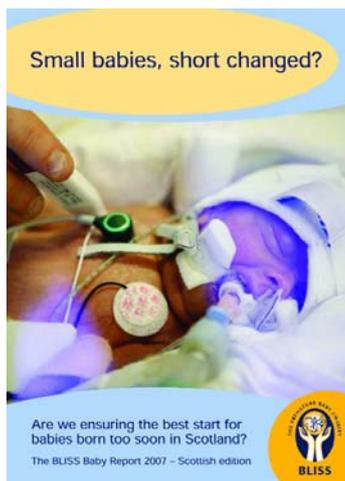
One third of units reported having to care for a baby who should have been transferred to a higher level of care. Units had to close their doors to new admissions and divert babies elsewhere on average of once a week during 2006/07. Death rates among babies in some areas are double that in others.

More babies are being born each year in England, and more are being admitted to neonatal units after birth. The report has found that there is no strategic plan in place to manage this increasing demand.

It is of concern that of the £72 million that was allocated to neonatal services in 2003, approximately £25 million cannot be accounted for, indicating that a substantial proportion of this money has not reached neonatal units on the front line.

The NAO recommends that NHS and foundation trusts need to improve their financial management information. Commissioners, with networks and SHAs, should commission all neonatal care services together and in particular examine the relative cost-effectiveness of the different transport options currently in place. NHS and foundation trusts should develop a targeted action plan to address neonatal staffing shortages.

Sir John Bourn, NAO head, says: "Efforts made by the Department to improve the service to date are encouraging, but there is more to do. Top of the list must be addressing staffing and capacity problems.



And it is impossible to say whether the introduction of networks have improved the overall value for money of the service because of the lack of data on outcomes and the variable state, and use of, financial management information."

The problems highlighted in the NAO report are underlined by BLISS surveys showing a severe shortage of neonatal nurses across the UK.

A new report from BLISS – Small babies, short changed? Are we ensuring the best start for babies born too soon in Scotland? – based its results on survey responses from 14 of the 15 neonatal units in Scotland and found that 45% of units were operating at an average occupancy of 90% or more for a whole year. The service is still at least 200 nurses short of the number it needs to meet recommended minimum nursing standards.

In Wales, a Freedom of Information survey showed that more than 100 extra specialist nurses are needed if the service is to meet recommended minimum nursing standards, representing a 27% increase on the current workforce. In Northern Ireland an extra 100 neonatal nurses are needed – representing a 70% increase on current nursing numbers.

## Healthcare Commission report concerns the NCT

The National Childbirth Trust has responded to the results of a survey conducted by The Healthcare Commission of 26,000 women into their experience of NHS maternity services.

The proportion of women surveyed who said their care was "excellent", "very good" or "good" was 89% during pregnancy, 90% during labour and birth, and 80% after the birth. The Commission is carrying out a national review and early next year all trusts will be ranked on a four-point scale from "excellent" through to "weak".

Mary Newburn, NCT Head of Policy Research, says: "The NCT is concerned about several findings, particularly the number of women (26%) who were left alone during labour since one to one support improves a woman's outcomes."

Meanwhile, data from the Office of National Statistics, The General Register Office for Scotland and the Northern Ireland Statistics and Research Agency, analysed by BirthChoiceUK, shows a significant rise in the number of women in the UK giving birth at home.

Across the UK in 2006, 18,953 of all births (741,952) took place at home, compared with 17,277 in 2005.

The biggest increase – more than 10% – has been in England, while Scotland shows the second highest rise at 9.2%.

Mary Newburn comments: "Many women around the UK still find it difficult to access a home birth. Low midwifery staffing levels mean that too often the option of a home birth is either not being offered or services are withdrawn at short notice.

**Healthcare Commission report:**  
[www.healthcarecommission.org.uk/](http://www.healthcarecommission.org.uk/)  
**Home birth data:**  
[www.BirthChoiceUK.com](http://www.BirthChoiceUK.com)

## Health in Pregnancy grant helps towards the financial strain of a premature baby

The Government has decided to make the Health in Pregnancy grant available earlier in pregnancy, from the 25th week instead of the 29th week, as was announced in September 2007.

BLISS welcomes the change, saying: "It is important that women who give birth before their baby has reached 29 weeks' gestation do not lose out on this valuable additional income. This is a time when

women need to be eating healthily to promote the growth of their child, or help them produce milk if they have already given birth, and this grant will help to ease the financial burden that many parents experience when their baby arrives early."

New research released by BLISS shows that having a sick or premature baby costs parents an extra £189 per week on average during the time their baby stays in hospital.

The average total spend for parents surveyed was £1,885, but in some cases the extra cost was over £15,000. This is on top of all the usual costs associated with having a baby. The findings, from a survey of 169 parents of premature babies, demonstrate that the financial strain of having a sick or premature baby can be crippling and can last for years.

[www.bliss.org.uk](http://www.bliss.org.uk)

## Evaluation of pulse oximetry as a newborn screening test gets underway in the West Midlands

Research commissioned by the Health Technology Assessment programme, a programme of the National Institute for Health Research, is investigating whether the use of pulse oximetry as a screening test for congenital heart disease could help save the lives of more newborn babies. Life threatening and significant heart defects apparent at birth account for three percent of infant deaths. Less than half of affected babies are identified by the current screening technique of a clinical examination shortly after birth during which the baby's heart function is assessed by listening with a stethoscope, checking breathing and pulses and checking the baby's colour. A pink colour of the lips and tongue indicates that the heart and lungs

are working properly, but it can be difficult to verify this just by observation.

Research led by Dr Andrew Ewer at the University of Birmingham is investigating whether pulse oximetry screening is a more effective test than clinical examination alone. If a baby has a low concentration of oxygen this could be a sign of a heart problem and the baby will then be referred for further investigation.

The research will be carried out at six hospitals in the West Midlands to determine the accuracy and cost effectiveness of the test. Researchers will also investigate how acceptable the test is to parents.

Visit [www.hta.ac.uk/project/1624.asp](http://www.hta.ac.uk/project/1624.asp) or [www.pulseox.bham.ac.uk](http://www.pulseox.bham.ac.uk)



## Interactive website to improve education around RSV

Abbott has launched a website and online tool to help healthcare professionals manage respiratory syncytial virus (RSV) prophylaxis in clinics for premature babies. RSV bronchiolitis is the single most common cause of childhood hospitalisation and can cause long-term damage to health.

The virtual clinic management website – [www.synagis.co.uk](http://www.synagis.co.uk) – operates as an online centralised secure system through which healthcare professionals can set up clinics tailored to the needs of their patients. Premature babies' appointments can be tracked and automatic reminders sent by text or email to parents when appointments are coming up. The tool also helps pharmacists to forecast demand and manage medicine stock effectively, improving RSV prevention planning.

“Having a web-based tool is an advantage, making sure that no babies are ‘lost’ between identification and actual appointments, or in transfer between units,” says Andre Clinchant, team manager and paediatric oncology outreach nurse, Children's Community Nursing Service, Taunton NHS Trust.

The tool is part of the wider educational EMBRACE programme, designed to help healthcare professionals improve their knowledge of RSV and provide supportive training materials and guidance. EMBRACE helps to keep healthcare professionals well informed and up-to-date on the most recent scientific papers on the disease and the latest Health Protection Agency data.

As part of Tommy's Parent Friendly Awards 2008, the baby charity is urging parents and parents-to-be to nominate their health professional ‘hero’ who has gone above the call of duty.

**Nominations can be emailed from January 14th until February 11th 2008 to [awards@tommys.org](mailto:awards@tommys.org)**



The World Health Organization's Dr Hans Hogerzeil and Assistant Director-General Dr Howard Zucker help launch the *Make medicines child size* initiative.

## Improving access to child-appropriate medicines

Ensuring children have better access to medicines appropriate for them is the aim of a new research and development agenda by the World Health Organization (WHO).

The campaign – *Make medicines child size* – targets a range of medicines including antibiotics, asthma and pain medication, that need to be better tailored to children's needs. It calls for further research and development of combination pills for HIV/AIDS, TB and malaria, as well as appropriate child therapy for a number of neglected tropical diseases. “The gap between the availability and the need for child-appropriate medicines touches wealthy

and poor countries,” says Dr Margaret Chan, WHO Director General.

WHO is building an internet portal to clinical trials carried out in children and will publish the website containing that information later this year.

The first international List of Essential Medicines for Children, containing 206 medicines that are deemed safe for children and address priority conditions, has already been published.

Comments Dr Hans Hogerzeil, WHO Director of Medicines Policy and Standards: “A lot remains to be done. There are still priority medicines that have not been adapted for children's use or are not available when needed.”