

Improving outcomes for the mother and her child

Second Swansea Perinatal Symposium (SWAPS 2016)

Few opportunities exist for health professionals from obstetrics, midwifery, paediatrics and neonatology to come together to share best practice. SWAPS 2016 was developed by the perinatal faculty of the Abertawe Bro Morgannwg University Health Board (Drs Sujoy Banerjee, Geraint Morris and Madhuchanda Dey), and held on the 20 May at the Liberty Stadium in Swansea. The conference was attended by more than 200 delegates representing different professional groups.

The core aims of the day were to:

- share recent advances and best practices in perinatal medicine through presentations by a distinguished line-up of expert speakers
- provide a high quality but affordable event at a time when it is increasingly important for nurses, midwives and clinicians to demonstrate continuing professional development (CPD) activities for revalidation.

The morning session commenced with a talk by Professor Andrew Shennan of King's College London on *Early identification of risks and prevention of premature labour*. Professor Shennan highlighted that preterm births are increasing throughout the world and constitute a significant proportion of potentially preventable NHS costs. Predictive tests such as qualitative fetal fibronectin (fFN) and cervical length measurements have high negative predictive value allowing reassurance and avoidance of unnecessary *in utero* transfers and interventions. However, the positive predictive value could be significantly improved by combining the fFN and cervical length and perhaps even better by incorporating rapid quantitative fFN test. He also discussed the role of progesterone, vaginal and abdominal cerclage and Arabin pessary in the prevention of premature birth. A new test unaffected by infections, semen, urine and blood (PartoSure), holds promise but needs testing in larger trials.

Philip Steer, Emeritus Professor of Obstetrics, Imperial College London, discussed *Controversies in the management*



From left, Consultant Neonatologists Sujoy Banerjee (conference organiser) and Helen Mactier (speaker), Lecturer in Psychiatric Epidemiology Rebecca Pearson (speaker) and Consultant Obstetrician and Gynaecologist Madhuchanda Dey (organising committee member).

of preterm labour. He argued that in most cases of impending preterm delivery tocolysis is not indicated as its use has not been shown to improve neonatal outcomes. In selected cases its use could be justified to delay preterm delivery by a day or two to enable *in utero* transfer to an appropriate place of delivery or administration of antenatal corticosteroids (ACS). In his opinion, the marginal benefits of caesarean section on neonatal outcomes in selected cases of preterm birth must be weighed against its effect on future obstetric outcomes of the mother. He drew the audience's attention to the fact that ACS therapy is not without side effects, with emerging evidence of long-term adverse effects on the child's academic achievements, cardiovascular and metabolic health. Although benefits outweigh the risks of ACS therapy at lower gestations (24-34 weeks), he advised clinicians to be more cautious in its use in near-term or term pregnancies. Even at lower gestations, the unnecessary use of ACS could be reduced by better prediction of preterm birth.

The mid-morning session saw Elizabeth Draper, Professor of Perinatal and Paediatric Epidemiology at University of Leicester and a collaborator for MBRRACE UK, deliver a fascinating summary of the *Key learning points from MBRRACE*. She demonstrated how standardised and risk adjusted data by unit type, size and patient demographics, highlight variations in outcomes such as late fetal loss, stillbirth and neonatal death. 'Red' areas with mortality rates >10% of the UK average should prompt us to consider why this may be. The confidential enquiry into term stillbirths identified critical gaps in care in nearly 50%; of these 75% had no evidence of local review. Failure to identify or act on poor fetal growth, reduced fetal movements and diabetes in pregnancy were key themes.

In her talk on *Medicolegal issues*, Anne-Louise Ferguson, Director of Welsh Risk Pool Services, informed the audience of the £75m annual budget for larger claims (>£25,000) in Wales. Common themes for legal claims included poor documentation of clinical reviews and decisions; failure to

chart important measurements such as symphysis fundal height; the weaknesses in the consent process, and inadequacies in fetal monitoring and post-operative management. The importance of the 'duty of candour', timely apology and accurate documentation in avoiding poor patient experience and consequent litigation was discussed.

The afternoon session commenced with Dr Helen Mactier, Consultant Neonatologist at Princess Royal Maternity Hospital, Glasgow, speaking about *Substance use in pregnancy*. The adverse effects of *in utero* opioid exposure on infants such as reduced visuocortical function, developmental delay, and cognitive and behavioural disorders were discussed. Although data are limited, buprenorphine may be the preferred maintenance opioid in pregnancy. Examples of good practice in managing neonatal abstinence syndrome were given: keeping mother and baby together, pharmacotherapy at home and support following discharge.

Dr Rebecca Pearson, Lecturer in Psychiatric Epidemiology at the University of Bristol, spoke on the *Effects of perinatal mental health issues on the fetus and child*. Perinatal mental health disorders are common in pregnancy and Dr Pearson shared results that link these with higher incidence of prematurity, low birth weight and adverse childhood outcomes (eg emotional, behavioural disorders and poor cognitive and academic achievements). Despite this, nearly 50% of maternity services in the UK have no access to specialist perinatal mental health services.

Dr Jenniver Evans, Consultant in Paediatric Infectious Disease at the Children's Hospital for Wales, Cardiff, gave an update on *Perinatal cytomegalovirus (CMV) infection*. The long-term sequelae of congenital CMV, including those asymptomatic, are primarily related to sensorineural hearing loss and neuro-disability. Increasing evidence suggests that treating a broader group of infants for longer and following a standardised approach to audiology follow-up and brain imaging may improve outcome. Pharmacological data are lacking for infants less than 32 weeks' gestation, but where severe end organ damage exists, treatment should be considered. Prospects of a CMV vaccine appear promising.

In an inspiring final session, Dr Geraint Morris, Consultant Neonatologist at



Professor Philip Steer.



Dr Helen Mactier.

Singleton Hospital, Swansea, invited parents to share their experiences of *Perinatal palliative care*. Dr Morris focussed on the support that families need when deciding to continue with a pregnancy affected by a severe life-limiting congenital anomaly. He underlined how health professionals generally have little experience in dealing with such situations. The parents spoke of their positive experiences and examples of commitment from NHS staff. They also told the audience of instances where care could improve, for example, insensitivity when bad news was given, undesirable use of the phrase 'incompatible with life' when even a short lifespan was immensely valued. The parents

welcomed honesty and being "treated like normal parents with a normal child". They appreciated privacy with the offer of support on hand.

To see more photos from SWAPS 2016, see the June issue of *Infant Grapevine*.

A provisional date of 19 May 2017 has been pencilled in for next year's conference. Further details available at www.swapsconference.co.uk

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