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## Shared learning is key to overcoming neonatal ward shortcomings

Approximately 750,000 babies are born each year in England, Scotland and Wales and of these around 95,000 will be admitted to a neonatal unit. Spending time in such a unit can be highly stressful for families often plagued with feelings of worry and uncertainty. This is why it is so important that during these fragile times health professionals fully support not only the baby, but parents too.

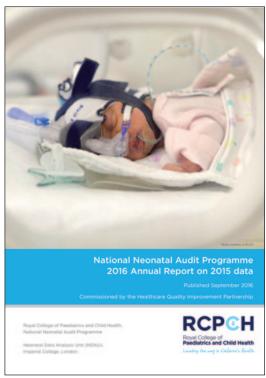
The Royal College of Paediatrics and Child Health's (RCPCH) annual National Neonatal Audit Programme (NNAP) report, published in September 2016<sup>1</sup> (FIGURE 1), found that standards of neonatal care have made little or no improvement over the past year in the UK. The report looked at data on the care provided for 95,325 babies discharged in 2015 from NHS trusts in the UK and there was conclusive evidence that, although in some areas there had been improvements, in several others progress had simply stalled.

For example, a number of units were not taking the time to talk to parents within 24 hours of their baby being admitted. Twelve per cent of parents did not have a recorded consultation with a senior member of staff within 24 hours of their baby's admission to the neonatal unit; adherence to this standard varies widely at unit level ranging from 54-100%.

As a neonatologist, I know how busy it can be on a neonatal unit but as I am also a parent of a preterm baby I know how one cannot underestimate the power this short, yet important, conversation can have on parents. It can provide clarity at a tough time, reassurance and understanding in what is a confusing and worrying situation.

Another problem the audit uncovered relates to temperature checks. Twenty-eight per cent of babies born at less than 32 weeks' gestation were hypothermic. Just 62% of babies had a temperature in the desirable range and one in 20 didn't have their temperature measured within an hour of birth. If we want to improve thermoregulation of babies, we need to measure their temperature and consider the results. The fact this isn't always happening is very concerning; hypothermia leads to harm.

The NNAP, which is funded by NHS England, the Welsh Government and the Scottish Government, and commissioned by the Healthcare Quality Improvement Partnership (HQIP), also found that:



**FIGURE 1** The NNAP report.

- 85% of mothers who gave birth to babies at 24-34 weeks' gestation received antenatal steroids, which reduce the chance of breathing problems, prior to birth. This figure remains unchanged from 2014 but seems to vary considerably across the country.
- More than one in 20 babies (7%) did not receive retinopathy of prematurity screening at the recommended time a figure unchanged from
- Five networks, including Scotland, had on-time screening rates of <90% and were clearly below the average for all networks, while some networks did rather better.
- 58% of babies delivered at less than 33 weeks' gestation were being fed with their mother's milk at the time of their discharge from neonatal care; this figure has remained stable since 2012.
- 27% of units achieved a rate of 100% adherence of timely consultation.

For 2016 there are two new audit measures: a different measure of central line-associated bloodstream infection and use of antenatal magnesium treatment to prevent cerebral palsy. For 2017 there are many more new measures planned and these will be communicated to units shortly.

As someone who comes into contact with patients in neonatal wards every day, I know how thorough doctors and nurses are when dealing with patients. What these results clearly demonstrate is that, despite due diligence, we doctors could be doing more and, as diligent doctors, we are keen to do everything in our power to make improvements. That is why, alongside the annual report, the NNAP has now launched an online reporting tool – NNAP Online (www.nnap.rcpch.ac.uk, FIGURE 2) – with the purpose of making the results of the analysis of NNAP data more accessible and interactive to assist neonatal units to:

- identify good practice
- form links with other units
- become better equipped to learn from one another
- adapt ways of working to improve the levels of care delivered to babies.



FIGURE 2 NNAP Online.

The online tool, for example, may be of use for improving rates of recorded follow-ups of babies born at less than 30 weeks' gestation. The NNAP report showed that there had been improvement on this (up from 54% in 2014 to 60% in 2015) but that some neonatal networks were significantly more effective than others in achieving good levels of follow-up; results ranged from 32-86% despite this being a recognised professional standard. When faced with such a diverse set of results, those units that fall below acceptable will easily be able to identify units that do well, helping foster a shared learning culture on neonatal wards up and down the UK.

The NNAP report has outlined clear areas where healthcare professionals in neonatal units must improve. Failure to measure a baby's temperature is very serious, and while communicating with parents may not alter a baby's health outcome, it does provide much needed support and comfort at a time of need. Work must now be done to overcome these issues. By launching NNAP Online, it is hoped that neonatal unit staff will be in a better position to access the mind-set of those who are leading the way in neonatal care and in this way and over time, care for the 95,000+ babies that enter a neonatal unit each year will improve.

## Reference

1. **RCPCH.** *National Neonatal Audit Programme 2016: Annual Report on 2015 Data.* [2016] Online. Available at: www.rcpch.ac.uk/improving-child-health/quality-improvement-and-clinical-audit/national-neonatal-audit-programme-nn-3.

For further information about the National Neonatal Audit Programme visit the RCPCH website at **www.rcpch.ac.uk** 

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