Resources to support safer care for full-term infants

Michele Upton Nursing Editor, *Infant*, and Patient Safety Lead, Maternity and Newborn, NHS Improvement

infant
PATIENT SAFETY
Working together

The Maternity Safety Action Plan,[1] described in the January 2017 issue of *Infant*,[2] outlined a number of initiatives to improve maternal and neonatal safety in England. Improving the safety of maternity services is a key priority for the NHS and reducing admission of full-term babies to neonatal care is an indicator in the *NHS Outcomes Framework* 2016 to 2017.[3]

With the true desired outcome being a reduction in moderate and severe harm to term babies, admission to neonatal care is assumed to act as a proxy indicator that harm has taken place. The reality is far broader and more complex, where admissions may be as a result of factors such as 'fail-safe' decision making, inadequate midwifery resource, variation in data entry and indeed, some term admissions to neonatal care being entirely appropriate (eg babies born with a congenital abnormality).

On 23 February 2017, a Patient Safety Resource Alert was issued by NHS Improvement to support NHS providers to reduce harm leading to avoidable admissions of full-term babies.[4,5] A Resource Alert is usually issued in response to a patient safety issue that is already well known, and is used to ensure healthcare providers are aware of substantial new resources that will help to improve patient safety. Healthcare providers are asked to plan implementation in a way that ensures sustainable improvement.

The resources to support safer care for full-term babies were developed as part of the Atain programme (Avoiding term admissions into neonatal units). The programme, led by NHS Improvement in collaboration with frontline clinical experts, parents and baby charities, examined data relating to the most frequently recorded reasons for admission as informed by an analysis of BadgerNet data. However, with a driver to improve safety and avoidable harm, data were also analysed using patient safety incident reports and litigation claims.

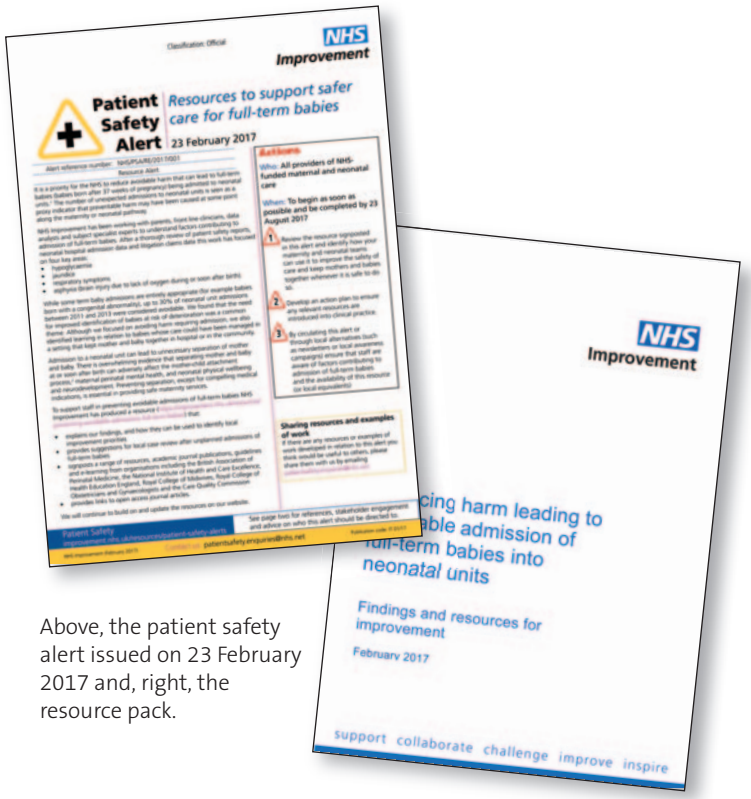
The work focused on four key areas – hypoglycaemia, jaundice, respiratory conditions and asphyxia – and sought to understand the contributory factors leading to these admissions. Findings showed that between 2011 and 2014 the number of infants admitted to neonatal units increased by 24% with a further 6% increase in 2015, despite a fall of 3.6% in the overall number of live term births.

An unforeseen finding was that between 20% and 30% of all term babies admitted to neonatal units for hypoglycaemia, jaundice or respiratory symptoms did not receive any intervention that could not have been provided in a setting that kept mother and baby together, either in hospital or in the community. There is overwhelming evidence that separating mother and baby at, or soon after birth, can adversely affect the mother-child attachment process,[6] maternal perinatal mental health, and neonatal physical wellbeing and neurodevelopment. Preventing separation, except for compelling medical indications, is essential in providing safe maternity services.

The resources aim to help identification of 'at risk' babies and signpost evidence-based interventions to avoid deterioration leading to admission. In collaboration with the British Association of Perinatal Medicine, a framework for practice to identify and manage neonatal hypoglycaemia in the full-term infant has been developed and is nearing completion. The framework aims to reduce existing national variation in detection and management of term babies with hypoglycaemia; an area of significant avoidable morbidity.

Implementation of the alert is mandatory and providers are asked to address the requirements of the alert as soon as possible and to have completed all actions by 23 August 2017. Actions require providers of NHS-funded maternity and neonatal care to review the resource signposted in the alert and to identify how their maternity and neonatal teams can use these to improve the safety of care, keeping mothers and babies together whenever safe to do so. In addition, providers are asked to develop an action plan to ensure any relevant resources are introduced into clinical practice.

The resource pack explains findings and how these can be used to identify local improvement priorities; provides suggestions for



Above, the patient safety alert issued on 23 February 2017 and, right, the resource pack.

local case review after unplanned admissions of full-term babies; signposts to a range of resources, academic journal publications, guidelines and e-learning from a number of organisations, and provides links to open access journal articles.[7]

With a number of additional publications planned in the coming months, NHS Improvement will continue to build on and update the resources on its website.

References

1. **Department of Health.** *Safer Maternity Care: Next Steps Towards the National Maternity Ambition.* [2016] Online. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/560491/Safer_Maternity_Care_action_plan.pdf [Accessed 5 March 2017].
2. **Upton M, Harlev-Lam B.** National initiatives for maternity and neonatal safety in England. *Infant* 2017;13:18-19.
3. **Department of Health.** *NHS Outcomes Framework.* [2016] Online. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/13157/NHSOF_at_a_glance.pdf [Accessed 5 March 2017].
4. **NHS Improvement.** *Resources to Support Safer Care for Full-term Babies.* [2017] Online. Available from: https://improvement.nhs.uk/uploads/documents/Patient_Safety_Alert_-_resources_to_support_safer_care_for_full-term_babies.pdf [Accessed 5 March 2017].
5. **Department of Health.** *Resources to Support Safer Care for Full-term Babies.* [2017] Online. Available from: www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102577 [Accessed 5 March 2017].
6. **Crenshaw J.T.** Healthy birth practice #6: Keep mother and baby together - it's best for mother, baby, and breastfeeding. *J Perinat Educ* 2014;23:211-17.
7. **NHS Improvement.** *Reducing Term Admissions to Neonatal Units.* [2017] Online. Available from: https://improvement.nhs.uk/resources/reducing-admission-full-term-babies-neonatal-units/ [Accessed 6 March 2017].

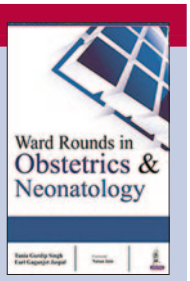
The resource pack can be found at https://improvement.nhs.uk/resources/reducing-admission-full-term-babies-neonatal-units

To keep up to date on new resources and to share learning follow Atain on twitter at @Atain_7

Book review

Ward Rounds in Obstetrics and Neonatology

Tania Gurdip Singh, Earl Gaganjot Jaspal
Jaypee Brothers Medical Publishers, 2016
ISBN: 9789385891656
£29, paperback, 384 pages



Ward Rounds in Obstetrics and Neonatology promises to cover all bedside cases routinely met in obstetrics and neonatology. It purposely does not contain any aetiology or pathophysiology, and is designed to make ward rounds easier for students.

The chapters are short; between three to five pages. The book is split between obstetrics and neonatology with approximately 75% obstetrics and 25% neonatology. The obstetric section covers everything from outpatient assessments to obstetric emergencies; the neonatal section covers essential newborn care (healthy newborns and common neonatal intensive care unit problems). The chapters give bullet points about each condition or situation that may be encountered on a ward round.

The neonatal section is concise, well written and easy to read. There are 24 chapters that would benefit from being split into separate sections, as is the case for the obstetric segment of the book. There are boxes at the side highlighting key points, which are well placed and helpful.

The book promises to give "the complete and latest information in a simplified manner." I believe the authors have achieved a simplified manner, however, there are instances where more explanation would be beneficial. It is not always apparent where the 'latest information' comes from, including drug doses, which is a concern. I struggled with the terminology used at times; colloquial terms are frequently used, an example being: "Was the tube saved?" referring to questioning whether the fallopian tubes had been preserved following an ectopic pregnancy. Not all abbreviations are explained, for example, the use of r/o and h/o to presumably represent 'rule out' and 'history of' respectively, which is not clarified.

The preface states this book is designed for medical students, residents, postgraduates, fellows, interns, consultants and nursing staff, however I believe it is not as all-encompassing.

This would be a useful text for medical students on placement in obstetrics and neonatology. The main purpose would be as a quick reference guide prior to a ward round or clinical assessment and in this role I think the book would be valuable.

Tom Sproat
MBChB, MRCPCH
Paediatric Trainee
Northern Deanery