

BAPM publishes guidance to support the care of extremely preterm infants

The British Association of Perinatal Medicine (BAPM) has published a new framework for practice for treating extremely premature babies, in response to emerging evidence of improved survival rates.

When the last BAPM guidance was published in 2008, only two out of 10 babies born at 23 weeks' gestation and receiving treatment in neonatal intensive care would survive. Since then advances in care have improved survival rates and today four out of 10 babies born at 23 weeks' gestation are expected to survive.

These changes are reflected in the new guidance, which recommends a risk-based approach (graded from extremely high risk to moderate) to clinical decision making for babies born between 22 and 27 weeks' gestation.

The report says that while overall outcomes are improving, the prognosis remains guarded for extremely premature babies. According to evidence presented in the framework, seven out of 10 babies born alive at 22 weeks' gestation die despite intensive



medical treatment. Babies born at the upper end of the extremely premature period have much better outcomes – eight out of 10 babies born alive at 26 weeks' gestation now survive.

Perinatal Management of Extreme Preterm Birth Before 27 Weeks of Gestation is available at www.bapm.org/resources/80-perinatal-management-of-extreme-preterm-birth-before-27-weeks-of-gestation-2019

Approval for new trial to prevent GBS in newborn babies

Ethical approval has been given for a £2.8 million trial to prevent group B Strep (GBS) being passed on to newborn babies.

The clinical trial is designed to improve prevention of potentially fatal GBS infection in newborn babies. It received the go-ahead from the Health Research Authority in England and Health and Care Research in Wales and will involve 80 hospitals and at least 320,000 women. Recruitment will begin in spring 2020.

GBS is the most common cause of life-threatening infection in newborn babies, causing a range of serious infections including pneumonia, meningitis and sepsis. Funded by the National Institute for

Health Research, the trial will look at the effectiveness of two different tests compared with standard care:

- a lab-based test, the enriched culture medium test at 35-37 weeks of pregnancy
- a bedside test at the start of labour.

GBS infections in newborn babies can usually be prevented by giving antibiotics through a vein to women during labour, which reduces the risk by up to 90%. Currently the UK does not routinely test pregnant women for GBS and instead identifies pregnant women with risk factors.

Jane Plumb MBE, Chief Executive of the charity Group B Strep Support, says: "We



**WORKING
TO STOP
GBS INFECTION
IN BABIES.**

are delighted that the GBS3 trial is progressing and has the support of the Government. After routine testing was introduced in the United States, the rate of early-onset GBS infection dropped by over 80% and is now less than half that of the UK. Were the same to happen in the UK, approximately 350 babies every year would be protected, saving 15 babies' lives and preventing another 15 from developing life-changing disability. We have to do this."

More than 1,000 neonatal admissions could be avoided each year by following NICE guidance

The National Institute for Health and Care Excellence (NICE) has published an impact report that focuses on how NICE's evidence-based guidance has contributed to improvements in maternity and neonatal care, having multiple benefits for mothers and babies and helping to meet the NHS Long Term Plan to halve the number of stillbirths and neonatal and maternal deaths by 2025. These improvements include:

- Regularly monitoring women who are pregnant with twins or triplets. Identifying any possible complications early can lead to better outcomes for mothers and their babies, as highlighted in the impact report. If all maternity units applied NICE recommendations on twin and triplet pregnancies it could lead to 634 fewer emergency caesarean sections and 1,308 fewer neonatal admissions in England per year.
- Providing babies with safe and efficient transfers. Over three recent years more babies have had a normal core body temperature after transfer to or from specialist care: 91.7% in 2015, 93% in 2016 and 94.4% in 2017.

- Identifying women who are pregnant and smoke. In 2010, NICE made recommendations on how to identify women who are pregnant and smoke, and how to help them quit. Over the last three years, the proportion of mothers who smoked at the time of delivery has remained steady.
- Assessing emotional wellbeing. In 2014, NICE recommended that women should be asked about their emotional wellbeing at antenatal appointments. This enables healthcare professionals to provide appropriate support and signpost to services as required.
- Reducing valproate prescriptions. The report highlights that there is more work to be done in reducing valproate prescriptions, a drug for treating epilepsy and bipolar disorder that can have harmful effects on unborn babies. In 2018 NICE guidance was updated but there is still wide variation and a continuing need to promote the current advice.



SIFT trial results published

The results of the SIFT randomised controlled trial have been published in the *New England Journal of Medicine*.¹

SIFT is a multi-centre randomised controlled trial of two speeds of daily increment of milk feeding in very preterm (<32 weeks' gestation) or very low birthweight infants (<1,500g). Very preterm babies are unable to tolerate nutritional volumes of milk without complications so require parenteral nutrition while milk feeds are built up. SIFT examined two rates of increasing milk feeds to answer the question: does a faster increase in the daily rate of milk feeds, compared with a slower increase, result in better health outcomes and reduced use of hospital resources?

The trial showed no difference in survival without moderate or severe developmental disability at two years



of age. The speed of increment in feeding did not affect the risk of infection, bowel problems or growth before the babies were discharged from hospital. The risk of moderate to severe motor disability was unexpectedly higher at two years in babies who received faster increments of milk feeds.

Reference

Dorling J, et al on behalf of the SIFT Investigators Group. Controlled trial of two incremental milk-feeding rates in preterm infants. *N Engl J Med* 2019;381:1434-43.

Warning: protect PN products from light

The Medicines and Healthcare Products Regulatory Agency and the European Medicines Agency, would like to inform healthcare professionals about the importance of protecting parenteral nutrition (PN) products from light.

The Pharmacovigilance Risk Assessment Committee reviewed data regarding the risk of toxic degradations of ingredients when the products have been exposed to light, which may lead to severe clinical outcomes in premature newborns.

When used in neonates and children under two years of age, the instruction is to protect PN products containing amino acids and/or lipids from light exposure until administration is complete, especially after admixtures with trace elements and/or vitamins.

Learning from standardised reviews when babies die

The MBRRACE-UK/PMRT collaboration has published its first annual report of findings from the first 1,500 reviews completed using the national Perinatal Mortality Report Tool (PMRT). It provides a standard against which future improvements in case reviews and identified issues with care can be compared.

The collaboration was set up to develop and establish a national standardised PMRT with user and parent involvement. The aim of the PMRT programme is to support high quality standardised perinatal reviews across NHS maternity and neonatal units to provide answers for bereaved parents about why their baby died and to ensure local and national learning to improve care and prevent future deaths.

Since its launch in early 2018, all trusts and health boards across England, Wales and Scotland have engaged with the PMRT and by 10 September 2019 over 6,300 reviews had been started or completed using the tool. This represents review of an estimated 88% of all eligible perinatal deaths comprising 90% of stillbirths and late miscarriages, and 83% of neonatal deaths.

Over 90% of reviews identified at least one issue with care with an average of four issues per death reviewed. The full report and executive summary can be downloaded at www.npeu.ox.ac.uk/pmrt/reports

