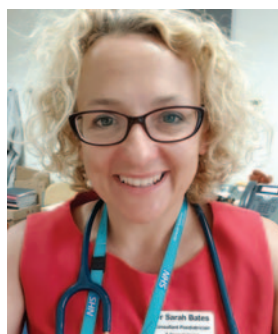



Aniko Deierl

Consultant Neonatologist,
Imperial College Healthcare
NHS Trust
aniko.deierl@nhs.net


Sarah Bates

BAPM Quality Lead,
Consultant Paediatrician
and Neonatologist, Great
Western Hospital, Swindon


Helen Mactier

Past President of BAPM

Updates to Service and Quality Standards for Provision of Neonatal Care in the UK

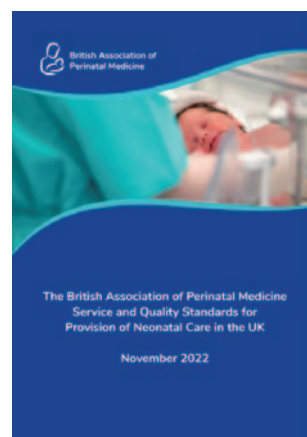
Service and Quality Standards for Provision of Neonatal Care in the UK¹ is an updated amalgamation of two documents: the BAPM Service Standards (2010) and Neonatal Service Quality Indicators (NSQI, 2017). It is 12 years since BAPM (British Association of Perinatal Medicine) last revised its Service Standards document and five years since our late President, Gopi Menon, was instrumental in publication of the NSQI. It is a testament to his foresight that what in 2017 was, at least in part, an aspirational document, now describes standards relating to structures and processes supporting quality and patient safety in neonatal services that are familiar to us all.

Using the evidence available at the time, BAPM working groups in consultation with the membership and stakeholders prepared the first three editions of the Service Standards in 1996, 2001 and 2010. Each described the clinical and pastoral needs of sick and vulnerable babies and their families at the time and set a standard against which the quality of neonatal care could be appraised.

The recommendations in this new document represent a professional view of the current best practice principles as they apply to neonatal care and are consistent with the Neonatal Critical Care Review (NCCR).² Recognising some differences in the organisation of services between the devolved nations, BAPM Service and Quality Standards are intended to be applicable throughout the UK. The document is not intended to replace any of the plethora of national standards and guidelines around neonatal care, but rather to complement them.

Service and Quality Standards for Provision of Neonatal Care in the UK addresses one of BAPM's main strategic aims – to help deliver high quality perinatal care and reduce unwarranted variation in practice. Unfortunately, the most recent National Neonatal Audit Programme (NNAP) report published in 2022,³ highlights persisting wide variation in both the practice and outcome of neonatal services around the UK.

In the interests of transparency, it is recommended that neonatal services, with the support of their provider organisation review themselves against BAPM Service and Quality Standards and publish information about



The updated document provides a consensus view of service and quality standards for the provision of neonatal care in the UK.

their own current status and future quality strategy. Parents and commissioners should expect to have access to information about the performance of neonatal services against the standards described in this new document.

Organisational structure of neonatal and perinatal care

Three types of neonatal unit (NNU) are described (special care unit, SCU; local neonatal unit, LNU; neonatal intensive care unit, NICU). Additionally, each NNU should have arrangements to provide neonatal transitional care as appropriate, thus minimising parent-baby separation and neonatal outreach services to facilitate earlier discharge of babies and provide ongoing support for more vulnerable babies in the community.

Networks should have oversight of care pathways for high risk and sick babies, particularly those that involve *in utero* and *ex utero* transfers and specialist care. There should be network guidelines on optimal location of delivery, neonatal care and referral and transfer for preterm babies born at different gestations, babies with suspected perinatal hypoxia-ischaemia, babies with congenital abnormalities and other babies requiring specialist input.

The transport service should facilitate not only 24-hour uplift transfer of babies needing urgent specialist support, but also enable timely repatriation of babies to a suitable NNU closer to home as soon as possible. Recognising all of the current staffing challenges, every NICU should normally expect to accommodate babies from

Neonatal Service Quality Indicators

NSQI 1	Evidence-based care
NSQI 2	Team working and communication
NSQI 3	Parental partnership in care
NSQI 4	Audit and benchmarking
NSQI 5	Patient safety
NSQI 6	Quality improvement
NSQI 7	Education and training
NSQI 8	Research

FIGURE 1 The NSQIs define the features of a high-quality neonatal service.

within their own network who need escalation of care and this must be supported by LNUs and SCUs accepting back transfers when babies are stable enough to be moved nearer to home.

Care of the sick or preterm newborn infant

Every maternity and newborn service must have clearly established arrangements for the prompt, safe and effective stabilisation and resuscitation of newborn babies and for the care of babies who require continuing support, either in the maternity unit or the NNU. When it is anticipated prior to delivery that a baby may require intensive or high dependency care and this is not available locally, every attempt should be made to facilitate safe *in utero* transfer to an appropriate facility. Preterm perinatal stabilisation and management should follow the principles outlined in the BAPM Extreme Preterm Framework⁴ and Perinatal Optimisation QI Toolkits.⁵

NSQIs

The NSQIs presented here (**FIGURE 1**) relate to the six original domains of 'quality' defined by the Institute for Healthcare Improvement, namely effectiveness, safety, patient (family) experience, efficiency, timeliness and equity.⁶

The publication aims to help healthcare professionals by addressing the question: in regard to quality improvement and patient safety, what does best practice in neonatal services look like?

The multidisciplinary neonatal team: neonatal nurse, medical and allied health professional staffing

The document outlines staffing service standards for all multidisciplinary health professionals involved in neonatal care (**FIGURE 2**). Neonatal services and networks will find the document useful in planning their strategy (for example, business cases) to ensure these standards are met.

Conclusion

The newly published BAPM Neonatal Service and Quality Standards define the features of a high-quality neonatal service. As with all professional standards, neonatal services should aspire to and work towards standards outlined in the document. It is recommended that neonatal services, with the support of their

Neonatal staffing service standards

Neonatal nurse staffing

- Neonatal nurse staffing levels for direct patient care and other roles essential within the NNU
- The important role of Advanced Neonatal Nurse Practitioners

Traditional medical roles

- Requirements for a SCU
- Requirements for a LNU
- Requirements for a NICU

Allied health professionals

- Dietetics
- Physiotherapy
- Occupational therapy
- Speech and language therapy
- Specialised lactation support
- Pharmacy
- Psychological support
- Social services

FIGURE 2 The document outlines neonatal staffing service standards.

provider organisation, review themselves against these professional standards and publish information for families and commissioners about their current status and future quality strategy.

Acknowledgement

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