

Maternity and Neonatal

Programme outline and aims

For more information on our programme aims and the outline of the MatNeoSIP, visit our [website](#).

Plan for this year Action Learning Sets

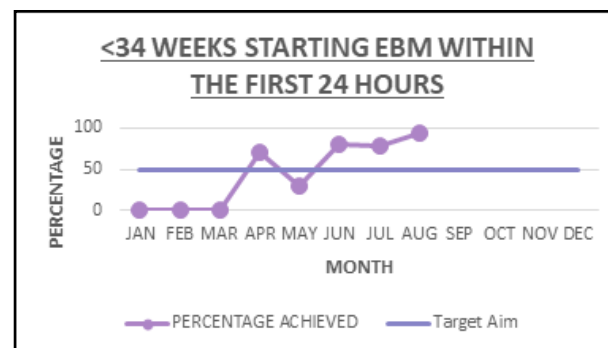
MatNeoSIP Action Learning Set

The first MatNeoSIP Action Learning Set facilitated by the National Team took place on 23rd August. The event was well attended, and we are delighted to report Greater Manchester Trusts made up a third of all attendees. There was representation from each GM Trust.

It was a fantastic opportunity for Trusts across England to come together to share ideas and discuss any barriers to ensure consistent Normothermia and Optimal Cord Management takes place.

At the second Action Learning Set, Victoria Parrington who is a Neonatal Shift Coordinator at Royal Bolton NHS Trust, presented an informative and interesting session on 'Early Expressing QI Project'. Bolton have seen significant improvement in all preterm babies receiving breast milk with the first 24 hours. The safest milk for preterm babies is maternal breast milk as it significantly improves survival by reducing the risk of sepsis and necrotising enterocolitis (NEC)

Well done to the Bolton team on this great achievement.



The third special interest group session will be on the 29th of November and the focus will be antenatal steroids.

We hope you can join again for the opportunity to share best practice and utilise collective intelligence in achieving better outcomes faster.

Health Innovation Manchester's support to the Optimisation Teams

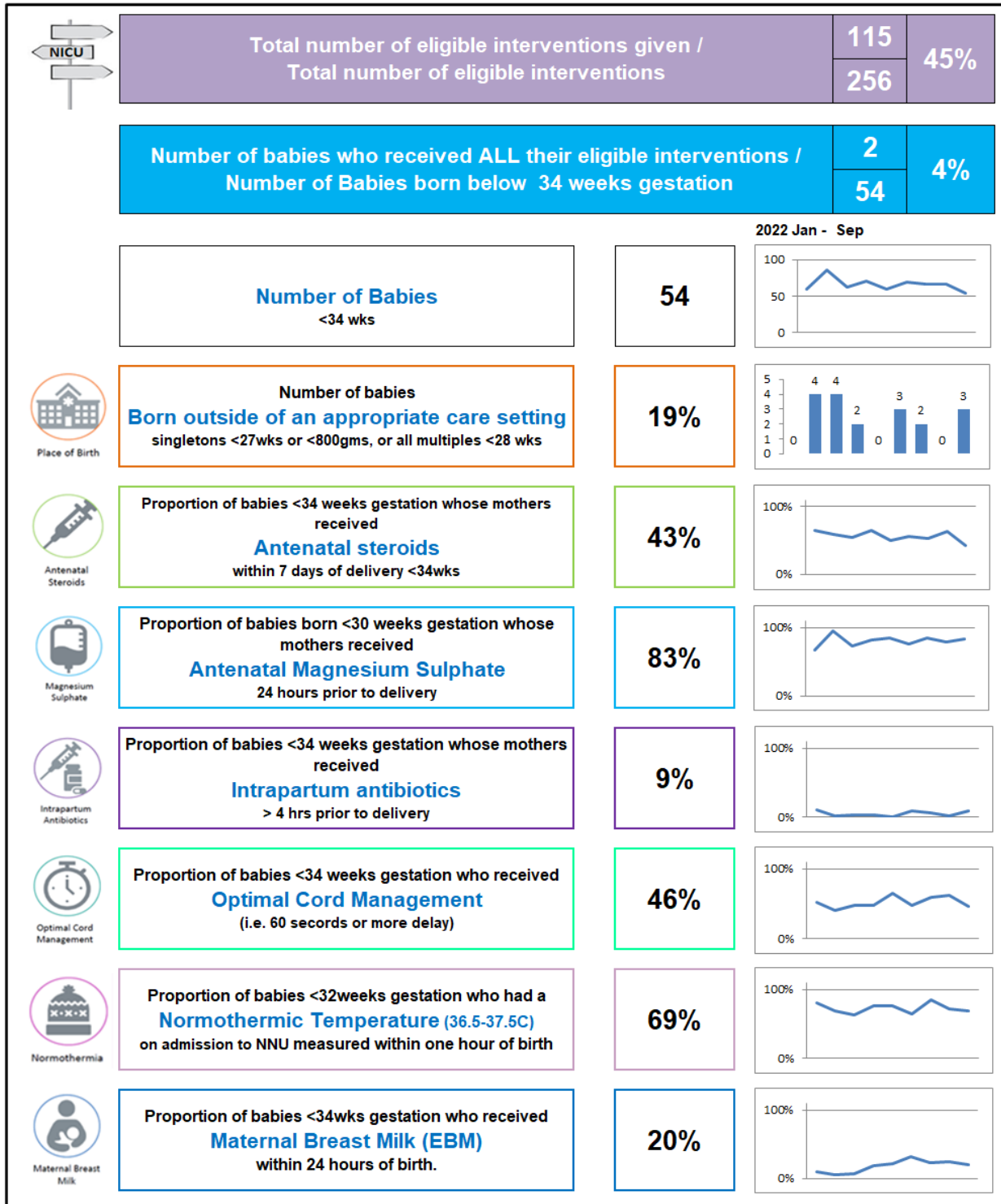
As a team we have also been utilising QI methodology in the form of PDSA cycles in response to the feedback (and the individual needs) of each optimisation team around the 1:1 support from Health Innovation Manchester and Northwest Neonatal Operational Delivery Network. Throughout October we have been performing our own 'small test of change' and have been having face to face meetings at your maternity and neonatal units. This face to face offer will continue throughout November, and we will analyse the outputs and further feedback from the sessions to form the next steps in our support. We still offer hybrid or virtual meeting formats too if this is your teams' preference.

GMEC data on each optimisation intervention – how are we doing?

The national aim is that 95% of babies receive ALL the appropriate interventions based on their gestation which will increase stabilisation and reduce morbidity and mortality for our preterm babies. The GMEC data from when the preterm optimisation programme commenced on the 1st of April 2022 to the end of September 2022 is shown below.

	No of Babies	Born at inappropriate care setting	Magnesium Sulphate	Antenatal Steroids	Antibiotics	Optimal Cord Clamping	Normothermia	Breast milk within 24 hours	% Overall eligible achieved	% Babies not eligible interventions
GM&E	319	8	81%	57%	5%	54%	71%	24%	48%	6%

What does this mean for our preterm babies within GMEC (September 2022 admissions data)



*Please note it has been brought to our attention that both partial and full steroid dosage has been included in this data set. The NWNODN have rectified this and will rerun the data at the end of November. Therefore, the steroid data shown here may be incorrect

The below table shows data from September 2022 indicating how many babies received the appropriate interventions

Born outside the appropriate care setting which will impact on survival and neurodevelopment outcomes		3
Did not have Magnesium Sulphate which when used within 24 hours of birth significantly reduce the risk of cerebral palsy		4
Did not have maternal antenatal steroids which can significantly improve survival by reducing the risk of preterm lung disease, brain haemorrhage, necrotising enterocolitis (NEC) and sepsis		31
Had maternal antibiotics in labour within 4 hours of birth which will significantly improves outcomes by reducing the risk of Group B strep sepsis		2
Had optimal cord management which will reduce the risk of brain haemorrhage as well as the need for blood transfusion		25
Temperature was out of normal range – early hypothermia (<36.5) increases risk of mortality and brain haemorrhage, NEC and sepsis. Emerging evidence linking hyperthermia (>38) to adverse outcomes		10
Had maternal breast milk within 24 hours of birth which will significantly improve survival by reducing the risk of sepsis and NEC		11

Deterioration

MEWS Update

The national MEWS tool has commenced phase two testing and Oldham are continuing to support this.

- The testing phase is from 18th October to 14th November
- Ask from the national team is a minimum of 5 women and national MEWS to be used alongside existing chart
- The antenatal and postnatal wards only.

NEWTT2 Update

Bolton are facilitating the pilot testing for the national NEWTT2 (Neonatal Early Warning Trigger and Track). This is a key step in finalising the tool on behalf of BAPM ahead of publication of the framework in which this will be incorporated.

- Testing period: 3rd October to 7th November
- During this timeframe the tool is to be used alongside, not instead of, current tools
- The Postnatal ward and Transitional care ward are the only focus during this time period

Each Baby Counts + Learn & Support (EBC L&S)

[Each Baby Counts + Learn & Support programme](#) was a joint RCOG / RCM DHSE funded programme aiming to build the capacity of 16 NHS Maternity Professionals in clinical leadership skills, safety thinking, and quality improvement using behavioural science approach to design, test and evaluate interventions.






This network of midwives and obstetricians from across England worked together to co-design and implement interventions to improve the culture, behaviours and conditions that enable effective clinical escalation in maternity units. The programme was started in 2019 and finished in March 2022.

Chloe Hughes (originally based at East Cheshire, Macclesfield) was one of the midwives on the initial programme and she has been appointed as Each Baby Counts Learn & Support Project Lead. Chloe will be rolling out the EBC teaching across GMEC LMNS by helping maternity units build the right culture, behaviours and conditions that enables effective clinical escalation for adoption.

Birmingham Symptom-specific Obstetric Triage System (BSOTS)	Omega-3
The SCN/LMNS have decided to roll out BSOTS across GMEC and HInM has been supporting GMEC LMNS units to embed this within their maternity triage. Currently Bolton, MFT Oxford Road, North Manchester, Wythenshawe and Stockport have implemented the system.	The pilot of Omega-3 supplementation commenced in two GMEC LMNS sites in May 2022 (Wythenshawe and Oxford Road). Evidence has highlighted that Omega-3 supplements in pregnancy could have a significant impact on preterm birth rates, thus saving the lives of many babies and avoiding brain damage in many others. Women who are high risk of preterm birth at booking will be counselled regarding Omega-3 supplementation in pregnancy.

Save the dates	
National Action Learning Set 29th November 2022 at 9am to 11am Via MS Teams	Special Interest Group 15th December 2022 at 1.30pm to 4pm Via MS Teams

Share your successes
If your unit has a success story regarding implementing the optimisation measures, please get in touch and we will share in the next newsletter and potentially in our wider communication channels.

MatNeoSIP Team			
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