

# MatNeoSIP Q3 Newsletter

## January 2023

### Programme outline and aims

For more information on our programme 2022/23 aims and the outline of the MatNeoSIP, visit our [website](#).

### Plan for this year Action Learning Sets

#### MatNeoSIP Action Learning Set (ALS)

The National Team held the third MatNeoSIP Action Learning Set on 29th November. The focus for the ALS this time was Antenatal Steroids. Tony Kelly presented on an improvement approach to Antenatal Corticosteroids, plus an interesting presentation from University Hospital Plymouth on an exploration into Steroid Administration. The recording of the presentations can be found on the [FutureNHS website](#).

The National Team have planned a fourth ALS on Tuesday 14th March 9am to 11am. Further information will follow.

### Special Interests Groups (SIG)

We hope you have been enjoying the SIG events and finding them useful. We wanted to give all the presenters a special thank you as you have been very inspiring, and we could not put these events on without you.

The fourth SIG event was due to take place on 15th December. However, this date was postponed due to a number of strikes and the SIG has been rescheduled to 19th January 2023 via [MS Teams](#). The next optimisation intervention we will be focusing on is Maternal Breast Milk. We have some great speakers confirmed including both parental and professional perspectives. We do hope you can join us on 19th January.

### Next Steps

We are planning to hold a further Special Interest Group in March to bring all the good work together and the aim to achieving all the optimisation interventions.

### SIG Save the Dates

#### Fourth Special Interest Group – Maternal Breast Milk

Thursday 19th January at 10am to 12.30pm  
Via MS Teams

#### Fifth Special Interest Group

Friday 17th March at 10am to 12pm  
Via MS Teams

### Optimisation Workstream

## Spotlight on Place of Birth

### Birth in a maternity unit with a neonatal intensive care unit (NICU) if:

- Less than 27 weeks gestation
- Less than 800 grams
- Less than 28 weeks if multiple birth

The national standard for this measure is that at least 85% of babies are born in the right place

Evidence shows that care in a neonatal intensive care setting significantly improves survival

### Outcomes:

- Reduction in mortality is 50%
- The survival without severe brain injury is 30% higher if babies are transferred in-utero and delivered in a NICU
- The likelihood of severe brain injury in these babies is about two to three times higher if delivered in a maternity unit without a NICU and then transferred ex-utero
- The number need to treat is 8. So, for every 8 babies successfully transferred in-utero who go on to deliver we can prevent one severe brain injury or one death

### Data

2022 data to show each region within the Northwest to highlight:

- How many babies are born in the wrong place in each region per quarter calendar month
- The overall % with the aim to achieve over 85%

| 2022 Data  |                              | Jan-Mar | Apr-Jun | Jul-Sept | Oct-Dec | Total |
|--|------------------------------|---------|---------|----------|---------|-------|
| Born in an appropriate setting <27 wks, <28 if multi deliveries & <800g) | Born in Wrong Place - NWNODN | 8       | 12      | 10       | 9       | 39    |
|  | Cheshire & Merseyside        | 0       | 4       | 1        | 4       | 9     |
|  | Greater Manchester           | 6       | 4       | 5        | 5       | 20    |
|  | Lancashire and South Cumbria | 2       | 4       | 4        | 0       | 10    |
|  | % BORN IN NICU - NWNODN      | 86%     | 82%     | 85%      | 87%     | 85%   |
|  | Cheshire & Merseyside        | 100%    | 87%     | 95%      | 84%     | 90%   |
| Greater Manchester   | 79%                          | 85%     | 86%     | 85%      | 84%     |       |
| Lancashire and South Cumbria   | 83%                          | 64%     | 71%     | 100%     | 78%     |       |

Within GMEC we have had 20 babies born in the wrong place  
For 2022 GMEC did not achieve the national standard of 85%

### Psychological Impact:

- Recognised that the transfer of babies in the early neonatal period is a frightening and stressful experience for parents
- Loss of familiarity and separation from their vulnerable child at a critical stage when bonds are being established represent a disruption in their parenthood, which can impair the health and development of the infant.

All the GMEC Optimisation Teams have been doing some great work. We are proud at how much has been achieved so far this year and wanted to say a big thank you. Here are some of the Optimisation boards and teams across GMEC.

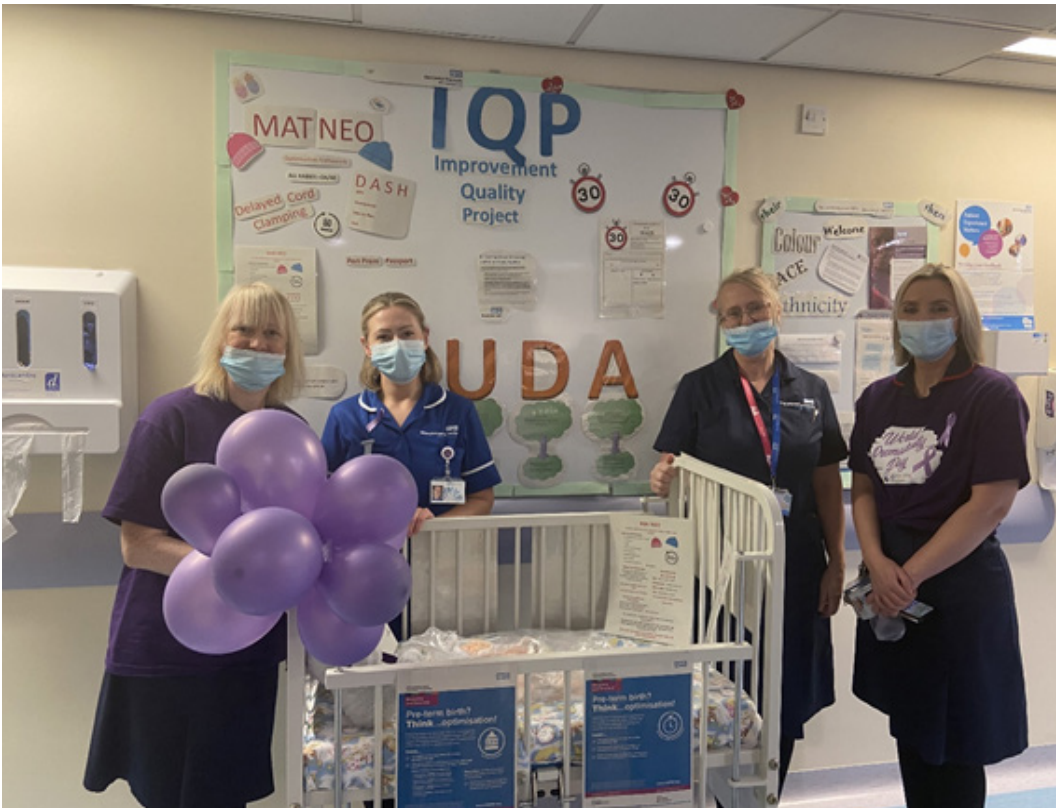
## Manchester Foundation Trust – Oxford Road



## Manchester Foundation Trust – Wythenshawe Fantastic MatNeoSIP cake Wythenshawe!



## Manchester Foundation Trust – North





## Stepping Hill – Stockport



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

GMEC data 1st October to 31st December 2022 is shown below

|      | Number of Babies | Born in inappropriate care setting | Magnesium Sulphate | Antenatal Steroids | Antibiotics | Optimal Cord Clamping | Normothermia | Breast Milk within 24 hours | % Overall eligible achieved | % Babies met all eligible interventions |
|------|------------------|------------------------------------|--------------------|--------------------|-------------|-----------------------|--------------|-----------------------------|-----------------------------|---|
| GMEC | 199              | 4                                  | 88%                | 53%                | 12%         | 61%                   | 75%          | 30%                         | 54%                         | 7%                                      |

GMEC data 1st July to 30th September

|      | Number of Babies | Born in inappropriate care setting | Magnesium Sulphate | Antenatal Steroids | Antibiotics | Optimal Cord Clamping | Normothermia | Breast Milk within 24 hours | % Overall eligible achieved | % Babies met all eligible interventions |
|------|------------------|------------------------------------|--------------------|--------------------|-------------|-----------------------|--------------|-----------------------------|-----------------------------|---|
| GMEC | 195              | 5                                  | 85%                | 48%                | 11%         | 60%                   | 74%          | 24%                         | 52%                         | 7%                                      |

**This demonstration that we have seen increases in all the 7 interventions – well done Optimisation Teams**

### Deterioration

#### MEWS Update

Phase 2 National testing took place on the antenatal and postnatal wards in October 2022 within 13 organisations. The Royal Oldham Maternity was one of the providers who supported this phase.

The results have been submitted to the national design group for further feedback and analysis. The next phase of testing dates to be confirmed will be on Labour Ward, Triage department and Assessment areas.

#### Implementation Strategy

NHSE are currently drawing up plans for this next phase and again this will be for organisations who are paper based only for maternal observations.

#### Training

Health Education England have approved MEWS eLearning training with completion in early 2023

#### Digital Organisations

Discussion regarding how the digitalisation of the MEWS will be supported are ongoing in NHSE but will hopefully give an update in early 2023.

#### NEWTT2 Update

Pilot testing took place in September 2022 which was supported by one of our GMEC providers Bolton NHS Foundation Trust. NHSE have feedback and shared the results of the testing to British Association of Perinatal Medicine (BAPM).

The framework will be published in January 2023 and launch date for the tool will be **19th January 2023**.

A decision needs to be made with SCN/LMNS on how this will be rolled out in GMEC.

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

Update for the roll out of the Each Baby Counts Learn and Support toolkit from Chloe Hughes

The aim of my secondment is to lead and support the roll out of the toolkit across GMEC, I just wanted to give you an update on activity so far and the plans for implementation.

I have met with most trusts now to plan a personalised roll out, and teams are currently now reviewing incidents and HSIB reports involving escalation using a template provided to identify themes. Based on these meetings I have also created new support materials to assist with the launch, implementation and help embed in practice.

The tools have now been included in the new GMEC physiology training and Antenatal monitoring guideline which has been out for comments, and I am also setting up a team's channel to store all the support materials.

Over the next month I will be running a trial 'Train the Trainer Behaviours Workshop' with MFT, sending out a short questionnaire to establish a baseline of current escalation behaviours and psychological safety to all trusts and focusing on documentation in relation to escalation.






The campaign and launch will be personalised to each trust with the aim of launching from mid-March onwards. Please contact your fetal monitoring lead or myself if you want to know more about the project or help with implementation and roll out, I look forward to working with you all.

| <b>Birmingham Symptom-specific Obstetric Triage System (BSOTS)</b>   | <b>Omega-3</b>  |
|--|---|
| <p>BSOTS is a standard risk assessment-based system for maternity triage that aims to assess every patient within 15 minutes and prioritise care based on urgency.</p> <p>Health Innovation Manchester is supporting Royal Oldham to implement BSOTS at pace within their triage department to improve safety, outcomes, and improved working environment with a launch date of the 6th February 2023.</p> | <p>Pleased to confirm that Stockport plan to commence the Omega-3 project on Monday 16th January 23.</p> <p>Anticipated numbers are 20-25 per month.</p> <p>The midwife leading the project is Karen Coombes, a member of the ANC midwifery team who will be working alongside Consultant Obstetrician Mona Kamran.</p> |

### 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

|   |   |   |   |
|---|---|---|---|
|  | <p>Wendy Stobbs<br/>Head of Programmes for the Patient Safety Collaborative<br/>HInM</p>                                  |  | <p>Rebecca Williams<br/>Project Officer for the Maternity and Neonatal Safety Improvement Programme<br/>HInM</p>    |
|  | <p>Caroline Finch<br/>Programme Development Lead for the Maternity and Neonatal Safety Improvement Programme<br/>HInM</p> |  | <p>Leanne Hill<br/>Project Support Officer for the Maternity and Neonatal Safety Improvement Programme<br/>HInM</p> |
|  | <p>Catherine Nash<br/>Quality Improvement Lead Nurse<br/>Northwest Neonatal Operational Delivery Network.</p>             |   |   |