

Case study: Improve Intrapartum Antibiotics administration – Royal Bolton Hospital

Programme aim:

- Contribute to the national ambition set out in [Better Births](#), to reduce the rates of maternal and neonatal deaths, stillbirths and brain injuries that occur during or soon after birth by 50% by 2025
- Contribute to the national ambition, set out in [Safer Maternity Care](#), to reduce the national rate of preterm births from 8% to 6% by 2025
- Improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high-quality healthcare experience for all women, babies, and families across maternity and neonatal settings.

What problem were you trying to solve?

- To improve the administration of Intrapartum during active labour of preterm babies.

What did you do?

- Introducing steroids, mag sulph and antibiotics as a package rather than individual interventions.
- Therefore, when staff are concerned about a Mother delivering prematurely we will offer all three interventions.

How did it go?

- Intrapartum antibiotics administration rates for quarter Jan/Feb/Mar 2022 was 23% and now for quarter Jan/Feb/March 2023 we are at 71%
- On monthly examination of the data all women who were eligible for antibiotics received them but some delivered within 4 hours of administration so didn't achieve the outcome but we are 100% giving rate

What did you learn?

- That antibiotics should be part of the package for steroids and Magnesium Sulphate. If we are that worried about pre term labour to give the first two we should be giving the antibiotics too. I have had a conversation recently were an obstetric didn't want to give antibiotics as she thought that the mother wasn't going to delvier but was going to give steroids and magsulph which then led to the conversation of if you don't think she will deliver why are we giving the steroids and mag sulph in the first place