

SPSP Perinatal Change Package



Introduction





The aim of the perinatal change package is to support teams to reduce neonatal mortality and neonatal morbidity by reducing complications of prematurity and reducing late preterm and unexpected term admissions to NNU. A change package consists of a number of measures supported by activities that, when tested and implemented, bring about improvement. It brings together what is known about best practices and processes based on evidence from literature, research, and the experiences of others.

Why have we developed this change package?

This change package is for perinatal teams participating in neonatal mortality and morbidity improvement work. It will support teams to use quality improvement methods to reduce neonatal mortality and neonatal morbidity by reducing complications of prematurity and reducing late preterm and unexpected term admissions to NNU.

How was it developed?

This change package was co-designed with clinical and quality improvement experts from NHS boards. The clinical experts were from a range of disciplines. Expert Reference Groups (ERG) were convened in June 2023 with representation from across NHS Scotland.

Contents and how to use the package





What is included in this change package?

- Driver diagram
- Change ideas
- Guides, tools and signposts to the supporting evidence and examples of good practice
- Guidance to support measurement

Guidance on using this change package

This change package is a resource to support NHS boards with work to reduce neonatal mortality and neonatal morbidity by reducing complications of prematurity and reducing late preterm and unexpected term admissions to NNU. It is not expected for teams to work simultaneously on all aspects of the driver diagram. It is designed to assist teams in identifying areas for improvement relevant to their local context. The change ideas and measures are not exhaustive, and it is expected that teams will develop their own to support their identified areas for improvement. We would encourage teams to seek support from their local quality improvement teams in the development of additional measures if required.

Using this package

This is an interactive document; clicking on the primary/secondary driver will take you to additional information, including tools and resources relating to that driver. At the top of each page of the secondary drivers, there is an arrow and home button for a number of the primary driver page, and the home button will take you to the main Driver Diagram page.

Project aim





Setting a project aim

All quality improvement projects should have an aim that is Specific, Time bound, Aligned to the NHS board's objectives and Numeric (STAN).

The national aim for SPSP Perinatal is:

Reduce **Neonatal Mortality** and Neonatal Morbidity by:

- *Reducing complications* of prematurity
- *Reducing late preterm* and unexpected term admissions to NNU

By [locally agreed aim] *By 31st March 2025*

Core programme measures



SCOTTISH PATIENT SAFET

Rate of Neonatal Deaths

Rate of Preterm birth

Rate: Clinical Outcomes Composite measure (NNAP) – bloodstream infection, BPD, NEC, preterm brain injury

Rate of term admissions to Neonatal Unit

Percentage Compliance with PPWP

Reduce **Neonatal Mortality** and **Neonatal Morbidity by:**

- Reducing complications of prematurity
- Reducing late preterm and unexpected term admissions to NNU

By [locally agreed aim] *By 31st March 2025*

Driver diagram and change ideas





What is a driver diagram?

A driver diagram visually presents an organisation or team's theory of how an improvement goal will be achieved. It articulates which parts of the system need to change in which way and includes ideas of how to make this happen. It is used to help plan improvement projects and ensure team engagement.

The primary drivers are the key components of the system that need to change to deliver the aim. The secondary drivers are the processes that influence the primary drivers. Changing the processes outlined in the secondary drivers should change the primary drivers and deliver the aim.

Change ideas

Change ideas are specific practical changes the project team can make to alter the processes in the secondary drivers. The following pages provide change ideas to support improvement to reduce neonatal mortality and neonatal morbidity by reducing complications of prematurity and reducing late preterm and unexpected term admissions to NNU. They are grouped by the primary driver that they influence. Project teams should select change ideas to test. A range of change ideas will be needed to ensure there are changes to all primary drivers.

This change package does not contain an exhaustive list of change ideas. Project teams can also generate their own change ideas that will help drive change in the secondary drivers. One way to generate ideas is to ask, "How might we?" For example, "How might we engage with women/birthing people, babies and their families to improve the experience of care when in hospital?"

Perinatal Driver Diagram





What we are trying to achieve	We need to ensure	Which requires		
Person centred care* considers the Continuity of Carer approach		Women / birthing people and families are listened to and included in care decisions Person centred care planning Family centred approach with a focus on reducing separation Inclusive care pathways which provide equitable and culturally appropriate access and treatment		
Reduce Neonatal Mortality and Neonatal Morbidity by:	Reduction in preterm birth	Screening to identify woman / birthing person at high-risk of preterm birth Clear pathways to ensure ease of access for women / birthing people and families to maternity services Safe clinical and care processes*		
 Reducing complications of prematurity Reducing late preterm and unexpected term admissions to NNU By [locally agreed aim] By 31st March 2025 Delivery of evidence based preterm care Reduction of avoidable term and late preterm admissions 	Perinatal optimisation Reliable delivery of evidence based interventions Collaborative perinatal team working			
	Paduction of avoidable torm	Avoidance of elective births before 39 weeks unless medically indicated Risk assessment, appropriate monitoring and escalation in labour		
		Delivery of evidence based care to optimise postnatal transition Recognition, response and escalation of deterioration		
Essentials of Safe Care	Leadership to promote a culture of safety at all levels	Psychological safety Staff wellbeing System for learning Safe staffing		

Primary Driver

Person centred care considers the Continuity of Carer approach





Secondary Driver	Change ideas									
Women / birthing people and families are listened to and included in care decisions	support a familypartnershipintegrated approachencourage attin all care settingsward rounds		ort parent ship policy to attendance on ids and shared on making Process to capture and act on regular feedback to improve provision of family- integrated care		Engage families in perinatal service co-design		Use of a universal wellbeing assessment which identify vulnerability and protected characteristics		fy	
Person centred care planning	ImplementplanCoC modelstruof careproport	d support is ned and ictured rtionate to need Use of anticipa care planning bereavement support whe appropriat (neonate)		ng and nent where ate	processes to enable to me?' parental and sibling care pla access to support provision		Use of 'what to me?' to care plann provision of supp	o inform Trauma Informed ning and Practice included f targeted in local education		ned ded tion
Family integrated approach with a focus on reducing unnecessary separation	Delivery room resuscitation and	when clinically home		ne unit as soon as commu		naintain e nmunicat	systems to effective tion when hable to visit	Use of nat agreed ho passpo	ospital	
Inclusive care pathways which provide equitable and culturally appropriate access and treatment	Co-produced person centred care plans include ethnicity, deprivation and individual communication needs	Social determinants addressed through onward referral to appropriate services		provide of for tho sever	orded flexibility to care proportionate to need ose experiencing re and multiple sadvantage	e s	Local educatio taff to enable s or those experi severe and mu disadvantag	upport encing Itiple	Provision of timely interpretation services support	Documented discussion about signs, symptoms and response to possible pre-term labour





Secondary drivers Change ideas Women / birthing Local mechanisms to Support parent Process to capture Use of a universal wellbeing people and families support a family partnership policy to and act on regular **Engage families in** assessment which identify are listened to and integrated approach encourage attendance on feedback to improve perinatal service vulnerability and protected in all care settings ward rounds and shared provision of familyco-design included in care characteristics 24/7 decision making integrated care decisions

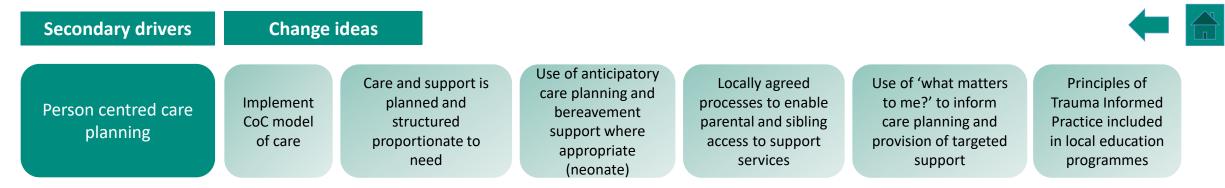
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 United Kingdom Committee for UNICEF (UNICEF UK). You and Your Baby. Supporting love and nurture on the Neonatal Unit Leaflet. [online] 2021; Available from: <u>https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/neonatal-care-resources/you-and-your-baby-supporting-love-and-nurture-on-the-neonatal-unit/</u>. Accessed 13th October 2023.





Secondary drivers Change ideas							
Inclusive care pathways and processes which provide equitable and culturally appropriate access and treatment	Co-produced person centred care plans include ethnicity, deprivation and individual communication needs	Social determinants addressed through onward referral to appropriate services	Staff afforded flexibility to provide care proportionate to need for those experiencing severe and multiple disadvantage	Staff able to identify, challenge and change the values, structures and behaviours that perpetuate systemic racism	Local education for staff to enable support for those experiencing severe and multiple disadvantage	Provision of timely interpretation services support	Documented discussion about signs, symptoms and response to possible pre-term labour

Evidence and Guidelines:

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Primary Driver Reduction in preterm birth





Secondary Drivers	Change i	deas								
Identify woman / birthing person at high-risk of preterm birth	Screening proce assessment included determinants/ethni and monitor work person at	udes social icity to identify nen/birthing	Early multidisciplinary discussions and planning identifies social determinants/ethnicity for women/birthing people at high risk of preterm birth		Routine screening for infection and high risk conditions such as diabetes and pre- eclampsia		Locally agreed pathway to identify and monitor multiple pregnancies			
Clear pathways to ensure ease of access for women / birthing person and families to maternity services	Signpost woman/bir person to informatio support healthy beha in pregnancy and be e.g. Ready Steady B	on to substaviours supporter support	boration with ance teams to ort recovery in aregnancy	at b	monitoring ooking and 6 weeks	therapies replacemen	sychological / nicotine t therapy to smoking n pregnancy	Pathways include er based intervention address substar harmful to health alcohol / drug	ons to nces n e.g.	
Safe clinical and care processes	Low dose aspirin following appropriate screening (PIGF UtAD) and risk assessment	Implementation of local pathway for women/ birthing people reporting altered fetal movements	access t specialis service e pre-term b	o st .g.	triage sys guidelines staff in reco escalation	ntation of stems and shat support ognition and of preterm our	all pregnar people at symptom and the b	eed information for nt women/birthing bout the signs and s of preterm birth enefits of preterm btimisation	doo benefit induct	cal processes for discussing and cumenting risks / ts of delivery options tion of labour before weeks gestation

Reduction in preterm birth







Evidence and Guidelines:

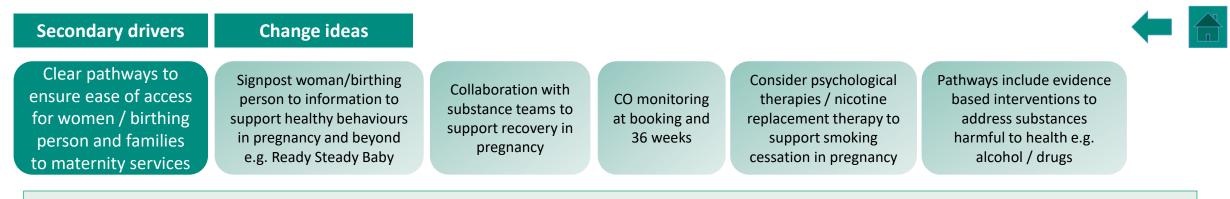
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Reduction in preterm birth







Evidence and Guidelines:

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Reduction in preterm birth





Secondary drivers	Change ideas				
Safe clinical and care processes	Low dose aspirin following appropriate	Implementation of local pathway for women/ birthing people reporting altered fetal movements	Implementation of triage systems and guidelines that support staff in recognition and escalation of preterm labour	Use of agreed information for all pregnant women/birthing people about the signs and symptoms of preterm birth and the benefits of preterm optimisation	Local processes for discussing and documenting risks / benefits of delivery options induction of labour before 39 weeks gestation

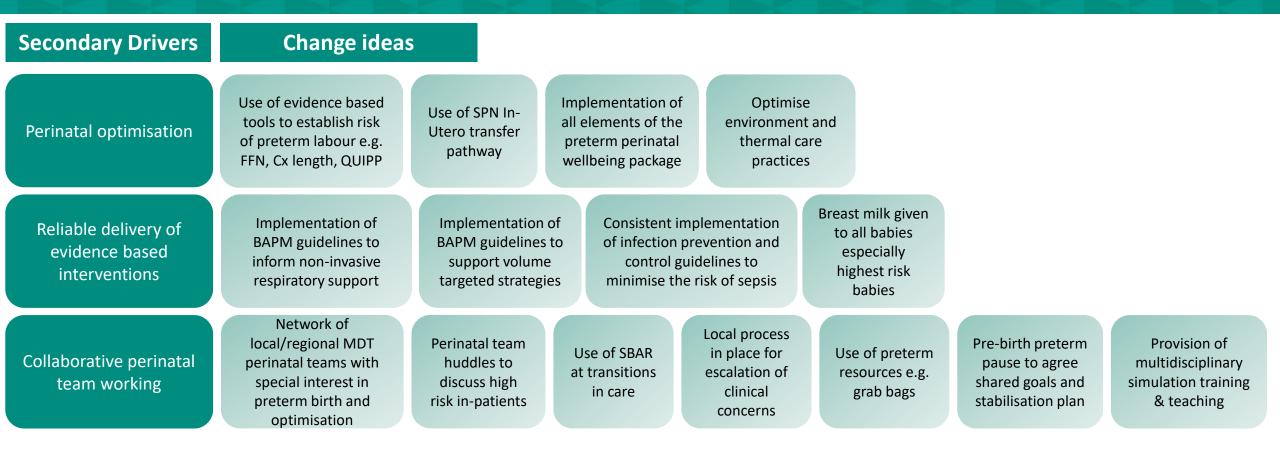
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Primary Driver Delivery of evidence based preterm care

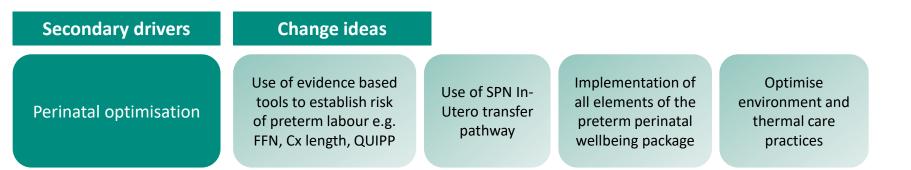




Delivery of evidence based preterm care







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Delivery of evidence based preterm care







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Delivery of evidence based preterm care





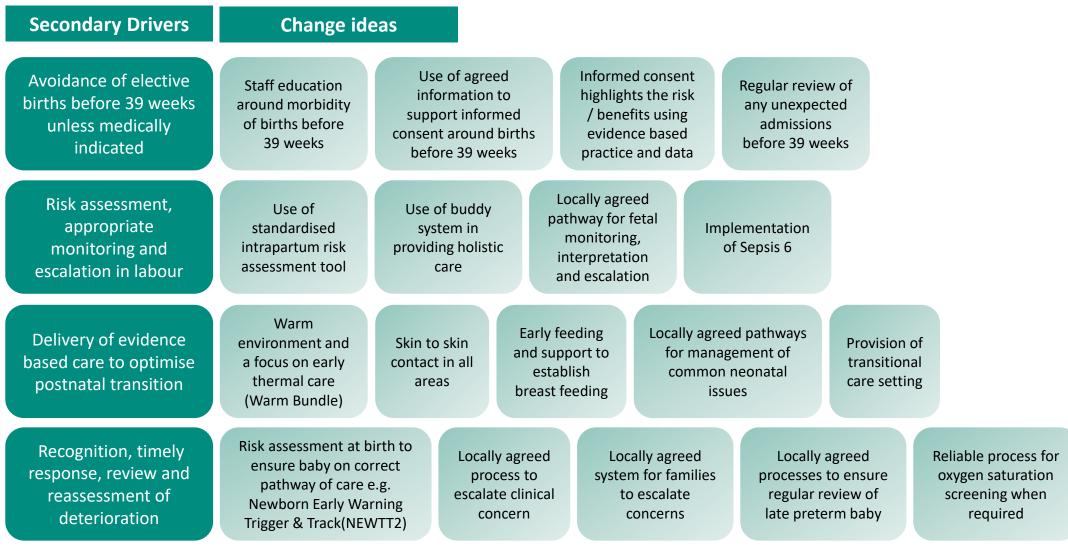


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Primary Driver Reduction of avoidable term and late preterm admissions



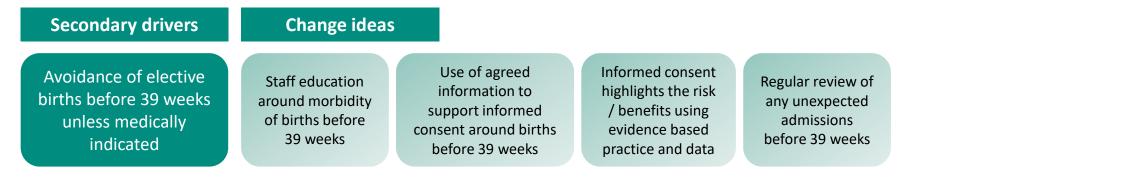
Healthcare

Improvement Scotland SCOTTISH PATIENT

SAFETY PROGRAMME







Evidence and Guidelines:

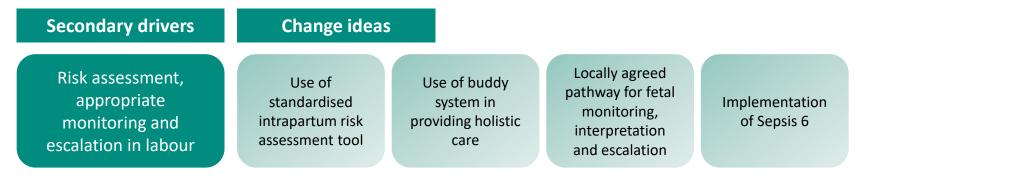
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Tools and Resources:

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Secondary drivers Change ideas Warm Early feeding Locally agreed pathways Delivery of evidence environment and Skin to skin Provision of and support to for management of based care to optimise transitional a focus on early contact in all establish common neonatal thermal care care setting postnatal transition areas breast feeding issues (Warm Bundle)

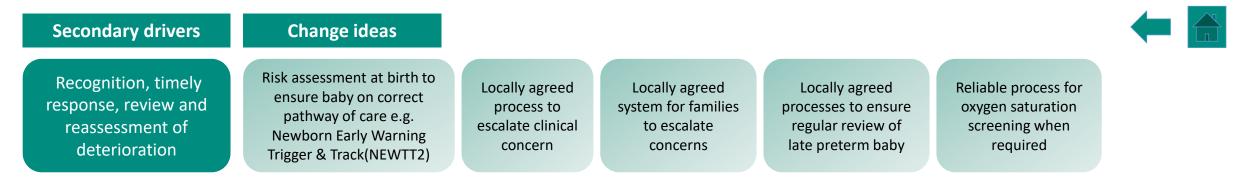
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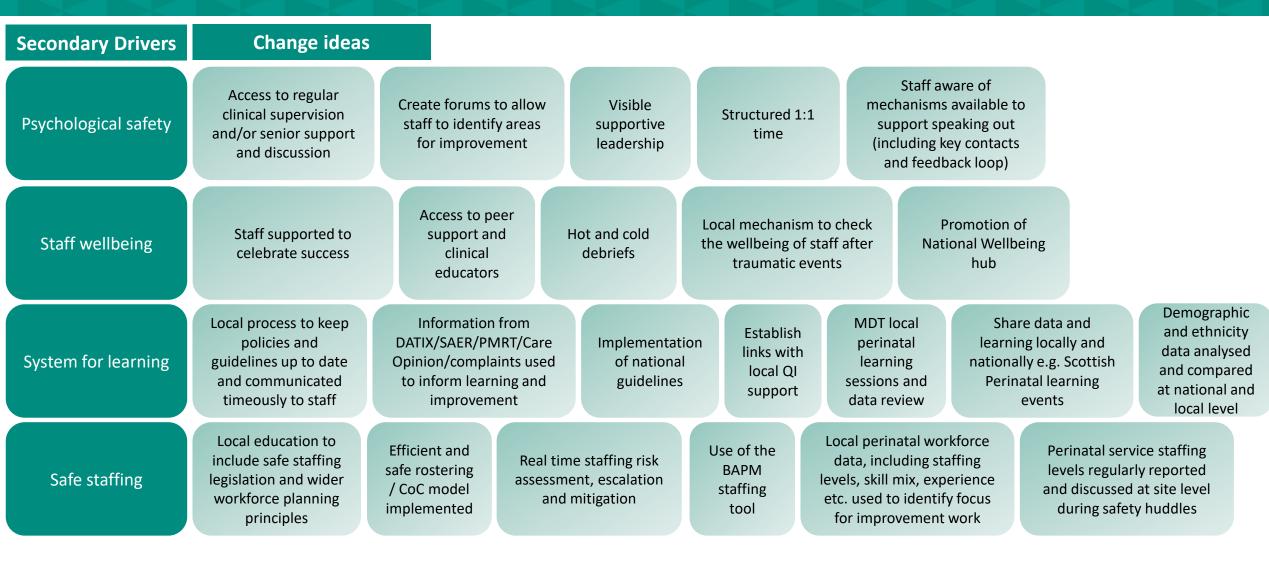
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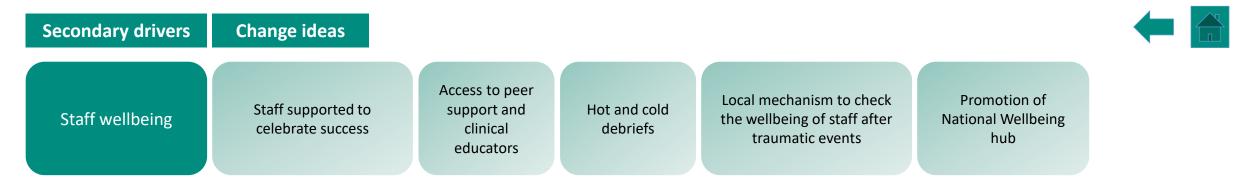
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