SPSP Perinatal Change Package

2023 Perinatal Driver Diagram

What we are trying to achieve…	We need to ensure…	Which requires…
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*	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
	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*
	Delivery of evidence based preterm care	Perinatal optimisation Reliable delivery of evidence based interventions Collaborative perinatal team working
	Reduction of avoidable term and late preterm admissions	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
	Leadership to promote a culture of safety at all levels*	Psychological safety Staff wellbeing System for learning Safe staffing

Essentials of Safe Care

Core programme measures

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

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

Primary Driver

Person centred care considers the Continuity of Carer approach

Healthcare Improvement Scotland

EVERY PERSON EVERY TIME SCOTTISH PATIENT SAFETY PROGRAMME

Secondary Driver	Change ideas					
Women / birthing people and families are listened to and included in care decisions	Local mechanisms to support a family integrated approach in all care settings 24/7	Support parent partnership policy to encourage attendance on ward rounds and shared decision 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	
Person centred care planning	Implement CoC model of care	Care and support is planned and structured proportionate to need	Use of anticipatory care planning and bereavement support where appropriate (neonate)	Locally agreed processes to enable parental and sibling access to support services	Use of 'what matters to me?' to inform care planning and provision of targeted support	Principles of Trauma Informed Practice included in local education programmes
Family integrated approach with a focus on reducing unnecessary separation	Delivery room resuscitation and stabilisation	Delivery room contact / cuddles when clinically appropriate	Repatriation pathways to home unit as soon as clinically indicated	Use of digital systems to maintain effective communication when parents are unable to visit	Use of nationally agreed hospital passports	
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	Staff afforded flexibility to provide care proportionate to need for those experiencing severe and multiple disadvantage	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

Primary Driver
Reduction in preterm birth

Secondary Drivers	Change ideas				
Identify woman / birthing person at high-risk of preterm birth	Screening process and risk assessment includes social determinants/ethnicity to identify and monitor women/birthing person at risk	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/birthing person to information to support healthy behaviours in pregnancy and beyond e.g. Ready Steady Baby	Collaboration with substance teams to support recovery in pregnancy	CO monitoring at booking and 36 weeks	Consider psychological therapies / nicotine replacement therapy to support smoking cessation in pregnancy	Pathways include evidence based interventions to address substances harmful to health e.g. alcohol / drugs
Safe clinical and care processes	Low dose aspirin following appropriate screening (PlGF UtAD) and risk assessment	Implementation of local pathway for women/ birthing people reporting altered fetal movements	Women have access to specialist service e.g. pre-term birth clinic	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

Primary Driver
Delivery of evidence based preterm care

Secondary Drivers	Change ideas						
Perinatal optimisation	Use of evidence based tools to establish risk of preterm labour e.g. FFN, Cx length, QUIPP	Use of SPN In-Utero transfer pathway	Implementation of all elements of the preterm perinatal wellbeing package	Optimise environment and thermal care practices			
Reliable delivery of evidence based interventions	Implementation of BAPM guidelines to inform non-invasive respiratory support	Implementation of BAPM guidelines to support volume targeted strategies	Consistent implementation of infection prevention and control guidelines to minimise the risk of sepsis	Breast milk given to all babies especially highest risk babies			
Collaborative perinatal team working	Network of local/regional MDT perinatal teams with special interest in preterm birth and optimisation	Perinatal team huddles to discuss high risk in-patients	Use of SBAR at transitions in care	Local process in place for escalation of clinical concerns	Use of preterm resources e.g. grab bags	Pre-birth preterm pause to agree shared goals and stabilisation plan	Provision of multidisciplinary simulation training & teaching

Primary Driver
Reduction of avoidable term and late preterm admissions

Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

Secondary Drivers	Change ideas					
Avoidance of elective births before 39 weeks unless medically indicated	Staff education around morbidity of births before 39 weeks	Use of agreed information to support informed consent around births before 39 weeks	Informed consent highlights the risk / benefits using evidence based practice and data	Regular review of any unexpected admissions before 39 weeks		
Risk assessment, appropriate monitoring and escalation in labour	Use of standardised intrapartum risk assessment tool	Use of buddy system in providing holistic care	Locally agreed pathway for fetal monitoring, interpretation and escalation	Implementation of Sepsis 6		
Delivery of evidence based care to optimise postnatal transition	Warm environment and a focus on early thermal care (Warm Bundle)	Skin to skin contact in all areas	Early feeding and support to establish breast feeding	Locally agreed pathways for management of common neonatal issues	Provision of transitional care setting	
Recognition, timely response, review and reassessment of deterioration	Risk assessment at birth to ensure baby on correct pathway of care e.g. Newborn Early Warning Trigger & Track(NEWTT2)	Locally agreed process to escalate clinical concern	Locally agreed system for families to escalate concerns	Locally agreed processes to ensure regular review of late preterm baby	Reliable process for oxygen saturation screening when required	

Primary Driver

Leadership to promote a culture of safety at all levels

Secondary Drivers	Change ideas						
Psychological safety	Access to regular clinical supervision and/or senior support and discussion	Create forums to allow staff to identify areas for improvement	Visible supportive leadership	Structured 1:1 time	Staff aware of mechanisms available to support speaking out (including key contacts and feedback loop)		
Staff wellbeing	Staff supported to celebrate success	Access to peer support and clinical educators	Hot and cold debriefs	Local mechanism to check the wellbeing of staff after traumatic events	Promotion of National Wellbeing hub		
System for learning	Local process to keep policies and guidelines up to date and communicated timeously to staff	Information from DATIX/SAER/PMRT/Care Opinion/complaints used to inform learning and improvement	Implementation of national guidelines	Establish links with local QI support	MDT local perinatal learning sessions and data review	Share data and learning locally and nationally e.g. Scottish Perinatal learning events	Demographic and ethnicity data analysed and compared at national and local level
Safe staffing	Local education to include safe staffing legislation and wider workforce planning principles	Efficient and safe rostering / CoC model implemented	Real time staffing risk assessment, escalation and mitigation	Use of the BAPM staffing tool	Local perinatal workforce data, including staffing levels, skill mix, experience etc. used to identify focus for improvement work	Perinatal service staffing levels regularly reported and discussed at site level during safety huddles	

Contact details

his.spsppp@nhs.scot

@mcqicspsp @online_his

#spsp247 #PerinatalCare

Edinburgh Office

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

0131 623 4300

Glasgow Office

Delta House

50 West Nile Street

Glasgow

G1 2NP

0141 225 6999