

Webinar: Maternity and Neonatal Care

Theme: Term Admissions



Improvement Hub
Enabling health
and
social care
improvement

Welcome



Chair



Professor Alan Cameron
Obstetrics Clinical Lead

Agenda

Time	Topic	Presenter
14.00-14.10	Welcome and Introductions <ul style="list-style-type: none">Icebreaker	Alan Cameron (Chair) Obstetric National Clinical Lead Healthcare Improvement Scotland
14.10-14.25	National Data Overview	Colin Peters Neonatal National Clinical Lead <i>Healthcare Improvement Scotland</i>
14.25-14.45	Reducing avoidable term admissions to Neonatal Unit <ul style="list-style-type: none">Presenting NHS Ayrshire and ArranQ&A Session	Marie McNairney Senior Charge Midwife, Neonatal Unit <i>NHS Ayrshire and Arran</i>
14.45-15.05	Term Admissions <ul style="list-style-type: none">Presenting NHS Greater Glasgow and ClydeQ&A Session	Lynsey Still Consultant Neonatologist <i>NHS Greater Glasgow and Clyde</i>
15.05-15.15	Future Topics <ul style="list-style-type: none">Open discussion	Angela Cunningham Midwifery National Clinical Lead <i>Healthcare Improvement Scotland</i>
15.15-15.20	AOB	Alan Cameron Obstetric National Clinical Lead <i>Healthcare Improvement Scotland</i>
15.20	Close	



Dr Colin Peters
Neonatal National Clinical Lead

Presenting on National Data Overview

National Picture



Aim



Measure name	Rate of term admissions admitted to the neonatal unit
Identifier	D02
Primary driver	Safe, effective and reliable care
Type	Outcome
Why is this measure needed in our project?	This outcome measure is linked to the reliability of early recognition and appropriate response to the deteriorating patient. Many of these are due to respiratory disease, infection, hypoglycaemia, jaundice and encephalopathy and will require collaboration with local maternity services to ensure appropriate processes and pathways are in place to reduce incidence and/or facilitate management out with the NNU and alongside family.
Measurement definition	<p>Numerator: Total number of term infants admitted to the neonatal unit.</p> <p>Denominator: Total number of live term births in the month (births in labour ward, CMUs or home)</p> <p>Rate (per 1,000): $\frac{\text{numerator}}{\text{denominator}} \times 1000$</p>

Goal

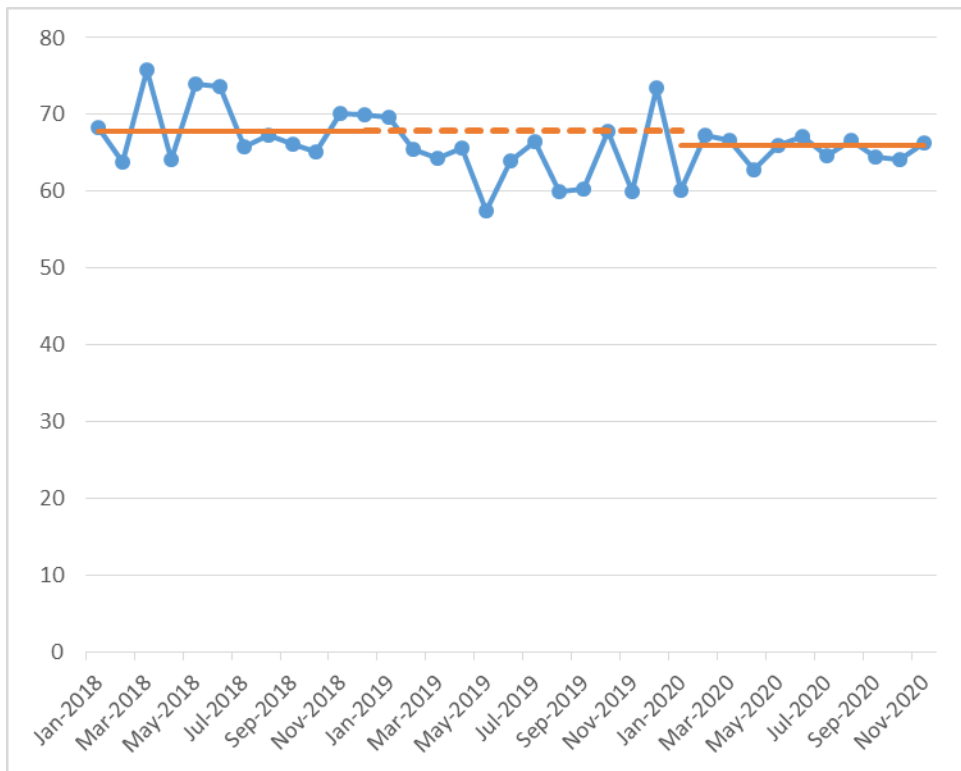
- To be agreed locally with an overall national aim to achieve 3%.

Supporting Measures

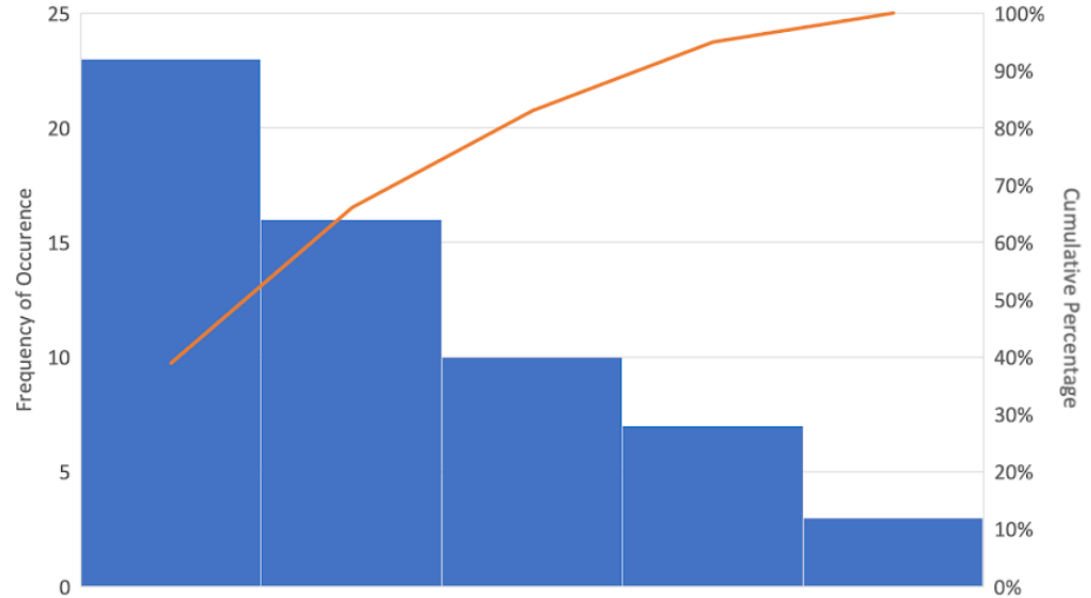
- Identification of at risk patients
- Deteriorating Patient Measures
- Hypothermia Measures

Term Admissions per 1000 Live births

Where
denominator
data available on
BadgerNet

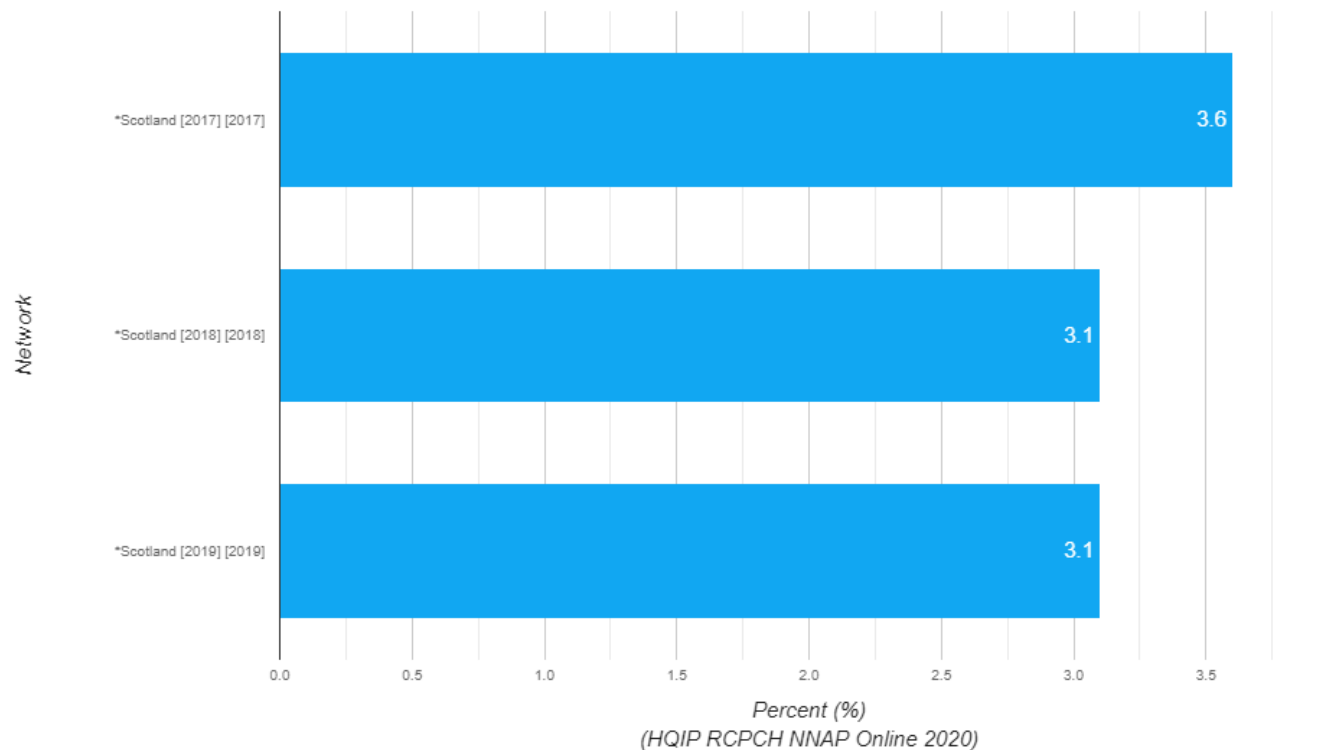


- Respiratory disease
- Infection
- Hypoglycaemia
- Jaundice
- Encephalopathy
- Hypothermia

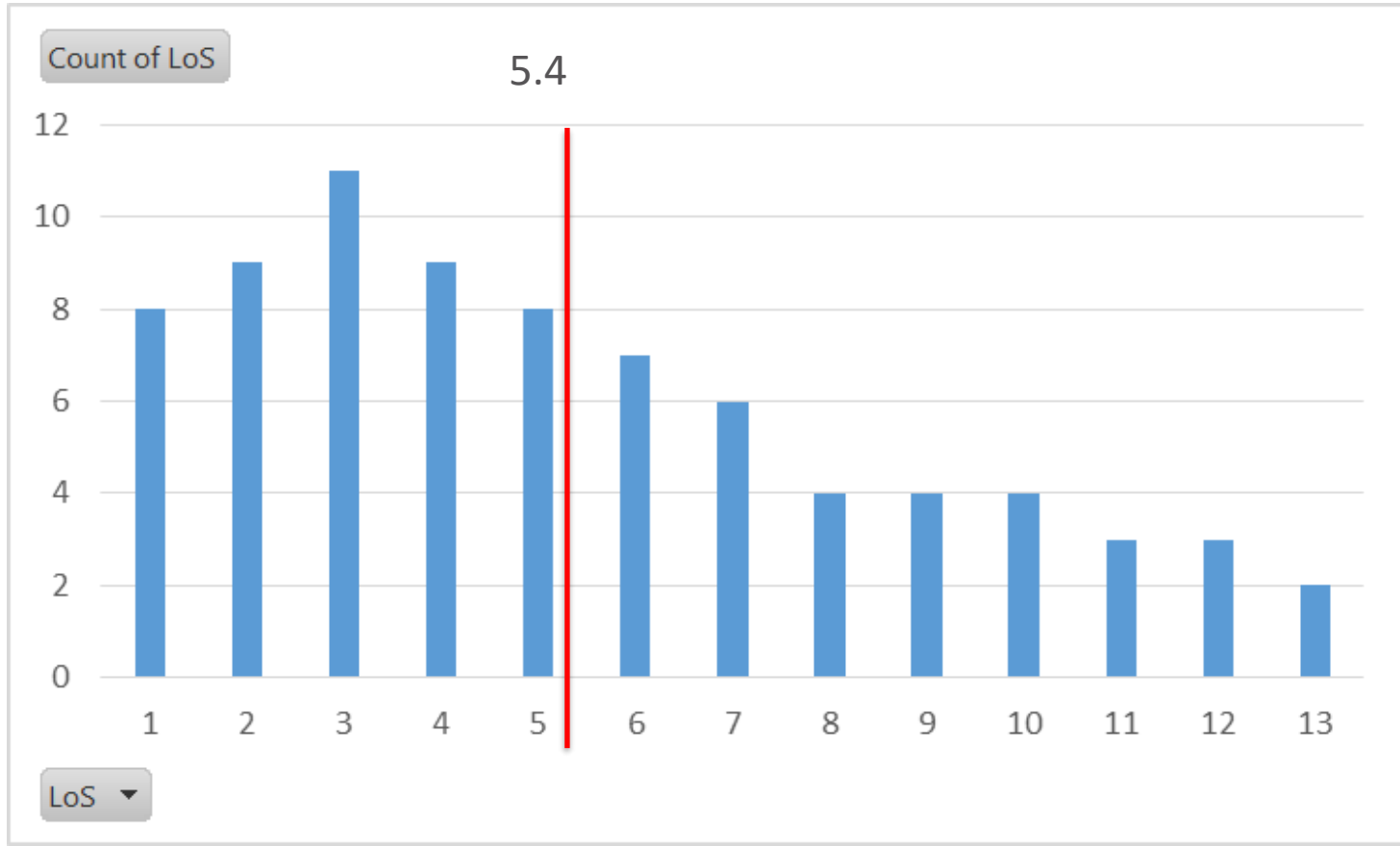


Babies born at 37 weeks gestational age or above (no surgery or transfer): average number of separation days per baby (2014 - 2019)

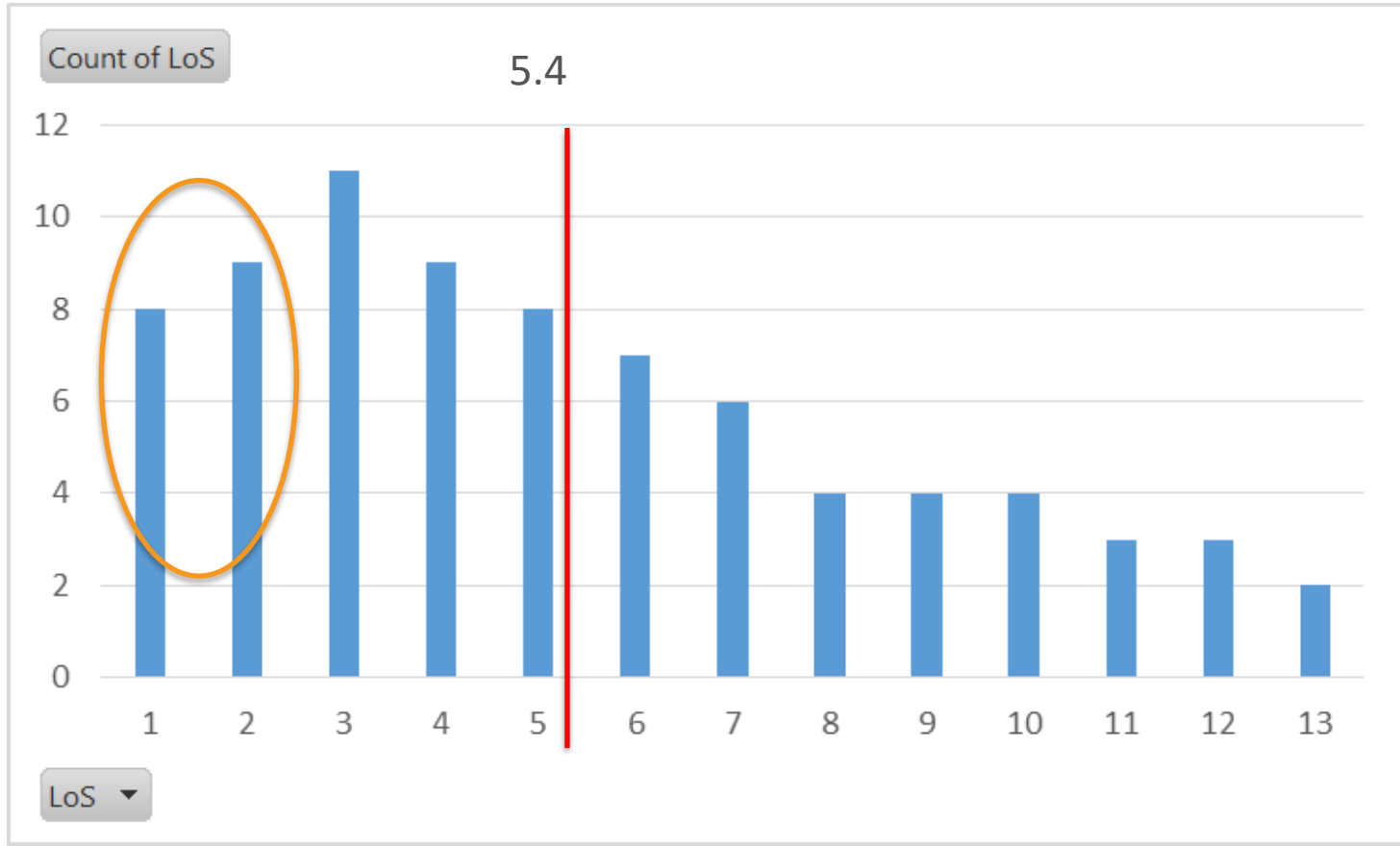
■ Number of separation days per baby



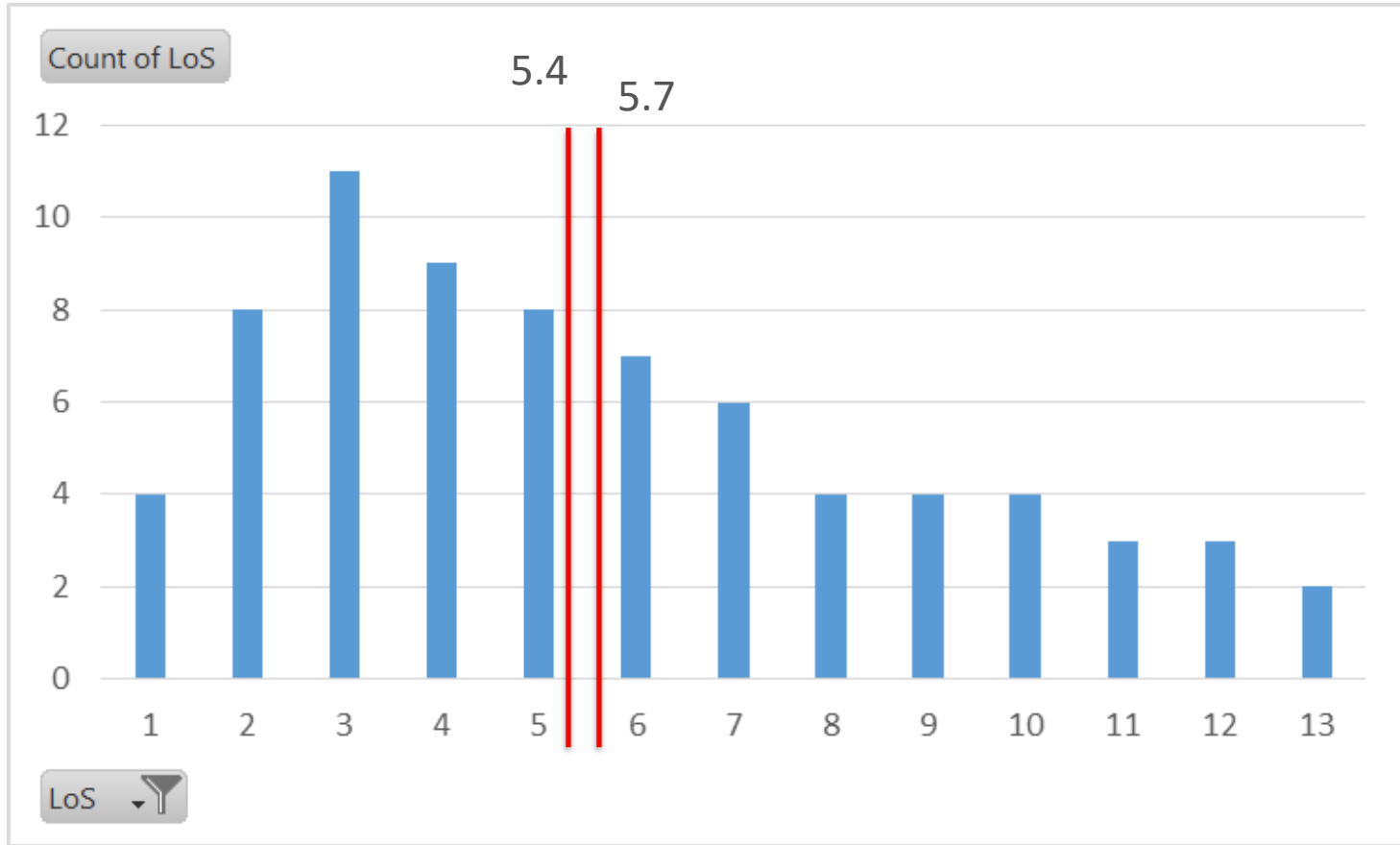
Reducing avoidable admissions



Reducing avoidable admissions



Reducing avoidable admissions





Marie McNairney
Senior Charge Midwife, Neonatal Unit



Reducing avoidable term admissions to Neonatal Unit NHS Ayrshire and Arran

Aim and change theory

Our aim is to reduce the number of 'avoidable' term admissions to the Neonatal unit in Ayrshire Maternity by 30% by 1st June 2021. Thus avoiding unnecessary separation of mother and baby.

- We believe there may be a lack of confidence/Knowledge among the Junior Neonatal Doctors and Nursing staff who would be first to review these infants
- We also feel the existing tool used to identify, assess and monitor clinical progress of the 'at risk' infant is not robust enough to ensure an effective plan of care

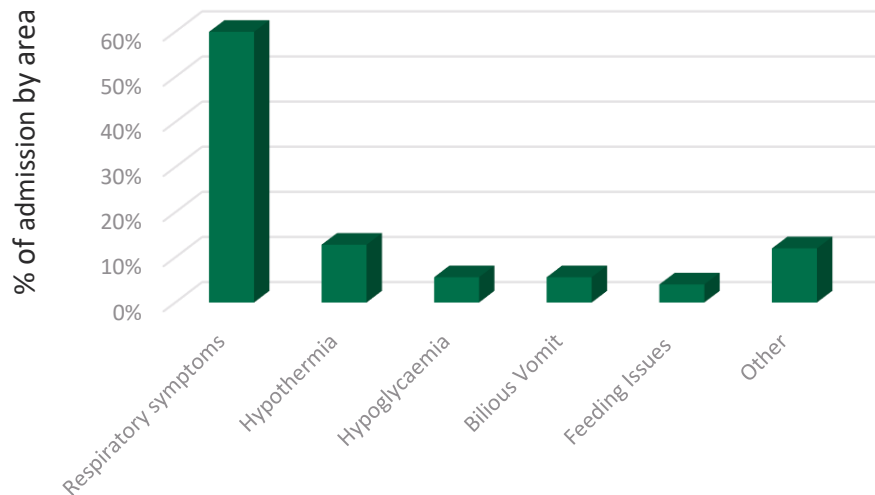
Rationale and understanding the system

On average 60% of admissions to the NNU per month are term.

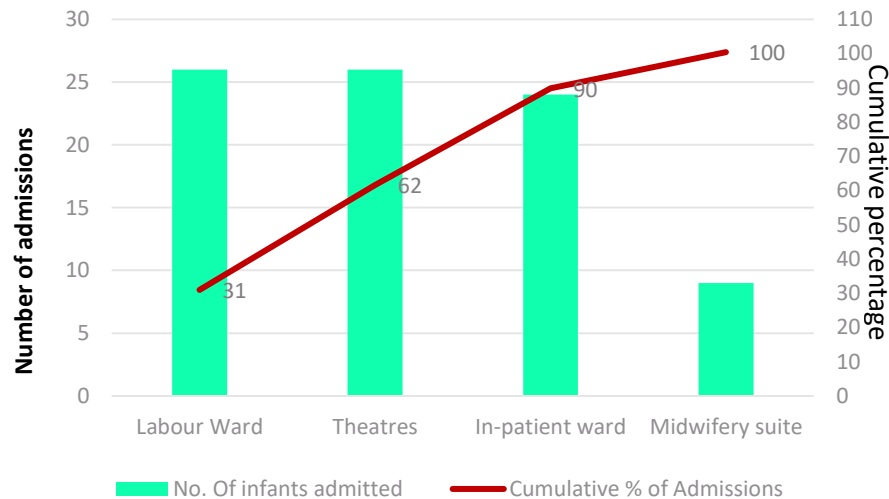
Principal reason; respiratory symptoms

Admitted primarily from delivery areas

Principle reason for term admissions to neonatal unit
1st April – 30th Sept 2020



Term admissions to the NNU
1st April 20 - 30th September 20



Change ideas and next steps

- Conduct both medical and nursing staff survey to establish gaps in knowledge / staff confidence.
- Design and test an educational tool (based on above results)
- Design, test and communicate a more robust pathway to assist in identification and management of care for vulnerable infants post-delivery.
- Ongoing monitoring of the data will inform change



Term Admissions

Dr Lynsey Still
Consultant Neonatologist
NHS Greater Glasgow and Clyde

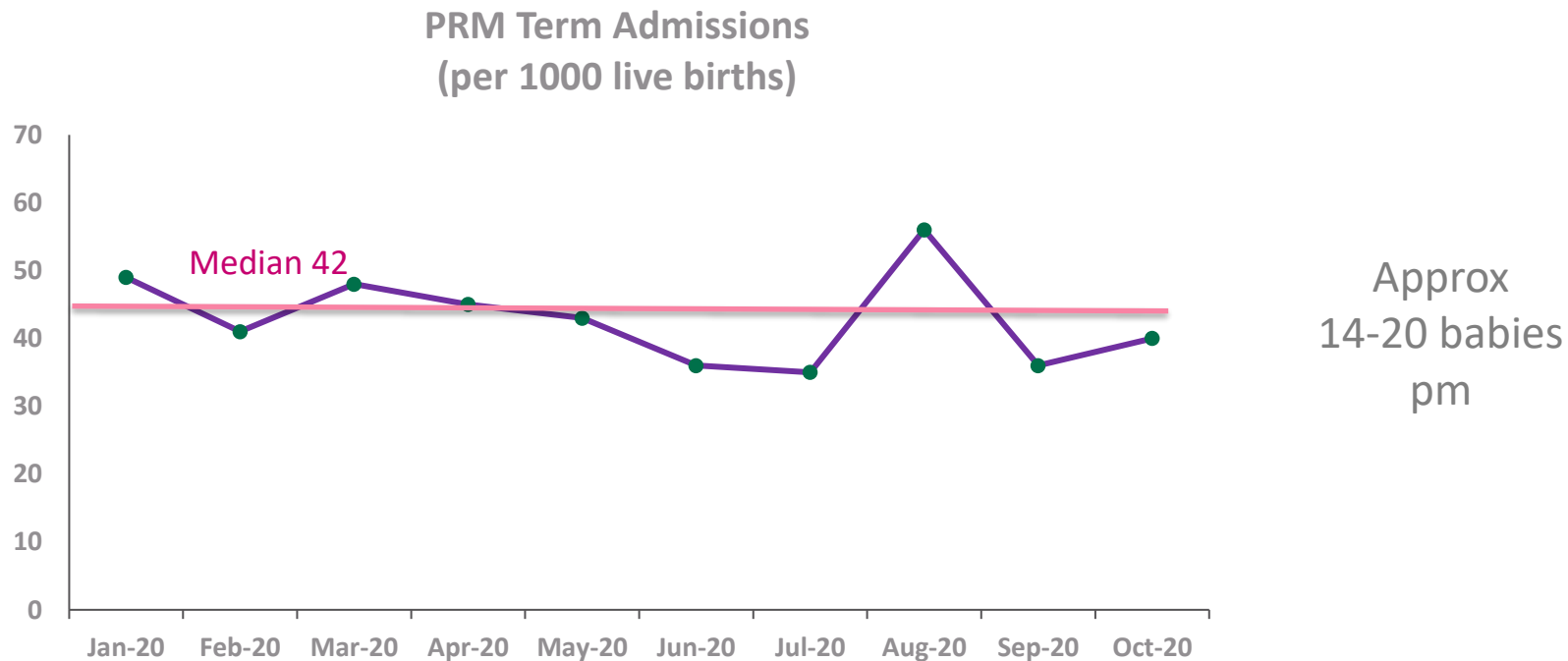
Term Admissions

1. Defining term admissions
2. Understanding the problem
3. QI for Term Admissions – Where are we now?
4. Plans for GGC

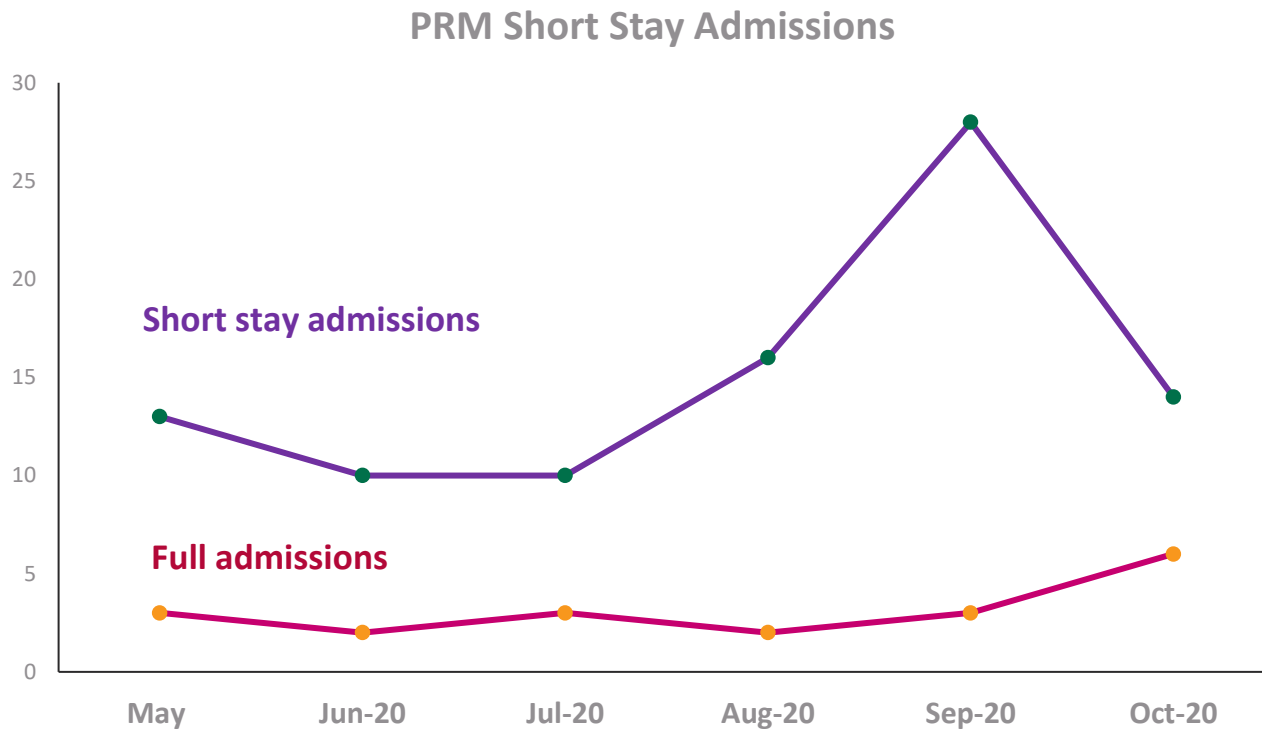
Defining Term Admissions



Defining Term Admissions

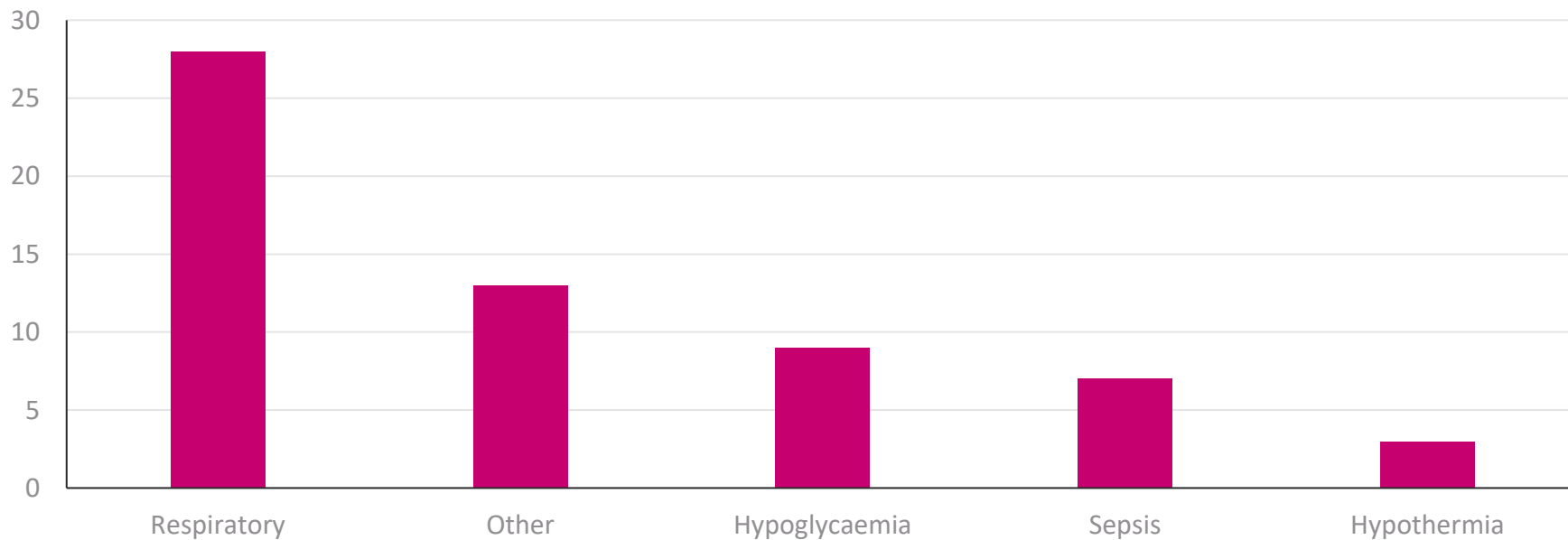


Defining Term Admissions



Defining Term Admissions

Reason for Admission

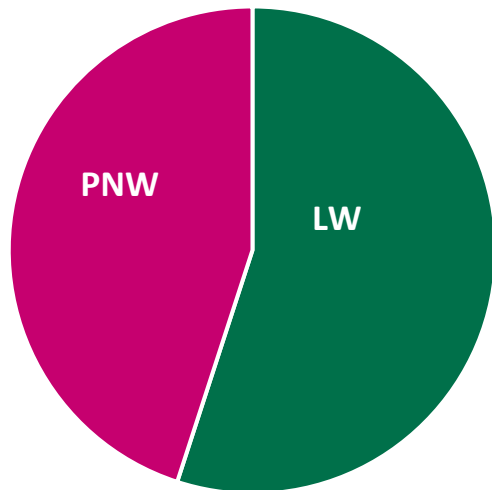


Understanding the Problem

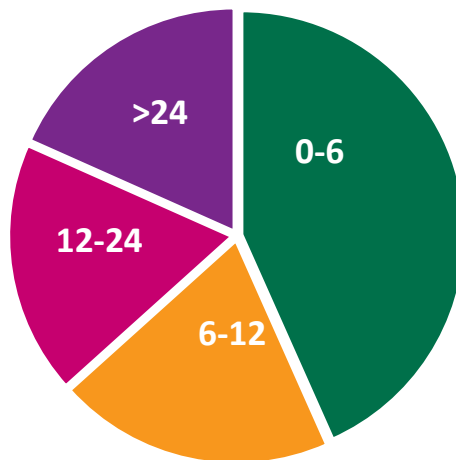


Understanding the Problem

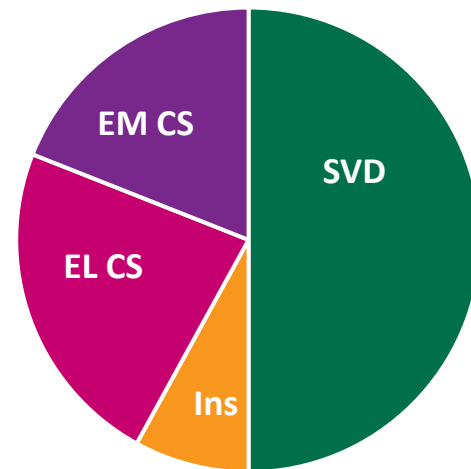
Source



Age at Admission (hrs)



Mode of Delivery



Understanding the Problem

IN UTERO

- Warmth
- Placental glucose
- Minimal oxygen consumption
- Maternal excretion of waste

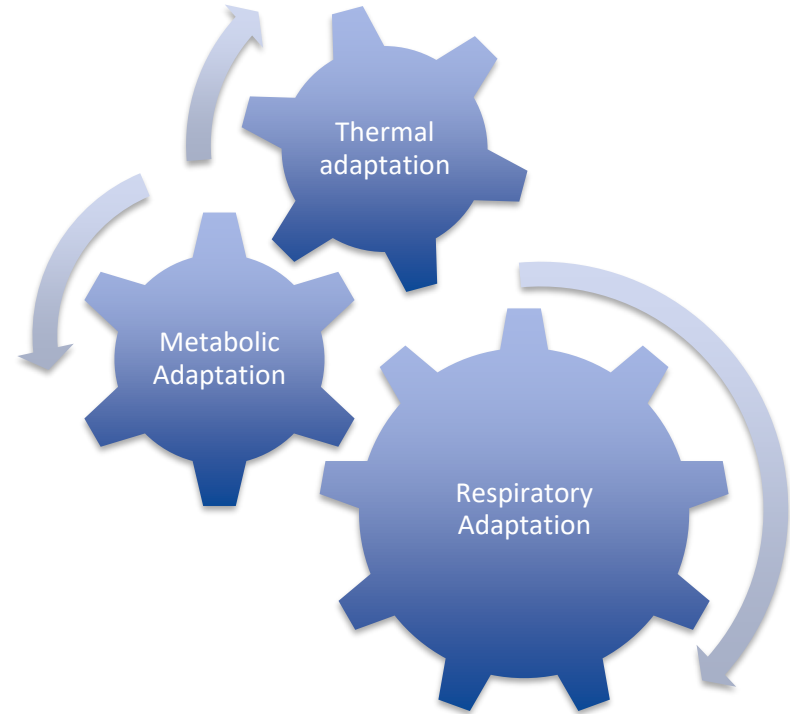


EX UTERO

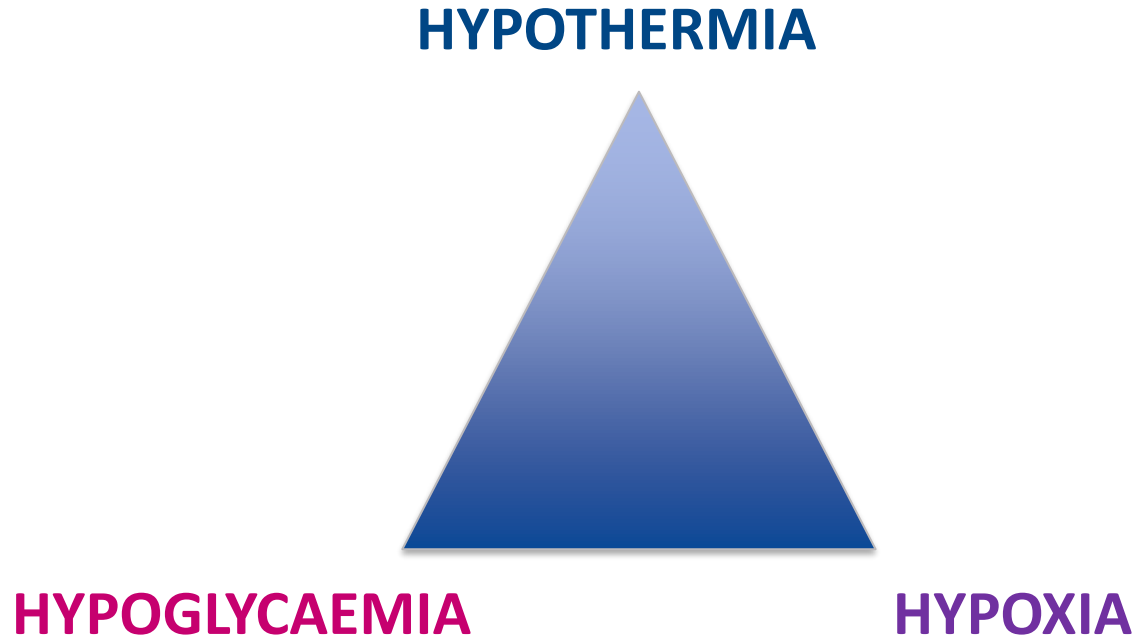
- Normothermia
- Normoglycaemia
- Effortless respiration
- Baby excretion of waste

Understanding the Problem

Failure of normal
postnatal
adaptation



Neonatal Energy Triangle



QI for Term Admissions



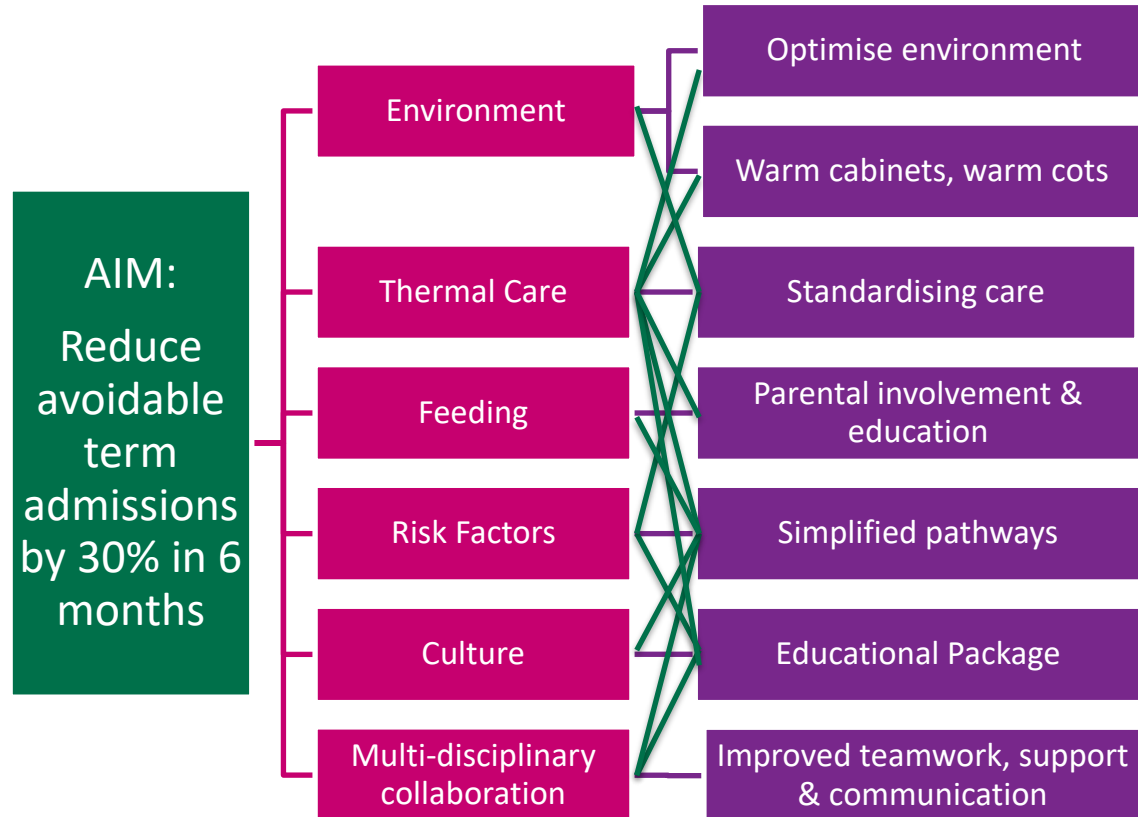
QI for Term Admissions



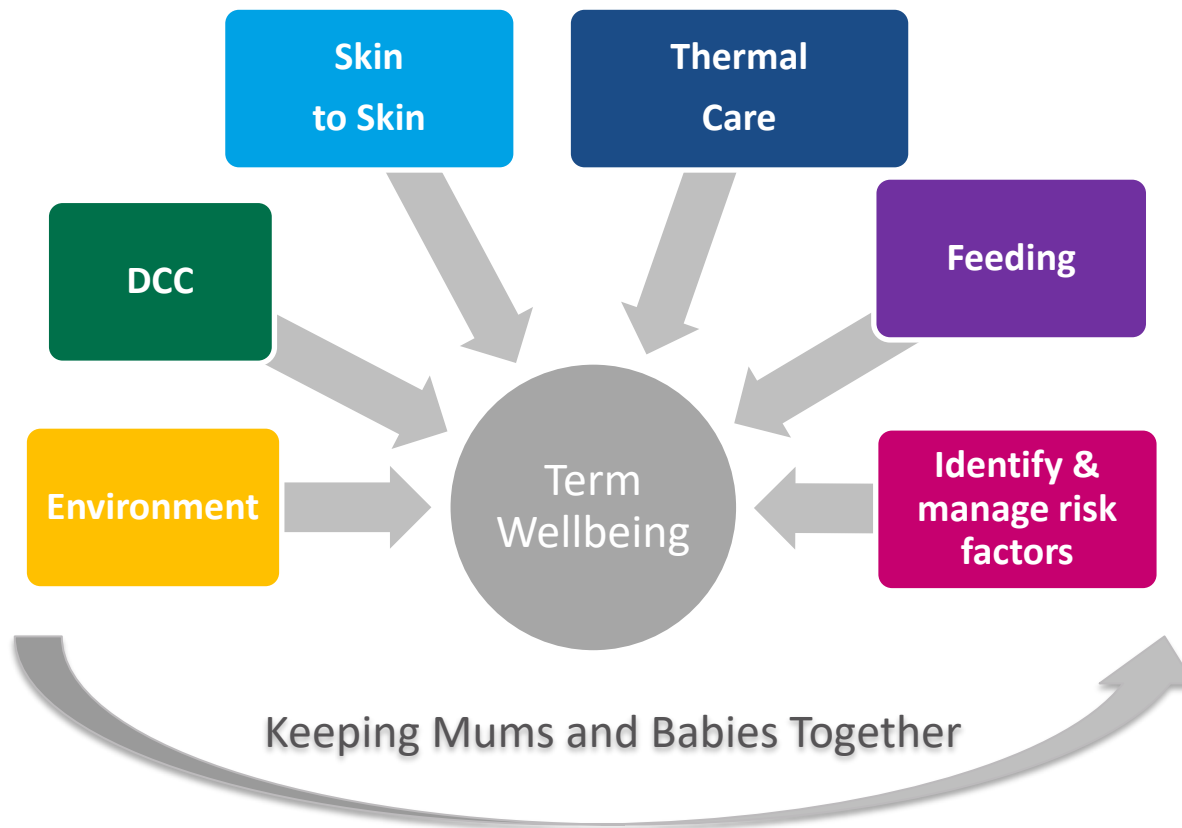
GGC Term Admissions



Reducing Term admissions



Term Wellbeing Package



BAPM Optimising Early Maternal Breast Milk for Preterm Infants – A Quality Improvement Toolkit



- The toolkit supports the optimisation of maternal breast milk (MBM) supply and breastfeeding for preterm babies from before birth to discharge from the neonatal unit

Toolkit: www.bapm.org/mbmtoolkit