

<b>Trust:-</b>	Shrewsbury and Telford Hospital NHS Trust
<b>Maternity ATAIN Lead</b>	Jill Whittaker (Maternity Matron)
<b>Neonatal ATAIN Lead</b>	Sagarika Ray (Consultant Neonatologist) and Sarah Kirk (ANNP)
<b>Obstetric ATAIN Lead</b>	Ms Sheena Hodgett (Consultant O&G)
<b>What work has been carried out on ATAIN so far</b>	<p>Highlighted areas in yellow indicate updated information added to this template on 24/11/18.</p> <p>Initial data collection and analysis of term admissions in 2017 undertaken in January 2018, which helped to identify the areas to prioritise. This was undertaken by the ATAIN team and more specific than data available on the Badgernet system.</p> <p>Following this analysis, strategies implemented include:</p> <p><b>1. Overall awareness of ATAIN programme addressed</b></p> <p>Session during medical staff induction from March 2018 with each intake of new trainees – focusing on ATAIN and SaTH specific pathway for babies who are admitted with respiratory concerns. Also includes material from the e-LfH learning package on ATAIN. Medical and ANNP staff also encouraged to undertake e-LfH module on ATAIN.</p> <p>Session on ATAIN programme, based on material from the e-LfH module on ATAIN scheduled for neonatal nurses Day 2 mandatory study day from September to October 2018.</p> <p>Discussion with Midwifery Clinical Educator in February 2018 with regards the feasibility of midwives undertaking the e-LfH module on ATAIN and/or undertaking a session on the topic during their in-house study days.</p> <p><b>2. Reduction in admissions due to hypoglycaemia</b></p> <p>Updated and revised neonatal hypoglycaemia guideline based on BAPM framework and network guidance. This has been implemented at SaTH since June 2018. Incorporates the use of Dextrose gel to reduce the incidence of term babies being admitted to the neonatal unit for IV fluids.</p> <p>Currently, dextrose gel is being given by the neonatal medical/ANNP staff and neonatal nurses have been trained in its administration. A midwifery PGD (patient group directive) is being developed, following which the training for midwifery staff will be rolled out with a view to their administering dextrose gel from July 2018 onwards.</p> <p>Reduction in admission of term babies in cases where hypoglycaemic babies may require nasogastric tube feeds anticipated with the development of Transitional Care within the postnatal ward setting at SaTH from the summer 2018.</p>

	<p><b>3. Strategy for reducing respiratory term admissions</b></p> <p>Regular session during medical staff induction from March 2018 onwards on local pathway for review of these babies to avoid early unnecessary separation of baby from mother, which includes a Tier 2 review for every potential admission.</p>
<p><b>Term Admission %</b></p>	<p>2017/18 5.4% of Live Births were Term admissions to NNU</p> <p><b>2018 data:</b>  Jan 5.9%  Feb 5.9%  Mar 3.6%  April 4.7%  May 4.5%  Jun 4.3%  Jul 4.9%  Aug 3.8%  Sep 3.4%  Oct 2.9%</p>
<p><b>Top 5 reasons for Admission</b></p>	<ol style="list-style-type: none"> <li>1. Respiratory Disease</li> <li>2. Infection</li> <li>3. Hypoglycaemia</li> <li>4. Observation</li> <li>5. Poor Feeding/Weight Loss</li> </ol>
<p><b>Any other information</b></p>	<p>Ongoing monitoring, data collection, and analysis of term admissions before and after the implementation of these strategies</p> <p><b>Update from 24/11/18:</b></p> <p>Analysis of the respiratory cases highlighted specific areas to target – such as Tier 2 review of respiratory admissions and hypothermia in the Delivery Suite.</p> <p>Tier 2 reviews have been addressed through Medical Induction with every new intake of medical staff.</p> <p>Hypothermia has been highlighted to Maternity via governance pathways.</p> <p>Discussion with pharmacy has confirmed that midwifery staff do not require a patient group directive (PGD) as dextrose gel is classified as a food substance. Written guidance with dosage for midwifery staff is being ratified through Maternity Governance in November 2018, following which the process will be more streamlined with the midwives calculating the dextrose gel dose and administering themselves, whilst informing the neonatal team of this.</p> <p>Transitional Care has been set up on the postnatal ward in June 2018. Currently, we have not had the need to consider nasogastric feeds for hypoglycaemia on the postnatal ward in any term babies.</p>