

Chris Day



The Yorkshire and Humber
Neonatal
Operational Delivery Network

<27/40 babies

Place of birth (IUTs)



- LMS/NNAP target 85% NICU deliveries ie 15% born in non-NICU
- 2018/19
 - 68 booked and delivered in NICU 50.4%
 - 28 IUT to NICU 21.1%
 - 38 babies born in non-NICUs 28.6%
- 2016-2018
 - 151 booked and delivered in NICU 52%
 - 66 IUT to NICU 22%
 - 76 babies born in non-NICUs 26%

IUTs



- So..
- No improvement across network despite 3 years of case reviews
- >70% of women were not referred for IUT
- Process is now in evolution
 - Maternity network now reviewing cases
 - LMS receive data on non-IUT rates for each place

Saving Babies Lives version 2

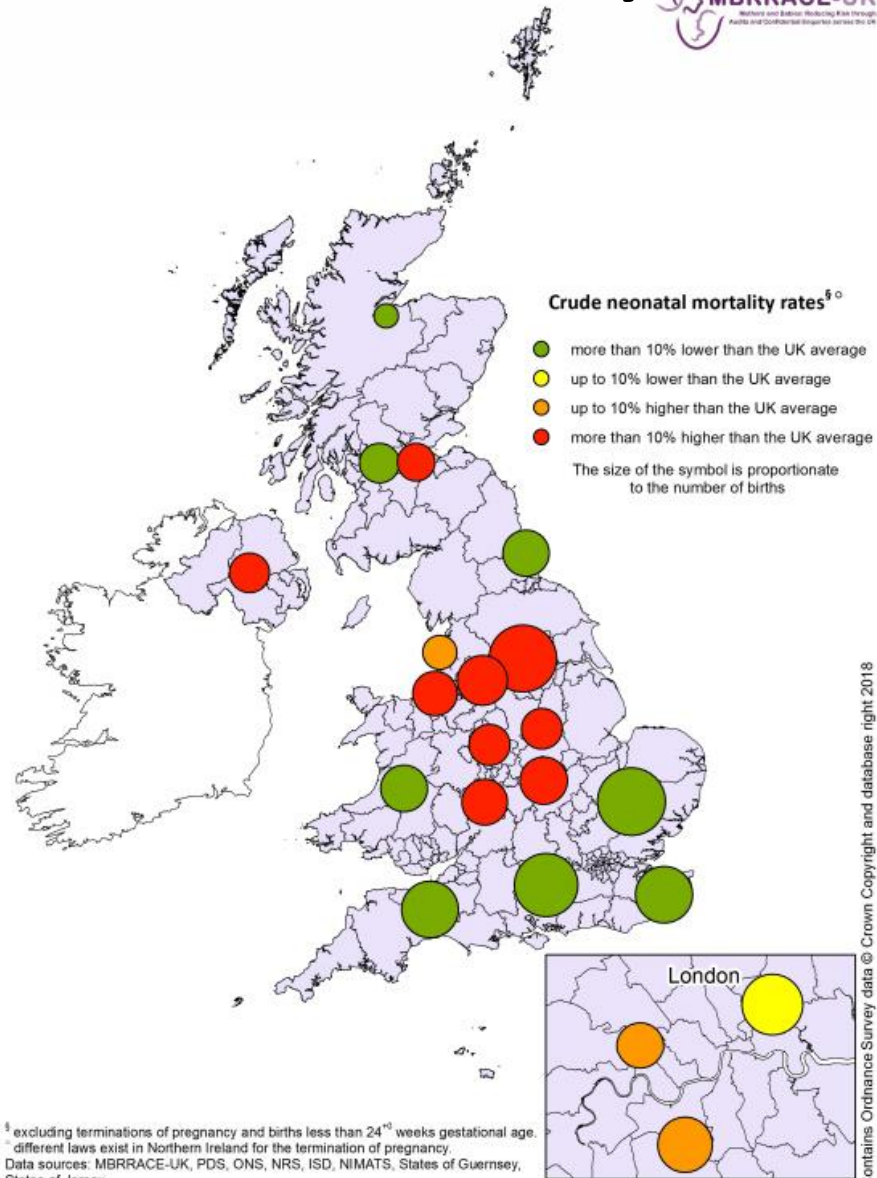


- **Element 5-Reducing the number of preterm births and optimising care when preterm delivery cannot be prevented**
- Optimise place of birth – women at imminent risk of preterm birth should be offered transfer to a unit with appropriate and available neonatal cot facilities when safe to do so and as agreed by the relevant neonatal Operational Delivery Network (ODN)
- 5.18 Maternity providers are encouraged to focus on the following areas:
 - d. Appropriate place of birth for women at risk of preterm birth.
- Process indicators
 - Percentage of women who give birth in an appropriate care setting for gestation (in accordance with local ODN guidance)

Mortality



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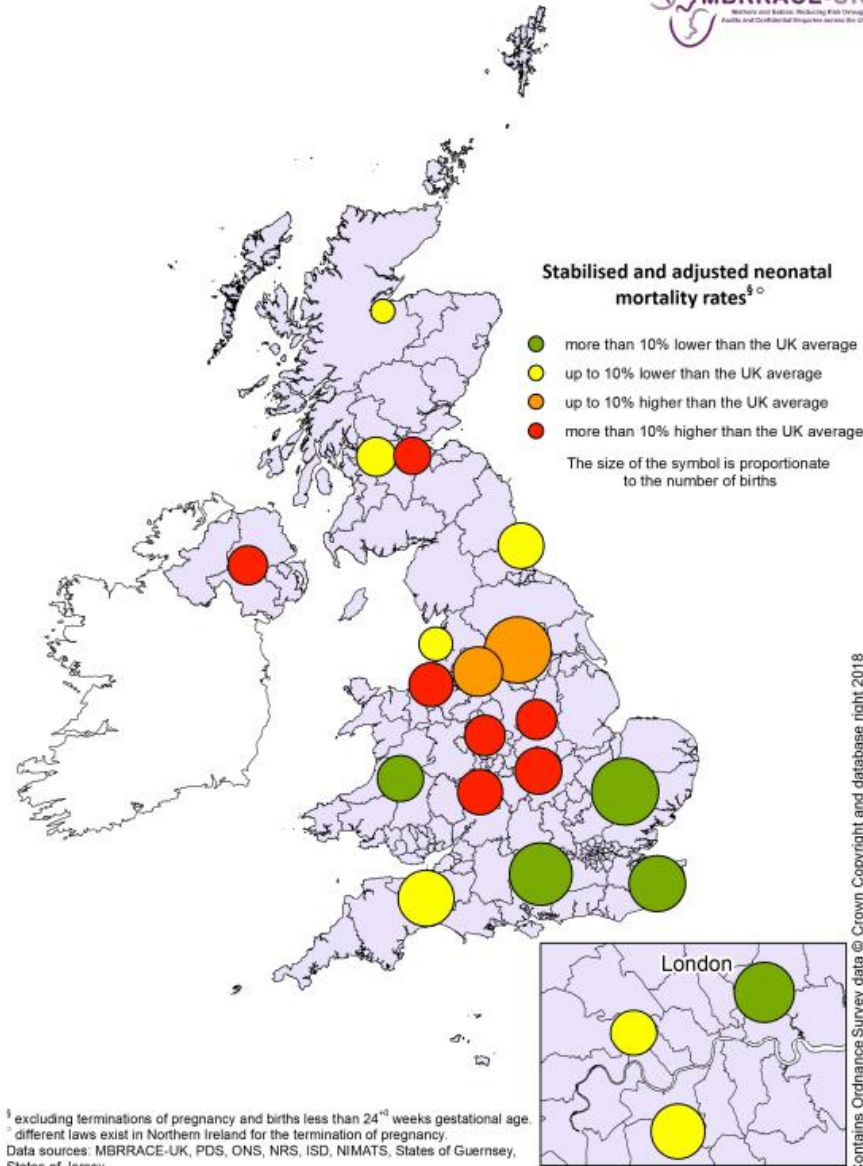


[§] excluding terminations of pregnancy and births less than 24th weeks gestational age.
[¶] different laws exist in Northern Ireland for the termination of pregnancy.
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Mortality



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Mortality



- NNAP taking this on as important metric
- Acquiring data on <32/40 babies by network
- 3 years of data up to June 2018
- Correction to include gestation and ethnicity
- Presenting at BAPM this September
- Local data very compelling – but only survival from NNU admission not from arrival on labour ward

Mortality by gestation



Survival	2016	2017	2018
23/40	39%	35%	62%
24/40	58%	67%	72%
25/40	75%	78%	80%
26/40	75%	88%	86%
27/40	92%	91%	93%
28/40	90%	95%	94%

Mortality by gestation



Very low gestation babies have high mortality

But its getting better

While more babies being admitted to NNUs

For 23/40 & 24/40 gestations combined we have gone from approx 1/2 to 1/3 death rate

Mortality at low gestation



Potential to do 'even better'

Antenatal steroids and magnesium

Place of birth (IUT)

Deferred cord clamping



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Better Newborn Care



Recommendation from Better Births (national maternity review published 2016) to undertake national neonatal review

Review carried out by members of CRG chair led by Neil Marlow 2016/17

Report prepared Nov 2017 but embargoed

Better Newborn Care



Draft report out now – final version in **Jan** but no major changes expected.

Better Newborn Care



Draft report out now – final version in **April** but no major changes expected.

Better Newborn Care



Draft report out now – final version in ?? but no major changes expected

Vision:

A seamless, responsive and multidisciplinary service built around the needs of newborn babies and the involvement of families in their care, networked together to provide the highest quality care and outcomes, minimising separation of the mother and baby, and providing expert care as close to home as possible.

Better Newborn Care



Proposed that NICUs should have:

>100 VLBW babies and >2000 IC days / year

‘except for a v small number of geographically remote services’

Within Y&H 3/4 meet this number

LNU / SCU designation



2 key elements

- Amount of HD+IC activity aiming for >1000 days.
(First phase >750 days)
- Should have presence of expert medical staff with no responsibilities outside NNU 24/7
'expert' in this context means registrar, consultant or senior ANNP
- Within Y&H
 - 3 LNUs fully meet activity requirements
 - 2 LNUs meet medical staffing (1 near)

Implementation



- ODN to lead on pathways and data then regional NHS commissioners to develop plan.
- This will be signed off by national implementation group
- Timescales: broadly to achieve within 5 years but initial designations April 2019 (?)
- LNUs medical staffing April 19(?)
 - 3 years to >750 days
 - 5 years to >1000 days

Implementation 2



- NICU – all compliant within 5 years
- Nursing BIG THING!!
Trusts to develop and implement strategies to ensure staffing compliant with toolkit – to report progress April 19 (?) and annually
- Endorses Dinning tool
- Trust Board Neonatal Safety Champion

Implementation 3



- National electronic patient record
- Women at risk of early delivery to be transferred on agreed pathway – not negotiated on case by case basis
- Potential for GIRFT involvement- **started**
- ODN funding
- Transport

Potentially significant amounts of new money!!



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