Reducing or Avoiding Term Admissions into the Neonatal unit: ‘Quick Wins’, ‘Colostrum Collection Initiative’ & ‘The First Hour of Care Project’

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1. Background

This local project is linked to the National ATAIN way of working: Avoiding Term Admissions into Neonatal units. The focus is on reducing harm and avoiding unnecessary separation of Mother & Baby to provide safer care for babies.

- There is overwhelming evidence that separation of mother and baby so soon after birth interrupts the normal bonding process, which can have a profound and long-lasting effect on maternal mental health, breastfeeding and long-term morbidity for mother and child. This makes preventing separation, except for compelling medical reasons, an essential practice in maternity services.

Any of babies admitted into Neonatal units are term babies (37+ weeks gestation). The national target is to reduce the low term admissions (less than 37 weeks). There is local variation: clinical practice/admission policies, midwifery skills/resources and fail safe decision making.

- Cord clamping often done for 1 min or less
- Website information: QR codes
- Hypoglycaemia Prevention/early feeding
- Elective/Planned babies
- Two ‘cold’ babies were admitted to the neonatal unit with unrecorded temperatures (hypothermia) and low blood sugars (hypoglycemia) & many come directly from theatres or birthing rooms. If these babies were cared for differently... This project seeks to identify areas where quality improvements can be made to address some of our local issues using audit and data analysis, review from observational studies and the targets of the national framework as a guide.

2. Aims of the Project

- To reduce or avoid term (37+ weeks gestation) babies from being admitted to our neonatal units & therefore unnecessary separation of Mum and babies.
- To review the data and find the local points in time where I could make improvements in our local HHFT service. To then plan, design and implement sustainable service changes & initiatives to make quality improvements within the clinical areas identified and in line with the national ATAIN framework showing changes in outcomes and a reduction of admissions by the end of 2019.

3. Design (Information to shape the project)

The project was informed by:

- 1. Audit of numbers of term babies admitted to the Neonatal unit (NNU) from 2017 – 2018
- 2. Audit of reasons for term babies admitted to the Neonatal unit (NNU) (Figure 1) to inform the project focus
- 3. Audit of all elective Caesarean Sections done before 39 weeks optimum time (39-42 weeks gestation) - nationally babies born at 37-38 weeks are twice as likely to be admitted to neonatal services as those born at 39-42 weeks gestation.
- 4. Audit of term babies admitted to the Neonatal unit who were admitted for respiratory symptoms, and the obstetric reasons why the elective caesarean was done before 39 weeks.
- 5. Baby temperatures had not been taken or recorded on this site for some years highlighting inconsistent standards.

4. Key people involved – Multi-disciplinary team

Project Manager
- Associate Director of Maternity (HDM)
- Consultant Obstetricians
- Safety Champions/Team
- Communication Team
- Midwifery Managers (MHs)
- Ward Clerks (IT & data support)
- Data expert
- Neonatal Nurses/Matron
- Women – our ‘Service Users’

5. Strategy (Phase 1) – Identifying problems/solutions

Early issues were highlighted within the background work, data collection and audit and focusing on the main project:

- Quick Wins
- ‘First Hour of Care’ pathway

6. Outcome & Results

‘Quick Wins’ – Changes introduced quickly

1. Feeding and weight loss - Day 3 community visit
- Baby weighs a breast feeding support on Day 1 has reduced admissions with feeding/weight loss from 12 in a year (2017) to 4 in 6 month period (2018)

2. Baby Temperature at Birth
- Using colostrum to support babies with low blood sugars in first hour and after birth
- Baby feeding and monitoring and breast feeding has increased using colostrum to support babies with low blood sugars in first hour and after birth (3A)

3. Breastfeeding rates and skin to skin contact (3B) have been recorded using colostrum collection form

4. ‘First Hour of Care’ Project – Pathway designed to be tested, introduced & measured

Cord Clamping/Environment Temperatures (4)
- Cold/birth of baby into cold theatres/Birth Environments – Theatre temperature is now set on one acute site, and increased daily on the other to ensure warm enough environment. This has much improved, there have been no babies admitted with hypothermia from improvemen to May 2018”.

’re to ensure that we are not putting more babies at risk by doing elective caesarean early:’

Audit (No. of 3A) at both sites have not picked up change in site and had dramatic effect to the early delivery.

Observational studies (5) – highlighted themes which have been used to develop the ‘First Hour of Care’ pathway which will be assessed once in clinical practice (Figure 5).

7. Next Steps

1. ‘First hour of care’ pathway will be tested and introduced with support of matron/team leaders.

- Train to raise awareness and back up the first draft (mean ‘first hour of care’ pathway)

- Audits on baby feeding & re-admissions will continue and communication of results to staff.
- Nominated midwife for postnatal teams to ensure ATMN collection service continues and is sustainable for the future.

- Maternity nurses aware to communicate this to women and partners.

- To measure compliance, feeding rates will be monitored for 6 months to see if outcomes change.

- Awareness of ‘First Hour of Care’ project and how to measure outcomes are taken to continue this.

- Informed midwife will handover to follow-up/guidance to admissions of term babies to Neonatal units

8. Challenges

- Data Quality of Better net (neonatal electronic system) and CSCI (maternity data) quality initiatives to inform the project direction & administration measures often multi-factorial/Uneven

- Engagement with ‘First Hour of Care’ breakout sessions

- Data expert/Communications team updated on new initiatives to develop ‘First Hour of Care’ pathway which will be assessed once in clinical practice (Figure 5).

9. Lessons learnt

- Early definition of the project, providing clarity and therefore the focus/lays easy to address

- To ensure engagement and regular meetings/support from Director of Maternal & Neonatal

- To focus on the local project in line with the national agenda & having more than one area/project focus