

Project aim

A collaborative approach to reduce harm and avoiding unnecessary separation of mothers and babies'.

Why is this important

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 lasting effect on maternal mental health, breastfeeding, long-term morbidity for mother and child.

Timeline for delivery

From: February 2018

To: March 2020

Measures

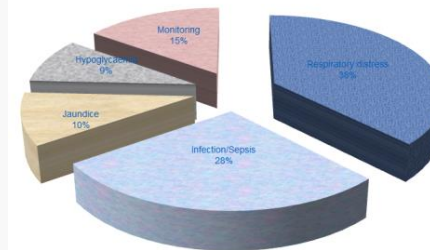
- Perinatal collaboration crucial
- Identified ATAIN leads – Mat, Neo & Obs
- Working in partnership with your CN, LMS and ODN
- Review/audit of admissions
- BadgerNet and MSDS +review to understand contributory factors for admissions
- Draw on ATAIN findings and audit tool was devised
- Identified board maternity safety champions

Actions delivered

Where we are at present:

- Fortnightly meets joint MatNeo
- Implementation of red Bobble Hat.
- Administration of IVAB on the post natal ward at the cot side with midwife being the 2nd checker reducing separation of mother and baby.
- Using the NEWTT chart for monitoring babies observations on postnatal ward
- Implementation of the Hypoglycaemia guidelines in line with BAPM recommendations.
- ATAIN on Risk register
- ATAIN action plan completed and submitted to Board, ODN & LMS
- Meeting with Head of estates to discuss TC ward options- Awaiting Architect quote to compile a business case.
- NICU PDN teaching on maternity update days.
- Audit on antibiotics within 1 hour of decision to treat

Reasons for Admission



Project team

Neonatal unit and Maternity.

Results

National findings:

- 20% – 30% of all babies admitted to L1, 2 or 3 care received no intervention which could not have been delivered by keeping them with their mothers
- 31% of babies were admitted for <48 hours and received no high dependency or intensive care intervention
- Role for Transitional Care facilities
- Babies born at 37-38 weeks were twice more likely to be admitted to Neonatal services compared to those born at 39-42 weeks gestation = increased vulnerability

Local Findings:

- Since Hypoglycaemia guideline Implementation date 1st February 2019
- 1st feb 2019-30th June 2019 10/107 = 9%
- 1st feb 2018-30th June 2018 8/91 = 9%
- previous 5 months prior to implementation 11/118 = 9%

Since September 2018 antibiotics are being delivered on the post natal ward keeping mum and baby together.

Learning and next steps

- Complete business case for TC ward and staffing.
- To get all maternity and neonatal staff to complete the ATAIN eLfh programme.
- Explore funding for blood culture incubator.
- Visit Colchester neonatal unit- low Term admission rates.
- Extra care guideline to be completed for babies on the post natal ward.
- Medical escalation pathway- (already being completed as part of a maternity SI).
- All Medical staff to have 1 ACAT assessment for neonates completed in their 6 month placement
- Keiser sepsis tool trial- to reduce no of antibiotics given to babies
- Need to purchase transcutaneous bili meter to meet NICE guidelines to reduce blood sampling in babies >35 weeks gestation.

