



# **Target**

- Target:
  - 85% minimum and 95% stretch target by end July 2019, demonstrating three months at or above target
- To support you achieve this target:
  - funding of £2500 per unit plus £75 per eligible baby based on 2016 figures plus resources (*more on resources later*) to support:
    - Maternity Unit Midwife Lead
    - · Maternity Unit Obstetrician Lead
    - Ideally a Maternity Neonatal Lead
    - Exec Sponsor (all identified)
    - · Training, data submissions
- With this:
  - support from the Regional Team (more on this later):
    - Sundeep Harigopal PReCePT Regional and Neonatal Lead
    - Karen Hooper PReCePT Regional Project Manager
    - Julia Wood PRECePT Quality Improvement Lead



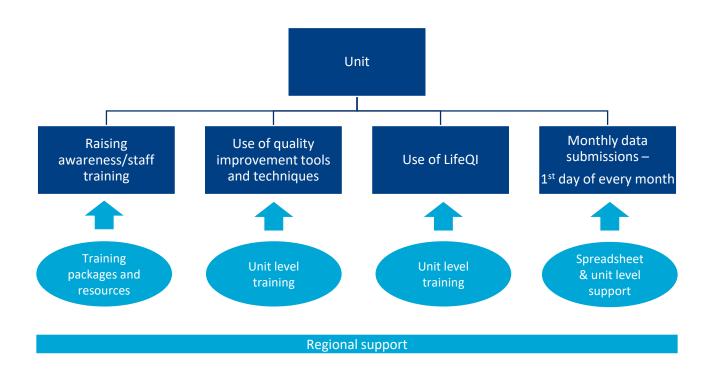


# PReCePT PRevention of Cerebral Palsy in PreTerm Labour Magnesium Sulphate for

Magnesium Sulphate for Neuroprotection

Quality Improvement Toolkit 2018







# Prevention of Cerebral Palsy in



### Pre Term Labour

#### **Data Definition**

#### The calculation of % uptake of Magnesium Sulphate:

Numerator: Number of eligible babies (of 29+6 weeks gestation or less) where their mother

received MgSO4

Dominator: Every eligible baby (of 29+6 weeks gestation or less)

Eligible babies where the mother did not receive MgSO4 or where it is not known if the mother received MgSO4 will be included in the denominator.

NB: Multiples (twins and triplets) are counted as one entry.

Only the first neonatal admission episode on Badgernet will be included in the data set. Later admission episodes are not relevant.

Please refer to the NNAP audit definitions (2018) for more detailed inclusion criteria (attached as Appendix).

#### Worked example:

In one month a Trust has 100 eligible babies (of 29+6 weeks gestation or less), and 90 of these were given Magnesium Sulphate, the remaining 10 were not given this because delivery imminent, declined by mother, not offered, contraindicated, or other, the % against the target would be 90%.



# **Regional Protocol**

Karen to complete



#### Section 2

Data for PReCePT monthly performance reports

This month is

February 2019

	42	Table 1: Uptak	e rates by month		-
	No. of babies admitted (less than 30 weeks gestation) where mother given magnesium sulphate within 24 hours of delivery	No. of babies admitted (less than 30 weeks gestation)	Target	Stretch target	Percentage of babies admitted (less than 30 weeks gestation) where mother given magnesium sulphate within 24 hours of delivery
September 2018	36	100	85%	95%	36%
October 2018	38	100	85%	95%	38%
November 2018	45	100	85%	95%	45%
December 2018	67	100	85%	95%	67%
January 2019	84	100	85%	95%	84%
February 2019	86	100	85%	95%	86%
March 2019			85%	95%	WN/A
April 2019	-,		85%	95%	#N/A
May 2019			85%	95%	#N/A
Total	356	600	n/a	n/a	n/a

Name of maternity unit Babytown Hospital
Name of maternity unit contact Florence Nightingale

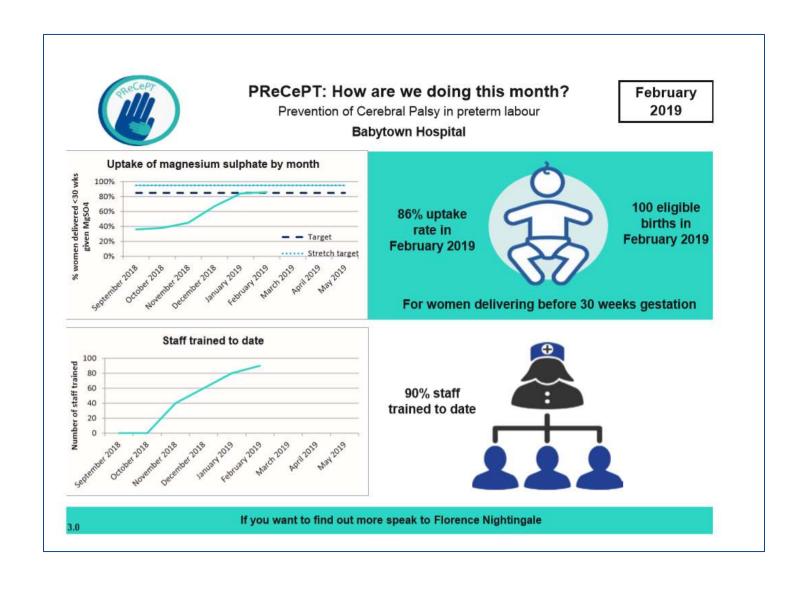
Only enter data in the orange cells

	Table 2:	Staff trained by r	nonth	
	No. of staff trained (per month)	No. of staff trained (cumulative)	Total number of staff to be trained	Percentage of staff trained
September 2018	D	0	100	0%
October 2018	0	0	100	0%
November 2018	40	40	100	40%
December 2018	20	60	100	60%
January 2019	20	80	100	80%
February 2019	10	90	100	90%
March 2019		#N/A	100	#N/A
April 2019		#N/A	100	#N/A
May 2019		#N/A	100	#N/A

	Delivery imminent	Declined by mother	Not offered	Contraindicated	Other	Total
September 2018	12	16	21	7	8	64
October 2018	8	13	26	7	8	62
November 2018	6	4	22	19	4	55
December 2018	9	2	14	7	1	33
January 2019	D	1	12	2	1	1.6
February 2019	0	4	7	2	1	14
March 2019						0
April 2019						0

Submit on 1st of each month









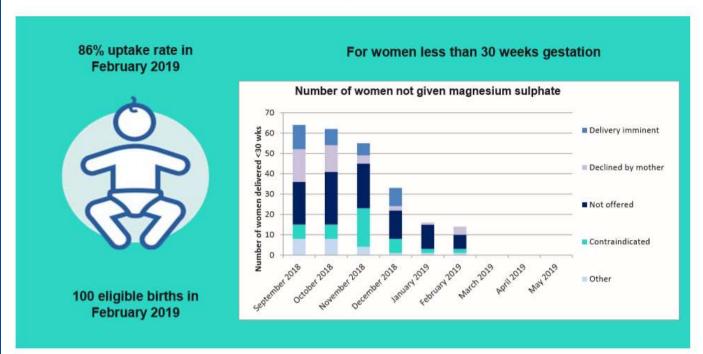
#### PReCePT: How are we doing this month?

Prevention of Cerebral Palsy in preterm labour

Number of eligible women not given magnesium sulphate

Babytown Hospital

February 2019



v 3.0

If you want to find out more speak to Florence Nightingale



## **Key messages**

- Magnesium sulphate is effective even if given 0-4 hours before delivery. Those Trusts reaching the 90% upwards will give Magnesium sulphate very near the delivery time. She suggests that you look at the delivery of steroids for those patients where magnesium sulphate has not been given, and if steroids have been given then there is also time to give Magnesium Sulphate.
- Even if a patient has sepsis then Magnesium sulphate should still be given any tocolytic effect is mild and if needed can be counteracted by giving syntocinon – in sepsis, the brain is at even greater risk of damage & therefore it is even more important to give MgSO4
- The evidence demonstrates that administration of the initial loading dose, without the subsequent maintenance infusion still confers benefit and should be administered even if it is not feasible to continue with ongoing infusion. In the first PReCePT project an effective approach that developed was giving magnesium sulphate loading dose before ambulance transfer; maintenance infusions can be commenced but should not be running during transfer.
- The key thing is getting the diagnosis of preterm labour correct!



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Ask five people in a team/area the following questions and use a five bar tally (e.g. \( \mathbb{H}\) | \( \mathbb{H}\) |). Repeat on a monthly basis throughout the project to assess awareness in the wider team. Add in any other questions as appropriate for your measurement plan.

Date:			
Team:		9	
Total responses:		Yes	No
Have you heard about the PReCePT Programme?			
Can you tell me what PRevention of Cereb Labour (Mark Yes if al	ral Palsy in PreTerm		
Have you heard of the sulphate when used in	benefits of magnesium preterm labour?		
Are you aware of where to find the PReCePT Toolkit & Implementation Guide?			
Are you familiar with the Parent Information Leaflet?			
Do you know where to find BadgerNet data for your unit?			
Have you seen the PReCePT posters, magnets & lanyards in your unit?			
Thank you for your tim	ne		

Submit on 1<sup>st</sup> of each month



