

# MatNeo Safety Collaborative:

- A three-year programme to support improvement in the quality and safety of maternity and neonatal units across England by reducing unwarranted variations in care.
- Contribute to the national ambition, set out in Better Births of reducing the rates of maternal and neonatal deaths, stillbirths, and brain injuries that occur during or soon after birth by 20% by 2020.



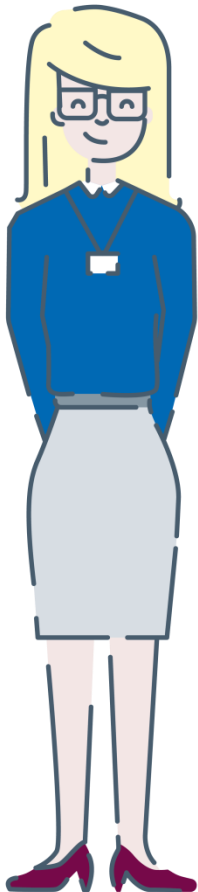
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We will improve diabetic management for our mums and babies. The 3 areas for improvement are;

1. 95% of babies born to diabetic mothers will achieve “golden hour” (weight, temp and feed within an hour).
2. 50% of all diabetic mothers who wish to breastfeed have colostrum available for 1<sup>st</sup> feed.
3. 50% of women with pre-existing diabetes attend their booking appointment with an HbA1c <48mmol/mol. (currently only 37.5%). Preconception care.



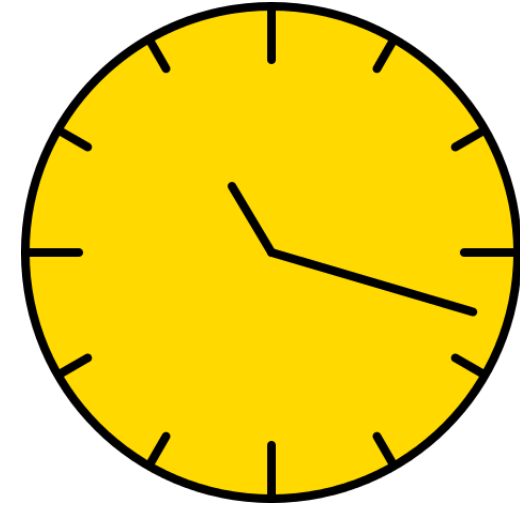
### Background

In 2017/2018, 11% of our babies to diabetic mothers were admitted to NNU for avoidable reasons, namely hypoglycaemia and hypothermia. This impacted on existing regional paediatric pressures and the patient experience. Mothers and babies were being unnecessarily separated and for those Mums that wished to breastfeed, their breastfeeding journey was interrupted and often undermined when colostrum/breastmilk was not readily available

# Golden Hour!

Weight, temp and feed within 60mins of birth.

- Raise awareness with women who are diabetic in the antenatal period about transitional care
  - Educational boards in obs med clinic about what transitional care is and how they can be involved.
  - Access to speak to a midwife or maternity care assistant in every obs med clinic.
  - “Hello my name is” board to introduce the baby support workers in clinic.



- Support staff in the development of planning for delivery and achieving golden hour.
  - Baby support workers and proactive attendance at delivery.
  - Collaborative working between midwifery and neonatal staff. Using safety huddles.

# Colostrum availability



- Access to a midwife or maternity care assistant at every antenatal obs med appointment.
- Structured and consistent information about colostrum harvesting supported by take home literature and syringes.
- Colostrum harvesting demonstrations if wanted.
- Choice of follow up in the community with colostrum harvesting.



Ultimately achieving colostrum availability at time of delivery for those mothers wishing to give breast milk.

# Preconception care.



- Pre conception clinics exist on both sites but are underutilised with only endocrinologist input.
- Plans to develop effective links with the diabetic service and primary care to identify what physical resources and services are needed to support an increase in the preparedness of diabetic women for pregnancy.
- How this will translate into a sustainable service.

Its early days in the formation of preconception clinics. Plans are in place to attend stakeholder events to present proposed pathways and ways in which we can work collaboratively.

## Staff safety culture survey

- Taken before improvement work commenced.
- Results show that on the whole all staff groups feel we provide a safe service.
- Areas for improvement included;
  - Team work
  - Attitudes and behaviours
  - Leadership
- Drop boxes will be positioned in both sites to facilitate anonymous feedback about ideas for improvements.
- Staff will be surveyed again as part of the MatNeo



## User Involvement.

- User involvement through MVP
- Multidisciplinary engagement

# Where we are now.....

| April-July 2019                             | UHND                 | DMH        |
|---|----------------------|------------|
| Number of diabetic babies                   | 45                   | 38         |
| Matneo Audit forms                          | 25(55.5%)            | 12 (31.5%) |
| Golden hour achieved %                      | 37 (82.2%)           | 36 (94.7%) |
| Colostrum harvesting %                      | 8 out of 14 BF (57%) | 13 (34.2%) |
| Diabetic babies admitted with hypoglycaemia | 7(15.5%)             | 4 (10.5%)  |
| Avoidable admissions                        | 1                    | 0          |

# Key challenges

- Maintaining momentum during busy periods
- Harvest colostrum uptake low despite education
  - MCA in ante natal clinics
- Still need to reduce unavoidable admissions with hypoglycaemia
- Obtaining completed golden hour proforma's
- The 3 planned aims were too ambitious
  - Focused on the first 2 aims



# Key successes

- Development of the hypoglycaemia policy to introduce glucose gel 40%
- Team working between maternity and neonatal unit
- Education in ante natal high risk clinics for colostrum harvesting
- Care within the 1<sup>st</sup> hour has improved-staff awareness increased
- Baby support worker role-helps reduce length of stay when admitted to neonatal unit