

Improve the detection and management of neonatal hypoglycaemia for babies born to mothers with diabetes

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By April 2019 we aim to reduce, by 50%, the number of babies being born to diabetic mothers and at risk of developing hypoglycaemia, being separated unnecessarily for blood glucose monitoring.

Background

Historically babies were unnecessarily transferred to Special Care Baby Unit (SCBU) from other clinical areas within the maternity unit to have capillary blood sampling undertaken to assess for hypoglycaemia.

We performed an audit of babies with risk factors for hypoglycaemia (as per NICE/local guidance) and reviewed capillary sample results obtained from the blood gas analyser that were taken between the months of January and June 2018. 135 babies were included for analysis.

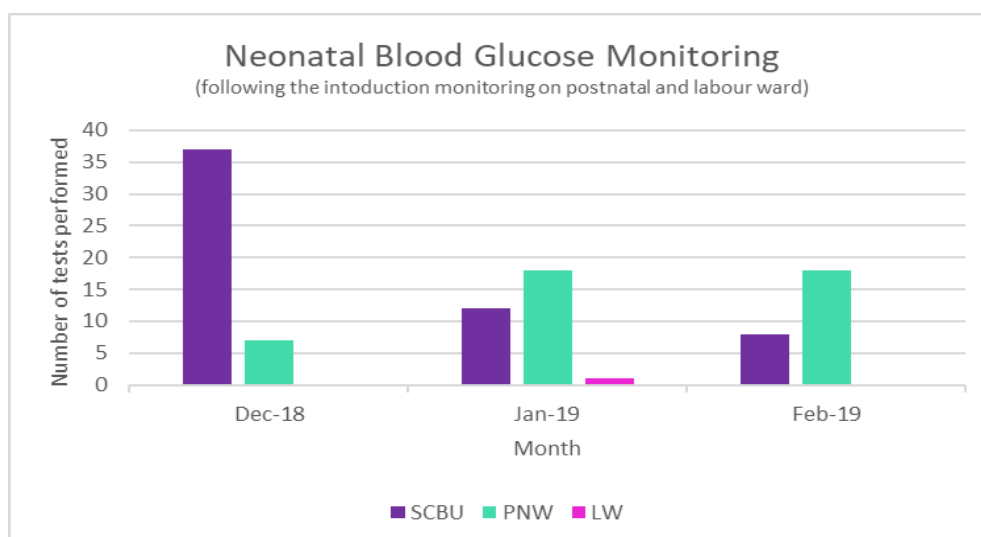
56 babies were brought to SCBU from postnatal ward for capillary sampling to determine levels of hypoglycaemia and hyperbilirubinaemia; a total of 309 tests were performed. 76% of the sample were to exclude hypoglycaemia, these babies were unnecessarily separated from their mother. We used the opportunity of our involvement in the NMNHSC to develop strategies to improve blood glucose monitoring and care of the neonate.

Approach taken

- SCORE Survey
- Process mapping of diabetic pathway
- Multidisciplinary discussions and team engagement to improve safety culture
- Engagement with service users

Change ideas

- Provide mothers with an environment that will achieve optimal nutrition, temperature and babies time with mothers, offering additional explanation and support.
- Provide education to all maternity and neonatal staff to enable them to be confident and competent in the care that they give to all babies and to perform blood glucose monitoring.
- Introduce blood glucose monitoring in all clinical areas to prevent unnecessary separation of babies from their mothers.



Outcome and impact

Between December 1st 2018 and February 22nd 2019, there were 41 babies born to diabetic mothers. Through our improvement project we have demonstrated:

- Service user satisfaction and the prevention of unnecessary separation between mothers and babies with the introduction of bedside monitoring.
- Staff engagement through the facilitation of training and increased awareness.
- Safe, effective and efficient maternity and neonatal care.

Learning

Quality Improvement is crucial to improve our patients' safety but can be challenging. We are a small maternity unit and all leads have multiple roles within the unit. Team meetings and coordinating wider MDT involvement is difficult.

It is important to keep your unit updated on what you are doing as they can offer suggestions and approaches you may not have considered, as well as suggesting people who may be able to help.

