National Patient Safety
Improvement Programmes

Maternity and Neonatal

Maternity and Neonatal Safety Improvement Programme (MatNeoSIP)

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PSC Learning Event, Ensuring our patients are safe
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@NatPatSIP / @MatNeoSIP

www.improvement.nhs.uk

Delivered by:
*The***AHSN***Network*
North East and North Cumbria PSC

Led by:
NHS England
NHS Improvement

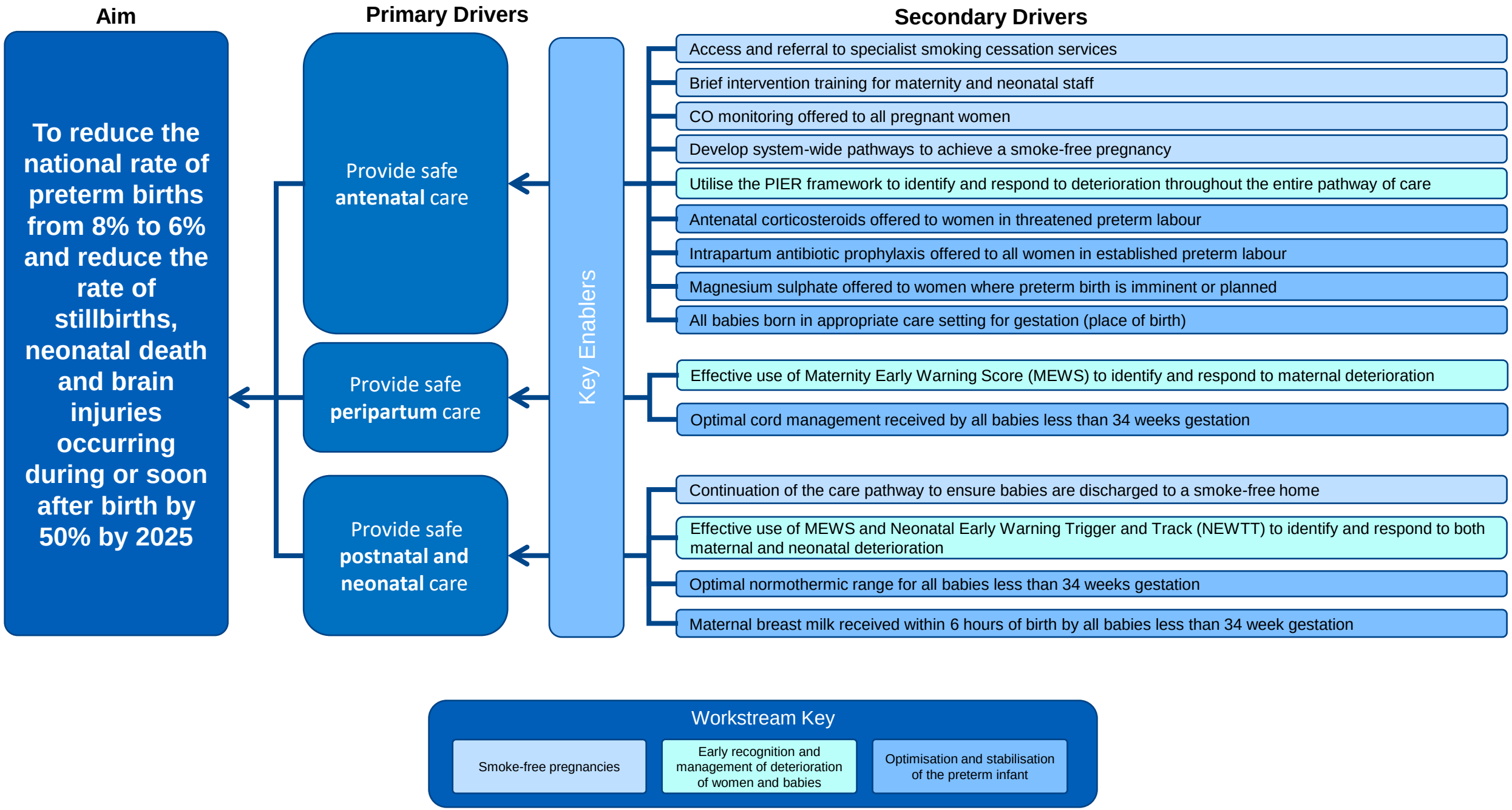
Aims and programmes of work

- Improve the safety outcomes of maternal and neonatal care by reducing unwarranted variation and providing a high quality healthcare experience for all women, babies and families across maternity and neonatal care settings in England
- Contribute to the national ambition to reduce the rates of maternal and neonatal deaths, stillbirths and brain injuries that occur during or soon after birth by 50% by 2025
- Contribute to the national ambition to reduce the national rate of preterm births from 8% to 6%

Increase the number of smoke free pregnancies

Optimisation and stabilisation of the preterm infant

Early recognition and management of deterioration of women and babies


Aim
Primary Drivers
Secondary Drivers
To reduce the national rate of preterm births from 8% to 6% and reduce the rate of stillbirths, neonatal death and brain injuries occurring during or soon after birth by 50% by 2025
Provide safe antenatal care
Provide safe peripartum care
Provide safe postnatal and neonatal care
Key Enablers
Access and referral to specialist smoking cessation services
Brief intervention training for maternity and neonatal staff
CO monitoring offered to all pregnant women
Develop system-wide pathways to achieve a smoke-free pregnancy
Utilise the PIER framework to identify and respond to deterioration throughout the entire pathway of care
Antenatal corticosteroids offered to women in threatened preterm labour
Intrapartum antibiotic prophylaxis offered to all women in established preterm labour
Magnesium sulphate offered to women where preterm birth is imminent or planned
All babies born in appropriate care setting for gestation (place of birth)
Effective use of Maternity Early Warning Score (MEWS) to identify and respond to maternal deterioration
Optimal cord management received by all babies less than 34 weeks gestation
Continuation of the care pathway to ensure babies are discharged to a smoke-free home
Effective use of MEWS and Neonatal Early Warning Trigger and Track (NEWTT) to identify and respond to both maternal and neonatal deterioration
Optimal normothermic range for all babies less than 34 weeks gestation
Maternal breast milk received within 6 hours of birth by all babies less than 34 week gestation
Workstream Key
Smoke-free pregnancies
Early recognition and management of deterioration of women and babies
Optimisation and stabilisation of the preterm infant

Increase the number of smoke free pregnancies

Optimisation and stabilisation of the preterm infant

Early recognition and management of deterioration of women and babies

Risk Education

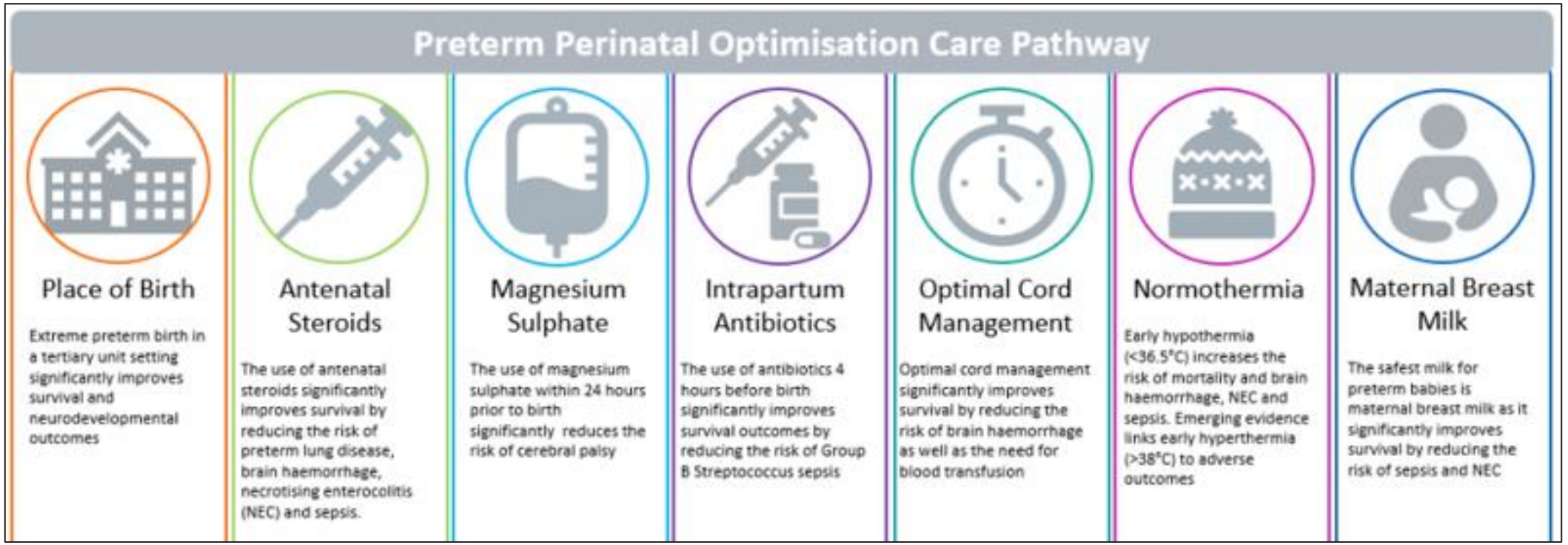
- Three stage approach
  - 12 week intervention (following dating scan)
  - 20 week intervention (following anomaly scan)
  - Newborn risk education intervention

PreTerm Birth Pathway and Care Bundle

- Place of birth
- Antenatal steroids
- Magnesium sulphate
- Intrapartum antibiotics
- Optimal cord management
- Normothermia
- Maternal breast milk

Effective use of early warning scores

- Maternity: Nationally developing an early warning score (MEWS)
- Neonatal: Already have national documentation (NEWTT) but updating this (NEWTT2)
  (NEWTT – Neonatal Early Warning Trigger and Track)


Preterm Perinatal Optimisation Care Pathway
Place of Birth
Extreme preterm birth in a tertiary unit setting significantly improves survival and neurodevelopmental outcomes
Antenatal Steroids
The use of antenatal steroids significantly improves survival by reducing the risk of preterm lung disease, brain haemorrhage, necrotising enterocolitis (NEC) and sepsis.
Magnesium Sulphate
The use of magnesium sulphate within 24 hours prior to birth significantly reduces the risk of cerebral palsy
Intrapartum Antibiotics
The use of antibiotics 4 hours before birth significantly improves survival outcomes by reducing the risk of Group B Streptococcus sepsis
Optimal Cord Management
Optimal cord management significantly improves survival by reducing the risk of brain haemorrhage as well as the need for blood transfusion
Normothermia
Early hypothermia (<36.5°C) increases the risk of mortality and brain haemorrhage, NEC and sepsis. Emerging evidence links early hyperthermia (>38°C) to adverse outcomes
Maternal Breast Milk
The safest milk for preterm babies is maternal breast milk as it significantly improves survival by reducing the risk of sepsis and NEC

How can we work more effectively with women and families?

What lessons are there as how not to do it?

What are the barriers and how can we overcome them?