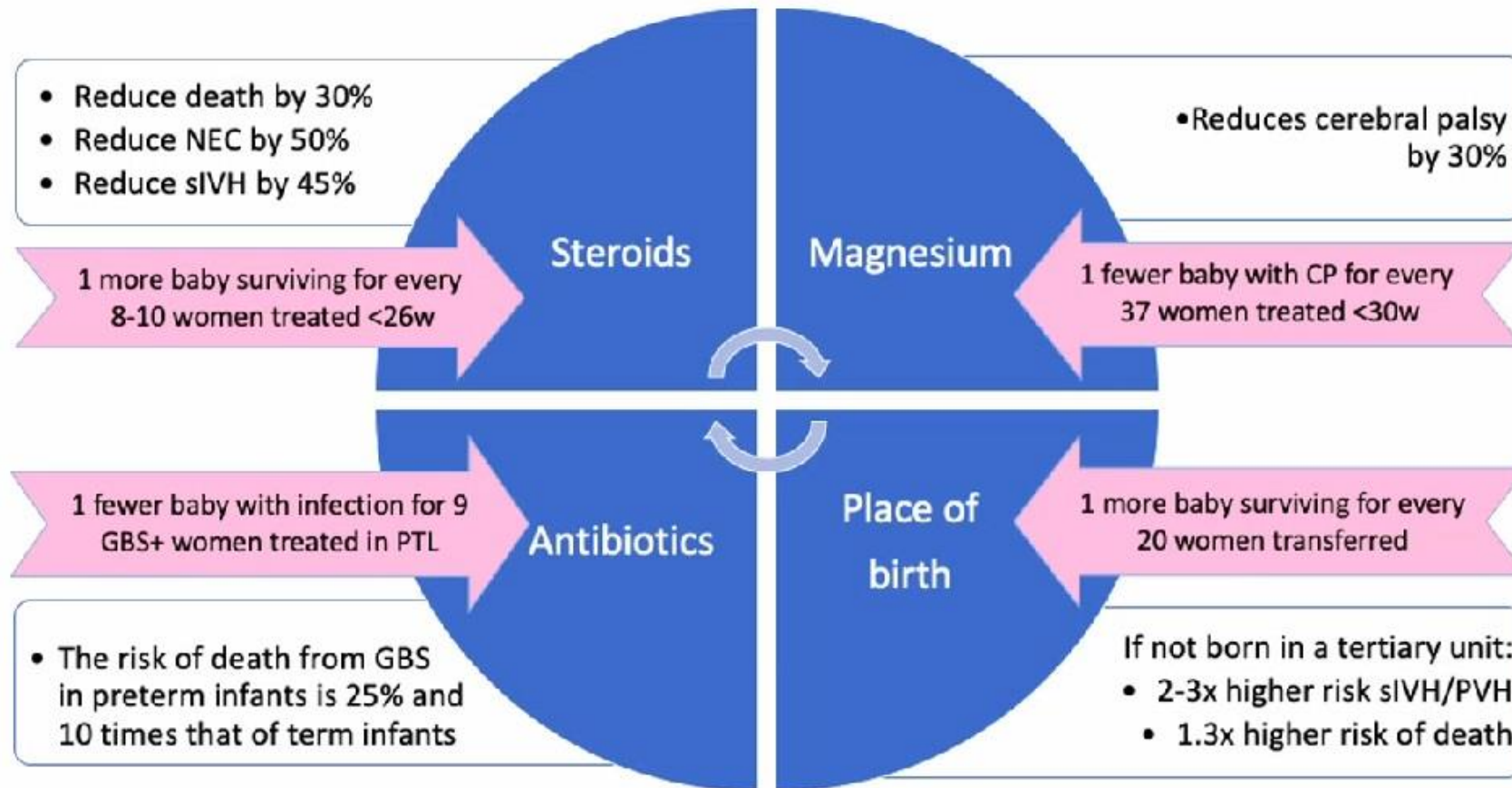


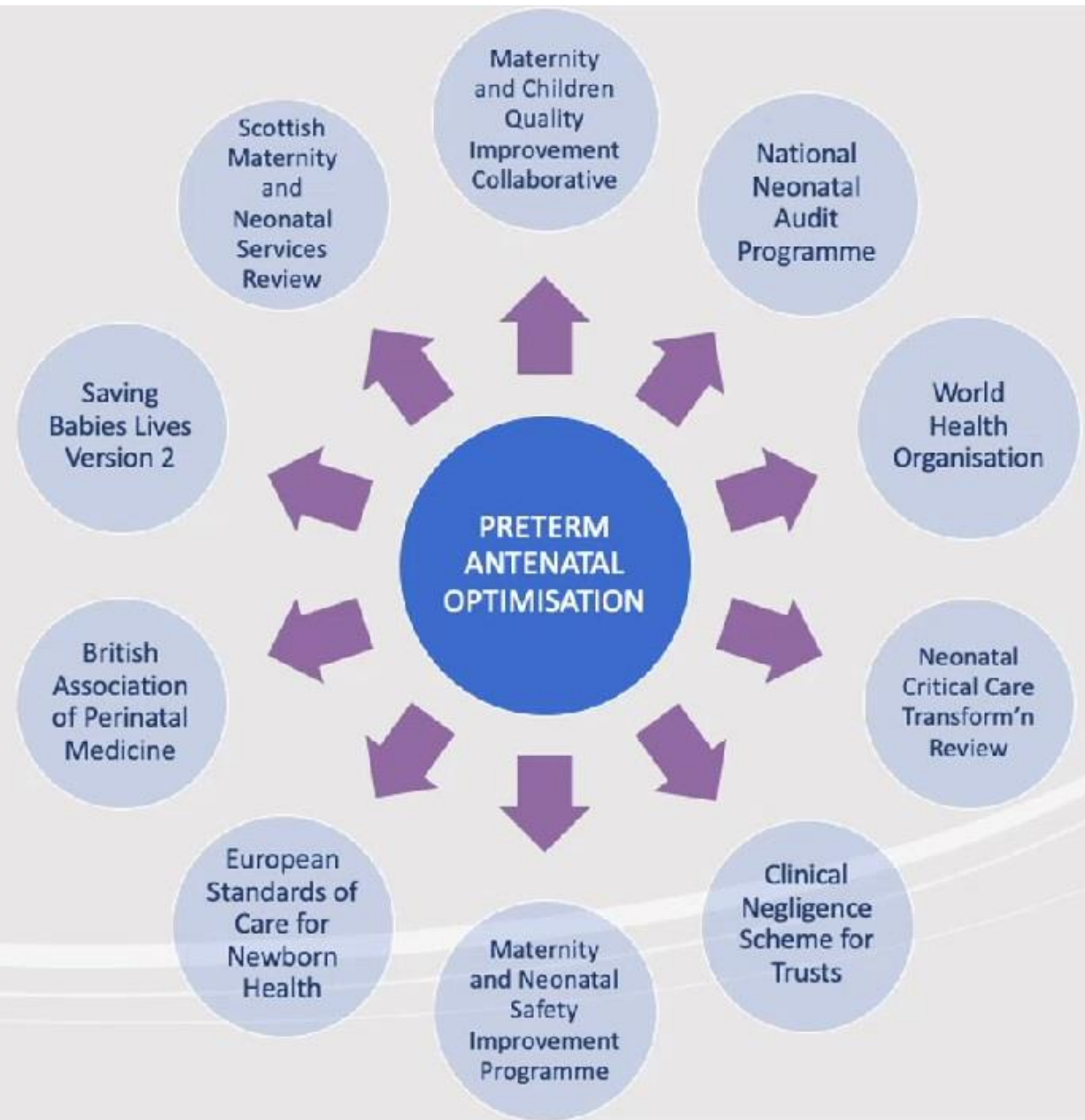
The Perinatal Optimisation Care Pathway



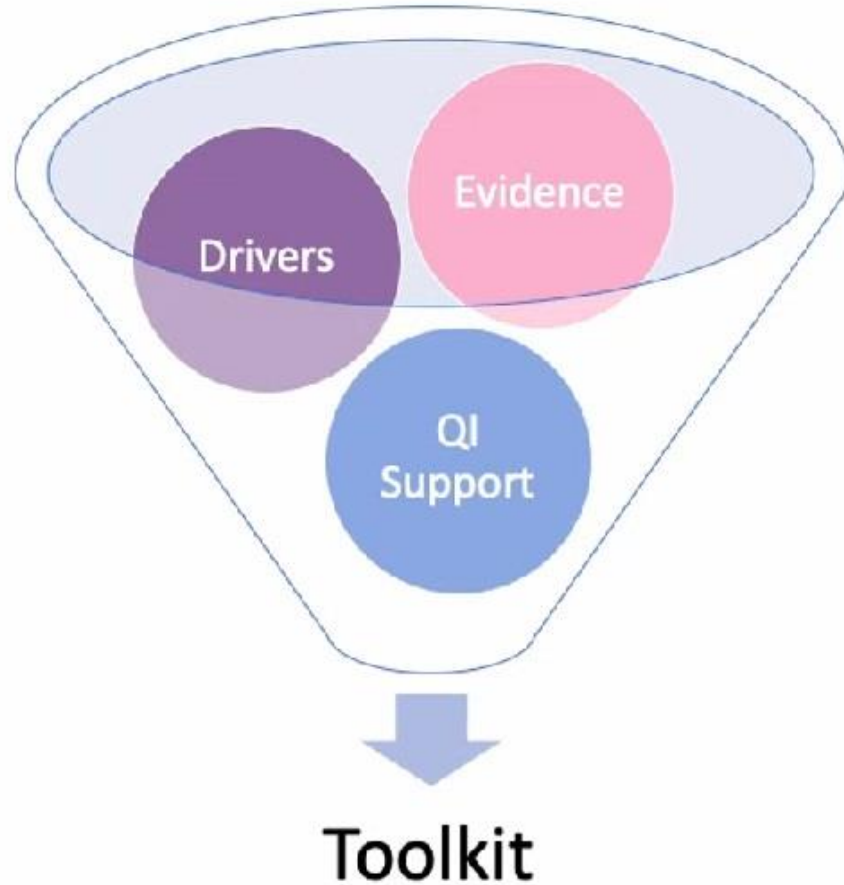
Rationale for Antenatal Optimisation



Drivers for preterm Antenatal Optimisation within the UK



Purpose of the toolkit- the why, what and the how

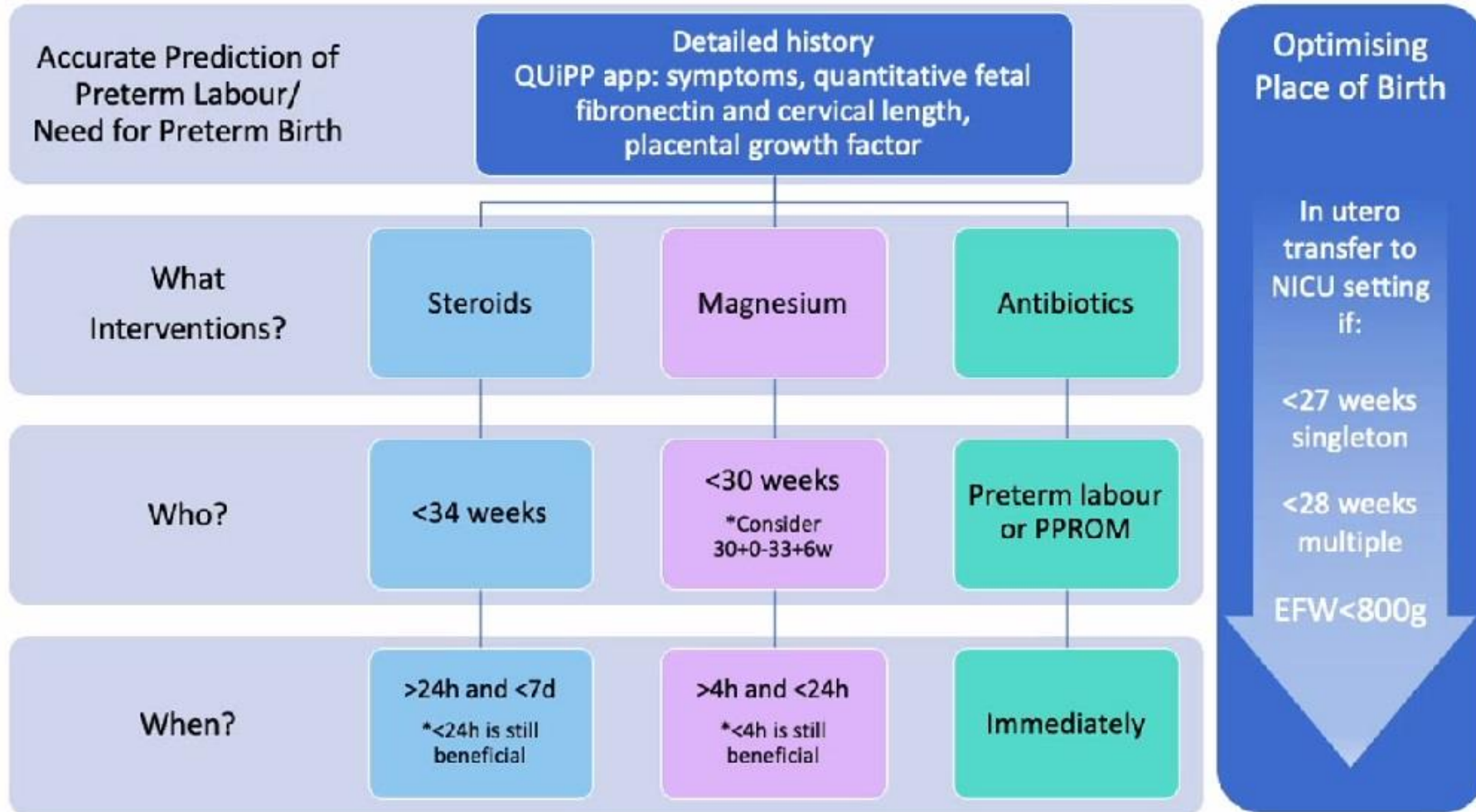


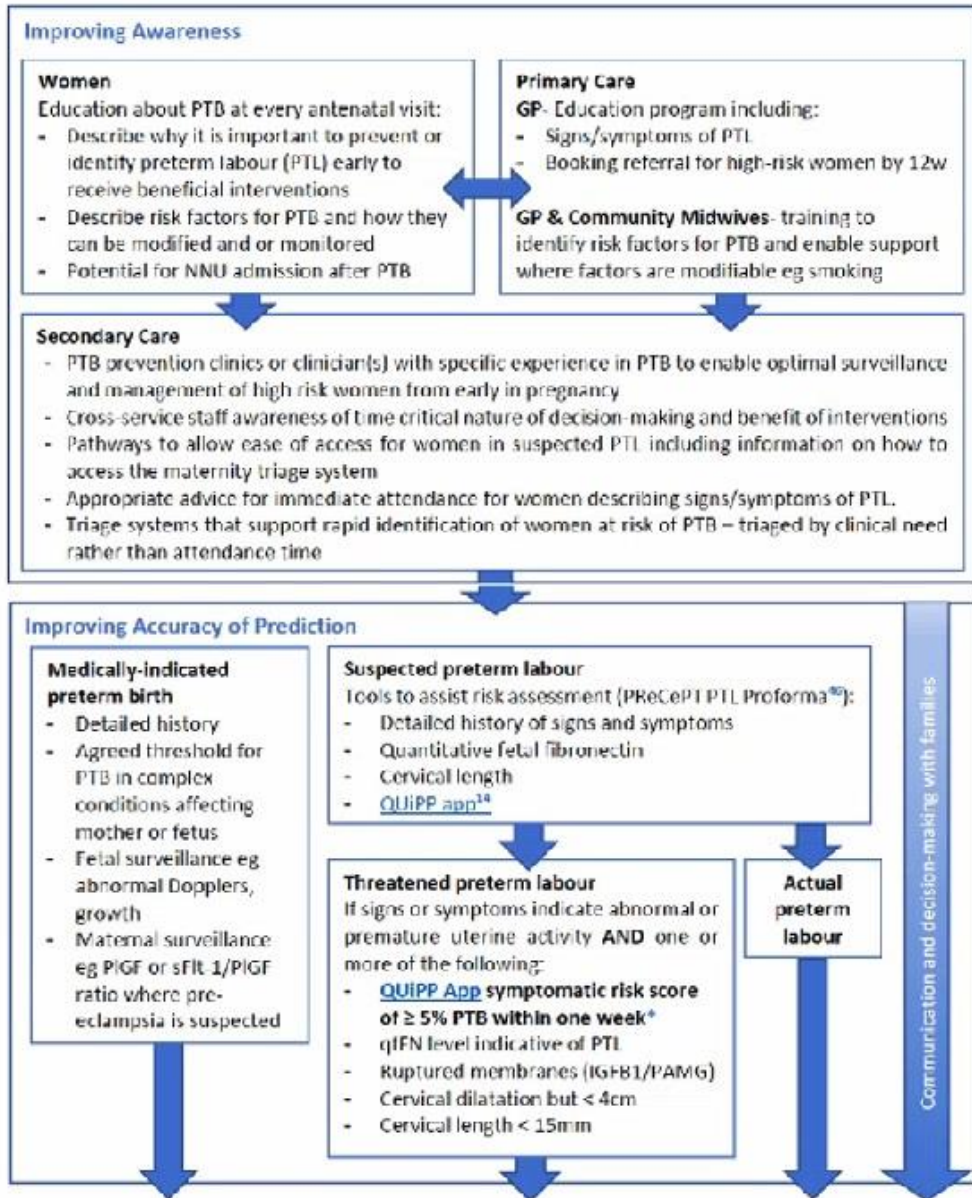
The toolkit provides

- The evidence base for effective interventions
- Subject-specific QI support to implement the evidence
 - Provides the evidence for different QI strategies
 - Helps units in analysing their own processes and context
 - Helps units in monitoring and interpreting results of QI activity
 - Signposts to resources

www.bapm.org/quality

Aims





Improving Delivery of Antenatal Optimisation Interventions (S.T.A.M.P.E.D.)**



- S. Steroids:** if <34w. Give so that course is completed around 24h before birth and not more than 7 days before birth. Benefit remains if given <24h, if birth is imminent.
- T. Transfer:** evaluate need for transfer (<27w singletons, <28w multiples, <800g). Start process now.
- A. Antibiotics:** if labour is established, start GBS prophylaxis with optimal timing at least 4h before birth. If premature rupture of membranes, follow local guidance.
- M. Magnesium:** if <30w and consider up to 34w. Give a loading dose of intravenous magnesium sulphate then a maintenance infusion. Pause for transfer if necessary and restart after. Optimal timing to start at least 4h before and continuing up until birth but benefit may remain if given <4h, if birth imminent.
- P. Parents:** establish parental understanding and discuss risks and benefits of PTB and potential interventions. This should include the neonatal team, describe likely neonatal journey and offer tour.
- E. Evaluate for Tocolysis:** consider only if it allows in utero transfer.
- D. Delivery Plan:** to include early discussion with neonatal team, intrapartum monitoring, mode of birth, optimal cord management and whether active or palliative management for baby at birth.

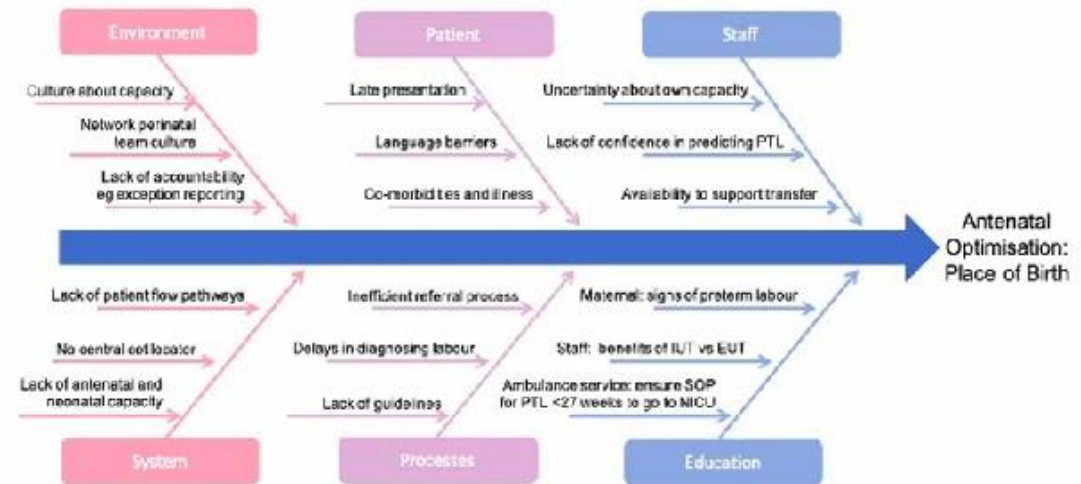
The Improvement Journey



	Approach	Methods and Tools	Outcome
1. Define the problem	Identify the problem and how large it is	Forcefield analysis Fishbone diagram Case review Process mapping Pareto chart Learn from experts Driver diagram	Define the problem, diagnose why the problem occurs and what improvement would look like
2. Develop a shared purpose	Form a team of enthusiasts	Engaging a team Engaging stakeholders Optimise context	Establish a shared objective and a culture for change
3. Plan and implement changes	Formulate, prioritise and test solutions	Project Charter QI Methodology	Complete a formalised plan of proposed improvements
4. Test and measure improvement	Test, review and re-test improvements	PDSA Measurement Run chart Statistical Process Control Chart Days between Chart	Determine whether improvement has resulted in change
5. Implement, embed and sustain	Implement widely and ensure sustainability	Education Communication Motivation	Shared learning and embedding changes into practice

Phase One: Define the Problem

- Understand local data, both now and in recent past
- Consider data in context of national standards/benchmarking
- Use the following tools to understand data:
 - Forcefield analysis
 - Fishbone diagram
 - Case review
 - Process mapping
 - Pareto chart
- Develop an improvement plan using a driver diagram
- Learn what works by talking to high performing units
- Listen to parents



Phase Two: Develop a Shared Purpose

1. Engage your team

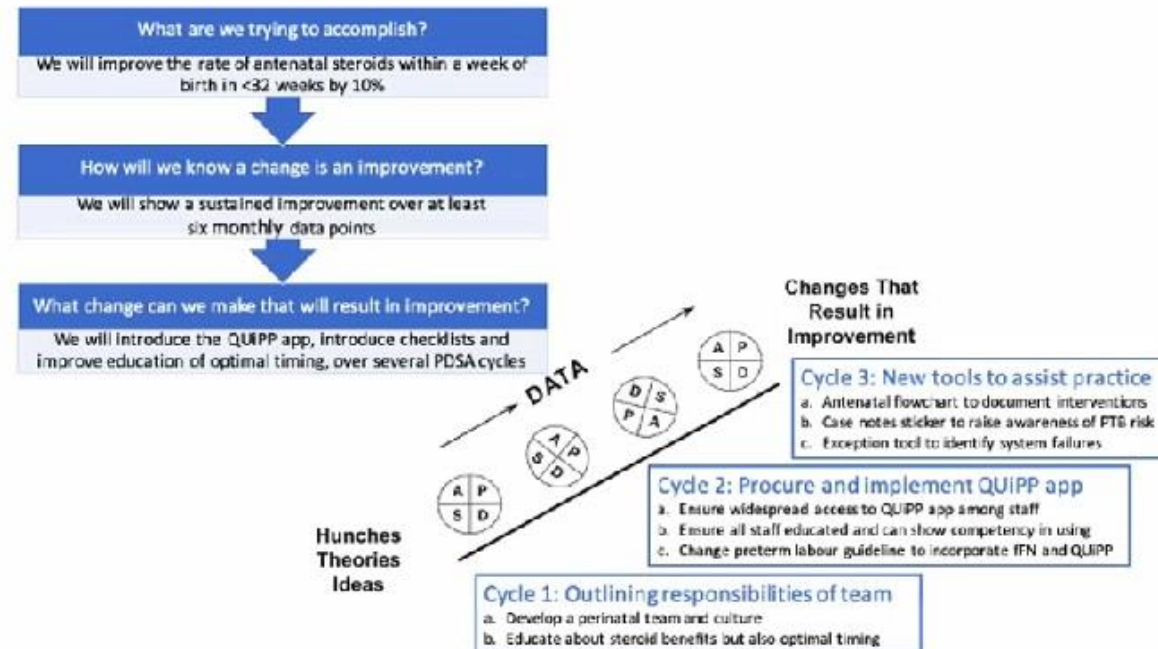
- Obstetric, Midwifery and Neonatal project leads
- Parent representation
- Multidisciplinary representation including
 - Obstetricians
 - Labour Ward and Theatre representatives
 - Midwives
 - Neonatologists/paediatricians
 - Neonatal nurses
- People with QI expertise +/- a data analyst

2. Engage your stakeholders



Phase Three: Plan and Implement Changes

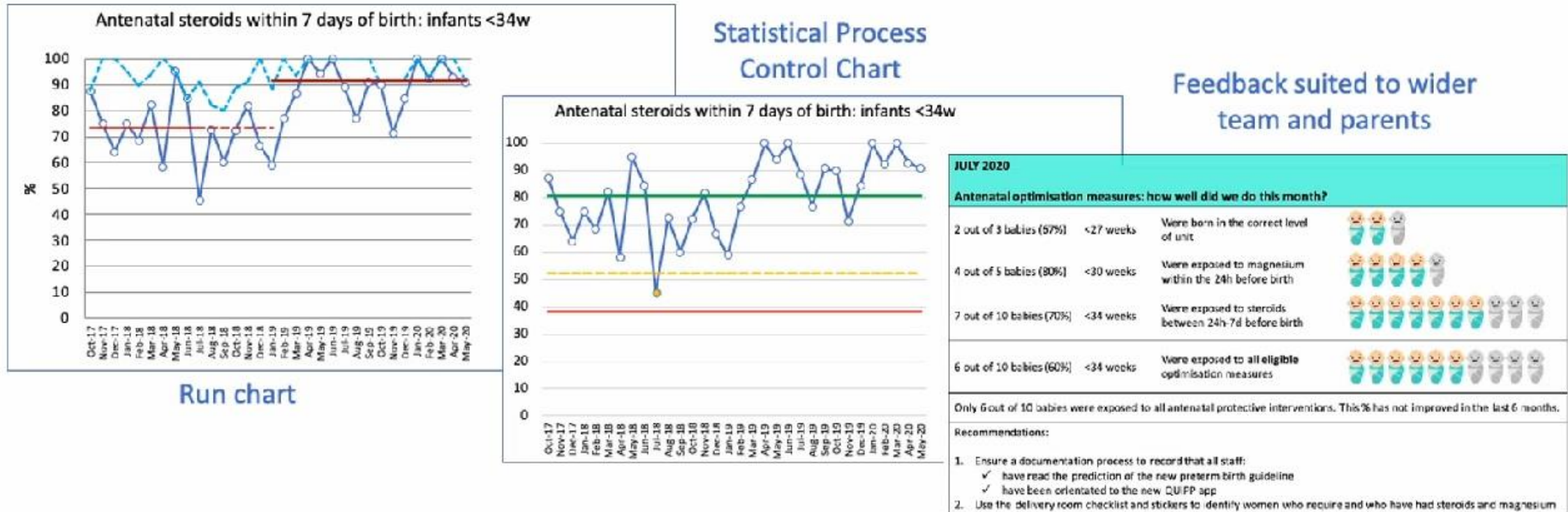
- Construct a Project Charter: Detail your proposed improvement, including the resources required and the potential benefits to patients
- Formulate, prioritise and test solutions using established QI methodology



Phase Four: Test and Measure Improvement

1. Collect the best data for your needs: outcome, process and balancing measures

2. Use well-described methods to analyse and display your data



Phase Five: Implement, Embed and Sustain



Spread:

Dissemination: formal eg presentations

Diffusion: informal eg word of mouth



Exception reporting:

Case review for noncompliant cases



Barriers and loss of motivation:

Understand and find solutions

- Re-examine your change idea
- Use impactful parent stories
- Use lessons from high performers
- Re-market your message
- Use incentivisation to engage



<https://www.bapm.org/pages/194-antenatal-optimisation-toolkit>



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