

# Preterm Perinatal Optimisation Care Pathway

Tony Kelly, National Clinical Advisor

 @NatPatSIP / @MatNeoSIP

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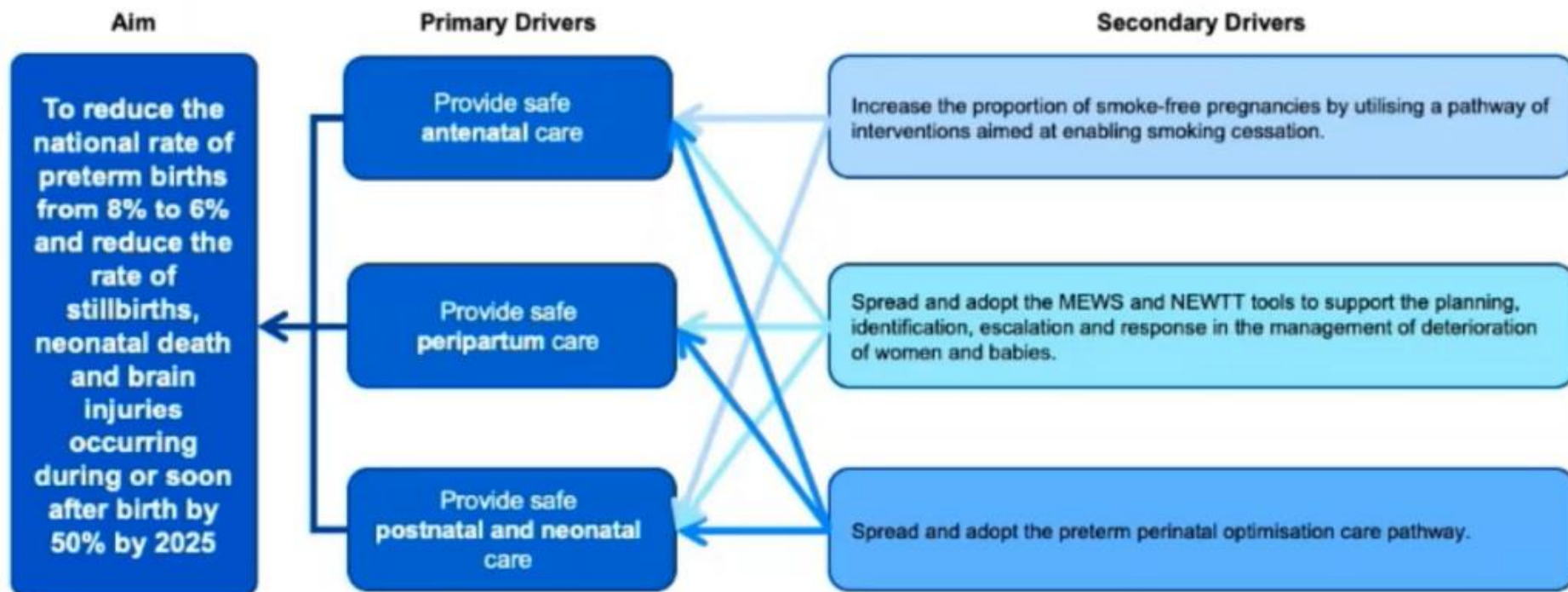
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# Programme aim

Reduce the rate of still births, neonatal death and brain injuries during or soon after birth by 50% by 2025; and to reduce the national rate of preterm births from 8% to 6%.



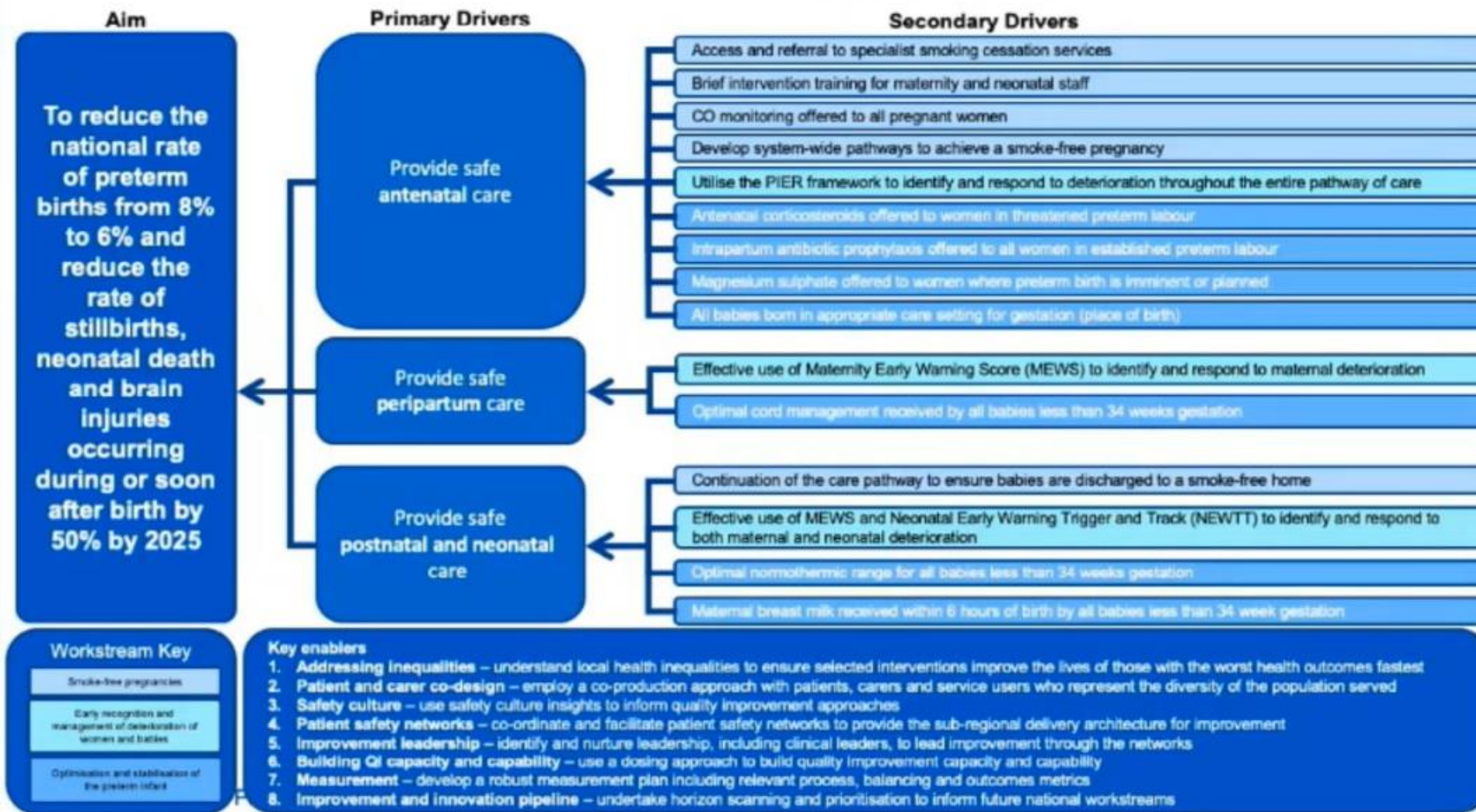
## Key enablers

1. **Addressing inequalities** – understand local health inequalities to ensure selected interventions improve the lives of those with the worst health outcomes fastest
2. **Patient and carer co-design** – employ a co-production approach with patients, carers and service users who represent the diversity of the population served
3. **Safety culture** – use safety culture insights to inform quality improvement approaches
4. **Patient safety networks** – co-ordinate and facilitate patient safety networks to provide the sub-regional delivery architecture for improvement
5. **Improvement leadership** – identify and nurture leadership, including clinical leaders, to lead improvement through the networks
6. **Building QI capacity and capability** – use a dosing approach to build quality improvement capacity and capability
7. **Measurement** – develop a robust measurement plan including relevant process, balancing and outcomes metrics
8. **Improvement and innovation pipeline** – undertake horizon scanning and prioritisation to inform future national workstreams

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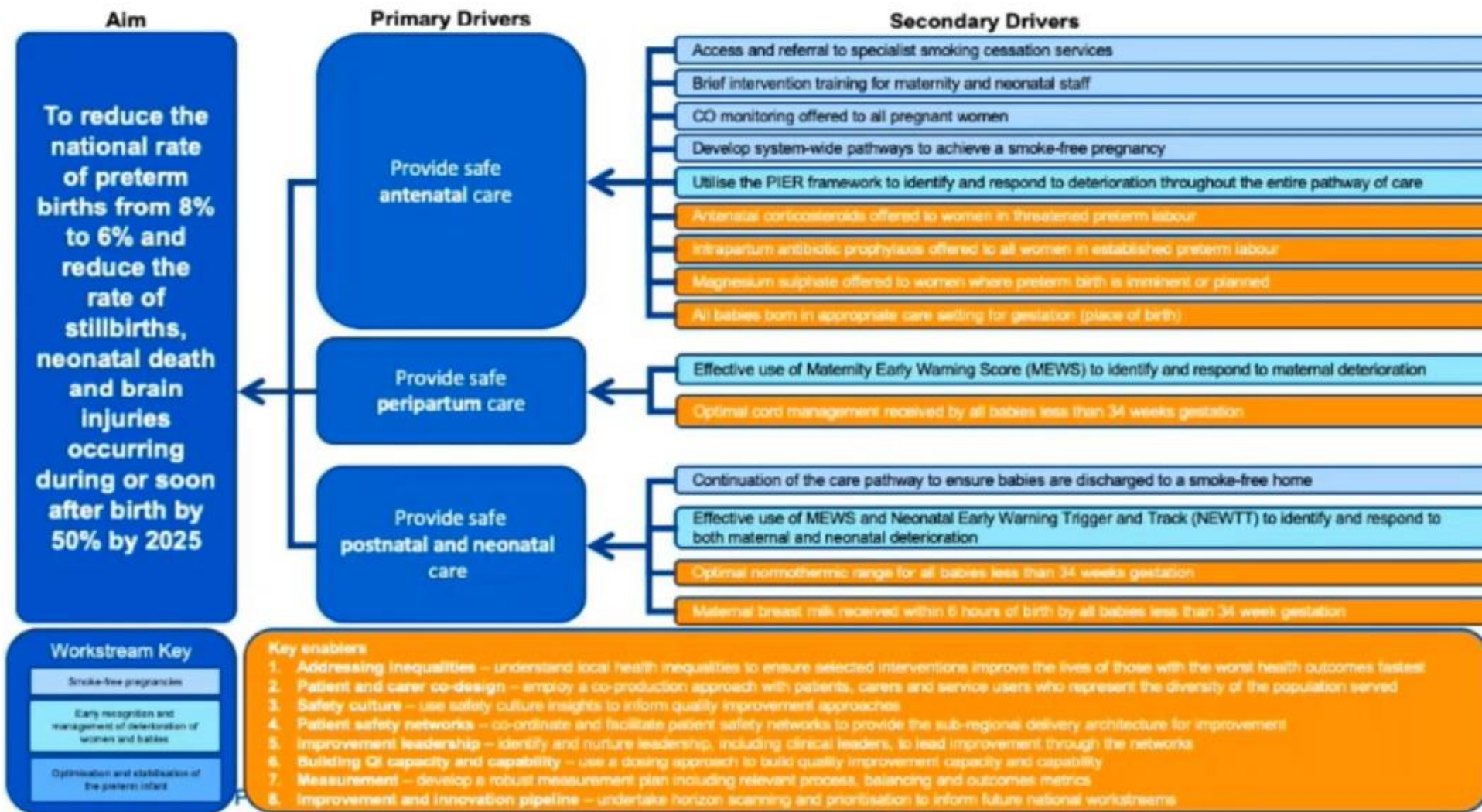




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## Background: current state

Preterm birth is the most important single determinant of adverse infant outcome with regards to survival and quality of life. Babies born preterm have high rates of early, late, and post-neonatal mortality and morbidity.

Around 55,000 babies are born preterm each year. This represents a national preterm birth rate of 8% in England and Wales.

As outlined in Safer Maternity Care (DH, 2017), preterm birth is a major health inequality with mothers in the most deprived 10% income group twice as likely to have preterm births compared to those from the least deprived decile.

The proportion of preterm births also varies by ethnicity, with Black Caribbean infants more likely than others to experience preterm birth.

## Background: current state

To encourage additional focus on reducing preterm births, the Department of Health (2017) set an ambition to reduce the national rate of preterm births from 8% to 6%.

Optimising outcomes for the preterm infant are a vital component of perinatal care. MatNeoSIP will continue to strengthen improvement efforts in this area as recommended in the National Neonatal Critical Care Review (2019) and element 5 of the Saving Babies Lives Care Bundle v2.0 (2019).

There are significant financial costs surrounding preterm births, both for interventions in the short term, and the longer-term financial impacts on health services, education services, and the family involved in caring for a baby born preterm. Preterm birth is estimated to cost health services in England and Wales £3.4bn per year (NICE, 2015).



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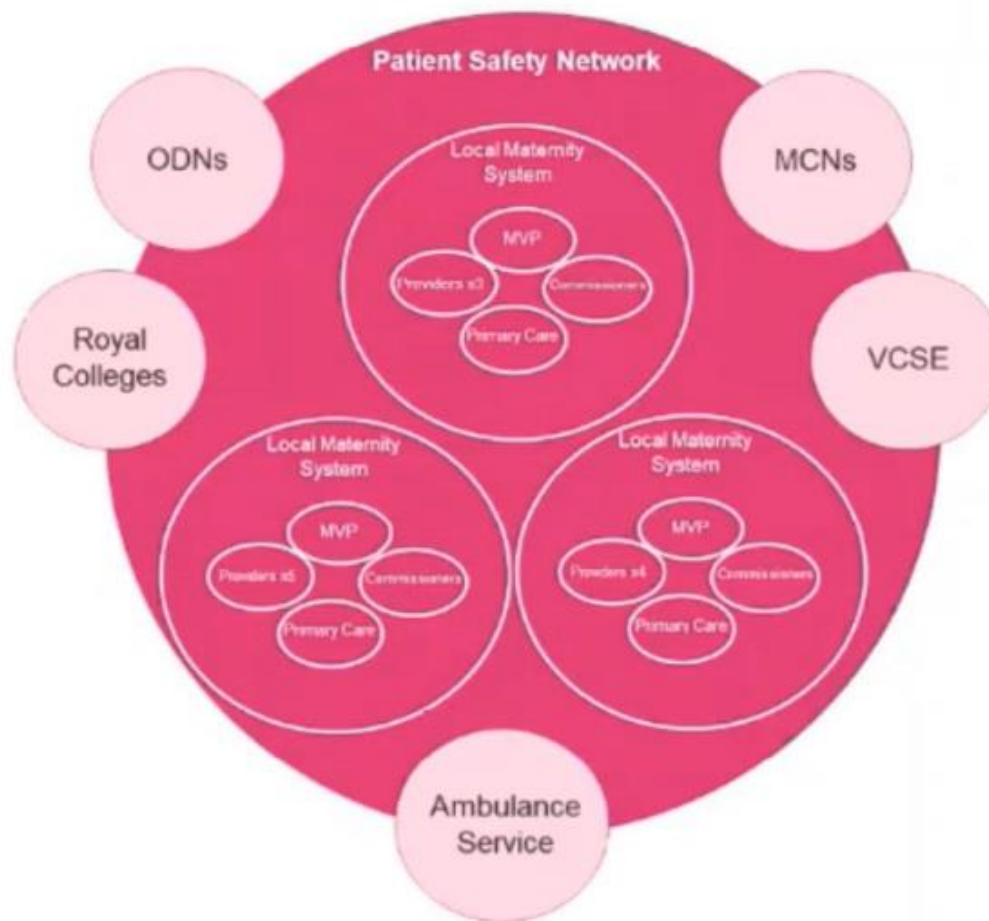
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# How does this align with national priorities?

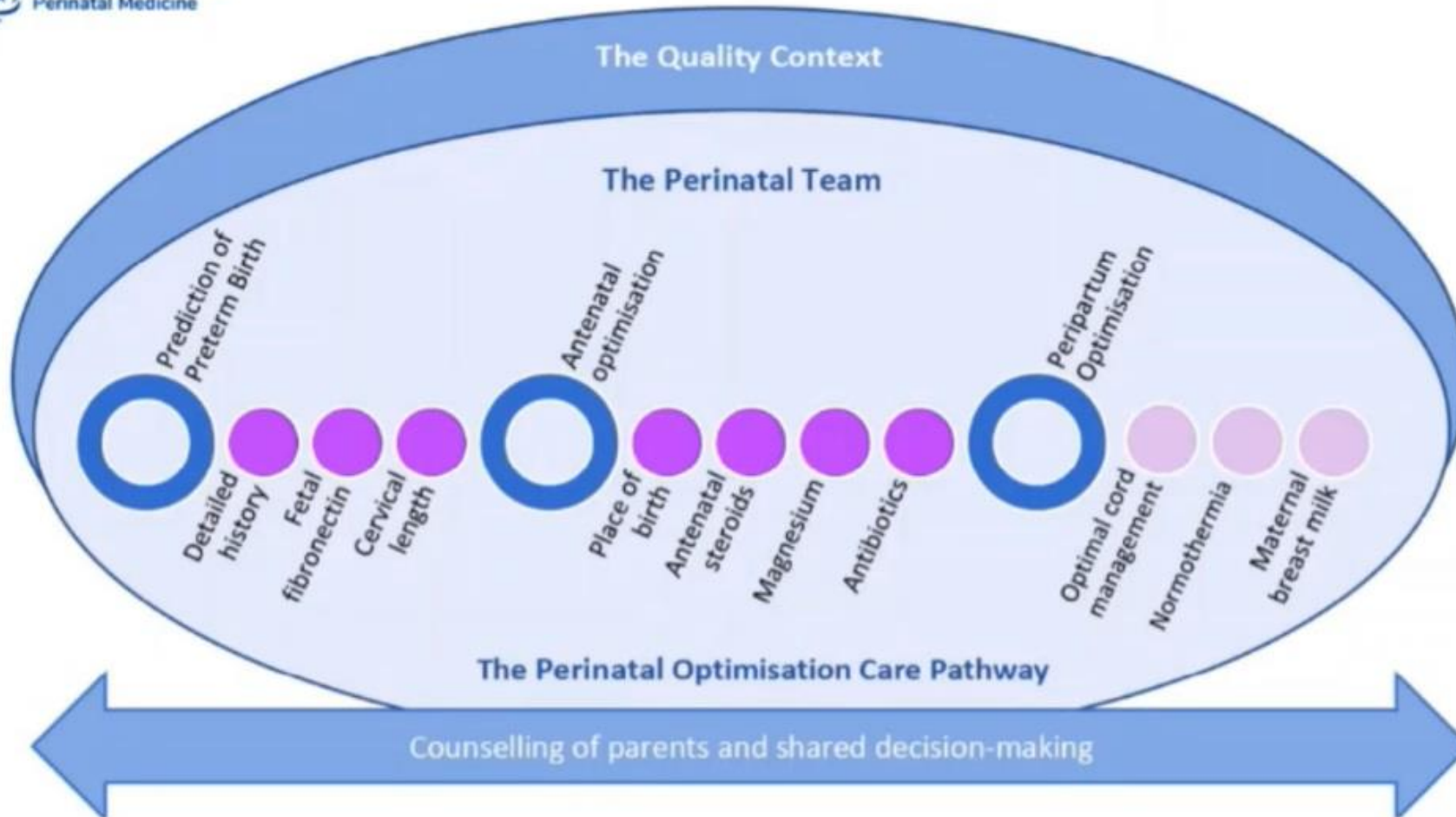




# How will we deliver the improvements?



# How will we approach optimisation?



# How will we approach optimisation?







## Antenatal Corticosteroids

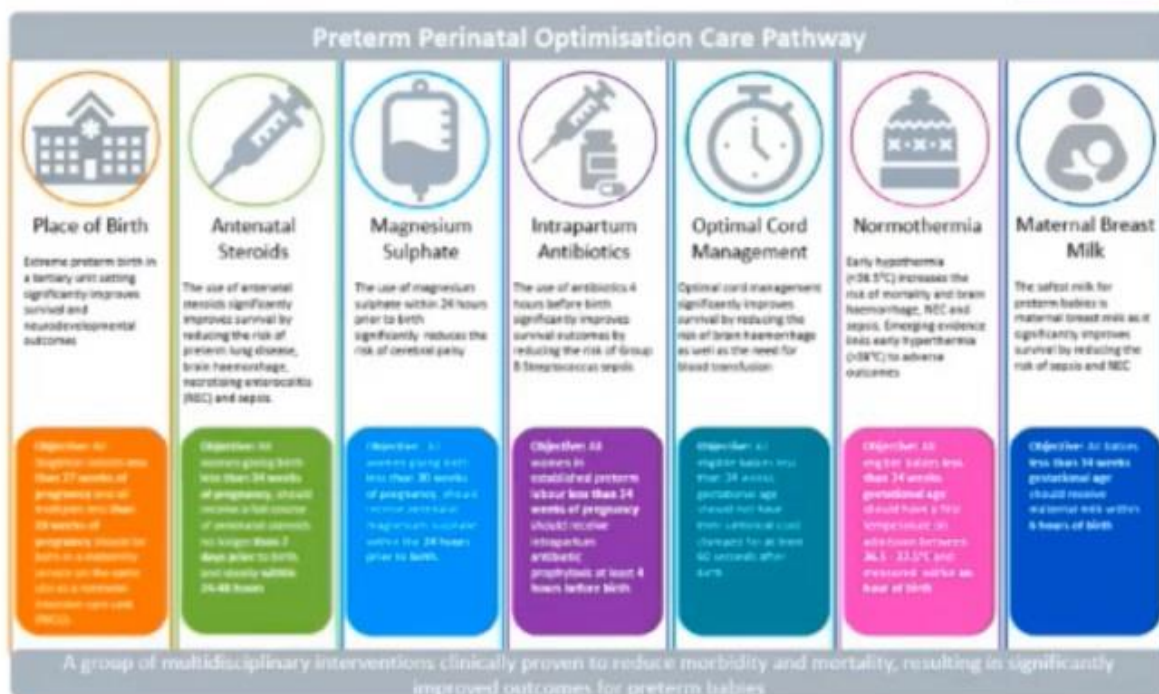
- Highly beneficial
  - Focus often on respiratory improvements
  - Depends on whose view we use
- Easy to administer
- Low impact on mother
- Issues over repeated dose
- Seen as an 'in the moment' intervention
- Needs time to work effectively
- Change the narrative
  - Trust interventions that support care more
  - Avoid 'just in case' prescribing



## Optimising place of birth

- Well understood benefits
- Requires system level approach
- Opportunity to get upstream of the issues
  - Early birth clinics
  - Working with patient groups/MVPs

# How can we best support practice?



- Interactive care pathway tool
- Gestation and geography sensitive tool
- Balance between the 'what' and the 'how'



# What are the key enablers for system safety?



**Perinatal Optimization Care Pathway**

Place of Birth	Antenatal Steroids	Magnesium Sulphate	Intrapartum Antibiotics	Optimal Cord Management	Neonatal Resuscitation	Maternal Breast Milk
<p><b>Place of Birth</b></p> <p>Women should be offered a choice of birthplace, including home, hospital, or freestanding midwifery-led unit, based on their clinical and personal preferences.</p>	<p><b>Antenatal Steroids</b></p> <p>Women at risk of preterm birth should be offered antenatal corticosteroids to reduce the risk of neonatal morbidity and mortality.</p>	<p><b>Magnesium Sulphate</b></p> <p>Women at risk of preterm birth should be offered magnesium sulphate to reduce the risk of neonatal morbidity and mortality.</p>	<p><b>Intrapartum Antibiotics</b></p> <p>Women at risk of neonatal infection should be offered intrapartum antibiotics to reduce the risk of neonatal morbidity and mortality.</p>	<p><b>Optimal Cord Management</b></p> <p>Women should be offered optimal cord management to reduce the risk of neonatal morbidity and mortality.</p>	<p><b>Neonatal Resuscitation</b></p> <p>Women should be offered neonatal resuscitation to reduce the risk of neonatal morbidity and mortality.</p>	<p><b>Maternal Breast Milk</b></p> <p>Women should be offered maternal breast milk to reduce the risk of neonatal morbidity and mortality.</p>
<p>• Number of women who have a planned home birth</p> <p>• Number of women who have a planned hospital birth</p> <p>• Number of women who have a planned freestanding midwifery-led unit birth</p>	<p>• Number of women who receive antenatal corticosteroids</p> <p>• Number of women who do not receive antenatal corticosteroids</p>	<p>• Number of women who receive magnesium sulphate</p> <p>• Number of women who do not receive magnesium sulphate</p>	<p>• Number of women who receive intrapartum antibiotics</p> <p>• Number of women who do not receive intrapartum antibiotics</p>	<p>• Number of women who receive optimal cord management</p> <p>• Number of women who do not receive optimal cord management</p>	<p>• Number of women who receive neonatal resuscitation</p> <p>• Number of women who do not receive neonatal resuscitation</p>	<p>• Number of women who receive maternal breast milk</p> <p>• Number of women who do not receive maternal breast milk</p>

**= Bundle**

Proportion of women & babies who receive **ALL** of the relevant interventions

1. Outcome measures
2. Process measures
3. Balancing measures

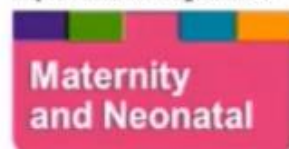
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## What are the key enablers for system safety?

- To improve the quality and safety of care
- To reduce down the unwarranted clinical variation in care
- To improve the experience of care for mothers and families



**Head of Patient Safety Improvement**

Phil Duncan | [philduncan@nhs.net](mailto:philduncan@nhs.net)

**National Clinical Advisor for MatNeoSIP**

Tony Kelly | [tony.kelly6@nhs.net](mailto:tony.kelly6@nhs.net)

**Senior Programmes Lead (Improvement)**

Heather Prichard | [heather.pritchard1@nhs.net](mailto:heather.pritchard1@nhs.net)

**Senior Improvement Managers**

Katie De Freitas - Merchant | [katie.de-freitas@nhs.net](mailto:katie.de-freitas@nhs.net)

Charlie Merrick | [charlie.merrick@nhs.net](mailto:charlie.merrick@nhs.net)

**Improvement Managers**

Thomas Openshaw | [thomas.openshaw@nhs.net](mailto:thomas.openshaw@nhs.net)

Hannah Rutter | [hannah.rutter@nhs.net](mailto:hannah.rutter@nhs.net)

**Programme Engagement Manager**

Paul Wastell | [paul.wastell@nhs.net](mailto:paul.wastell@nhs.net)

**Programme Manager**

Ian Snelling | [i.snelling@nhs.net](mailto:i.snelling@nhs.net)

**Programme Officer**

Alyson Banks-Davis | [alyson.banks-davies@nhs.net](mailto:alyson.banks-davies@nhs.net)

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**improvement.nhs.uk**