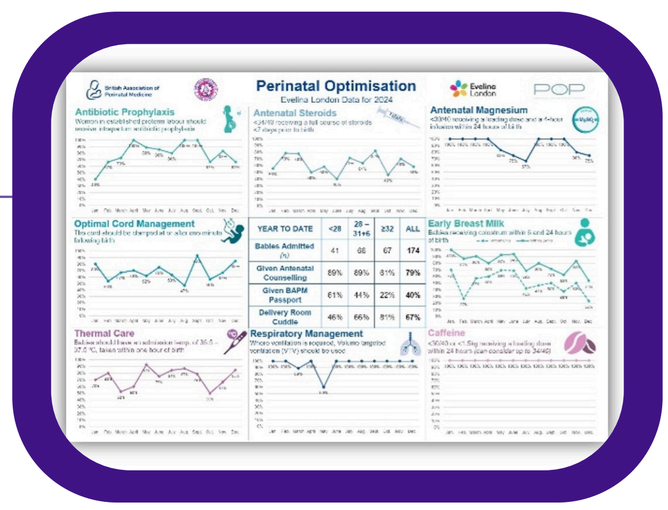
Implementation of key perinatal optimisation elements

Perinatal Optimisation Project Team
Evelina London



Aim

- Ensure compliance with the BAPM 9-element perinatal optimisation pathway to enhance neonatal outcomes.
- Improve engagement with antenatal counselling and ensure families are fully informed.
- Establish a robust and sustainable data collection process to monitor and improve preterm care.
- Address inconsistencies in data recording caused by the transition to a new electronic patient record system.
- Identify and respond to variations in practice through continuous monitoring.

Background

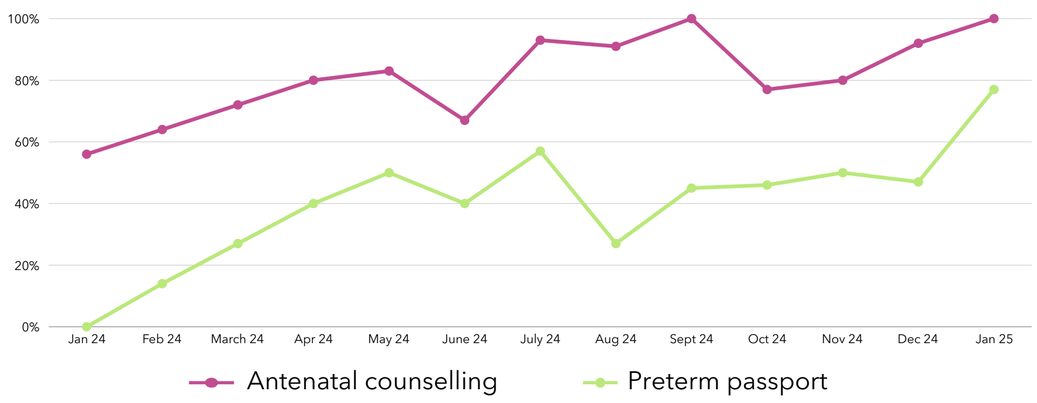
Evelina London provides maternity services for approximately 6,500 deliveries annually, with 175 births occurring before 34 weeks. Over 100 of these infants are classified as extremely low birth weight, requiring specialised neonatal care. Additionally, the unit supports a significant number of babies with congenital anomalies. The patient population is diverse, with higher maternal age, increased ethnic variability, and higher levels of socioeconomic deprivation compared to the national average. Given these complexities, optimising perinatal care is essential to improving neonatal outcomes. This project aimed to implement and evaluate the BAPM 9-element perinatal optimisation pathway while overcoming challenges associated with the introduction of a new electronic patient record system.

Method

Following data loss during the transition to a new electronic system, a structured manual data collection method was implemented. The focus was on ensuring accurate documentation of the BAPM 9-element care pathway. Key interventions included:

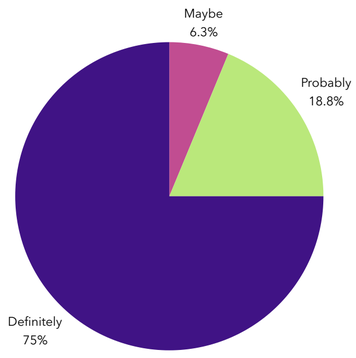
- Standardised documentation: Essential information was recorded in predefined formats to ensure consistency across clinical teams.
- Introduction of a preterm passport: This tool was used to engage families in their infant's care, providing structured antenatal counselling and tracking key optimisation interventions.
- Regular data validation: Data collection was reviewed against preterm birth records to maintain accuracy.
- Multidisciplinary training: A peer-supported approach involved midwives, neonatal nurses, obstetricians, and resident doctors, ensuring widespread adoption of best practices.
- Continuous audit and feedback: Monthly data reviews allowed teams to identify and respond to variations in compliance with preterm optimisation elements.

Percentage of parents who received a preterm passport and antenatal counselling

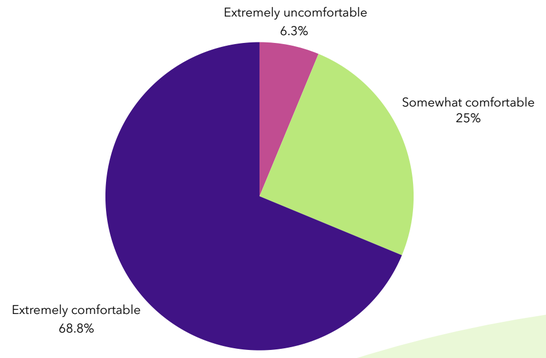


Results of the service user survey

Do you think the preterm passport would be helpful for yourself or your family if this was used during admission?



Would you be comfortable using the passport to discuss yours and your baby's care with the neonatal or obstetric teams?



Results

- Compliance with the BAPM 9-element pathway improved, with increased adherence to key interventions.
- The preterm passport was increasingly used, leading to better parental engagement and education.
- Service user feedback highlighted an improved understanding of preterm care due to structured antenatal counselling.
- Monthly data monitoring identified areas of variation, allowing targeted interventions to improve compliance.
- Despite improvements, there were ongoing challenges in ensuring uniform documentation, requiring continued training and refinement of processes.

Conclusions

This project successfully implemented key elements of perinatal optimisation despite challenges associated with transitioning to a new electronic patient record system. Improved documentation and structured staff training contributed to better compliance with preterm care standards. The introduction of the preterm passport strengthened parental engagement and education. The administrative support provided by HIN South London helping us to ensure regular project team meetings has been invaluable.

Moving forward, the team will focus on refining the antenatal counselling pathway, integrating preterm optimisation into routine clinical practice, and further developing strategies to ensure sustainable data accuracy. Future work will also explore opportunities for increased parental involvement in neonatal care, combined neonatal and obstetric counselling, exploring optimal delivery management in the extremely preterm group and learning from best practices in other perinatal optimisation initiatives.

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