

Implementing the Preterm Parent Passport at BHRUT

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Background and Aim

The Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) serves a population of around 750,000 people from a variety of social and ethnic backgrounds. The trust's three boroughs have different demographic characteristics.

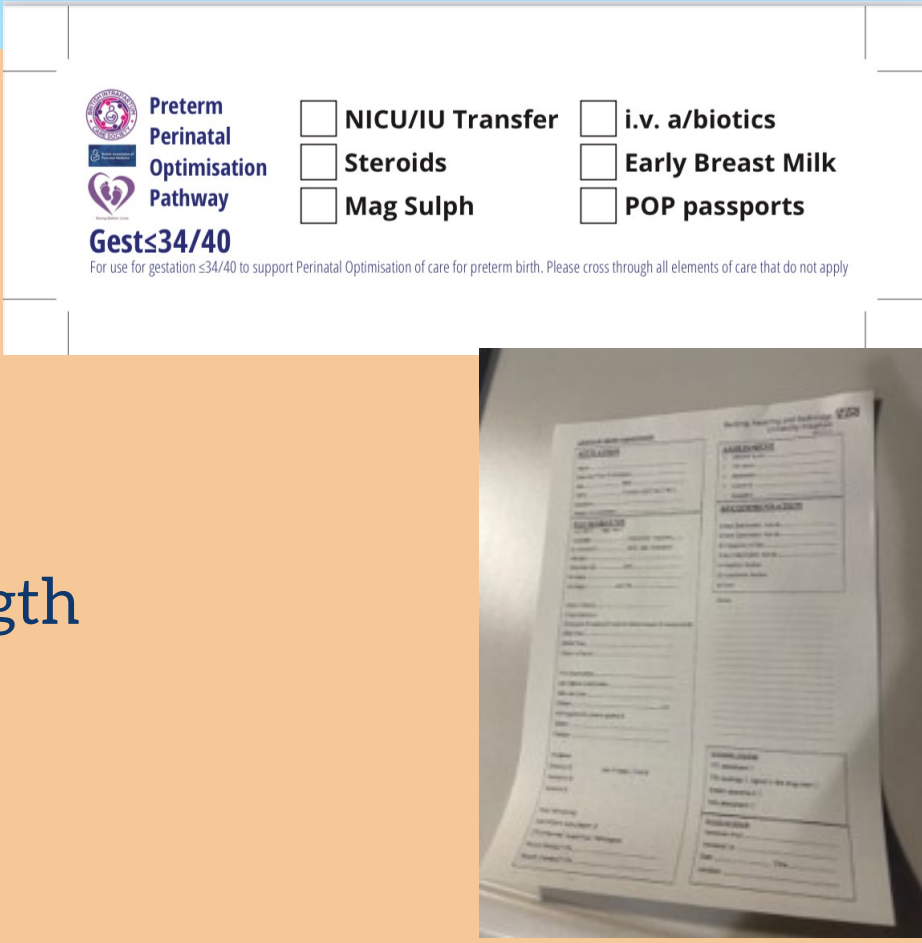
Havering has a population of around 232,000 and low levels of deprivation, Redbridge has around 264,000 people and average levels of deprivation, and Barking and Dagenham have around 172,000 people and high levels of deprivation.

More than half of residents in Redbridge and in Barking and Dagenham are from an ethnic minority background. In Havering this is almost one in five people.

Preterm (<37 weeks of gestation) babies face higher risk of neonatal complications and long-term health issues. Reducing preterm births improves neonatal outcomes and reduces healthcare costs. The aim of this project was to implement the BAPM parent passport for preterm babies.

Method

- 1. Early Risk Identification: Antenatal**
 - Preterm birth clinic, referral from booking
 - Universal screening for all pregnant women at 20 weeks
 - Use of fetal fibronectin testing/Actim Partus and cervical length measurements
- 2. Standardised Care Pathways: Intrapartum**
 - Updated guidelines for preterm labour management
 - Antenatal corticosteroids and magnesium sulfate administration protocol
- 3. Enhanced Multidisciplinary Collaboration**
 - Preterm leads (Obstetrician & Midwife)
 - Regular communication between obstetricians, neonatologists, and midwives
- 4. Training and Education**
 - Regular staff training: Simulation-based training for preterm labour and neonatal resuscitation
 - Workshops: On interpreting fetal fibronectin results and cervical length screening for doctors and preterm speculum training for midwives
 - Awareness programs: For patients on recognising signs of preterm labour



- MDT Working Group Developed to improve preterm optimisation, implement parent passport, and monitor compliance:
- Update guideline
 - Parent passport made available for preterm clinic
 - Parent passport made available in triage and added to labour ward preterm trolley
 - Once all care provided to baby, a copy of preterm passport to be photocopied and placed in maternal health record
 - Monthly meeting
 - Audit and Spreadsheet updated regularly
 - Dashboard for visual compliance
 - SBAR Handover
- Data collected from July 2024 to present (approx. 9 months)

Results

- Since the launch of the preterm trolley in July 2024, BHRUT have hired lots of new staff so will look into possibly doing more teaching and monitoring to ensure improvement in perinatal optimisation (PO) elements.
- There were no cases in Oct and Dec 2024 for MgSO₄, but otherwise we are maintaining compliance. There were no cases in Dec for EBM.
- Rolling data is good for cord management, and we have seen an improvement in normothermia.
- BHRUT had no eligible cases from Sep - Dec 2024 for IUT, but we are doing a deep dive on IUTs with NEL IUT audit tool.

Period selected: Monthly figures		Queens Romford																
Info Unit selected: Queens Romford		Standard	12 months	12 months	12 months	12 months	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
:: OPTIMAL PERINATAL CARE ::																		
i Antenatal Steroids (full course)	Benchmark	57.9%	66.1%	57.0%	46.0%	66.7%	71.4%	50.0%	60.0%	33.3%	45.5%	50.0%	40.0%	22.2%	33.3%	53.8%	40.0%	
Mothers delivering <34 weeks given full course in week prior to delivery	Only	1055/1822	322/487	508/892	46/100	2/3	5/7	4/8	6/10	3/9	5/11	2/4	4/10	2/9	2/6	7/13	4/10	
Incomplete / missing data		55	5	31	0	0	0	0	0	0	0	0	0	0	0	0	0	
i > Antenatal Steroids (at least one dose)	90%	91.3%	92.6%	90.4%	94.0%	100.0%	100.0%	87.5%	100.0%	88.9%	90.9%	100.0%	100.0%	77.8%	83.3%	100.0%	100.0%	
Mothers delivering <34 weeks given at least 1 dose prior to delivery	or above	1663/1822	451/487	806/892	94/100	3/3	7/7	7/8	10/10	8/9	10/11	4/4	10/10	7/9	5/6	13/13	10/10	
Incomplete / missing data		161	36	92	6	0	0	1	0	1	1	0	0	2	1	0	0	
i Antenatal Magnesium Sulphate	90%	87.1%	90.2%	82.9%	87.5%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	--	100.0%	50.0%	100.0%	50.0%	
Mothers delivering <30 weeks given magnesium 24 hours prior to delivery	or above	552/634	156/173	170/205	23/24	1/1	2/2	3/3	3/3	4/5	2/2	1/1	0/0	1/1	1/2	2/2	1/2	
Incomplete / missing data		3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
i Intrapartum antibiotics	Info	38.0%	27.1%	27.3%	20.6%	0.0%	0.0%	50.0%	40.0%	40.0%	14.3%	0.0%	0.0%	16.7%	25.0%	10.0%	40.0%	
Mothers in active labour receiving antibiotics prior to delivery	Only	424/1116	87/321	151/554	13/63	0/1	0/5	1/2	4/10	2/5	1/7	0/1	0/7	1/6	1/4	1/10	2/5	
Incomplete / missing data		530	202	337	48	1	4	1	5	3	6	1	7	5	3	9	3	
i Right Place of Birth	85%	84.1%	80.4%	N/A	8	1	--	--	1	3	--	--	--	--	--	1	2	
Mothers delivering extremely prem or <800g in a centre with a NICU	or above	311/370	86/107															
i Optimal Cord Management	75%	68.0%	73.3%	72.1%	76.4%	100.0%	87.5%	60.0%	84.6%	50.0%	100.0%	75.0%	81.8%	100.0%	50.0%	57.1%	80.0%	
Babies born <34 weeks have their cord clamped at / after 1 minute	or above	1415/2080	399/544	735/1019	84/110	3/3	7/8	6/10	11/13	5/10	12/12	3/4	9/11	9/9	3/6	8/14	8/10	
Incomplete / missing data		151	2	8	0	0	0	0	0	0	0	0	0	0	0	0	0	
i Promoting normal temperature on admission	90%	75.4%	74.5%	77.2%	81.8%	33.3%	100.0%	90.0%	84.6%	70.0%	75.0%	100.0%	72.7%	88.9%	100.0%	71.4%	90.0%	
Babies born <34 weeks recorded normothermic within 1 hour of birth	or above	1561/2070	404/542	784/1016	90/110	1/3	8/8	9/10	11/13	7/10	9/12	4/4	8/11	8/9	6/6	10/14	9/10	
Incomplete / missing data		11	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	