

Implementation of the Perinatal Optimisation Pathway Passport at The Royal London Hospital

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Background and Introduction

- The Royal London Hospital (RLH) is located in the heart of the Borough of Tower Hamlets, which is one of the most deprived boroughs in London. Tower Hamlets Borough has the fastest growing population (22% rise between 2011 and 2021) and the most densely populated area in England (15,695 residents per square kilometre). It is ethnically diverse, with the largest Bangladeshi population in the country (107,333 residents, 34.6% of the population). Source: Census 2021
- Our specialist obstetric and maternity professionals provide a high standard of maternity care via specialised high-risk maternity clinics. Our L3 Neonatal Unit provides specialist medical and surgical care to babies that require critical care.
- In Q3 2024, at the RLH there were 119 preterm births between 24+0 – 36+6 weeks gestation delivered, which is 8% of all births, n= 1312.
- The SBLCB v3 has identified the need to improve prediction, prevention and optimisation of preterm birth (PTB). In Sept 2024 we launched the Perinatal Optimisation Pathway Passport (POPP), whose role is to improve MDT communication in order to provide the best care to our clients and their babies, as well as enable parents to advocate for themselves via education on and access to Parent Passport.

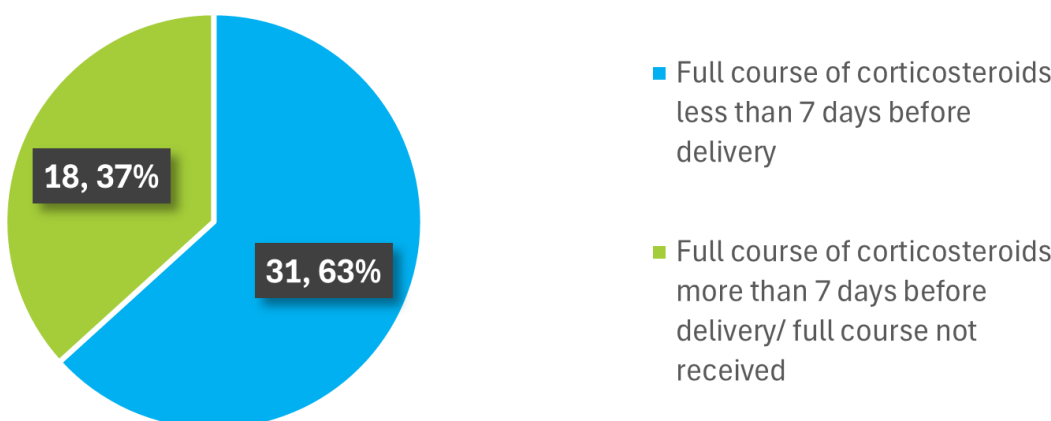
Method

- SBLCB v3 audit was used to compare Q2 2024 versus Q3 2024 in order to note any potential improvements in complying with any of the POPP elements since launching the passport in Sep 2024.
- All elements of the POPP were included in the SBLCB v3 data collection However, IUT acceptance rather than transfer rate was audited , as RLH is a level 3 Unit
- The audit was conducted using data from BadgerNet which were individually checked for accuracy.

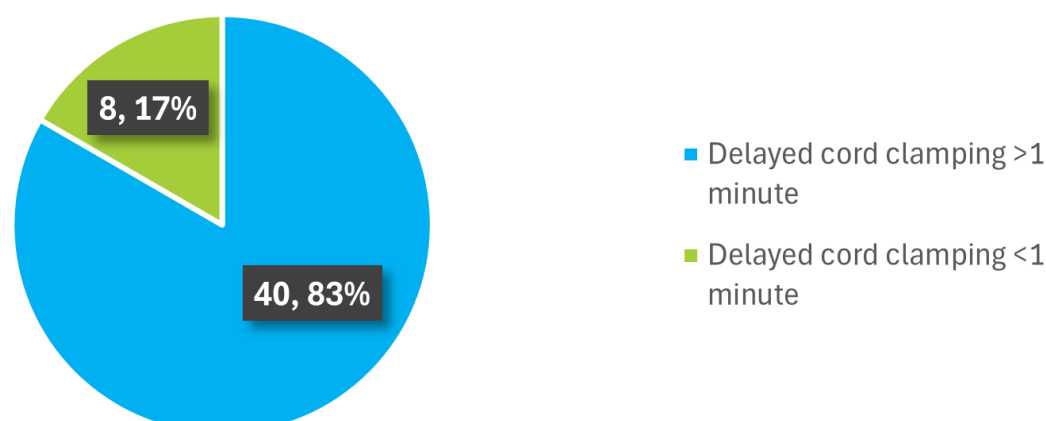
Results

- Since launching the POPP, we have noted some improvements in preterm perinatal optimisation interventions:
 - Antenatal corticosteroids from 62% in Q2 2024 to 78% in Q3 2024
 - Delayed Cord Clamping (DCC) from 77% at Q2 to 88% at Q3.
- The elements of the POPP yet to be improved:
 - Magnesium Sulphate from 93% in Q2 to 81% in Q3
 - Antibiotics in Labour from 93% in Q2 to 85% in Q3
 - Babies receiving mother’s milk within 24 hrs of birth from 65% in Q2 to 48% in Q3.

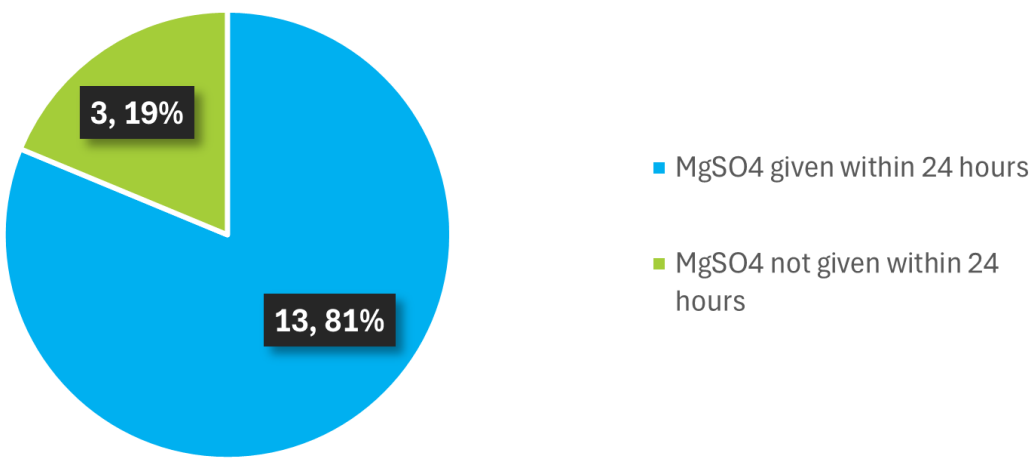
Q3: Full course of steroids administered in the 7 days before delivery



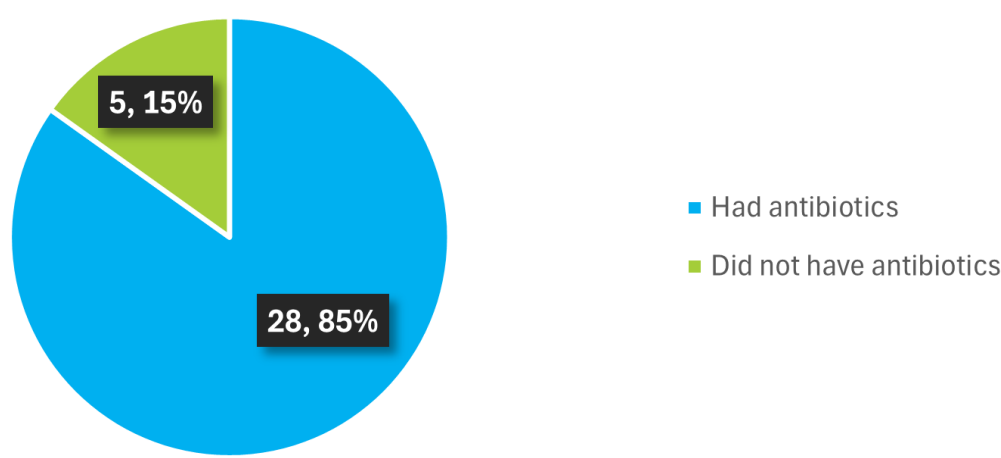
Q3: Delayed cord clamping in babies <34 weeks



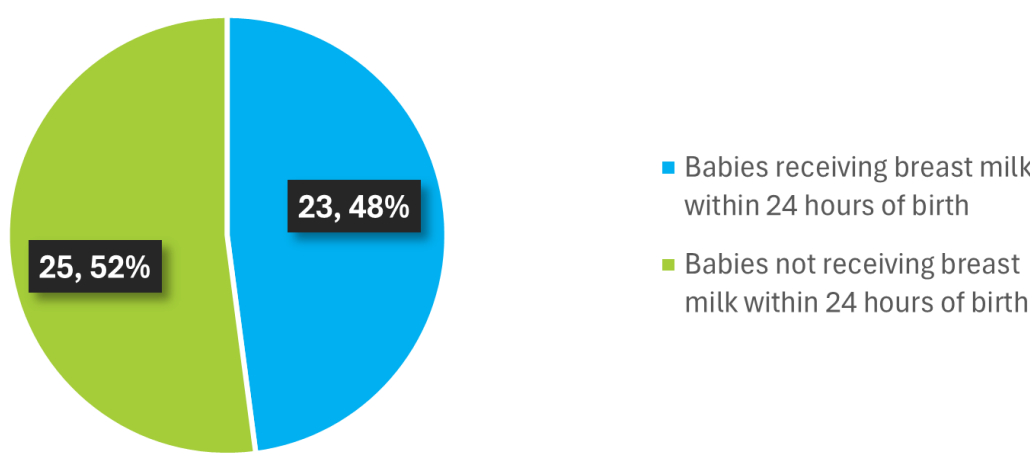
Q3: Magnesium Sulphate administration in preterm births less than 30 weeks gestation



Q3: Antibiotic administration in women delivering <34 weeks gestation excluding ELCS



Q3: Babies born before 34 weeks receiving mother’s milk within 24 hours of birth



Learning

Although, we are at the beginning of our POPP journey, based on the above data we can already note some visible improvements.

- Successes:

 - Well-established Preterm Birth Prevention Clinic held every Thursday at the RLH ward 8E between 09:00 and 13:00
 - Preterm Birth Team consisting of Obstetric and Neonatal Consultants, Preterm Birth Midwife and Nurse and Preterm Birth Champions
 - Successful launch of the POPP in September 2024
 - Education of POPP during the mandatory training.
- Challenges:

 - Awareness
 - Culture
 - Capacity
- What are we working on:

 - Preterm Birth Trolley on Labour Ward
 - Feedback on Parents Passport via QR code
 - Digital copy of POPP
 - POPP audit
 - IUT QI: to increase acceptance rate from 23% (Jan 2025) to 50% (Jan 2026).