

Introducing the perinatal optimisation pathway passport across maternity and neonatal units at UCLH

Audrienne Sammut, Heather Reeves, Joy Gough, Yoko Nishimura, Mae Nugent, Giles Kendall

Neonatal Intensive Care Unit, University College London Hospitals NHS Foundation Trust, 25 Grafton Way, London WC1E

Background

- 6,000 babies born at UCLH per year
- 100 <34 weeks GA babies per year
- Tertiary medical NICU
- Specialist preterm birth clinic / FMU



Aim

- Launch 9-element passport across maternity and NICU
- Use available resources already in place
- Perinatal quality improvement lead midwife
- NICU preterm care group
- Local dashboard and Women's Health Newsletter

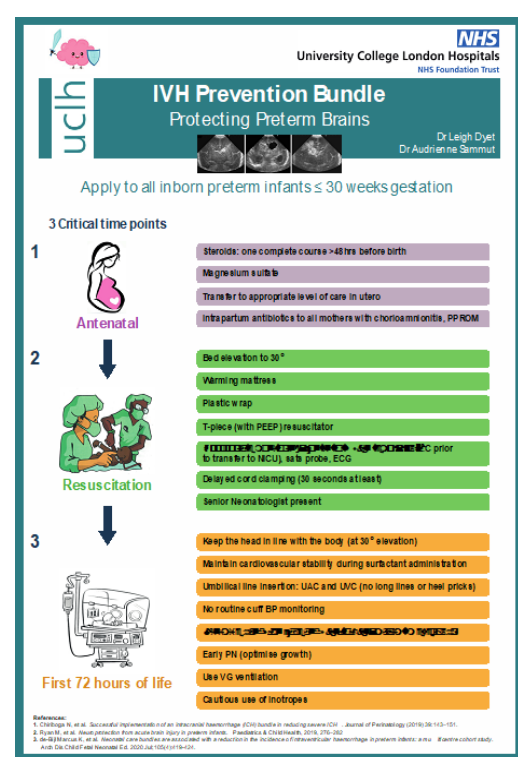


Preterm Care Group

Method

Align with previous projects related to perinatal optimisation

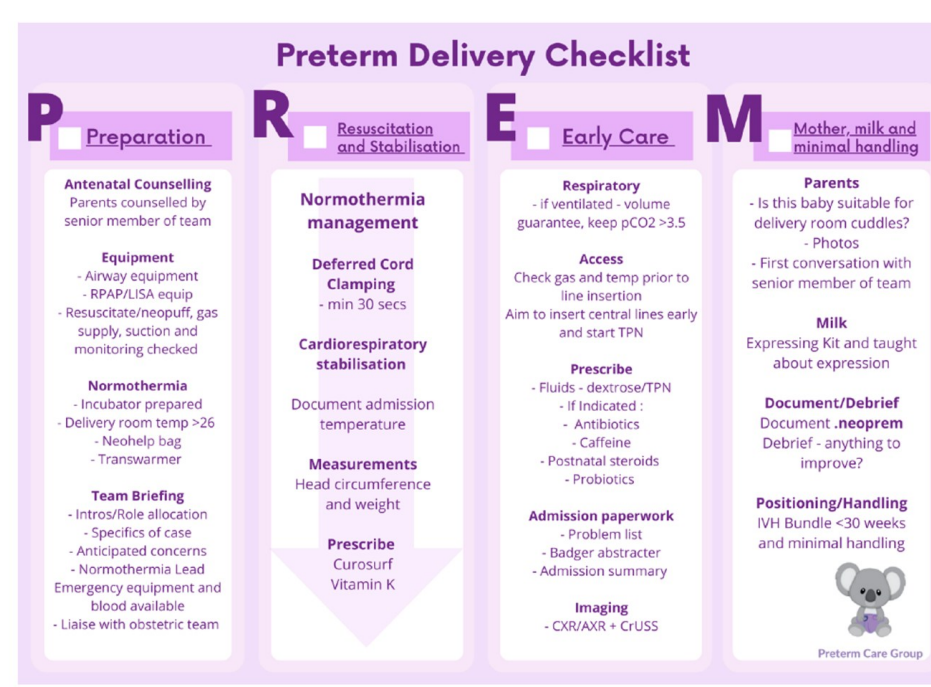
The IVH Prevention Bundle



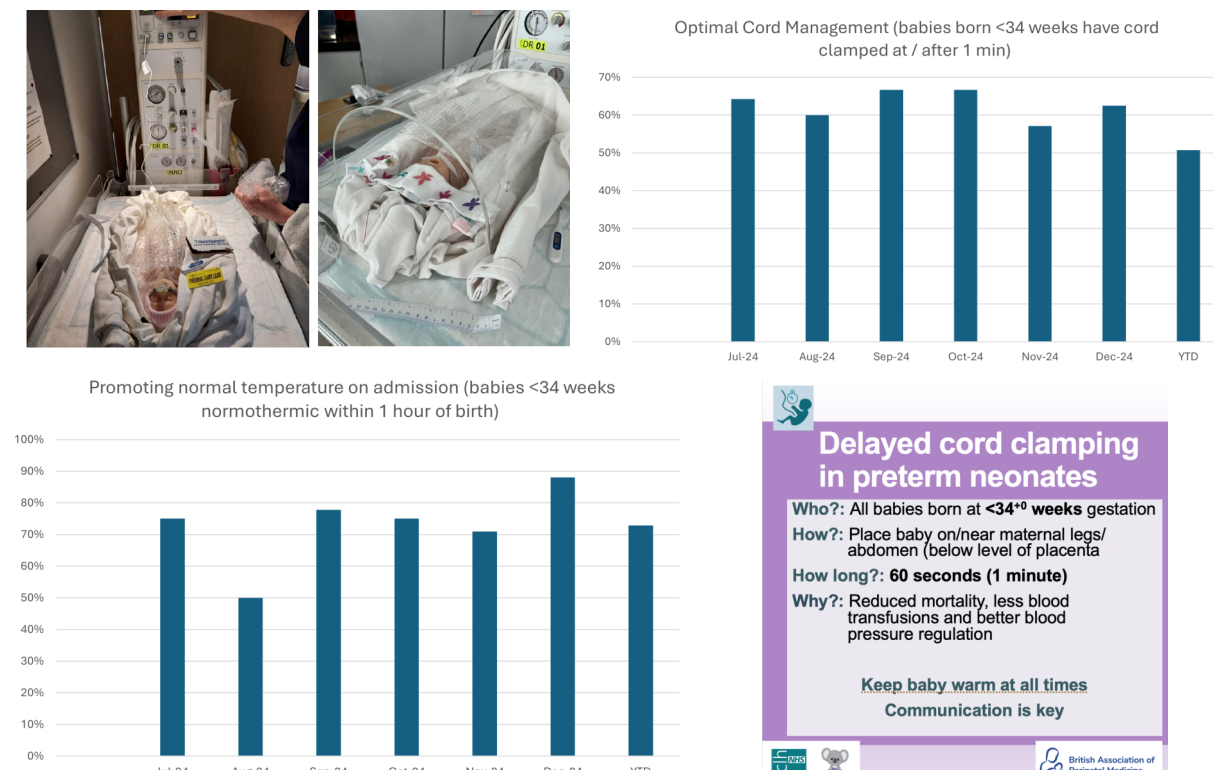
- Launched in March 2021
- 50% reduction in all rates of IVH

	Post-intervention n=104	Pre-intervention n=107	Relative risk (95% CI)	P value
IVH (%)	26(25)	46 (43)	0.56	0.01*
IVH grade I-II (%)	13(12.5)	29(27.1)	0.46	0.01*
IVH grade III-IV (%)	13(12.5)	17 (15.9)	0.78	0.4

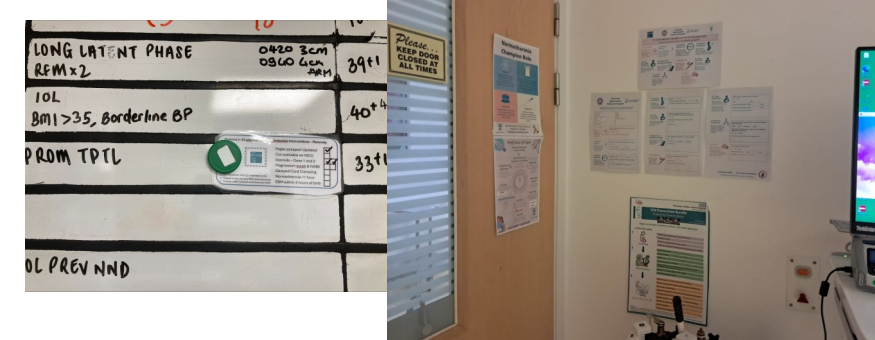
Preterm care guideline for babies born <34 weeks gestation



Normothermia and Delayed Cord Clamping



Implementing and sustaining the 9-element clinical and baby passport in 9 simple steps



- Identify core team: Midwife, Obstetric Consultant, NICU Nurse, NICU PCN, NICU Consultant, Preterm Care Group
- Organise regular meetings to discuss steps for launch
- Update current preterm care guidance to include clinical passport and present at maternity and neonatal meetings
- Prepare materials with laminated resources shared in staff spaces and labour ward whiteboard reminders
- Raise awareness during World Prematurity Week on NICU and launch POP as paper copy - 13 Nov 2024
- Ongoing staff awareness and education with dedicated walk arounds twice a week on labour ward and regular teaching sessions

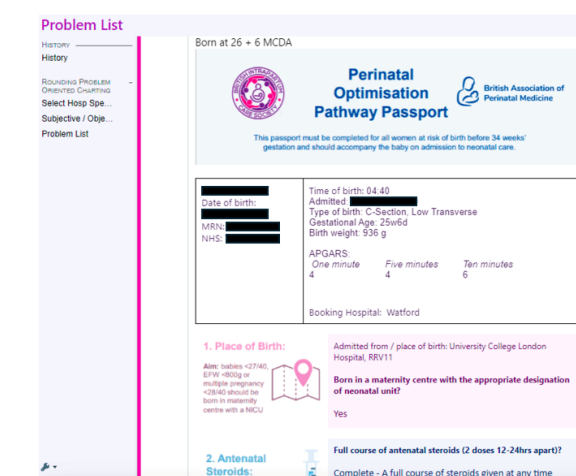


We are using a triangulated approach to ensure:

- We are capturing the correct women at PTB clinic and correct cervical surveillance to reduce PTB by auditing risk factors and referrals
- Increase Preterm optimisation in labour ward e.g. IV antibiotics/ Magnesium Sulphate/ Delayed cord clamping, Normothermia
- Audit feasibility for extension of PTB clinic and whether we can offer a birth planning clinic / counselling clinic to women who experienced a PTB to Birth Plan



- Core team ongoing monthly meetings to identify areas for improvement in 6-monthly audit cycles
- Support other hospitals in North Central London network with adopting the POP
- Launch digital Clinical Passport on EPIC - .neopassport



- Launched Jan 2025
- Pulls data from admission summary and flowsheets
- Found in every baby on the neonatal unit <34 weeks GA under "Problem List"

Results

- Since launch and audit, UCLH have:
 - Improved documentation since clinical passport on EPIC - responsibility of admitting team
 - Trays on labour ward to have a "go to guide" for midwives and master copies for passport in all languages
 - Audit SBLCB 2024:

MgSO ₄	86%	DCC	64%
IVAbx	64%	EBM	80%
Normothermia	76%		

Conclusion

- Areas for improvement:
 - Review practices at preterm birth clinic: early identification and planning - business case in place to increase appointment slots
 - Twice weekly walk arounds, ongoing education and teaching sessions for staff across all areas
 - Better timing in administration of ANS
 - Improve rates of DCC locally
 - Clear documentation of administration of EBM on EPIC
 - Audit use of POP in 6-monthly cycles