A guide to the
National Neonatal Audit Programme
2019 Annual Report

NNAP
National Neonatal Audit Programme

Your baby's care

Measuring standards and improving neonatal care

"This photo was taken last year for World Prematurity Day. It is a picture of Henry in his pre-school uniform at two-years-old holding a picture of himself on the unit. I love this picture because it really demonstrates how far he has come."

Nicki Cooper, Mother.

RCPCH Audits

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Your baby's care

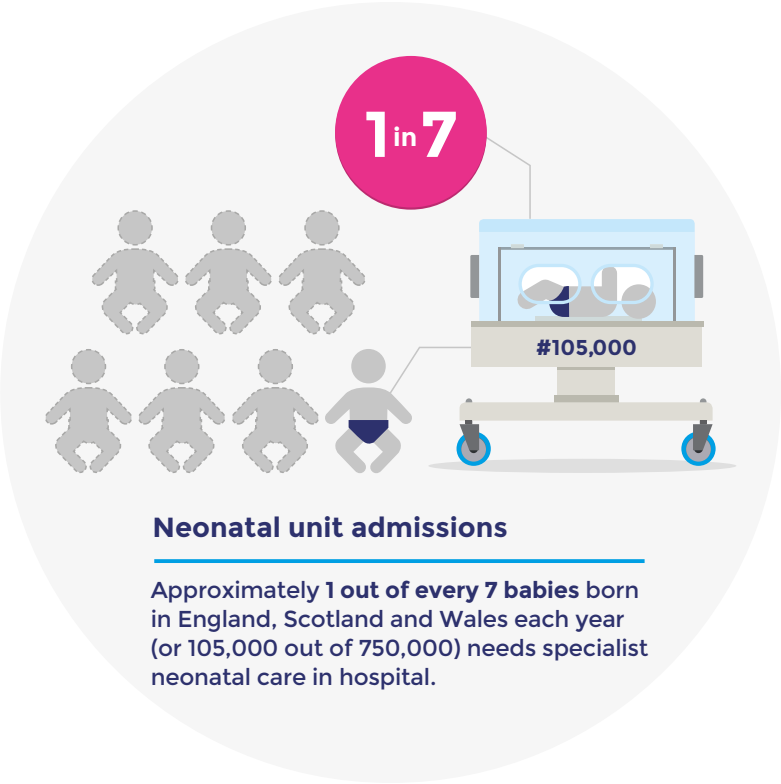
"My daughter was born with Gastroschisis. The photo of her with her older sister is important to me as we were such a long way from home that our eldest daughter had to spend much of the week living with grandparents. Weekends were a special time for us all to bond as a family and the staff on the unit were great at understanding and supporting this."

Sian Holland, mother

Neonatal care

Around 1 out of every 7 babies born in England, Scotland and Wales will need neonatal care. This is because they are born too early, with a low birth weight or have a medical condition that needs specialist treatment.

A baby may need their breathing monitored or need extra breathing support. A baby may have an infection and need antibiotics or have other medical conditions. The length of a baby's stay in a neonatal unit can vary from days, to weeks or months, depending on their needs.



Neonatal unit admissions

Approximately **1 out of every 7 babies** born in England, Scotland and Wales each year (or 105,000 out of 750,000) needs specialist neonatal care in hospital.

What is the National Neonatal Audit Programme?

It is important that the standards of care provided by neonatal units are regularly checked.

The Royal College of Paediatrics and Child Health (RCPCH) does this through the National Neonatal Audit Programme (NNAP)

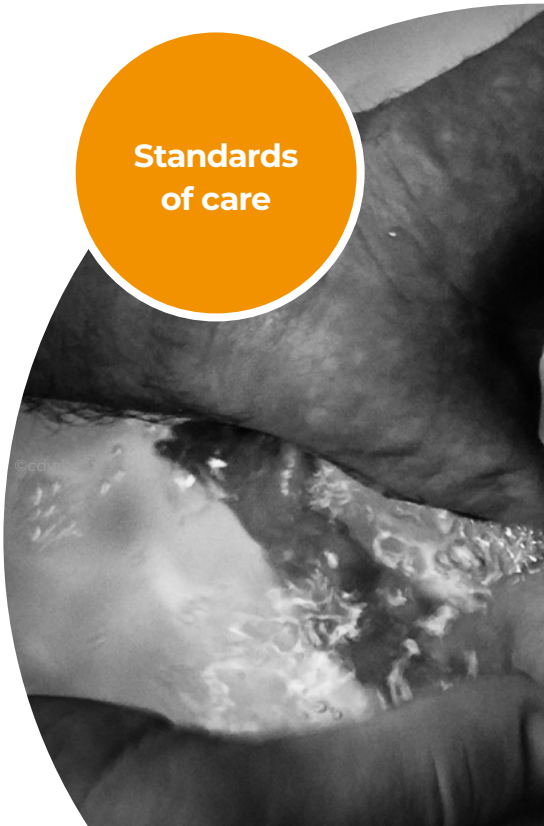
The National Neonatal Audit Programme helps neonatal units to give better care to babies who need specialist treatment.

We look at whether babies receive consistent, high quality care. We assess whether babies have had the health checks recommended for them to reduce the risk of complications, and we check how well babies are doing following this care.

We use information about your baby's care to help neonatal units in England, Scotland, Wales and the Isle of Man to improve the care and outcomes for other babies.

Neonatal unit staff enter your baby's information onto a secure electronic record system. The NNAP team does not have access to any information that could identify individual babies, and no babies are identified in our reports.

To find out more, you can read our leaflet, 'Your baby's information' available at **www.rcpch.ac.uk/nnap**



What areas of care does the NNAP focus on?

The NNAP 2019 report on 2018 data looked at 16 areas of care for premature and sick babies, covered by 20 audit measures.

The areas we focused on were chosen by a group of experts in neonatal care, which includes nurses and doctors, supported by parents.

In this leaflet we give more detail about 11 of the measures, selected by parents, healthcare professionals and patient-facing organisations.

You can find our full list of measures at: **www.rcpch.ac.uk/about-nnap**

If you want to find out more after reading this leaflet, you can view the full NNAP report on 2018 data and information about each hospital on NNAP Online at: **www.nnap.rcpch.ac.uk**

"This photo was taken just over a week before Henry was discharged and was the second time he was bathed. The first time was nurse-led but this time we were able to bathe him ourselves and it felt great to be able to do something so normal with our baby. "

Nicki Cooper, Mother

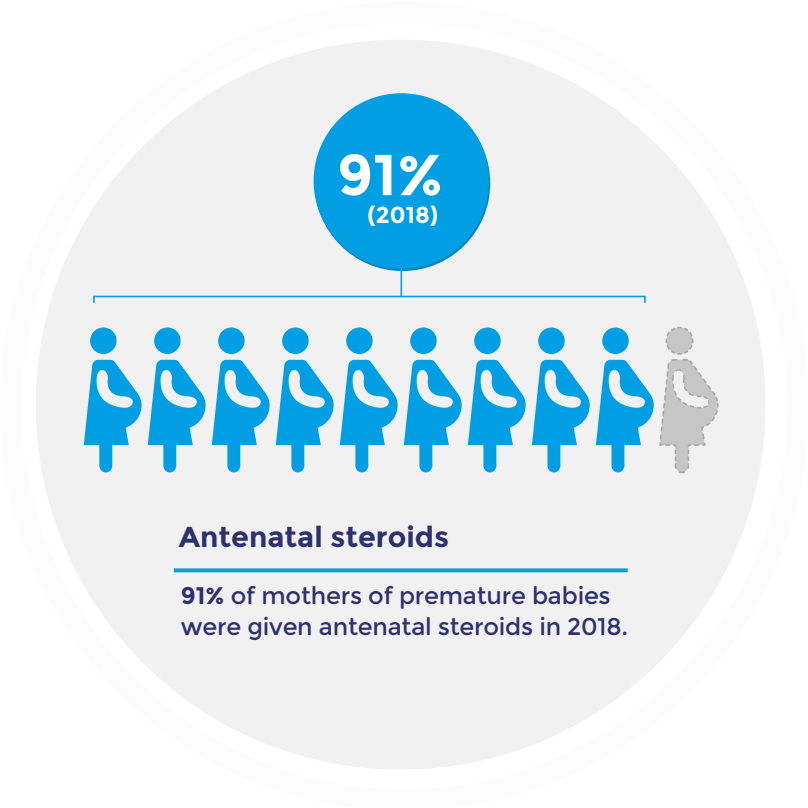
Antenatal steroids

Question:

Is a mother who delivers a baby between 23 and 33 weeks gestational age inclusive, given at least one dose of antenatal steroids?

Babies born at less than 34 weeks gestational age sometimes have breathing difficulties in the first few days after they are born.

Giving antenatal steroids to mothers who are about to give birth early can help to reduce breathing difficulties in baby and make other serious problems, such as bleeding into the brain, less likely.



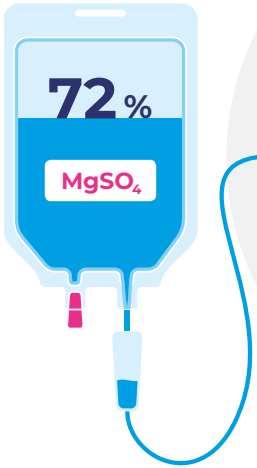
Antenatal magnesium sulphate

Question:

Is a mother who delivers a baby below 30 weeks gestational age, given magnesium sulphate in the 24 hours prior to delivery?

Giving magnesium sulphate to women who give birth early reduces the chance, by about a third, that their baby will develop cerebral palsy, a lifelong condition that affects movement and coordination.

It is recommended that all mothers who may give birth at less than 30 weeks gestational age are offered this treatment.



Antenatal magnesium sulphate

Magnesium sulphate was given to 72% of women who delivered at less than 30 weeks of gestation.

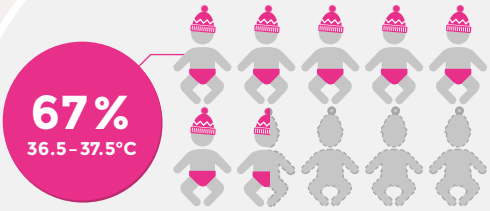
Temperature on admission

Question:

Does an admitted baby born at less than 32 weeks gestational age have its first measured temperature of 36.5°C to 37.5°C within one hour of birth?

Babies who are born very early get cold easily after birth. Being cold can make babies more unwell.

Doctors and nurses on the neonatal unit need to know a baby's temperature as soon as they are born, so that they can prevent these babies from getting cold.



Temperature on admission

In 2018, **67%** of babies born at less than 32 weeks gestation were admitted with a temperature within the recommended range of 36.5-37.5°C.

"Lowri was born at 27 weeks and 5 days at home. This is a photo on the day she was born once on the unit, on ventilation. "

Louise Summerfield, Mother

Simple interventions such as placing the baby in a plastic bag at birth can help to maintain a normal temperature.

Consultation with parents

Question:

Is there a documented consultation with parents by a senior member of the neonatal team within 24 hours of a baby's first admission?

It is important that families understand and are involved in the care of their baby.

We look at whether parents have talked to a senior member of the neonatal team within the first 24 hours of their baby's admission.

In this first consultation, the senior staff member can meet the parents and listen to their concerns. They can explain how their baby is being cared for and respond to any questions.

What can you do?

If you feel that you haven't had an early consultation with a member of the neonatal team you can ask your baby's nurse to arrange one.

At this meeting, you can talk about how you can work in partnership with the neonatal team to look after your baby.

Consultation with parents

96% of parents received a documented consultation with a senior member of the neonatal team within 24 hours of their babies' admission in 2018.

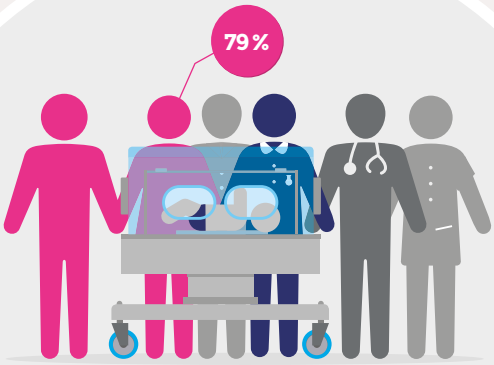
Parents on ward rounds

Question:

For a baby admitted for more than 24 hours, did at least one parent attend a consultant ward round?

Neonatal intensive care is very stressful for babies and parents. It is important that families understand and are involved in the care of their baby.

Including parents in consultant ward rounds, which occur regularly on neonatal units, can help to develop a partnership in planning of care between parents and the neonatal team.



Parental presence at consultant ward rounds

In **79%** of admissions, parents were present on a consultant ward round on at least one occasion during a baby's stay.

What can you do?

You can ask your baby's nurse or a member of the neonatal team if you can be at the consultant ward round.

You can also ask how you can work in partnership with the neonatal team to make the plans for your baby.

Retinopathy of prematurity screening

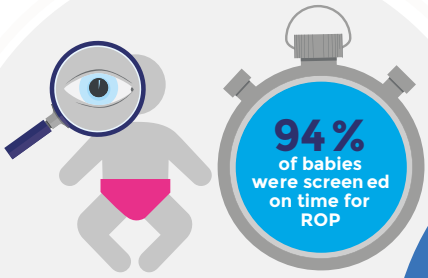
Question:

Does an admitted baby born weighing less than 1501g, or at a gestational age of less than 32 weeks, undergo the first retinopathy of prematurity (ROP) screening in accordance with the NNAP interpretation of the current guideline recommendations?

Babies born very early or with a very low birth weight are at risk of a condition called retinopathy of prematurity (ROP). ROP affects the blood vessels at the back of the eyes and can lead to loss of vision.

ROP can usually be stopped by treating it early. Screening babies for ROP at the right time is important to help babies have the best eyesight in the future. A national guideline says when this screening should be done.

We look at how successful neonatal services are in achieving 'on time' screening.



Screening for retinopathy of prematurity (ROP)

ROP screening was done on time for 94% of babies in 2017.

What can you do?

Find out from the neonatal team whether ROP screening is relevant for your baby, and when your baby's screening is due. If your baby's screening is due after being discharged from the unit, make sure you can attend the appointment.

Find out whether there are any follow-up appointments you will need to attend.

Measuring rates of infection on neonatal units

Sick and premature babies are more likely to get an infection from germs, including some that are normally harmless to healthy people.

Infections can make a baby's stay in the neonatal unit longer and may worsen the long-term developmental outlook for babies.

Neonatal unit staff and parents can help to reduce the risk of infection by careful attention and good practice hand washing before coming into contact with baby.

To look for infection in babies, neonatal staff may take a blood sample, or a sample of fluid from the spine. If germs grow in this blood sample, it is known as a positive blood culture.

In the NNAP, we measure rates of bloodstream infection based on the number of positive blood cultures.

This year’s data show that one in ten babies born at less than 32 weeks gestational age develop an infection with a worrying germ before they go home from hospital.

Bronchopulmonary dysplasia (BPD)

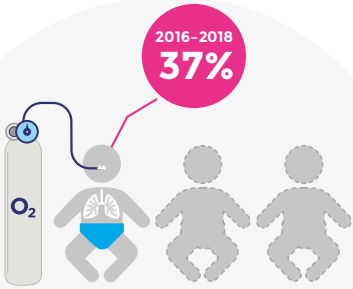
Question:

Does an admitted baby born at less than 32 weeks die or develop bronchopulmonary dysplasia (BPD)?

Babies born very early often do not have fully developed lungs and many need support with their breathing from a ventilator or other device. Simply being born early can cause some ongoing breathing difficulty.

Being on a ventilator can cause damage to the lungs, exacerbate breathing problems later in life and put babies at risk of chest infections. This condition is known as bronchopulmonary dysplasia (BPD) and is sometimes called chronic lung disease.

Rates of BPD vary between neonatal units. This variation may be partly explained by differences in the complexity and prematurity of babies between neonatal units and the methods they use. Neonatal units aim to reduce rates of BPD.



Bronchopulmonary dysplasia (BPD)

37% of babies born at less than 32 weeks gestation who were admitted to NNAP units developed significant bronchopulmonary dysplasia (BPD) between 1 January 2016 and 31 December 2018.

"My son getting oxygen through a ventilator. He had the best start with this little bit of help to breathe."
Jenna Curry, mother

Keeping mothers and babies together

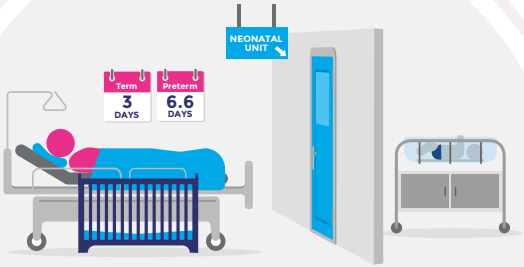
Question:

For a baby who did not have any surgery or transfer during admission, how many special care or normal care days were provided when oxygen was not administered?

Some babies admitted to neonatal units may be separated from their mothers for longer than necessary. It may be possible to care for some babies alongside their mother, with both midwives and neonatal staff looking after mother and baby.

For some babies, separation from their mother may be avoided altogether. For other babies who must be admitted to a neonatal unit, it may still be possible to reduce the number of days they are cared for separately during their admission.

We look babies born at term (37 weeks gestational age or greater) and late preterm (born between 34 and 36 weeks gestational age).



Minimising separation of mother and baby

Term babies admitted to neonatal units were separated on average for **3 days**. For late preterm babies the figure was on average **6.6 days**.

Breastmilk feeding at discharge home

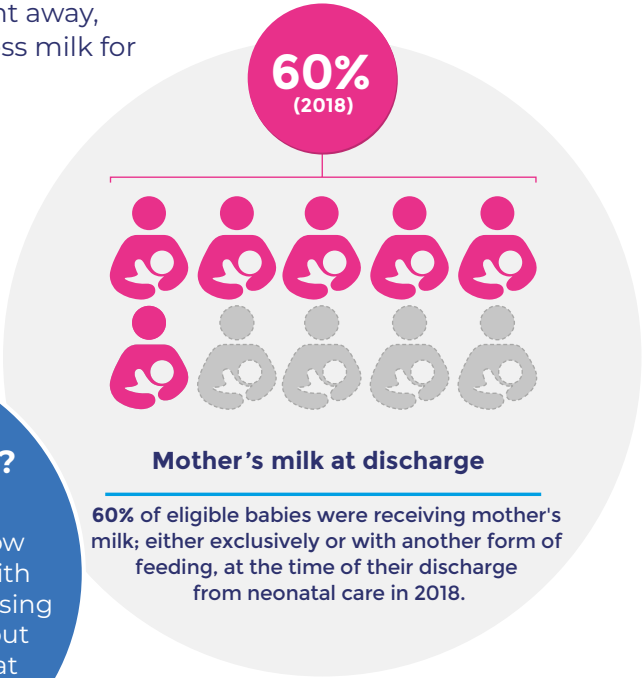
Question:

Does a baby born at less than 33 weeks gestational age receive any of their own mother's milk at discharge home from the neonatal unit?

Receiving breastmilk helps prevent infection and bowel problems in premature babies and improves longer term health and development.

Premature or unwell babies may not be ready to be fed from their mother's breast straight away, but mothers can express milk for their baby.

It is important that neonatal staff give you practical support to help you express milk if you choose to and to get feeding established ready for going home.



Mother's milk at discharge

60% of eligible babies were receiving mother's milk; either exclusively or with another form of feeding, at the time of their discharge from neonatal care in 2018.

What can you do?

Ask staff in your unit how they can support you with breastfeeding and expressing milk, and for advice about other organisations that offer support.

"Lowri's dad feeding her on the unit. Lowri was born three months premature."

Louise Summerfield, mother

Follow-up at two years of age

Question:

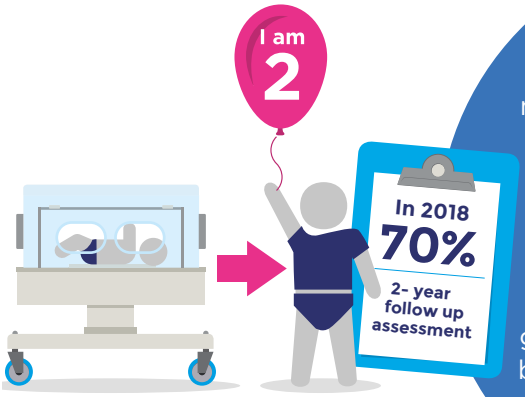
Does a baby born at less than 30 weeks gestational age receive medical follow up at two years gestationally corrected age?

It is important that a paediatrician or neonatologist (specialist doctors trained in the care of children and babies) checks the development of very premature babies after they leave the neonatal unit.

We look at whether there is a documented follow-up consultation at two years of age for babies born at less than 30 weeks gestational age.

This consultation looks for any problems with movement or the senses, any delays in development, or any other health problems.

Babies born very early can have these problems more often that those born at full term. It is important that those involved in the care of premature babies know how the babies are developing as they get older.



What can you do?

Stay in touch with the neonatal unit you're discharged from and find out when and where follow-up appointments will take place.

Going to all follow-up appointments means you can get reassurance about how your baby is developing, and get any support your baby might need for their development.

" The first picture shows Mia at a couple of days old. She's on a ventilator, has a feeding tube, numerous cannulas and long lines in every limb. The second picture is of her now at two-years-old with no tubes, no serious health issues and is as free as a bird. Wandering amongst nature is her favourite place to be. She's been on such a tough journey but it's all been worth it to see how happy she is now "

Rachel Jones, mother

Your unit's NNAP results

The information given in this booklet describes the national results for all units in England, Scotland, Wales and the Isle of Man. You can look for your unit's NNAP posters, which we encourage them to display on the wall.

These posters show you the NNAP results for your unit, national results and what your unit is doing in response to their NNAP results. Where there are opportunities for improvement, units are encouraged to put together an action plan.

You can view the full National Neonatal Audit Programme report and information about each hospital on NNAP Online at **www.nnap.rcpch.ac.uk**

Find out more about the NNAP

To find out more about the audit and how your baby's information is used to help improve neonatal care, please talk to the staff in your neonatal unit.

You can also contact the project team at: nnap@rcpch.ac.uk

or visit our website: www.rcpch.ac.uk/nnap

RCPCH &Us

The voice of children, young people and families

&Us is the RCPCH's platform for children, young people and families to help improve child health and healthcare for young patients.

Join **&Us** and help make the NHS a better place: **www.rcpch.ac.uk/and_us**

Bliss

for babies born premature or sick

Bliss is the UK charity working to ensure that every baby born premature or sick in the UK has the best chance of survival and quality of life.

Bliss fully supports the National Neonatal Audit Programme.

For more information on Bliss please visit: **www.bliss.org.uk**

www.rcpch.ac.uk/nnap

A guide to the **National Neonatal Audit Programme** 2019 Annual Report

The National Neonatal Audit Programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales.

HQIP holds the contract to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies. www.hqip.org.uk/national-programmes.

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