

National Clinical Audit - Line of sight table on report recommendations

Provider to complete the following details to allow for ease of access and rapid review	
HQIP Ref. Project name, Title of report	Ref. 722, National Neonatal Audit Programme, NNAP Summary Report on 2025 Data
1. What is the report looking at/what is the project measuring?	The audit reports on key measures of the process, outcomes and structure of care delivered to babies admitted to in NHS neonatal units.
2. Which countries are covered?	England, Scotland, Wales, Isle of Man.
3. The number of previous projects (<i>e.g., is it the 4th project or is it a continuous project</i>)	The audit has been running annually since its inception in 2006. The RCPCH is currently contracted to deliver the audit to March 2027.
4. The date the data is related to (<i>include start and end points – e.g., 01/01/2016 to 31/10/2016</i>)	Babies who were either born, experienced their first neonatal admission, final neonatal discharge or turned 44 weeks post menstrual age (PMA) in the calendar year 1 January 2024 to 31 December 2024, depending on the measure. The exception to this is the dataset used for two-year follow-up, which includes babies who were born between July 2021 to June 2022.
5. Any links to NHS England objectives or national initiatives	NHS England - Maternity and Neonatal Safety Improvement Programme: https://www.england.nhs.uk/mat-transformation/maternal-and-neonatal-safety-collaborative/ NHS England - Three Year Delivery Plan for Maternity and Neonatal Services: https://www.england.nhs.uk/long-read/three-year-delivery-plan-for-maternity-and-neonatal-services/
6. Any links to Devolved Nations/Crown Dependencies objectives or national initiatives	NHS Wales - PERIPrem Cymru: https://performanceandimprovement.nhs.wales/functions/networks-and-planning/maternity-and-neonatal-services/periprem-cymru/ Health Education and Improvement Wales - Strategic perinatal workforce plan: https://heiw.nhs.wales/files/strategic-perinatal-workforce-plan1/ Scottish Government – Best Start: https://www.gov.scot/publications/best-start-five-year-plan-maternity-neonatal-care-20172024-report/pages/7/

** If the question previously asked by the project (date asked and result). If not asked before please denote N/A.

Provider to complete the below for each recommendation in the report					
Intended audience	Underpinning evidence in the report (<i>with page no.</i>)	Current national audit benchmarking standard (if available)	Associated NHS payment levers or incentives'	Guidance available (e.g., NICE guideline)	% project result**

Recommendation no: 1					
1. As recommended in 2024, to monitor and act upon ethnicity disparities in partnership in care and the delivery of care processes, Neonatal networks should work with the perinatal teams in their constituent neonatal units to: - ensure that staff receive appropriate and consistent training to confidently ask families about their ethnicity and that of their baby, and to accurately record demographic information, - use the NNAP dashboard to review how well NNAP partnership and process measures are delivered locally, and then whether this differs by ethnicity - where differences exist, seek to understand the underlying causes, and - with families, co-design quality improvement programme that directly address those causes. (p8)					
Neonatal networks, and perinatal teams.	Parental consultation within 24 hours took place for a lower proportion of admissions when the mother was Black (93.3% adherent (CI - 92.6% - 94%)) than for Asian mothers (94.6% adherent (CI - 94.1% - 95.1%)), White mothers (95% adherent (CI - 94.8% - 95.2%)), or those grouped as Mixed/Other (94.9% adherent (CI - 94.1% - 95.7%)) (Extended analysis report). These results are unadjusted for background variables, but standardisation for gestational age does not alter the interpretation of the finding. (p6) Parental inclusion on the consultant ward round took place for a lower proportion of baby care days when the mother was Asian (32.1% adherent (CI - 31.9% - 32.3%)), Black (36% adherent (CI - 35.7% - 36.3%)), or Mixed or other ethnic background (36.3% adherent (CI - 35.8% - 36.8%)) than for White mothers (40.4% adherent (CI - 40.3% - 40.5%)) (Extended analysis report). These results are unadjusted	NNAP Improvement Goal: <i>By 2032, to eliminate statistically significant case mix adjusted differences in the delivery of the following neonatal care process between ethnicities¹:</i> <i>Proportion of babies born at less than 34 weeks gestational age (GA) who have their cord clamped at or after one minute.</i> <i>Proportion of babies born at less than 34 weeks GA with normal temperature on admission taken within an hour of birth.</i> <i>Proportion of admissions where there is a documented consultation with parents by a senior member of the neonatal team within 24 hours.</i> <i>Compliance for each ethnic group should be within a 95% confidence interval of the national mean.</i>	Not applicable	Not applicable	

¹ Ethnicity as per the Office of National Statistics classification: White (British, Irish, Gypsy or Irish Traveler, Roma, any other White background), Black (African, Caribbean, or any other Black background), Asian (Bangladeshi, Chinese, Indian, Pakistani, or any other Asian background), Mixed or multiple ethnic groups (White and Asian, White and Black African, White and Black Caribbean, Other Mixed or Multiple ethnic groups) and other (Arab or any other racial or ethnic group).

	for background variables, but standardisation for gestational age does not alter the interpretation. (p7) - At both day 14 and at discharge, a lower proportion of babies received any of their mother's milk when the mother was White, compared to other ethnic groups. At day 14, 78% (CI - 77% - 79%) of babies born to White mothers received their mother's own milk, compared to Asian (89.2% (CI - 87.9% - 90.5%)), Black (88.1% (CI - 86.2% - 90%)), or those grouped as Mixed/Other (86.5% (CI - 83.9% - 89.1%)). (p7) - Notably, this difference is not seen in rates of breastmilk feeding by day two, at which time point mothers own milk use is least common among babies born to Black mothers (Mixed/Other – 76.6% (CI - 73.6% - 79.6%); Asian – 75.2% (CI - 73.4% - 77%); White – 73.7% (CI - 72.7% - 74.7%); Black – 70.3% (CI - 67.8% - 72.8%)) (extended analysis report). These results are unadjusted for background variables, but standardisation for gestational age does not alter the interpretation. (p7)				
Recommendation no: 2					
2. So that early breastmilk feeding is prioritised and achieved equitably for all babies, the Royal College of Paediatrics and Child Health (RCPCH), the Royal College of Obstetricians and Gynaecologists (RCOG), and the Nursing and Midwifery Council (NMC) should review their standards and curricula and, where necessary, strengthen them to ensure that the importance of early breastmilk feeding for preterm babies during neonatal care is embedded in standards and curricula for early obstetric, midwifery, neonatal medical and nursing training. (p8)					
- Royal College of Paediatrics and Child Health - Royal College of	There has been marked ongoing improvement in the overall proportion of babies born at less than 34 weeks gestational age receiving any of their mother's milk by day 2 of life, from 54.3% in 2022 to 73.5% (9,209 of 12,531) in 2025	NNAP developmental standard: <i>Sixty-five percent (65%) of babies born at less than 34 weeks should receive any of their own mother's milk in the first 2 days of life.</i>	Not applicable	Not applicable	2025: 73.5% 2024: 68.8% 2023: 63.9% 2022: 54.3%

Obstetricians and Gynaecologists Nursing and Midwifery Council	(Figure 1).² A similar trend is seen in the proportion of babies exclusively receiving breastmilk, from 36.6% in 2022 to 54.4% (6,815 of 12,531 in 2025). However, variation between neonatal units continues to be very wide; from 32.4% to 100% (extended analysis report). (p7) - At both day 14 and at discharge, a lower proportion of babies received any of their mother's milk when the mother was White, compared to other ethnic groups. At day 14, 78% (CI - 77% - 79%) of babies born to White mothers received their mother's own milk, compared to Asian (89.2% (CI - 87.9% - 90.5%)), Black (88.1% (CI - 86.2% - 90%)), or those grouped as Mixed/Other (86.5% (CI - 83.9% - 89.1%)). (p7) - Notably, this difference is not seen in rates of breastmilk feeding by day two, at which time point mothers own milk use is least common among babies born to Black mothers (Mixed/Other – 76.6% (CI - 73.6% - 79.6%); Asian – 75.2% (CI - 73.4% - 77%); White – 73.7% (CI - 72.7% - 74.7%); Black – 70.3% (CI - 67.8% - 72.8%)) (extended analysis report). These results are unadjusted for background variables, but standardisation for gestational age does not alter the interpretation. (p7)				
Recommendation no: 3					
3. So that preterm babies' crucial first few days more commonly lead to the best outcomes after optimal perinatal care and stabilisation at birth, national governments in England, Scotland, Wales and the Isle of Man should consider describing a national ambition to double the proportion of very preterm babies exposed to all relevant measured perinatal optimisation interventions over the next five years. (p11)					
National governments in	A greater proportion of babies are now receiving all relevant measured optimal perinatal care	NNAP Improvement Goal:	Not applicable	National Institute for	2025: 25.4% 2024: 22.5%

² Cochran-Armitage test for trend, p<0.01.

England, Scotland, Wales and the Isle of Man.	interventions³; 25.4% in 2025 (3,221 of 12,704), an increase from 7.7% in 2021 (<i>Figure 3</i>). However, 3 out of 4 babies still do not have an optimal perinatal care journey, with evidence of unwarranted geographical variation (network range – 17.5% to 30.2%) in use of these well-established interventions (NNAP Online, extended analysis report). This suggests that reliable, standardised multidisciplinary processes are not yet embedded consistently. Improvement requires a whole-pathway approach spanning obstetrics, neonatology and network configuration. (p10)	<i>For babies born at less than 34 weeks gestation, increase the proportion receiving all reported perinatal optimisation measures (appropriate to their gestational age at birth) by 3% per year over a ten-year period based on an estimated baseline proportion of 7.7% observed in the NNAP 2021 data.</i> NNAP developmental standards: Antenatal steroids: <i>None</i> Antenatal magnesium sulphate: <i>Ninety percent (90%) of eligible mothers should receive antenatal magnesium sulphate.</i> Birth in a centre with a NICU: <i>Eighty-five (85%) of babies born at less than 27 weeks gestational age should be delivered in a maternity service on the same site as a NICU.</i> Deferred cord clamping: <i>Seventy-five percent (75%) of babies born at less than 34 weeks gestational age should have their cord clamped at or after one minute.</i> Normal temperature on admission: <i>The composite measure of timeliness and normal temperature should be met for at least ninety percent (90%) of babies.</i> Breastmilk feeding by day 2: <i>Sixty-five percent (65%) of babies born at less than</i>		Health and Care Excellence. Preterm labour and birth. NICE guideline (NG25), 2015. Available at: https://www.nice.org.uk/guidance/ng25	2023: 19.2% 2022: 13.8% 2021: 7.7%
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³ Antenatal steroids, antenatal magnesium sulphate, birth in a centre with a NICU, deferred cord clamping, temperature on admission, breastmilk feeding by day 2.

		34 weeks should receive any of their own mother's milk in the first 2 days of life.			
Recommendation no: 4					
4. As recommended in the NNAP 2024 data report, Neonatal networks should: a. Review mortality data and, where rates are higher than expected, develop locally prioritised improvement plans. Quality improvement activity should focus on best practices identified in Neonatal Networks with low mortality, with particular attention to differences in network structure, staffing, clinical governance, and clinical practice. (Recommendation repeated from the 2023 data report.) b. With their constituent units, undertake reviews of deaths in accordance with the BAPM Framework for Practice: Neonatal Mortality Governance⁴ and engage with statutory death review processes. Shared learning from these reviews should inform network governance and unit level clinical practice. (p12)					
Neonatal networks	Overall, there is an apparent reduction in the proportion of mortality to discharge home (or 44 weeks PMA) in babies born between 24 and 31 weeks gestational age; to 5.7% (379 of 6,677) in 2025.⁵ Between 2018 and 2024, mortality ranged between 6.2% and 6.6% (Figure 3). (p11) Mortality continues to vary by region, ranging from 3.4% to 8.7%. Treatment effect ranges from -2.3% to 2.4%, indicating that variation in mortality is not explained by differences in the background characteristics of the babies cared for by the network (NNAP Online, extended analysis report).⁶ (p11)	NNAP Improvement Goal: <i>Reduce the difference between the networks with the most negative and most positive treatment effect¹ for mortality until discharge home (3.8% based on 2021 results) by 0.3% per year over 10 years period, without increasing mortality in the network with the lowest observed rate.</i>	National ambition: https://www.gov.uk/government/news/new-ambition-to-halve-rate-of-stillbirths-and-infant-deaths	Not applicable	2025: 5.7% 2024: 6.4% 2023: 6.4% 2022: 6.5% 2021: 6.6% 2020: 6.3% 2019: 6.2% 2018: 6.2%
Recommendation no: 5					
5. In line with the recommendation made in the NNAP 2024 data report, NHS England and health departments in Devolved Governments should work together to:					

⁴ BAPM. Neonatal Mortality Governance: A BAPM Framework for Practice. February 2026. Available at: <https://www.bapm.org/resources/neonatal-mortality-governance>

⁵ Cochran-Armitage test for trend between 2024 and 2025, p=0.067.

⁶ In reporting outcomes, the NNAP describes the observed number of infants with an outcome, and a "balanced proportion" which is the proportion of that outcome in a matched group of babies with similar baseline characteristics to those in the network of interest. Comparing the balanced proportion to the observed proportion allows calculation of a "treatment effect". Treatment effect is the difference between the observed and balanced proportion. A negative treatment effect means that the observed proportion is lower than the balanced proportion, and suggests that the babies were more likely to survive/not have a particular outcome in the network than elsewhere in the country. A positive treatment effect means that the observed proportion is higher than the balanced proportion, and suggests that the babies would have been more likely to survive/not have a particular outcome had they been born and treated elsewhere.

a. issue clear, UK-wide guidance to neonatal services around the correct reporting of preterm brain injury including PHVD, so that robust data collection can support the achievement of the national ambition to reduce neonatal brain injury. b. develop a mandated, UK-wide NHS neonatal information standard to ensure that clinical reporting systems are interoperable, ensuring robust data collection to support effective measurement and reporting of all neonatal processes and outcomes. (p12)					
NHS England Health departments in Devolved Governments	Over the past few years, NNAP reporting of preterm brain injury has focussed on reducing rates of missing data and driving improvements in data quality. Data completeness continues to improve year on year; for IVH grades 3 or 4, falling from 26% in 2021, to 3.6% in 2025. However, network level variation in missing data remains; between 0.4% and 16.2% for IVH 3 or 4 (Extended analysis report). Apparent decreases in the rate of IVH 3 or 4, cPVL and PHVD over time should not confidently be interpreted as real change, given the historically high rates of missing data. (p12)	NNAP Improvement Goal: <i>For babies born at less than 32 weeks gestation, increase the proportion discharged home from neonatal care having experienced no serious complication of prematurity (late onset bloodstream infection, NEC, BPD and serious preterm brain injury and mortality) by 1% per year over a ten-year period based on an estimated baseline proportion of 49.7% observed in the NNAP 2021 data.</i>	National ambition: https://www.gov.uk/government/news/new-ambition-to-halve-rate-of-stillbirths-and-infant-deaths	Not applicable	IVH 3.4 missing data: 2024: 6.9% 2023: 12.9% 2022: 19.3% 2021: 26%