

A guide to the
**National Neonatal
Audit Programme**
Summary report
on 2025 data

NNAP
National Neonatal
Audit Programme

Your baby's care

Measuring standards and improving neonatal care

October 2026



Skin to skin and holding Isla out of her cot was so important for us all. We even managed to mark some milestones whilst doing it.

Photo courtesy of Morag McInnes

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

RCPCH Audits



Keon's journey has taught us that every baby's story is unique. As parents, we have faced challenges we never expected, but we have also celebrated every little achievement along the way. Sharing our experience and seeing Keon represented may help other families feel less alone on their own journey.

Photo courtesy of Omolabake Olabisi Faith



Daddy reading to me, whilst I receive my budesonide.

**Photo courtesy of
Leighsa Boyd-Roarty**



The hardest part of NICU was that I couldn't take away her pain, but being there to soothe her through every cannula, lumbar puncture, eye exam and post op meant she never faced it alone. I knew in my heart this mattered so much in our recovery as a family.

Photo courtesy of April Lyon

Contents

What is neonatal care?	4
What is the National Neonatal Audit Programme?	5
What areas of care does the NNAP focus on?	7
1: Partnership in care	8
Parental consultation within 24 hours of admission	8
Parent inclusion in consultant ward rounds	9
Breastmilk feeding throughout the neonatal stay	10
Medical follow-up at two years of age	11
Neonatal nursing	13
2: Care processes	14
Antenatal steroids	14
Antenatal magnesium sulphate	14
Birth in a centre with a NICU	15
Deferred cord clamping	15
Temperature on admission	16
Breastmilk feeding by day 2	17
Non-invasive breathing support	18
On time screening for ROP	19
3: Outcomes of neonatal care	20
Mortality	20
Bronchopulmonary dysplasia	20
Necrotising enterocolitis	21
Bloodstream infection	21
Pre-term brain injury (IVH and cPVL)	22
Equity in neonatal care	23
Your units NNAP results	25
Who is the NNAP supported by?	26
What can you do next?	27
Glossary	28
References	29

Note on terminology:

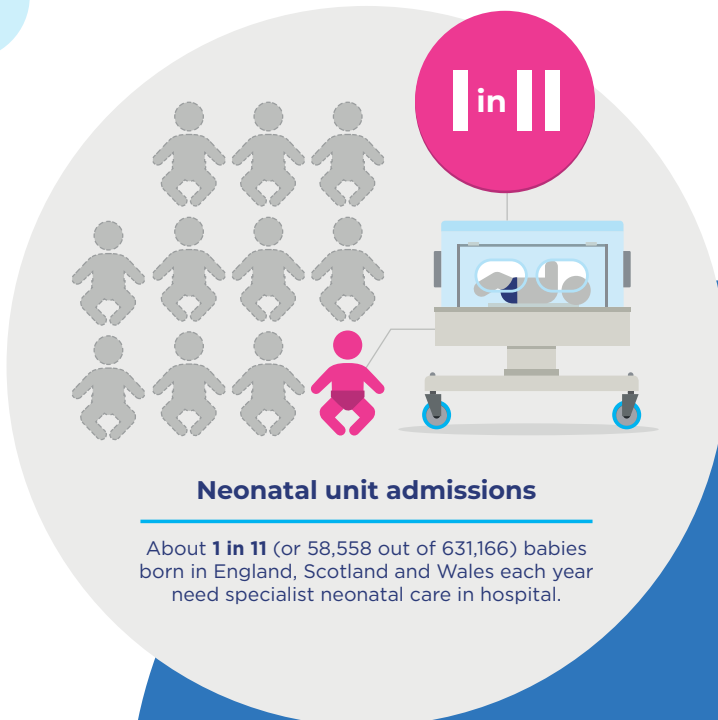
Throughout this guide the term 'mother' is used. However, it is not only people who identify as women who may want to access this leaflet. Your care should be personalised, inclusive and sensitive to your needs whatever your gender identity. 'Your Baby' is used throughout the guide for brevity, but we acknowledge that your family might have multiple babies experiencing neonatal care.

What is neonatal care?

About **1 in 11** babies will need to be admitted to a neonatal unit because they are born early, with a low birth weight, or unwell and need specialist care and treatment.

Your baby may need help with breathing or feeding. Sometimes babies might have an infection

or other medical conditions that require treatment. Your baby might stay on a neonatal unit for days, weeks or months, depending on their needs. You will be encouraged and supported to take an active role in their care as soon as you are ready too.



What is the National Neonatal Audit Programme?

It is important to regularly share information about the quality of care provided by neonatal units to improve outcomes and care for all babies and their families. The Royal College of Paediatrics and Child Health (RCPCH) does this through the National Neonatal Audit Programme (NNAP).

The NNAP helps neonatal units give better care to babies who need specialist treatment.

We look at:

- Whether babies receive consistent, high-quality care.
- If babies have had the health checks recommended to reduce the risk of complications.
- 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**. To help with this, we gather information about babies who receive neonatal care.

Neonatal unit staff enter your baby's information onto a secure electronic record system called BadgerNet. All neonatal units share information from these electronic records with the NNAP project team within the RCPCH, via another processor, System C, who manage the BadgerNet system.

Find out more



To find out more about the audit, how we use this information, and your rights, you can read our privacy notice:

<https://www.rcpch.ac.uk/about-us/privacy-hub/NNAP>

or scan the QR code with your phone.

NNAP
National Neonatal
Audit Programme



Aman was born at just 24 weeks. This was one of our many precious skin-to-skin moments, but I didn't get to hold him like this until more than 20 days after giving birth. He was so poorly, so tiny, and so fragile.

Moments like this meant everything

**Photo courtesy of
Zainab Yunus**



Myself and my daughter Rosalie born at 34 weeks. On Optiflow breathing support and having our first skin to skin after C-section.

Photo courtesy of Bethany Cooper



Which areas of care does the NNAP focus on?

The NNAP data covers three workstreams of care for premature and sick babies, each with questions about how well care is delivered.

.....

These workstreams are:

- Partnership in care
- Care processes
- Outcomes of neonatal care

These were chosen by a group of experts in neonatal care, which included nurses, doctors and parents with experience of neonatal care. The NNAP consults regularly with parents with experience of neonatal care to reflect on these measures.

This guide explains more about these three workstreams of care and shows how well units are doing across England, Scotland, Wales, and the Isle of Man for each of the audit measures. It also explains what you can do next if you have a baby in neonatal care.



I got to hold Edie for the first time after 3 days. I was too scared and upset to touch her initially as she was so tiny. The 24 days we spent in the NICU were the hardest of my life. I am so grateful to every single nurse and doctor who kept her safe.

Photo courtesy of Kayleigh Russell



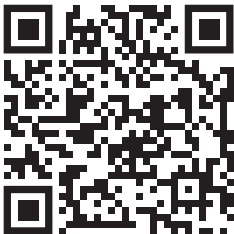
Isla's first milestones were all on the NICU. Her first bath was facilitated by one of the OTs, and was a bonding moment for Isla and her Dad. Wire free for a few precious minutes.

Photo courtesy of Morag McInnes

Find out more

.....

If you want to find out more about how a particular neonatal unit is doing, you can go to: <https://www.rcpch.ac.uk/resources/NNAP-dashboards> or scan the QR code:



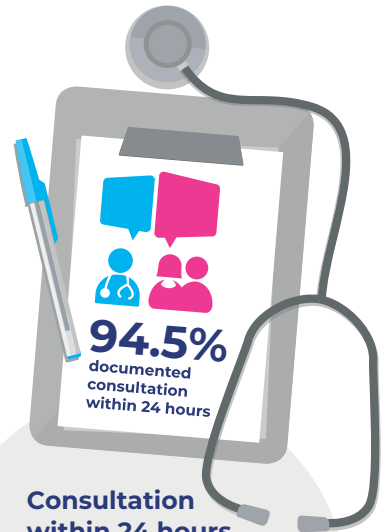
1. Partnership in care

This workstream of the audit focuses on how teams looking after babies can work in partnership with the families of babies born premature or sick.

Parent consultation within 24 hours

It is important that families understand and are involved in the care of their baby/babies. Parents being involved in hands on care and decision making can improve outcomes for babies. The NNAP looks at whether a senior member of the neonatal team has talked to parents within the first 24 hours of their baby's admission.

The first consultation is an opportunity for the parents to form a relationship with the senior member of the care team. Parents can ask questions and share concerns. The member of the team can find out about the family and their needs and preferences.



Consultation within 24 hours

94.5% of parents received a documented consultation by a senior member of the neonatal team within 24 hours of admission.

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 ask about how you can work in partnership with the neonatal team to look after your baby.

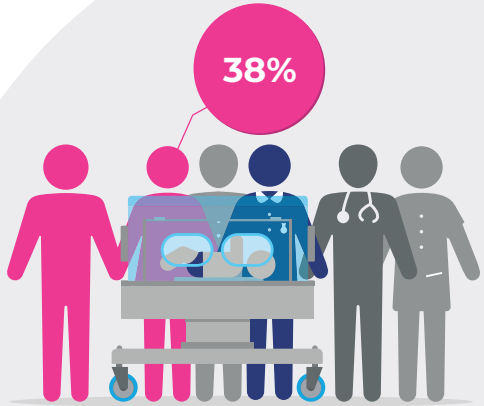
Remember, you can ask for a meeting with a senior member of the neonatal team at **any time**. You can ask for this regardless of whether you had one within 24 hours of your baby being admitted to the neonatal unit.



Parent inclusion in consultant ward rounds

Neonatal care can be stressful for babies and parents. It is important that families understand and are involved in the care of their baby since this can improve outcomes for babies.

Ward rounds occur regularly on neonatal units. Including parents in them can help to develop a partnership in the planning of care between parents and the neonatal team.



Parental inclusion on consultant ward rounds

The NNAP looks at whether a parent was involved in the ward round for each day of a baby's stay. Overall, this was reported for **38%** of baby care days.



What can you do?

Your neonatal team will let you know when the daily ward rounds usually take place. If it would be hard for you to join in, you could ask a member of the neonatal team to introduce or share particular information about your baby during the ward round, and that they update you after this occurs.



When your baby is surrounded by wires, machines and medical equipment, it can feel like everyone else knows how to care for them better than you do. But moments like this remind you that underneath it all, they are simply your baby, and you are exactly where you belong.

Photo courtesy of David and Hannah Omoyeni

Breastmilk feeding throughout the neonatal stay

All babies benefit from their own mother's breastmilk because

- it's easier to digest
- helps them grow
- and protects them from infections.

It is important that staff on the neonatal unit

- give you or your partner practical support to help you express milk
- help support with breastfeeding
- help get feeding established ready for going home.

The NNAP reports the number of babies born prematurely who receive any of their mother's milk at day 14 of life, and when they are discharged from the neonatal unit.



What can you do?

Staff in your neonatal unit should provide you with information about breastmilk, support you with expressing milk and with breastfeeding, and provide advice about other organisations that offer support. If you are struggling with expressing milk or breastfeeding, or have any questions or concerns, ask your baby's nurse who can support you or connect you with additional support.

WITHIN
14
DAYS

81.8%



Breastmilk feeding at 14 days of life

81.8% of babies born at less than 34 weeks received their mother's milk at 14 days of life.

AT
DISCHARGE

70.7%



Breastmilk feeding at discharge

70.7% of babies born at less than 34 weeks received their mother's milk at discharge.

Medical follow up at two years of age

There is a national guideline¹ that tells neonatal services when and how a paediatrician or neonatologist (specialist doctors trained in the care of children and babies) will check the development of babies after they leave the neonatal unit. This is called the two year check and is for babies who are born at less than 30 weeks.

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

Babies born prematurely are more likely to have developmental problems than babies 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, so that any additional support required can be put in place.



What can you do?

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. If you haven't been given information about follow-up appointments, you can check with your neonatal unit.

Follow-up at two years of age

80.5% of babies born at less than 30 weeks gestational age received medical follow-up at two years gestationally corrected age (18-30 months gestationally corrected acceptable age range).



This is my daughter, Zoe, being held by my eldest daughter, Melissa, who was also a NICU baby after being born early at 35 weeks. She is an incredible big sister.



This is Melissa and Zoe now- they are the best of friends. Melissa is now 7 years old. Zoe is now 22 months. Both girls have their health issues, but they are the most delightful, creative and kind girls.

Photos courtesy of Alicia Hughes



Being held by daddy for the first time on the unit.



Freddie at two years of age looking all grown up.

Photos courtesy of Hannah Jones and Daniel John

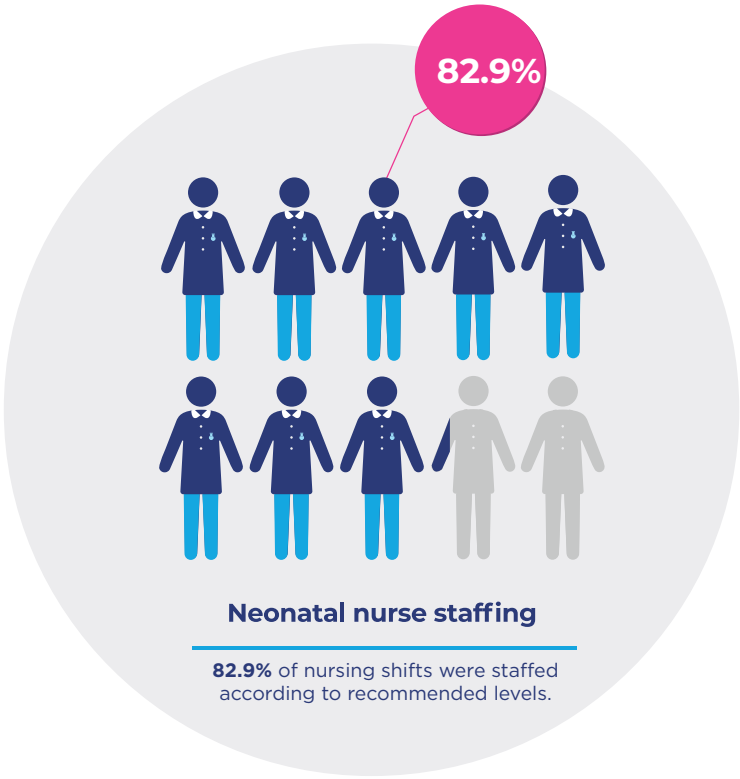
Neonatal nurse staffing

Having enough neonatal nurses to care for babies on the neonatal unit is really important to make sure

- the quality of care is high,
- support is available for parents,
- outcomes for babies are good.

There are national guidelines^{2,3,4} which set out how many nurses are needed for each shift. This depends on the number of babies they are caring for and how complex the needs of those babies are.

The NNAP reports how many shifts have enough nurses to care for the babies in the neonatal unit, based on these guidelines.



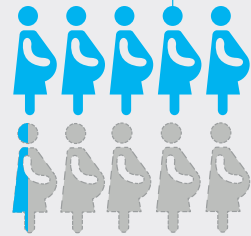
2. Care processes

This workstream focuses on interventions prior to, during or immediately after birth that can improve outcomes for babies born premature or sick.

Antenatal steroids

Guidance⁵ recommends that mothers who give birth to a baby at less than 34 weeks gestational age receive a full course of antenatal steroids for 24 hours in the week before they give birth. This is to support the development of their babies' lungs. Antenatal steroids help reduce breathing difficulties. This can also reduce the risk of death and other serious problems, such as bleeding into the brain.

50.3%



Antenatal steroids

50.3% of mothers of babies born at less than 34 weeks were given a full course of antenatal steroids in the week before birth.

Antenatal magnesium sulphate



Antenatal magnesium sulphate

88.3% of mothers of babies born at less than 30 weeks' who were given antenatal magnesium sulphate in the 24 hours before birth.

Giving magnesium sulphate to women who are at risk of giving birth to a baby below 30 weeks reduces the chance that their baby will develop cerebral palsy by 32%. Cerebral palsy is a lifelong condition affecting movement and coordination.

Guidance⁵ recommends that magnesium sulphate should be given to all women who give birth to a baby at less than 30 weeks within the 24 hours before their baby is born.

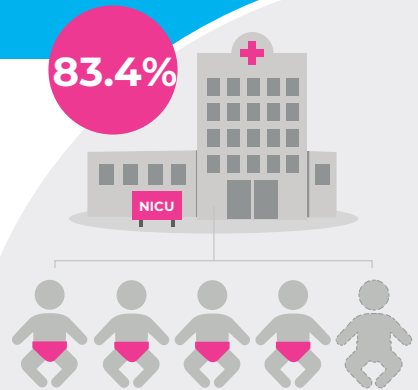
Birth in a centre with a NICU

Babies who are born at less than 27 weeks are at higher risk of serious complications, such as

- brain injury
- bronchopulmonary dysplasia (BPD) also known as chronic lung disease
- necrotising enterocolitis (NEC).

Therefore, these babies should be born in a hospital with a neonatal intensive care unit (NICU).

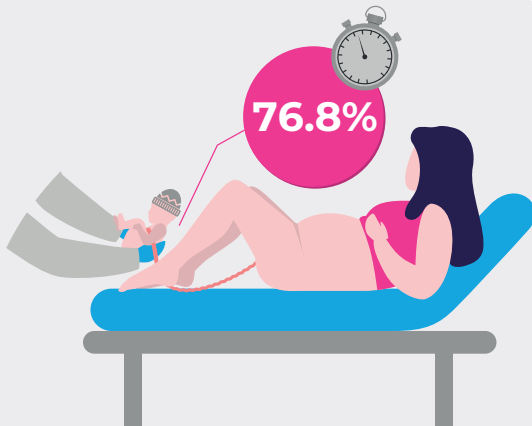
NICUs provide the highest level of care and are best equipped to look after these babies. Evidence suggests that babies born at less than 27 weeks have better outcomes if they are cared for in a NICU from birth.



Birth in a centre with a NICU

83.4% of babies born at less than 27 weeks or less than 800 grams or born as a multiple at less than 28 weeks, were born in a maternity service on the same site as a designated NICU.

Deferred cord clamping



Deferred cord clamping

76.8% of babies born at less than 34 weeks gestational age had their cord clamped at or after one minute from birth.

Deferred cord clamping means waiting at least 60 seconds after birth before clamping the umbilical cord. Research shows that doing this reduces the risk of death in premature babies by nearly a third⁶.

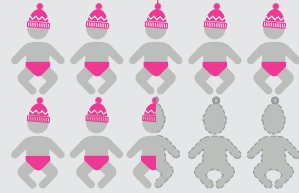
Deferred cord clamping can be done for most babies. It is the best option, even if your baby needs help breathing. In some rare circumstances is not appropriate.

Temperature on admission

Babies who are born at less than 32 weeks, and have a low temperature on admission to the neonatal unit, are at a higher risk of illness and death. Low temperature (or hypothermia) is a preventable condition in newborn babies.

This NNAP measure looks at how successful neonatal units are at making sure babies born at less than 32 weeks have a normal first temperature reading. This should be between 36.5 and 37.5°C within an hour of birth.

80.4%
36.5–37.5°C



Temperature on admission

80.4% of babies born at less than 34 weeks gestational age had a first temperature on admission which is both between 36.5–37.5°C and measured within one hour of birth.



Born via c section at 33 weeks.
First day of life.

Photo courtesy of Sasha Hodnett



Leonidas was born at 24 weeks +1 day, and spent 127 days in hospital. This was the first time I got to hold Leonidas.

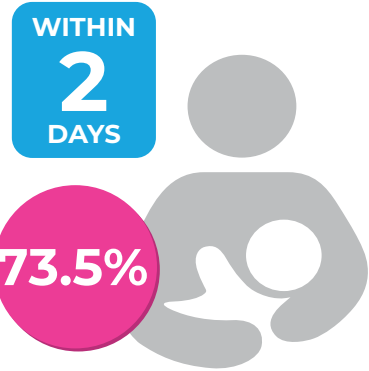
Photo courtesy of Lenuta Papadopol

Breastmilk feeding in the first 2 days of life

Early breastmilk, known as colostrum, is beneficial to babies' health and may also help to establish longer term breastfeeding.

Babies born premature or sick may not be ready to be fed from their mother's breast straight away. Mothers are encouraged and supported to express milk for their baby within the first few hours after birth. This milk can be used for mouth care or given via a feeding tube. It is important that neonatal services provide the right support to families at the right time.

As part of several measures which look at the care given to mothers and babies before, during and immediately after birth, the NNAP reports how many babies receive any of their own mother's milk within the first two days of life.



Breastmilk feeding in first 2 days of life

73.5% of babies born at less than 34 weeks received their mother's milk in the first 2 days of life.



Tube feeding using my expressed breast milk.

**Photo courtesy of
Jessica Haywood and
Timothy Robinson**



This is me (mum) feeding Matilda for the first time via a syringe. She was then tube fed, as she was born at 35 weeks she didn't have the ability to suck.

**Photo courtesy of
Amelia Gauci and Jacob Dorman**

Non-invasive breathing support

Bronchopulmonary dysplasia (BPD) is a lung disease that affects babies born prematurely. Mechanical ventilation through an endotracheal tube can increase the risk of a baby developing BPD.

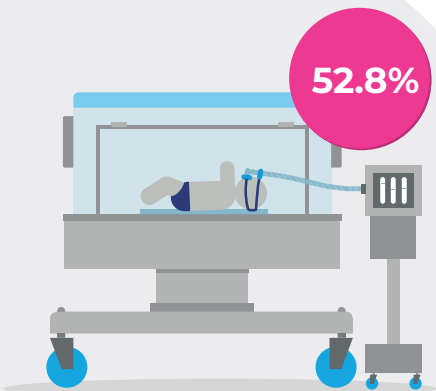
Providing non-invasive breathing support, such as Continuous Positive Airway Pressure (CPAP), instead can reduce the risk of BPD.

The NNAP looks at how many babies receive only non-invasive breathing support in the first seven days of their life.



Matilda was on CPAP for two days, she was unable to breathe on her own when she was first born. The NICU nurses explained how everything works.

**Photo courtesy of
Amelia Gauci and Jacob Dorman**



Non-invasive breathing support

52.8% of babies born at less than 32 weeks gestational age received only non-invasive breathing support in the first seven days of life.



I can't breathe on my own yet so
I am having some help!

Photo courtesy of Evie Coleman

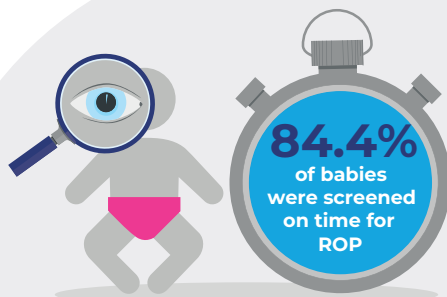
Retinopathy of prematurity

Retinopathy of prematurity (ROP) is a condition that affects blood vessels in a part of the eye called the retina. If a baby is born very prematurely, these blood vessels can start growing abnormally, which causes ROP.

Finding and treating ROP before it becomes severe can reduce the risk of sight loss.

There is a national guideline⁷ that tells neonatal services which babies should be checked for ROP, and when the first screen should be carried out.

The NNAP looks at how well neonatal units do at screening these babies at the right time.



Screening for retinopathy of prematurity (ROP)

84.4% of babies born at less than 31 weeks gestational age, or weighing less than 1501g at birth had their first ROP screening according to the guideline.



What can you do?

The nurses on the unit are experienced in getting babies ready for the eye examination and supporting them during it. They will be able to explain how they do this and will involve you as much as possible.

If you choose to be present, you may be able to comfort your baby before or after the examination. The nurses will be able to guide you on how to best comfort your baby. Being present will also give you another opportunity to ask any questions that you may have.

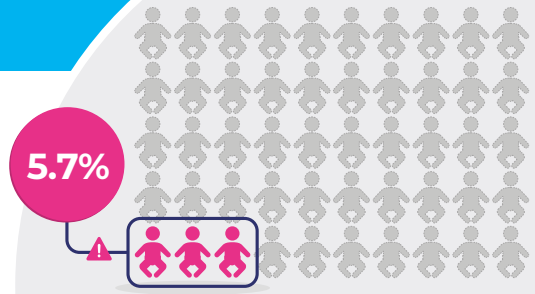
You can find out more by reading the Screening for Prematurity Information for Parents and Carers, available at: www.rcpch.ac.uk/resources/screening-retinopathy-prematurity-information-parents-carers

3. Outcomes of neonatal care

This workstream focuses on some of the medical outcomes that can happen to babies born premature or sick.

Mortality

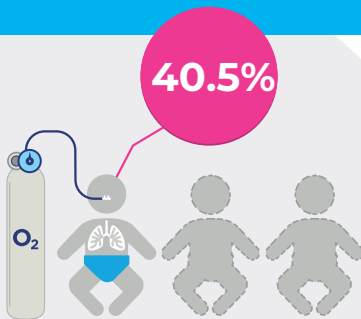
Even though the numbers are very low, it is important that we monitor the proportion of babies who are admitted for neonatal care and sadly die before they go home. This enables neonatal services to review the number of babies who die and the causes of death with the aim that through shared learning and sometimes changes in practice, mortality numbers will decrease.



Mortality

5.7% of babies born at less than 32 weeks gestational age and admitted to neonatal care died before discharge or 44 weeks post menstrual age.

Bronchopulmonary dysplasia (BPD)



Bronchopulmonary dysplasia (BPD)

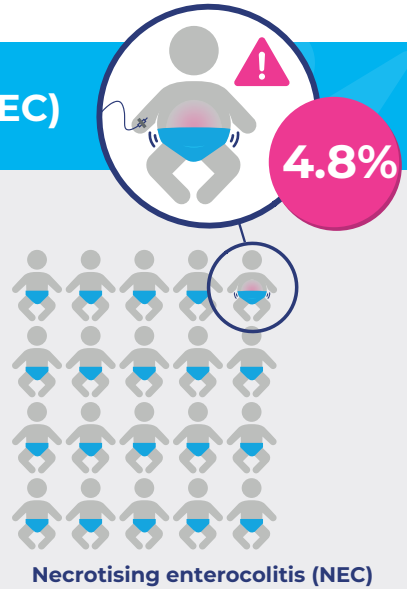
40.5% of babies born at less than 32 weeks gestational age developed bronchopulmonary dysplasia (BPD) or died.

Babies born very early often have underdeveloped lungs and may require help with their breathing.

Being born prematurely can lead to ongoing breathing challenges. The use of a ventilator is essential to support some babies with their breathing. However, it can potentially harm the lungs and increase the risk of chest infections. This condition is known as bronchopulmonary dysplasia (BPD), which is also called chronic lung disease.

Necrotising enterocolitis (NEC)

Necrotising enterocolitis (NEC) is a severe condition that can occur after premature birth. It causes inflammation in the bowel, making it difficult for babies to be fed with milk, and sometimes requires surgery. Babies with NEC often have to stay in hospital for an extended period. Sadly, over 20% of babies with NEC do not survive, and those who do may face developmental delays and long-term issues with feeding and bowel function.

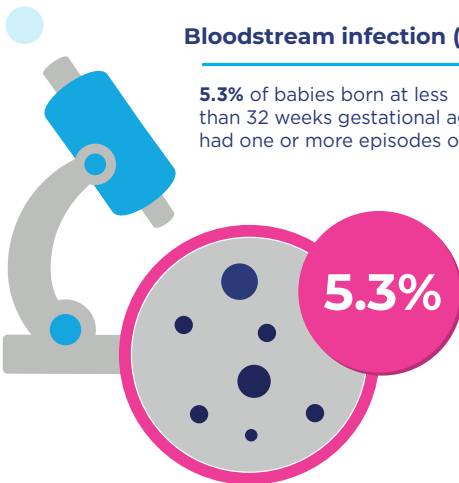


4.8% of babies born at less than 32 weeks gestational age developed NEC.

Bloodstream infection (BSI)

Bloodstream infection (BSI)

5.3% of babies born at less than 32 weeks gestational age had one or more episodes of BSI.



Babies who are sick or born prematurely are more at risk of getting infections, even ones that don't usually harm healthy people. These infections can mean that they stay longer in the neonatal unit, increase the risk of death and sometimes affect the babies' long-term development.

To help lower the risk of infection it is essential that all health professionals, parents and visitors follow good infection prevention and control practices on the neonatal unit.

Preterm brain injury (IVH and cPVL)

Babies born at less than 32 weeks may experience brain injury, sometimes caused by bleeding. The consequences of these injuries vary, partly depending on the severity of the injury.

The NNAP reports two types of brain injury - more serious forms of intraventricular haemorrhage (IVH) and cystic periventricular leukomalacia (cPVL).

By understanding how many babies get brain injuries, neonatal teams can try to reduce the number.



Preterm brain injury – Intraventricular haemorrhage (IVH)

12.8% of babies born at less than 32 weeks experienced IVH grades 3 or 4, or death.



Preterm brain injury – cystic periventricular leukomalacia (cPVL)

10% of babies born at less than 32 weeks experienced cPVL or death.



Izzy with her crochet octopus.

**Photo courtesy of
Janie and Niall Byrne**

Equity of neonatal care

The NNAP had looked at whether there are any differences in the way families of different ethnicities are cared for.

It is important that we know if care and outcomes are different between ethnic groups so that steps can be taken to make sure that everyone receives the same high quality care.



At four weeks old, this milestone meant so much to us. Keon had just moved from his incubator into an open cot with heating, which felt like such a huge step forward. Our time in neonatal care showed us the importance of compassionate, skilled care. Every gram gained and milestone reached felt like a huge victory.

**Photo courtesy of
Omolabake Olabisi Faith**

For this to happen, changes might need to be made locally by an individual hospital, or nationally, by governments for other organisations.

The NNAP shares this data with neonatal services so that they can see whether they deliver care equitably in their hospitals, or whether they need to make changes to make sure that it is equitable in the future.



Celebrating Isla's achievements, and feeling thrilled to finally take her home.

Photo courtesy of Morag McInnes



Our tiny baby Malcolm. Born at 30 weeks and 3 days receiving CPAP and then high flow oxygen.



Big Brother Francis tube feeding enhanced breastmilk. The unit really encouraged family involvement.



Father Christmas visited all the babies in hospital. Malcolm came out of the incubator and into the open cot on Christmas day



Malcolm now! 18 months, walking and chatting away.

Photos courtesy of Bethany and Joshua Robinson

Your unit's NNAP results

The information given in this guide 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 neonatal teams to display. You can also view these at:

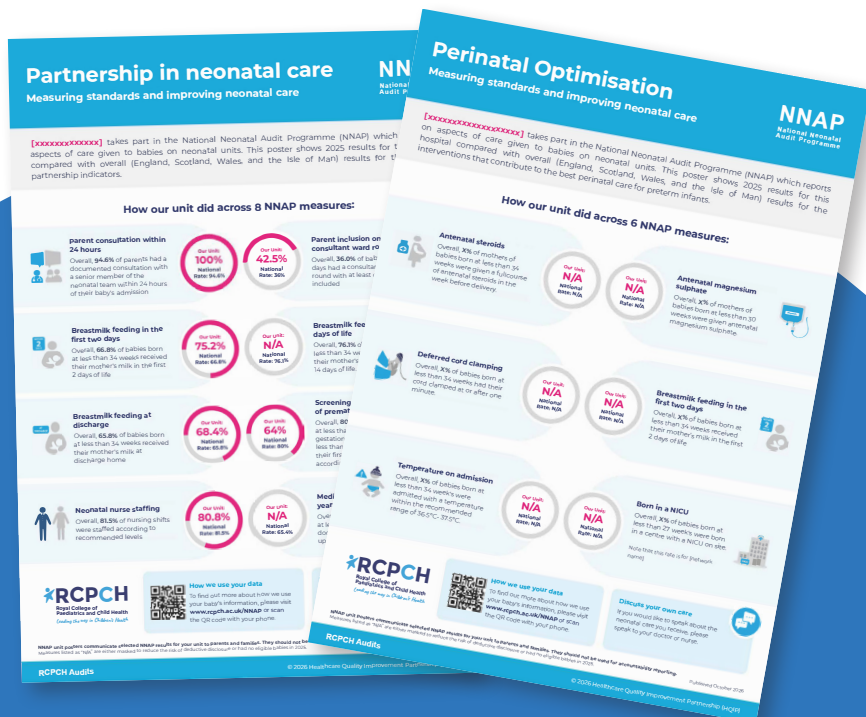
<https://www.rcpch.ac.uk/resources/NNAP-dashboards>

Examples of both posters can be found below.

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

<https://www.rcpch.ac.uk/resources/NNAP-dashboards>



Who is the NNAP supported by?



We're pleased to be supported by a range of organisations. Further details can be found below.



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 supports the National Neonatal Audit Programme.

For support and information please visit: www.bliss.org.uk



**British Association of
Perinatal Medicine**

British Association of Perinatal Medicine (BAPM) aims to improve standards of perinatal care by supporting all those involved in perinatal care to optimise their skills and knowledge, deliver and share high quality safe and innovative practice, undertake research, and promote the needs of babies and their families.

For further information, visit:

www.bapm.org



The Neonatal Nurses' Association (NNA) is the national organisation representing, supporting and celebrating neonatal nurses, working to promote neonatal nursing for the benefit of newborns and their families throughout the country.

For more information, visit: www.nna.org.uk

What can you do next?

- Find out more about your neonatal unit's NNAP results by going to the NNAP Online reporting tool at: www.rcpch.ac.uk/resources/nnap-online-report-data
- Ask your neonatal nurse for more information about your unit's NNAP results and their plans for improvement.
- Learn more about what the NNAP does and how your baby's information is used to support improvement by going to: <https://www.rcpch.ac.uk/work-we-do/clinical-audits/nnap>
- Ask a member of the neonatal unit staff for support.

We would like to thank all parents and carers who shared their journey in neonatal care with the NNAP to publish in our reports. We would also like to extend our gratitude to all units, networks, and partner organisations who supported the development of this guide by encouraging families to share their stories.

Find out more about the NNAP



To find out more about the audit, please visit our website below or scan the QR code with your phone.
www.rcpch.ac.uk/NNAP

To find out how we use your baby's information and your rights, you can read our privacy notice at:
<https://www.rcpch.ac.uk/about-us/privacy-hub/NNAP>

Additional resources available through RCPCH

RCPCH & US

The RCPCH & Us work to ensure that the voice of children, young people and families is making a difference in child health and healthcare.

<https://www.rcpch.ac.uk/about-us/our-team/children-young-people-engagement-team>

Medicines for Children - information for parents and carers

Our website provides practical and reliable information to parents and carers about giving medicines to their child - with free access to information leaflets on over 200 medicines, videos and news.

<https://www.rcpch.ac.uk/resources/medicines-for-children>

Glossary

Antenatal – The period before birth during or related to pregnancy.

Antenatal magnesium sulphate – A substance naturally found in the body but given as a medicine to women in premature labour, to reduce the risk of cerebral palsy.

Antenatal steroids – A medication given to mothers who may give birth early to reduce the baby's risk of breathing problems, bleeding into the brain and developmental delay.

Bronchopulmonary dysplasia (BPD) – A lung condition that mostly affects premature babies. The NNAP defines a baby as having BPD if they need breathing support or extra oxygen when they reach 36 weeks corrected gestational age. BPD is sometimes called 'chronic lung disease' (CLD).

Continuous positive airway pressure (CPAP) – See Ventilation.

Cystic periventricular leukomalacia (cPVL) – See Preterm brain injury.

Deferred cord clamping – Waiting at least 60 seconds after delivery before clamping the umbilical cord.

Expressing breastmilk – To use a pump, hands or both to get milk from the mother's breasts. The milk can be stored in a fridge or freezer or given directly to the baby.

Gestational age – The number of weeks the baby has been in the womb is known as the gestation. Being born at term means being born after 37 full weeks in the womb. If a baby is born

before 37 weeks' gestation, they are premature.

Intraventricular haemorrhage (IVH) – See Preterm brain injury.

Necrotising enterocolitis (NEC) – A severe condition that can occur after premature birth. It causes inflammation in the bowel, making it difficult for babies to be fed with milk, and sometimes requires surgery.

Neonatal – Newborn, or the first 28 days of life.

NICU – Neonatal Intensive Care Unit - Where babies who need the highest levels of care are looked after.

Paediatric – The branch of medicine dealing with children and their health.

Perinatal – The period of time between becoming pregnant and up to a year after giving birth.

Premature – A baby born before 37 weeks of pregnancy (full term is 40 weeks).

Preterm brain injury – Babies born very early may experience brain injury, sometimes caused by bleeding. The consequences of these injuries vary, partly depending on how bad the injury is. The NNAP reports two types of brain injury - more serious forms of intraventricular haemorrhage (IVH) and cystic periventricular leukomalacia (cPVL).

Retinopathy of prematurity (ROP) – Damage to the back of the eye (retina) in premature babies and those born

with a very low birth weight. ROP is not fully understood but is linked to the amount of oxygen in the blood. At risk babies should be regularly checked for signs of ROP.

Ventilation – Mechanical support with breathing, to help the baby to have acceptable levels of oxygen and carbon dioxide in their blood when they are unable to achieve this. There are several different types of ventilation including CPAP.

Ward rounds – Regular, planned reviews of all the babies in a ward or area, involving all the team caring for those patients, often in the morning.

References

1. NICE guideline [NG72]. Developmental follow-up of children and young people born preterm. 2017. Available at: www.nice.org.uk/guidance/ng72
2. NHS England. Neonatal Critical Care Service Specification. 2016. Available at: www.england.nhs.uk/commissioning/spec-services/npc-crg/group-e/e08/
3. Department of Health. Toolkit for high quality neonatal services. 2009. Available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20150518111742/http://www.nice.org.uk/proxy/?sourceUrl=http%3a%2f%2fwww.nice.org.uk%2fmedia%2f726%2f74%2fDHToolkit2009.pdf>
4. British Association of Perinatal Medicine. Service Standards for Hospitals Providing Neonatal Care (3rd edition). 2010. Available at: www.bapm.org/resources/32-service-standards-for-hospitals-providing-neonatal-care-3rd-edition-2010
5. NICE guideline [NG25]. Preterm labour and birth. Last updated: 10 June 2022. Available at: www.nice.org.uk/guidance/ng25
6. Fogarty, M. et al. Delayed vs early umbilical cord clamping for preterm infants: a systematic review and meta-analysis. Am J Obstet Gynecol. 2018 Jan;218(1):1-18.doi: 10.1016/j.ajog.2017.10.231. Available at: pubmed.ncbi.nlm.nih.gov/29097178/
7. Screening of retinopathy of prematurity (ROP) – clinical guideline available at: www.rcpch.ac.uk/resources/screening-retinopathy-prematurity-rop-clinical-guideline



When Louie first arrived in the world.



One week old, we got our first cuddles. The best way to celebrate Christmas Day!



Physiotherapy in the hospital, getting ready to go home.



Louie now, 6 months old

Photos courtesy of Georgia Blackburn

NNAP

**National Neonatal
Audit Programme**

A guide to the
**National Neonatal
Audit Programme**
Summary report
on 2025 data



The National Neonatal Audit Programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England and the Governments of Wales, Scotland and the Isle of Man as part of the National Clinical Audit and Patient Outcomes Programme.

www.hqip.org.uk/national-programmes



**Royal College of Paediatrics
and Child Health**
5-11 Theobalds Road,
London, WC1X 8SH

© 2026 Healthcare Quality Improvement Partnership (HQIP)

Royal College of Paediatrics and Child Health. Incorporated by Royal Charter and registered as a Charity in England and Wales: 1057744 and in Scotland: SCO38299. Registered Office 5-11 Theobalds Road, London WC1X 8SH. Patron HRH The Princess Royal.