This event will start shortly

@peri_prem
#CelebratePERIPrem

PERIPrem

Share and Learn:

Optimally Timed Antenatal Steroids

14 November 2023

Health Innovation West of England

Health Innovation South West

Share and Learn Event Etiquette

When not speaking please go on **mute** to minimise background noise; click on the microphone icon to mute / unmute.

Introduce yourself before speaking to the group.

Use the chat function if you are unable to speak.

Raise your hand to indicate you would like to speak.

Use of the video is optional; turn the camera off if you do not wish to have your camera on.

Agenda

Time	Activity
14:00	**Introduction and Check-in** Dr. Sarah Bates, Consultant Paediatrician & Neonatologist, PERIPrem Clinical Lead
14:05	**Setting the Scene** South-West Data Dr. Sarah Bates
14:20	**Evidence, Background, and Importance of Optimally Timed Antenatal Steroids** Michelle East, Director of Midwifery at Buckinghamshire Healthcare NHS Trust. Eileen Dudley, Senior Programme Lead and MatNeo SIP Lead at Health Innovation Oxford and Thames Valley PSC. Lawrence Impey, Consultant in Obstetrics and Fetal Medicine at Oxford University Hospitals.
14:45	**Q&A for Oxford Team** Open Discussion
14:55	**BREAK**
15:00	**Regional Updates on Antenatal Steroid Audit Findings** **Chaired by:** Dr. Sarah Bates and Dr. Judith Standing, Regional Lead Obstetrician. Open Discussion
15:50	**Closing remarks (Evaluation and Next Event)** Dr. Sarah Bates
16:00	**Close**

Setting the Scene

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World Health Organization

Being born very early is the **leading cause of cerebral palsy**

Preterm birth complications are **the leading cause of death** among children under 5 years of age, responsible for approximately **1 million deaths in 2015**

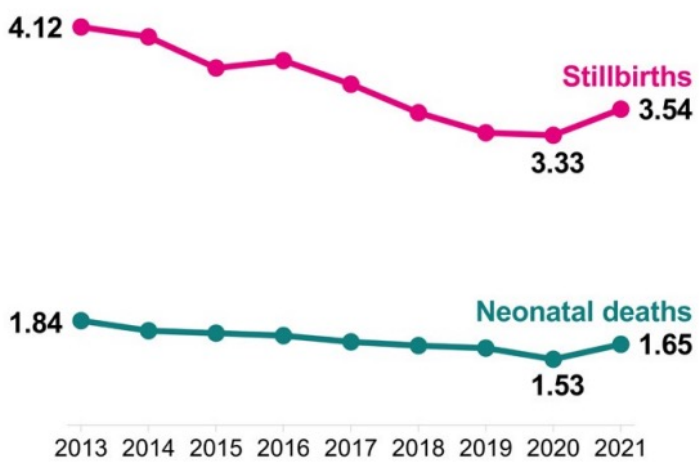
Three-quarters of these deaths could be prevented with current, cost-effective interventions.

State of the Nation Report

UK Perinatal Deaths for Births from January to December 2021

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

1. Perinatal mortality rates increased across the UK in 2021



Stillbirths per 1,000 total births

Country	2020	2021
UK	**3.33**	**3.54**
England	3.29	3.52
Scotland	3.72	3.27
Wales	3.48	3.88
Northern Ireland	3.38	4.09

Neonatal deaths per 1,000 live births

Country	2020	2021
UK	**1.53**	**1.65**
England	1.50	1.60
Scotland	1.47	1.91
Wales	1.64	1.70
Northern Ireland	2.37	2.46

https://www.hqip.org.uk/wp-content/uploads/2023/09/Ref.-421-MNI-perinatal-surveillance-Report-FINAL.pdf

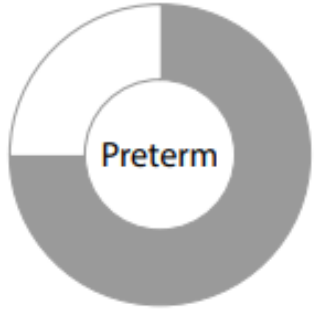
3. Stillbirth and neonatal mortality rates increased in almost all gestational age groups

Stillbirths per 1,000 total births

Gestational age	Rate	Change since 2020
22 to 23 weeks	472.7	4% increase
24 to 27 weeks	212.1	7% increase
28 to 31 weeks	81.7	**12% increase**
32 to 36 weeks	16.4	6% increase
37 to 41 weeks	1.19	**3% decrease**

Neonatal deaths per 1,000 live births

Gestational age	Rate	Change since 2020
22 to 23 weeks	660.5	2% increase
24 to 27 weeks	160.0	**18% increase**
28 to 31 weeks	34.0	11% increase
32 to 36 weeks	5.35	No change
37 to 41 weeks	0.66	2% increase



Births before 37 completed weeks' gestational age accounted for 75% of stillbirths and late fetal losses and 73% of neonatal deaths

- Neonatal mortality **increased** in 2021 across all gestational age groups.
- The **greatest increase in neonatal mortality rates was in the 24 to 27** completed weeks' gestational age group.

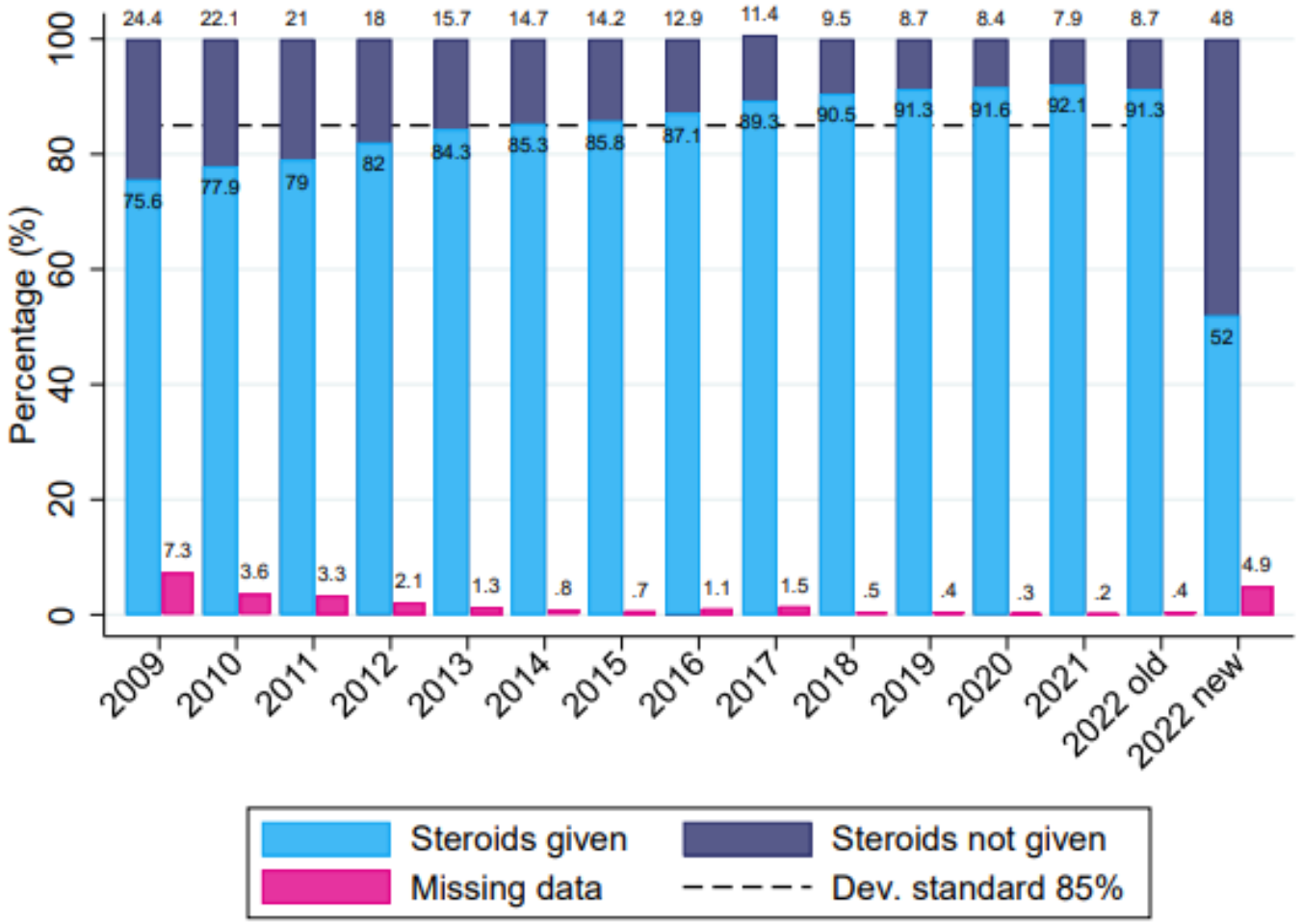
https://www.hqip.org.uk/wp-content/uploads/2023/09/Ref.-421-MNI-perinatal-surveillance-Report-FINAL.pdf

Optimally Timed Antenatal Steroids

NNAP 2022 released 14 Sept 2023

Results

Figure 19. Administration of antenatal steroids, according to the contemporaneous NNAP measurement criteria, by NNAP reporting year (2009 to 2022).

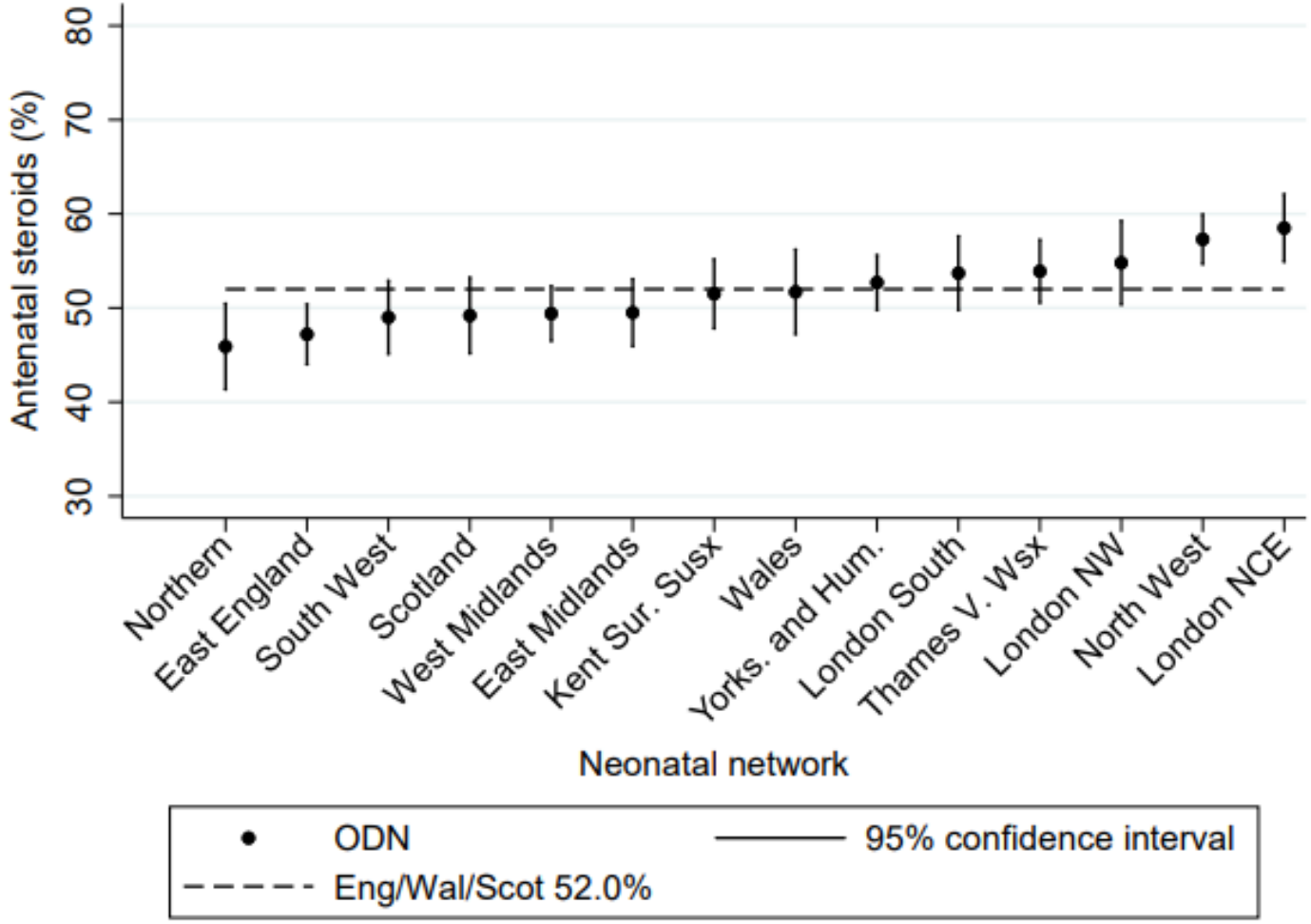


NNAP
National Neonatal Audit Programme

Optimally Timed Antenatal Steroids

Figure 20. Caterpillar plot of the proportions of administration of antenatal steroids, by neonatal network or operational delivery network (ODN).

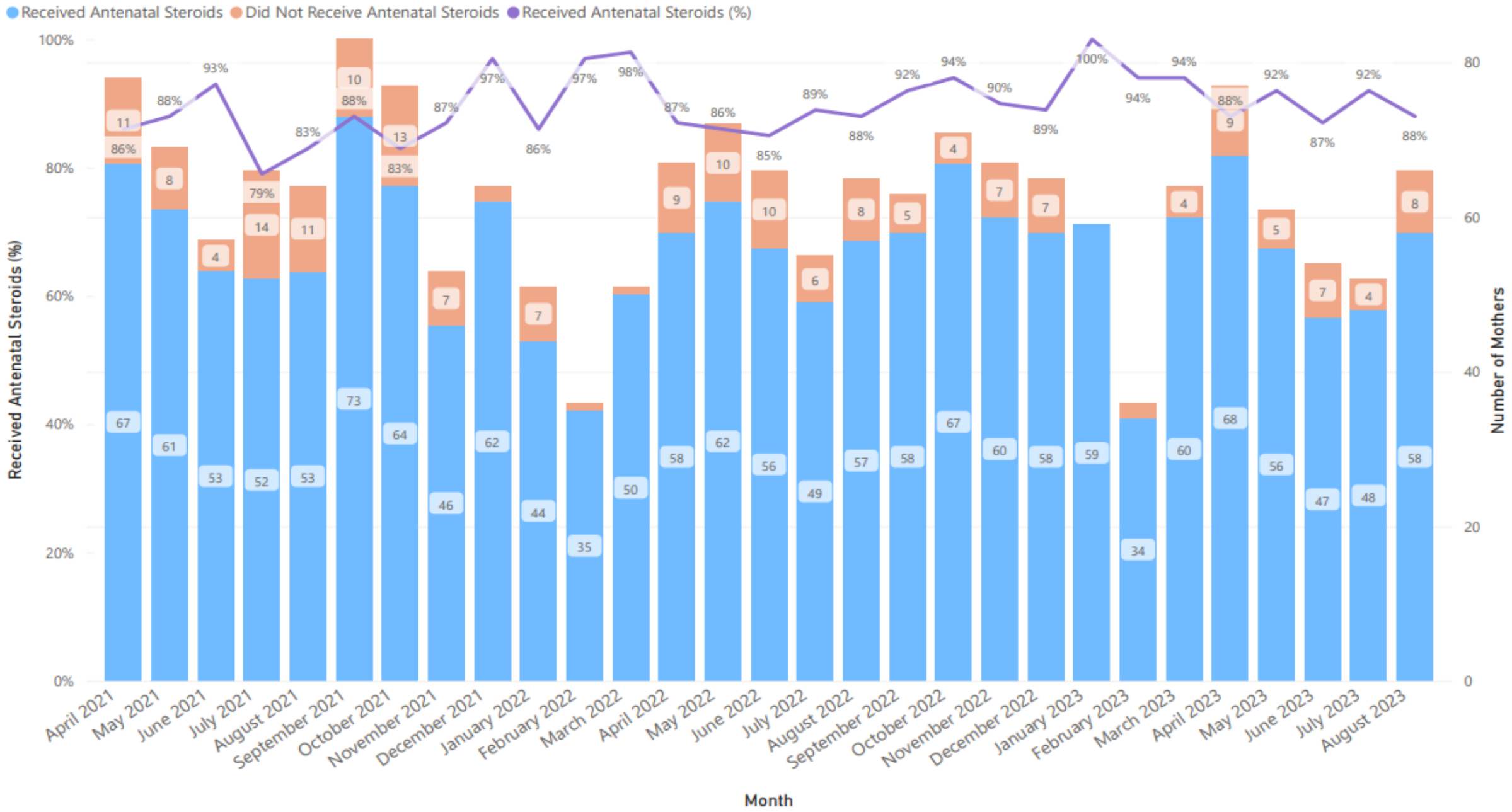
Network proportions are represented by dots. The 95% confidence intervals for a network are shown by a vertical line with each dot. Full results are available on NNAP Online.



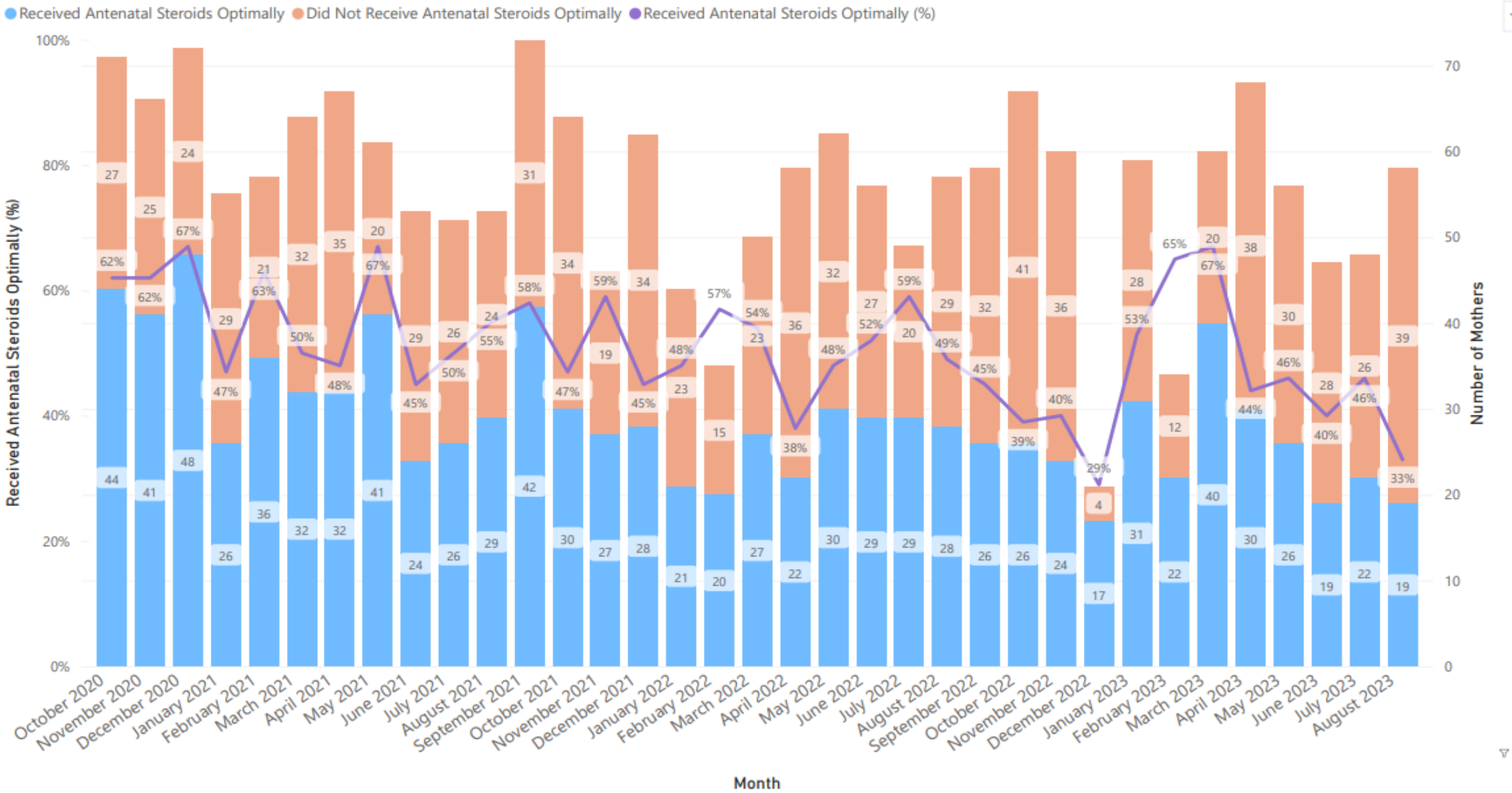
NNAP 2022 released 14 Sept 2023

NNAP
National Neonatal Audit Programme

How many babies' mothers received ANY antenatal steroids?



How many babies' mothers were administered antenatal steroids OPTIMALLY?



Aim to give an optimally timed **full course**
(2 doses 12-24 hours apart)
1-7 days before birth

Maternity and Neonatal

Optimisation of the Preterm Infant
Improving the timing and administration of antenatal corticosteroids

Lawrence Impey, Consultant in Obstetrics and Fetal Medicine, Oxford University Hospitals & Clinical Lead Maternity Network Health Innovation Oxford & TV

Michelle East, Director of Midwifery, Buckinghamshire Healthcare & Midwifery CIL , MatNeo SIP

Eileen Dudley MatNeo SIP Lead, Health Innovation Oxford & TV

Tuesday November 14th, 2023

Background

National ambition to reduce the rates of maternal and neonatal deaths, stillbirths and brain injuries by 50% by 2025

Optimisation and stabilisation of the preterm infant is one of the workstreams that supports delivery of this ambition

The Ambition :
To support an increase the proportion of women less than 34 +0 weeks with TPTL receiving a full course of antenatal corticosteroids within one week prior to delivery to 95% or greater by March 2023

The Challenge:

Gerard H. A Visser, Chair FIGO Committee Safe Motherhood & Newborn Health (2017)

‘ Antenatal corticosteroids: poison with some positive side effects’
‘So, only use it with wisdom and only if really indicated’

Maternity and Neonatal

National ambition

Benefits v harm

Maternity and Neonatal

How it all began and what is already known

- **Prof Liggins** (Obstetrician – Auckland - 1969)
- Noted that preterm lambs were born alive and breathing with lungs that wound inflate
- **Profs Liggins and Howie** – randomised trial (DB) 1969-72 preterm human babies had fewer cases of RDS and infant mortality if mothers received corticosteroids (greatest benefit if <7 days)

J. Endocr. (1969), **45**, 515–523
With 1 plate
Printed in Great Britain

515

PREMATURE DELIVERY OF FOETAL LAMBS INFUSED WITH GLUCOCORTICOIDS

G. C. LIGGINS
Postgraduate School of Obstetrics & Gynaecology, University of Auckland, Auckland, New Zealand

(*Received* 14 *April* 1969)

SUMMARY

Dexamethasone caused premature delivery when infused into foetal lambs at rates of 0·06–4·0 mg./24 hr. but it had no effect when administered to pregnant ewes at the rate of 4·0 mg./24 hr. Infusions into the foetus of deoxycorticosterone or corticosterone were ineffective; mixtures of dexamethasone and deoxycorticosterone did not cause parturition more rapidly than dexamethasone alone. Thus, the ability of corticosteroids to cause premature parturition appears to depend on glucocorticoid rather than mineralocorticoid activity.

Parturition induced by dexamethasone was not delayed by administration of 100 mg. progesterone/24 hr. to the ewe or to the foetus. This suggests either that withdrawal of inhibitory effects of progesterone on the myometrium can occur independently of the progesterone concentration in peripheral plasma, or that the mechanism of parturition provoked by corticosteroids in the foetus can override any regulatory influence of progesterone on myometrial contractility.

Partial aeration of the lungs was observed in lambs born vaginally at 117–123 days of gestation after receiving dexamethasone. It is suggested that this may be the result of accelerated appearance of surfactant activity.

INTRODUCTION

The onset of parturition in the ewe has been shown to be profoundly influenced by the foetus (Liggins, 1968). Destruction of the foetal pituitary or hypothalamus leads to marked prolongation of gestation (Liggins, Kennedy & Holm, 1967) and conversely, stimulation of the foetal adrenals by corticotrophin (ACTH) or infusion of cortisol into the foetus leads to premature parturition (Liggins, 1968). Thus it appears likely that the foetal lamb affects myometrial contractility through a pathway which includes the foetal hypothalamus, pituitary and adrenals, and that the activity of the adrenal cortex in this particular function is mediated by a corticosteroid. However, the means by which a corticosteroid in the foetus may influence the myometrium remains obscure.

Cortisol has both mineralocorticoid and glucocorticoid activity. The present experiments were designed to determine which of these components was responsible

Maternity and Neonatal

Prediction of preterm birth

- Preterm birth history alone: 10-57% of pregnant women with a PTB history will give birth preterm. Most women who give birth preterm do not have a history of preterm birth.
- QUiPP App: Using a 5% chance of birth, predicts PTB in next 7d in women <37w and avoids 90% of admissions
- qfFN: Predicts PTB <30w in singleton/multiple pregnancy
- Combination of Cervical Length and qfFN: Addition of cervical length refines predictive ability of qfFN and may save €480 per patient

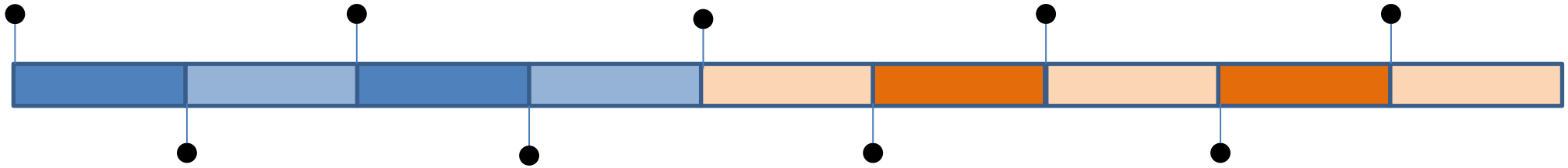
- **Benefits**
- Reduce death by 30%
- Reduce NEC by 50%
- Reduces IVH by 45%
- One more baby surviving for every 8-10 women treated
- **Adverse effects**
- ↑ risk of neonatal hypoglycaemia - an established risk factor for long term childhood neurological sequelae is more common
- Developmental delay (late preterm and early term)
- Two-fold risk of behavioural problems in children at term
- WHO recommends against giving steroids where 'chorioamnionitis' is suspected. However, this is based on data from low/middle income countries. Given frequency of chorioamnionitis, usually subclinical, with preterm birth this appears to contradict data from populations more relevant to the UK (footnote 8 in guideline)
- Maternal sepsis: consider omission: ensure adequate resuscitation & IVABS given first. Birth must not be delayed to allow steroids 'to work'

Maternity and Neonatal

Maternity and Neonatal

Feb 2021:

PSN meeting: discussion on the timing and administration of ANCS and variation in clinical practice within our own network.



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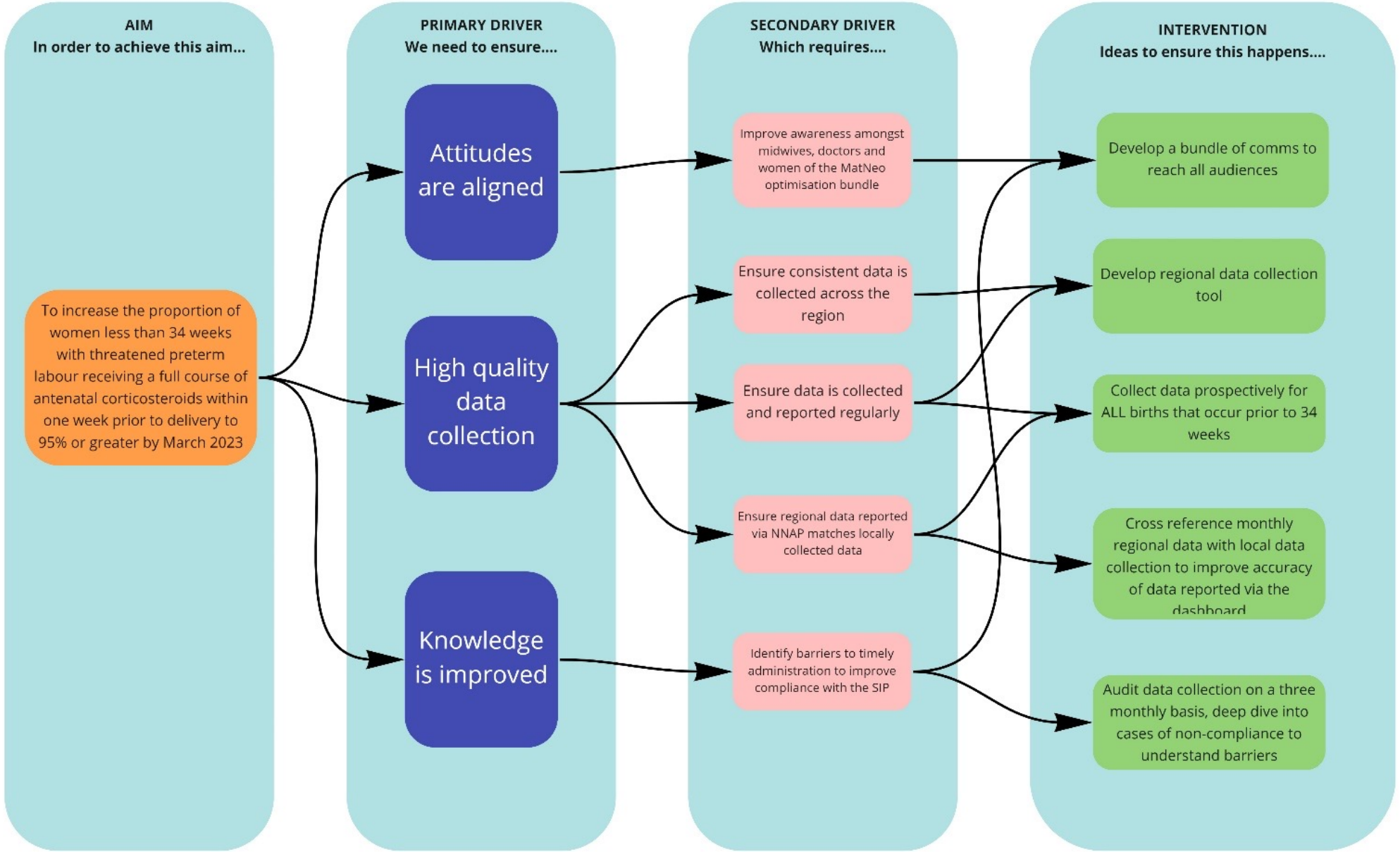
AIM
In order to achieve this aim...
To increase the proportion of women less than 34 weeks with threatened preterm labour receiving a full course of antenatal corticosteroids within one week prior to delivery to 95% or greater by March 2023
PRIMARY DRIVER
We need to ensure....
Attitudes are aligned
High quality data collection
Knowledge is improved
SECONDARY DRIVER
Which requires....
Improve awareness amongst midwives, doctors and women of the MatNeo optimisation bundle
Ensure consistent data is collected across the region
Ensure data is collected and reported regularly
Ensure regional data reported via NNAP matches locally collected data
Identify barriers to timely administration to improve compliance with the SIP
INTERVENTION
Ideas to ensure this happens....
Develop a bundle of comms to reach all audiences
Develop regional data collection tool
Collect data prospectively for ALL births that occur prior to 34 weeks
Cross reference monthly regional data with local data collection to improve accuracy of data reported via the dashboard
Audit data collection on a three monthly basis, deep dive into cases of non-compliance to understand barriers

Maternity and Neonatal

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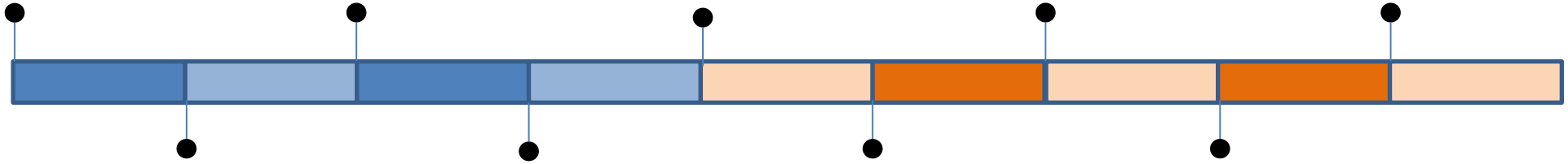

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Data collection proforma
Poster for clinical areas.

National Patient Safety Improvement Programmes

Maternity and Neonatal

We are participating in the MatNeo safety improvement programme for antenatal steroid administration.

This is why...

- A complete course of steroids reduces mortality by 30% in infants less than 34 weeks
- Steroid administration reduces RDS, IVH and NEC
- Optimum timing is within 7 days of birth, with the course completed 24 hours before birth
- Currently only 22% of women who give birth <34 weeks receive steroids in this timeframe
- Mortality benefits remain, even when steroids are given 6-12 hours before birth
- Repeated courses reduce respiratory morbidity but does not reduce mortality and may impact fetal growth.
- **Focus on accurate predication of birth for more precise timing of antenatal steroids to avoid repeated courses**

Source: BAPM antenatal optimisation toolkit

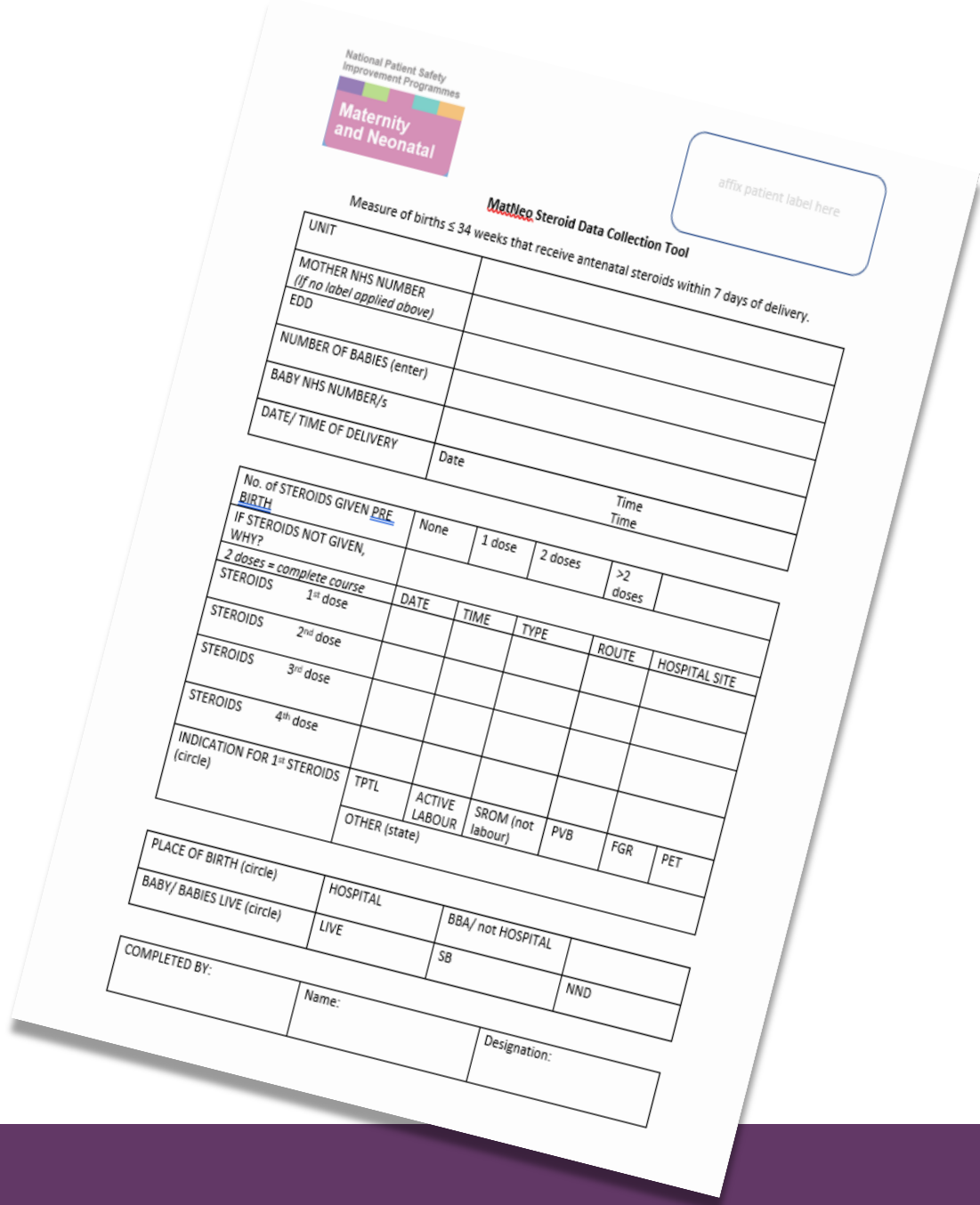
If you would like to know more about this project, your local contacts are:

Regional contacts:
Eileen Dudley:
eileen.dudley@oxfordahsn.org
Michelle East:
michelle.east1@nhs.net

Launch date: 1st November 2021

www.improvement.nhs.uk

@NatPatSIP / @MatNeoSIP


National Patient Safety Improvement Programmes

Maternity and Neonatal

affix patient label here

MatNeo Steroid Data Collection Tool

Measure of births ≤ 34 weeks that receive antenatal steroids within 7 days of delivery.

UNIT	
MOTHER NHS NUMBER *(if no label applied above)*	
EDD	
NUMBER OF BABIES (enter)	
BABY NHS NUMBER/s	
DATE/ TIME OF DELIVERY	Date Time Time

No. of STEROIDS GIVEN PRE BIRTH	None	1 dose	2 doses	>2 doses		
IF STEROIDS NOT GIVEN, WHY?						
2 doses = complete course						
STEROIDS 1st dose	DATE	TIME	TYPE	ROUTE	HOSPITAL SITE	
STEROIDS 2nd dose						
STEROIDS 3rd dose						
STEROIDS 4th dose						
INDICATION FOR 1st STEROIDS (circle)	TPTL	ACTIVE LABOUR	SROM (not labour)	PVB	FGR	PET
	OTHER (state)					

PLACE OF BIRTH (circle)	HOSPITAL	BBA/ not HOSPITAL	
BABY/ BABIES LIVE (circle)	LIVE	SB	NND

COMPLETED BY:	Name:	Designation:

Maternity and Neonatal

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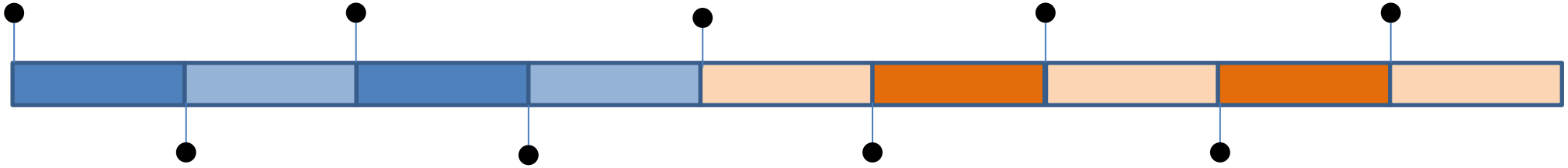
Feb 2022:

PSN meeting
Data results presented; proposed interventions agreed



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May 2022:

Interim report for ANCS administration was shared with each trust
/Posters & certificates of participation .

Maternity and Neonatal

Regional Audit (Thames Valley) of antenatal corticosteroid administration against the MatNeoSIP ambition

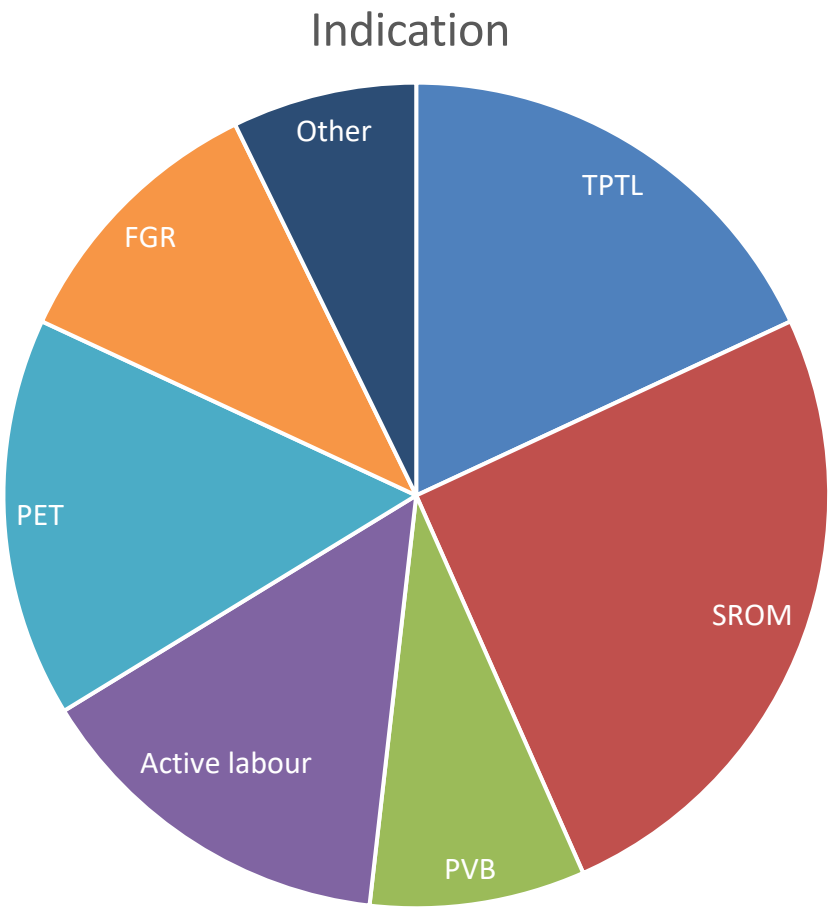
- November-2021-March 2022
- 83 births
- 95% of women received steroids
- Only 73% a complete course
- Only 43% of all had steroids within 7 days of birth < 34 weeks gestation
- Steroids prior to planned iatrogenic preterm birth account for approx. 25% of all women
- Repeat courses unusual

Maternity and Neonatal

Findings

Inconsistent guidance across the network:

- Betamethasone vs Dexamethasone
- Route of administration



HIGHLIGHTS

Percentage of women that received a **full** course of antenatal steroids

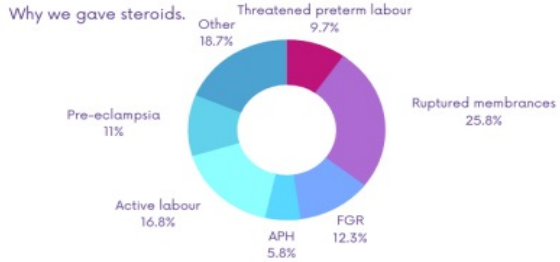
77 out of 100 women who received a full course of steroids did so within 7 days of birth

DID YOU KNOW?

The most common reason for administering steroids before 34 weeks in our region was spontaneous rupture of membranes. Overall **56%** women received steroids within 7 days of birth (taking into consideration women that had no steroids or just one dose).

ALSO....

Giving steroids within 7 days of preterm birth reduces the risk of perinatal & neonatal death and respiratory distress syndrome. However, giving steroids after 37 weeks increases the risk of neonatal hypoglycaemia and potential developmental delay.



NEXT STEPS....

Get in touch.

Use the QR code for more information about how we will be seeking to improve the process around the decision making for steroids.

Oxford Academic Health Science Network

National Patient Safety Improvement Programmes
Maternity and Neonatal

Certificate of participation in the MatNeo SIP
Oxford AHSN/PSC Regional Antenatal Corticosteroids Task & Finish Group

This is to certify that

_____

supported a Thames Valley network wide quality improvement initiative to improve the timing and administration of antenatal corticosteroids in women at risk of preterm birth.

April 22nd 2022

Eileen Dudley
MatNeo SIP Programme Lead Oxford AHSN

Michelle East
MatNeo SIP Midwife Clinical Improvement Lead

National Patient Safety Improvement Programmes
Maternity and Neonatal

MATERNITY AND NEONATAL SAFETY IMPROVEMENT PROGRAMME

Antenatal Corticosteroid Workstream
Interim Report

Michelle East and Eileen Dudley – May 2022
michelle.east1@nhs.net/eileen.dudley@oxfordahsn.org

Maternity and Neonatal

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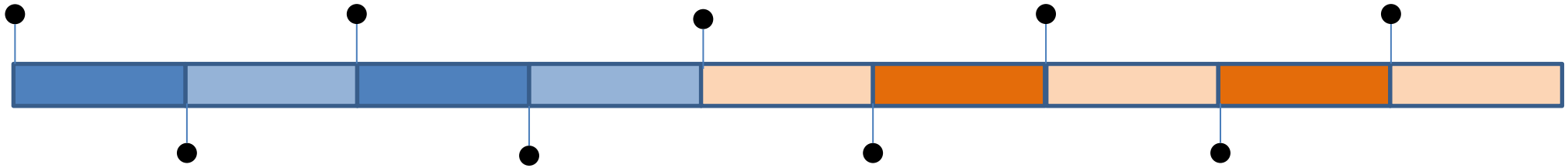
Feb 2022:
PSN meeting Data results presented; proposed interventions agreed

June 2022:
PSN meeting; focus now on the guideline development.

Nov 2022:
Guideline discussion with national stakeholders
Dev of resources to support implementation & adoption



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August 2022:
Prof Andy Shennan Webinar -The use and misuse of antenatal steroids

Top tips

- Withhold steroids unless very likely to deliver soon (far more babies receive a therapeutic dose, and it will limit harm)
- Use clinical acumen and biomarkers to assist risk assessment (QUiPP APP uses medical history, quantitative Fetal Fibronectin result and /or cervical length)
- When possible, give no more than 48 hours in advance
- A single ‘repeat course’ should be considered if > 7 days since first course, and birth < less than 30 weeks is planned or *highly likely* to be < 7 days – (footnote 9 in guideline)
- Caution about use after 35 weeks (NNT high! Lifelong insult vs short term gain)
- WHO recommends against giving steroids where ‘chorioamnionitis’ is suspected. However, this is based on data from low/middle income countries. Given frequency of chorioamnionitis, usually subclinical, with preterm birth this appears to contradict data from populations more relevant to the UK
- Maternal sepsis: consider omission: ensure adequate resuscitation and IVABs given first. Birth must not be delayed to allow steroids ‘to work’
- Dose: 12mg betamethasone or dexamethasone , repeated 24 hours later. Only repeat earlier (at 12 hours) if birth likely < 24 hours of first dose

Oxford AHSN maternity network guideline to maximise the chance of steroids within 7 days of preterm birth: singletons & multiple births

1. 22+3[1]-34+6 weeks: indications for recommending [2]:

Threatened PTL:	If QUiPP [3] app suggests >5% risk of birth < 7days.	
	If clinically in active labour (cx effaced and regular, painful contractions)	
Preterm SROM:	If confirmed by speculum	
	If good history and POC test + (not if poor history [4] of SROM and POC test +)	
FGR/PET<34w:	If <32w:	at diagnosis of AREDF [5] (deliver by 32w)
		or abnormal antenatal CTG (decelerations or STV<4[6])
	If 32+0-34+6:	if umbA >95th c and EFW <3rd c [7]
		<1 week before birth if planned <34+6 weeks
Other:	Maternal sepsis: consider omission: ensure adequate resuscitation and IV antibiotics given first [8]. Birth must not be delayed to allow steroids 'to work'	
	Consider if other serious maternal illness, admitted for severe pre-eclampsia (beware pulmonary oedema)	
	Bulging membranes; significant PVB, severe abdominal pain etc	
	<1 week before any planned CS <34+6 weeks	
>7 days since steroids:	A single 'repeat course' should be considered if > 7 days since first course, if birth <30+0 is planned or *highly likely* to be <7 days [9]. The risks/ benefits should be discussed with the parents. Consultant-level decision recommended.	

2. >34+6 <37+0: recommend steroids if:[10]

Fetal lung issue:	Specifically, fetal lung abnormality/cardiac problem likely to cause lung issues. Give for all indications as above (i.e. if birth anticipated at <37+0 in <7 days)
Pre-labour CS, <37+0:	<1 week before any planned CS <37+0 weeks
Other indications:	(i.e. all above: section 1 and birth anticipated at <37+0 in <7 days.) Recommend RCOG based decision tool[8] for all above indications and *only give if* parents request.
>7 days since steroids	repeat not advised

3. >36+6<39+0 weeks: recommend steroids If [10]**:**

Fetal lung issue:	Specifically, fetal lung abnormality/cardiac problem likely to cause lung issues. Give for all indications (i.e. if birth anticipated at <39+0 in <7 days)
Other indications:	Not advised
>7 days since steroids	repeat not advised

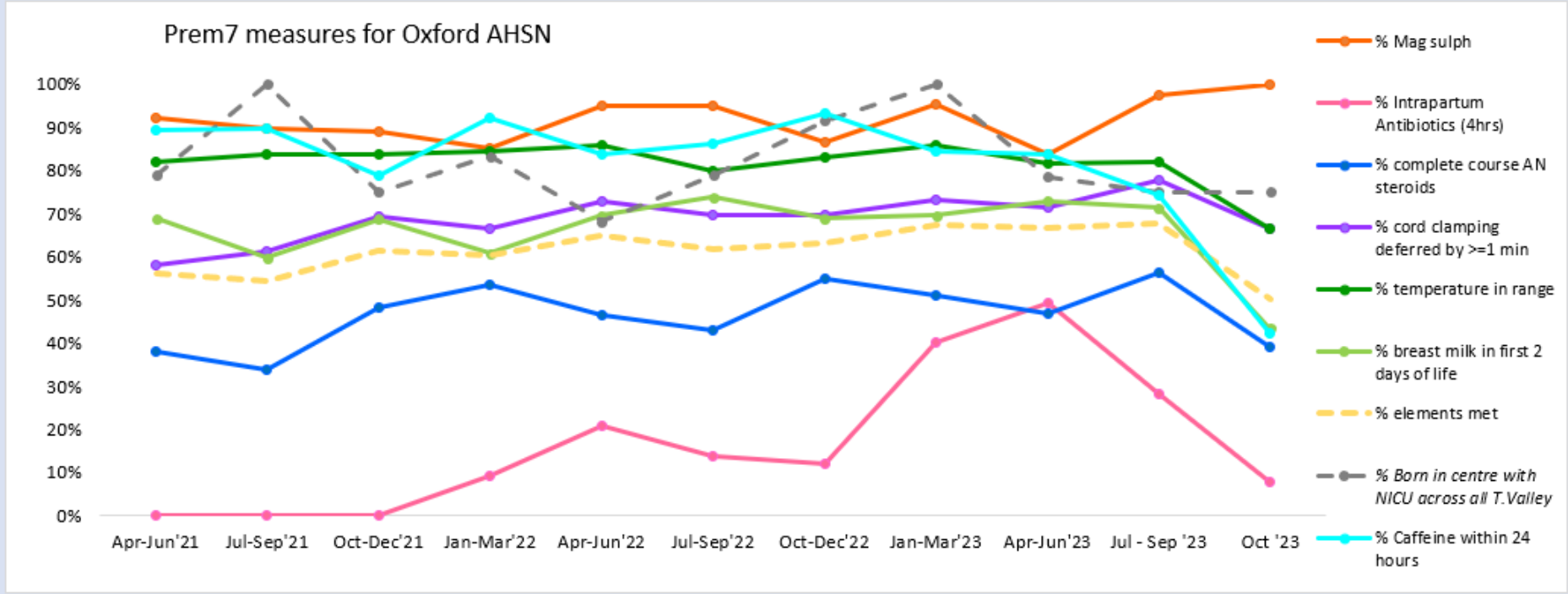
Oxford AHSN maternity network guideline to maximise the chance of steroids within 7 days of preterm birth: singletons & multiple births

Notes:

1. Wait for 22+3
2. From 22+3 weeks-26+6 weeks (or twins 27+6 weeks or any EFW <800g) IUT to Level 3 NNU advised if criteria for steroids met. Also consider MgSO4 if birth likely <12 hours.
3. QUiPP app ('symptomatic' part) has better sensitivity and specificity: meaning better timing. Needs quantitative fetal fibronectin +/- TVS cervix. https://apps.apple.com/gb/app/quipp/id964256400. Cervical scan results improve prediction but is not mandatory.
4. False positive rates of POC tests can be high.
5. AREDF usually lasts for several days before there is decompensation particularly in more preterm fetuses. Note steroids may be followed by temporary return of EDF
6. Delivery likely within 48 hours if present and AEDF not always present before decompensation. STV <3 a criterion for delivery <24 hours under most circumstances
7. At this gestation AREDF is indication for birth: these criteria suggest high risk of birth <7 days
8. WHO recommendation against giving steroids where 'chorioamnionitis'. Based on data from non-high income countries. Given frequency of chorioamnionitis, usually subclinical, with preterm birth this appears to contradict data from populations more relevant to the UK.
9. This is controversial but given increased mortality risk without steroids, benefits probably > risks, particularly at extreme preterm gestations. https://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.1002771&type=printable. 30 weeks was chosen as corresponding to average gestation in most trials' participants.
10. At this gestation steroids reduces RDS but this should be set against the risk of hypoglycaemia and probable long term issues in the child. https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.17027.

Preterm Optimisation

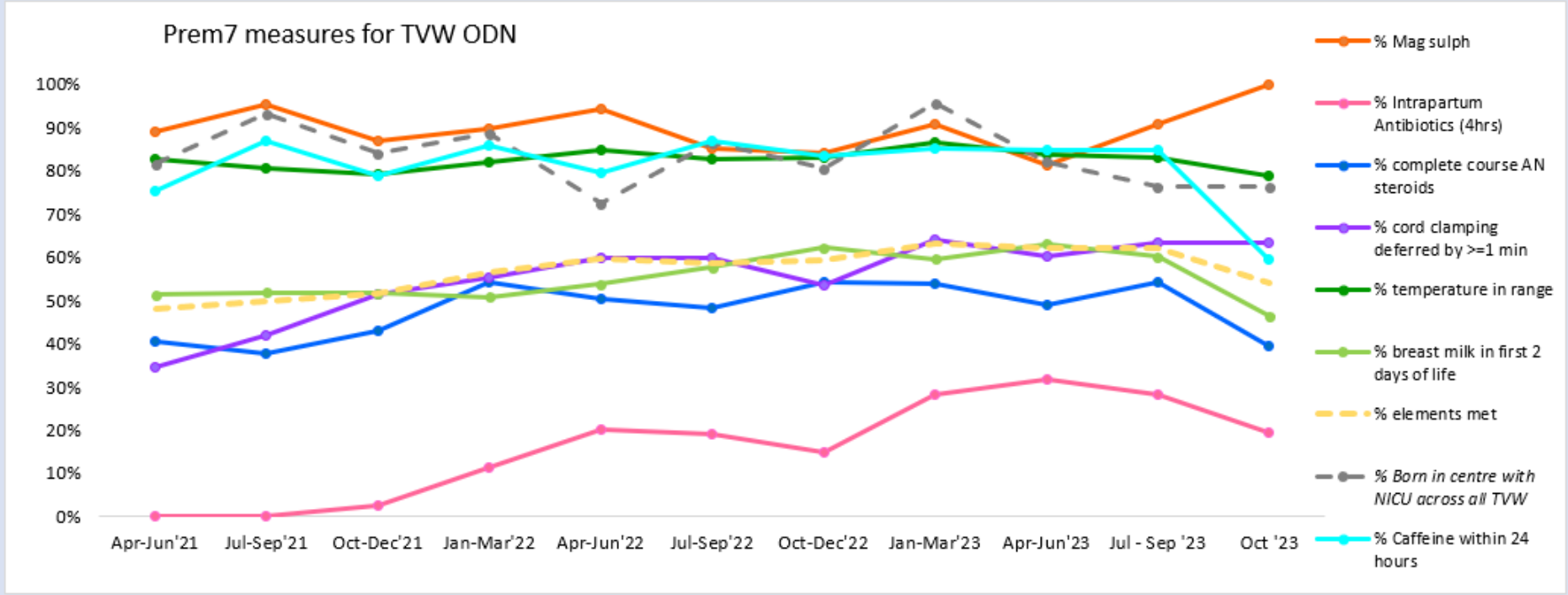
Select Organisation AHSN Oxford



	Gest-ation	Apr-Jun'21	Jul-Sep'21	Oct-Dec'21	Jan-Mar'22	Apr-Jun'22	Jul-Sep'22	Oct-Dec'22	Jan-Mar'23	Apr-Jun'23	Jul - Sep '23	Oct '23	2021/22	2022/23	2023/24 YTD
Babies <34 weeks admitted to nnu	<34	148	129	144	125	148	138	145	115	122	143	30	546	546	295
Prem7 Measures (charted above)															
% complete course AN steroids	<34	38%	34%	48%	54%	47%	43%	55%	51%	47%	56%	39%	43%	49%	51%
% Mag sulph	<30	92%	90%	89%	85%	95%	95%	87%	95%	84%	97%	100%	89%	93%	93%
% Intrapartum Antibiotics (4hrs)	<34[x]	0%	0%	0%	9%	21%	14%	12%	40%	49%	28%	8%	2%	21%	36%
% cord clamping deferred by >=1 min	<34	58%	61%	69%	66%	73%	70%	70%	73%	71%	78%	67%	64%	71%	74%
% temperature in range	<34[-]	82%	84%	84%	85%	86%	80%	83%	86%	82%	82%	67%	83%	84%	81%
% breast milk in first 2 days of life	<34	69%	60%	69%	61%	70%	74%	69%	70%	73%	71%	43%	65%	71%	69%
% elements met	<34	56%	55%	61%	60%	65%	62%	63%	67%	67%	68%	50%	58%	64%	65%
% Born in centre with NICU across all T.V	<27[+]	79%	100%	75%	83%	68%	79%	92%	100%	79%	75%	75%	84%	83%	77%
% Caffeine within 24 hours	<30[+]	90%	90%	79%	92%	84%	86%	93%	84%	84%	74%	42%	87%	87%	74%

Preterm Optimisation

Select Organisation ODN TVW



	Gest-ation	Apr-Jun'21	Jul-Sep'21	Oct-Dec'21	Jan-Mar'22	Apr-Jun'22	Jul-Sep'22	Oct-Dec'22	Jan-Mar'23	Apr-Jun'23	Jul - Sep '23	Oct '23	2021/22	2022/23	2023/24 YTD
Babies <34 weeks admitted to nnu	<34	275	249	271	232	275	255	260	198	236	268	71	1027	988	575
Prem7 Measures (charted above)															
% complete course AN steroids	<34	41%	38%	43%	54%	50%	48%	54%	54%	49%	54%	39%	44%	51%	50%
% Mag sulph	<30	89%	95%	87%	90%	94%	85%	84%	91%	81%	91%	100%	90%	89%	88%
% Intrapartum Antibiotics (4hrs)	<34[x]	0%	0%	2%	11%	20%	19%	15%	28%	32%	28%	19%	3%	20%	28%
% cord clamping deferred by >=1 min	<34	35%	42%	51%	55%	60%	60%	53%	64%	60%	63%	63%	45%	59%	62%
% temperature in range	<34[-]	83%	81%	79%	82%	85%	83%	83%	87%	84%	83%	79%	81%	84%	83%
% breast milk in first 2 days of life	<34	51%	52%	52%	51%	54%	58%	62%	60%	63%	60%	46%	51%	58%	60%
% elements met	<34	48%	50%	52%	56%	60%	59%	59%	63%	62%	62%	54%	51%	60%	61%
% Born in centre with NICU across all TV	<27[+]	82%	93%	84%	89%	72%	86%	80%	96%	82%	76%	76%	86%	82%	79%
% Caffeine within 24 hours	<30[+]	75%	87%	79%	86%	80%	87%	83%	85%	85%	85%	59%	82%	84%	81%

For our network: What is your role and how can you help ?

Read the Oxford AHSN Maternity Network guideline-be familiar with the evidence

When in triage and the antenatal ward seeing someone in TPTL use the QUiPP APP to calculate the risk of premature labour

Be a champion for implementation of the network guidance by:
Speaking to colleagues who see women and who do not use the QUiPP APP to raise their awareness

Reminding your consultant colleagues that we are using the network agreed guideline, especially when you can evidence that the woman could have been safely discharged without steroids rather than being admitted and receiving steroids

Shared decision making with parents supported by a Patient Information Leaflet

Maternity and Neonatal

Next Steps

- Regional guideline roll out with alongside teaching and education
- Re-audit once fFn available

Useful resources :

QUiPP training presentation toolkit with audio

BAPM QUiPP app toolkit

QUiPP app Apple

QUiPP app Android

Maternity and Neonatal

Preterm Birth Optimisation Podcast available to listen to:

Professor Andrew Shennan

Oxford AHSN Regional Guideline

Maternity and Neonatal

Optimisation of the Preterm Infant

Any Questions

@peri_prem
#CelebratePERIPrem

Break

@peri_prem
#CelebratePERIPrem

Regional Update

@peri_prem
#CelebratePERIPrem

Closing

@peri_prem
#CelebratePERIPrem

Preparing for the next Share and Learn

Early Breast Milk:
Weds 6th February 14:00 – 16:00

@peri_prem
#CelebratePERIPrem

Health Innovation West of England

Health Innovation South West

Thanks to:

SOUTH WEST NEONATAL NETWORK

LifeQI

British Association of Perinatal Medicine

Health Innovation Network South London

Thank you

Please share your feedback:

Health Innovation West of England

Health Innovation South West