

Reducing harm leading to avoidable admission of full-term babies into neonatal units: summary

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Improving the safety of maternity services is a key priority for the NHS and reducing admission of full-term babies to neonatal care is an indicator in the NHS Outcomes Framework 2016 to 2017. NHS Improvement has been working with parents, frontline clinicians, data analysts and subject specialist experts to understand factors contributing to unexpected admission of full-term babies.

The number of unexpected admissions of full-term babies (ie those born at 37 weeks or more), is seen as a proxy indicator that harm may have been caused at some point along the maternity or neonatal pathway.

We focused on four key clinical areas – respiratory conditions; hypoglycaemia; jaundice; asphyxia (perinatal hypoxia-ischaemia) – that represent a significant amount of potentially avoidable harm to babies. We also set up overarching groups to focus on professional education and training needs and provide information for parents, recognising the key role parents play in their infants' wellbeing.

The groups drew on intelligence gathered as part of our response to indicator 5.5 of the NHS Outcomes Framework 2016 to 2017. Sources including patient safety reports, hospital admission data and litigation claims indicate that a healthcare system-wide approach is required to address the issue of preventing avoidable term admissions.

Although some full-term baby admissions are entirely appropriate (for example, babies born with a congenital abnormality), we found that up to 30% of neonatal unit admissions between 2011 and 2013 were potentially avoidable. We focused on avoiding harm requiring

admission but also identified learning in relation to babies whose care could have been managed in a setting that kept mother and baby together in hospital or in the community.

Admission to a neonatal unit can lead to unnecessary separation of mother and baby. There is overwhelming evidence that separating mother and baby at or soon after birth can affect the positive development of the mother-child attachment process and adversely affect maternal perinatal mental health. Preventing separation except for compelling medical indications is essential in providing safe maternity services.

To support staff in preventing avoidable admissions of full-term babies we have published [a brief resource](#) explaining our findings, and how they can be used to identify local improvement priorities. It provides suggestions for local case review after unplanned admissions of full-term babies; signposts a range of resources, academic journal publications, guidelines and eLearning from organisations including the British Association of Perinatal Medicine (BAPM), NICE, Health Education England, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists and CQC, and provides links to open access journal articles.

For more information and resources visit NHS Improvement

<https://improvement.nhs.uk/resources/reducing-admission-full-term-babies-neonatalunits/>