



BLISS Baby Report 2

Weigh Less, Worth Less

A study of Neonatal Care in the
UK.

Lynsey Ward Neonatal Nurse Educator

Foreword

- 1st report revealed a neonatal service overstretched, under-resourced and slow to respond to promising innovations in care.
- Therefore decided to look again at neonatal care especially at staffing and neonatal transfers.
- The 2nd report shows the service has become worse in terms of availability of staffed cots

Executive Summary

NEONATAL CARE RESOURCES

- On average 78% of all units had to close to new admissions at least once in 6 months-this is worse than last year.
- The most severely affected were level 3 units where 90% had to close to new admissions. Worse than last year.
- Only 3% of units can meet BAPM standards. No improvement compared to last year.

Executive Summary

Transfers of mothers and babies

- Babies are continually transferred around the country in search of a staffed cot because of lack of capacity.
- This causes emotional stress for parents and financial implications too.
- Networks in England report that, on average, a baby was transferred out of the network almost every three days
- Babies in these networks were transferred an average farthest distance of 126miles

Executive Summary

Neonatal Networks

- Networks are working well in furthering collaboration between different units leading to shared training programmes for staff and the promotion of best practise. They are less successful at managing the flow of babies between different types of cots.
- Networks are hampered by a lack of resources and continuing debates around formation of the networks.
- 87% parents unaware care was organised in networks



Executive Summary

Mortality Rates

- While overall number of babies dying before their first birthday is decreasing, there are wide differences in infant mortality between different parts of the country and between different social groups.
- A baby is 8 times more likely to die before their first birthday in central Birmingham than in mid Surrey.

Neonatal Care Resources

Chapter 1

- Half of special care units accepted intensive care babies.
- 70% of responses said nursing staff was the biggest problem in capacity
- 69% of all units have nurse vacancies
- This is most serious for Level 3 units where 73% of units have nursing vacancies

Neonatal Care Resources

Recommendations

- The DOH should make it mandatory for the neonatal service to achieve standards of one to one nursing, for babies in intensive care.
- The payment by results tariff for NIC must not be based on current average funding, but allow nnu's to invest in nursing staff and reach these appropriate standards
- Commissioners must investigate how many staffed cots of different care levels are needed in their local area and make the appropriate investment

Transfers Chapter 2

- Units reported that 67% of babies transferred out of the unit stayed within the network.
- Around a quarter of babies(23%) transferred out of the unit went outside of the network.
- On average, each network transferred 109 babies out of the network in 2005
- Most travelled an average of 169miles.
- Over 90% of networks said transfers took place because of a lack of cots.

Transfers

- A third of mothers surveyed were transferred before or during labour.
- 15% of parents said they did not expect the transfer of their baby.
- 20% of parents expected their baby to be transferred but this did not happen
- 14% of parents travelled more than 30miles a day to see their baby.
- The average daily cost to see their baby was £6.63 a day.
- 10% of parents had to pay more than £20 per day to travel



Recommendations

- The DOH should introduce a separate payment by results tariff for neonatal transport.
- Regional transport teams should be established covering at least three networks (SHA wide basis for England and country wide for Scotland, Wales and N.Ireland).
- Information on financial help available needs to be made more accessible and actively distributed to parents when in the neonatal unit.



Networks Chapter 3

- 13% of all parents knew about neonatal networks.
- 36% of mothers were told during pregnancy their baby might need neonatal care.
- Around 25% of networks reported having extra funding for nursing posts.

Networks

- Two networks reported having no lead Level 3 centre agree.
- One network reported having three units at Level 2.5.
- Six networks reported having Level 4 units.
- Around 25% of networks reported having extra funding for nursing posts.
- All networks have appointed clinical leads.
- 55% of network managers are part-time.

Recommendations

- The DOH should commission research to evaluate the effectiveness of Neonatal Networks. This should be shared with Scotland, Wales and N. Ireland to influence their creation of formal neonatal networks.
- The recommendation of professor Sir David Carter's report *Review of commissioning Arrangements for Specialised Services* should be implemented immediately and monitored by the Healthcare Commission.
- Network boards should work with commissioners to ensure there are the right types of cots available in the right place in the right volumes.



Mortality Rates Chapter 4

- Two out of three deaths before the first birthday are attributed to prematurity.
- Babies born to teenage mothers are 60% more likely to die.
- Around 10% of infant deaths will be to single mothers.



Mortality Rates

- Babies of mothers born in Pakistan, the Caribbean and parts of Africa had particularly high infant mortality rates.
- The top three worst places for infant mortality in England have a rate that is double the national average

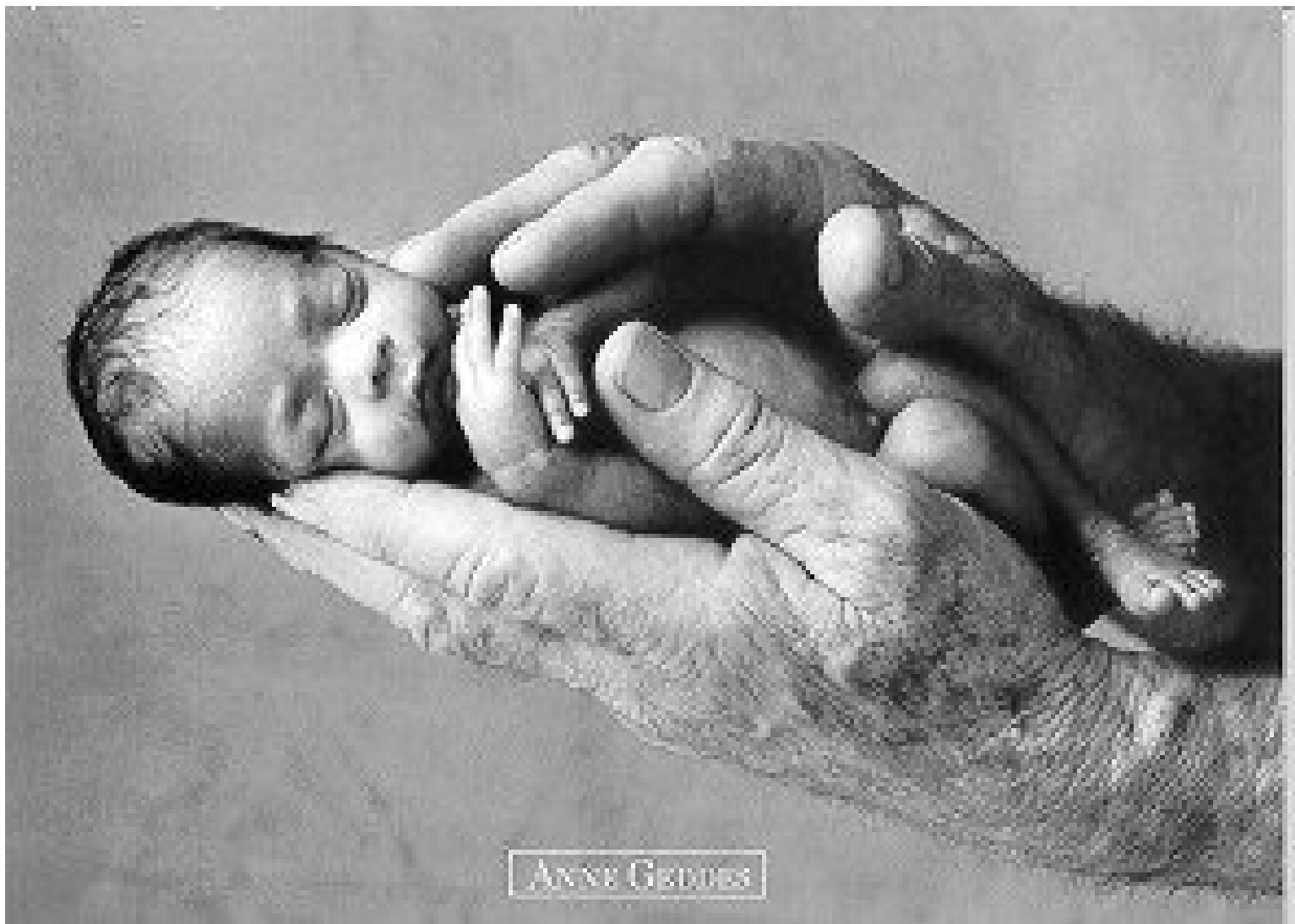
Recommendations

- The Government should commit to a new Public Service Agreement (PSA) target to reduce inequalities in infant mortality as part of the 2007 Comprehensive Spending Review.
- Primary Care Trusts should design targeted public health interventions to help minimise the risk factors for having a premature or sick baby



Recommendation

- All political parties should pledge to reduce inequalities in infant mortality and to provide more targeted support to vulnerable pregnant women in their next election manifestoes.



Anne Geddes