



Improving the outcome for preterm babies: Information for Parents



Place of Birth



Antenatal Steroids



Magnesium Sulphate



Intrapartum Antibiotics



Optimal Cord Management



Normothermia



Maternal Breast Milk

Statement on Inclusive Language and Practice. The North West Neonatal Operational Delivery Network (NWNODN) and the North West Coast and Greater Manchester Safety Patient Collaboratives are aware that the use of gendered language such as mother, woman and maternal, as well as breast and breastmilk feeding, can make some families feel excluded. When we use these words in this document, we are referring to all birthing people and parents, regardless of their gender identity. When supporting individual families, professionals are encouraged to use the terms that the family identifies with, as well as their desired pronouns.

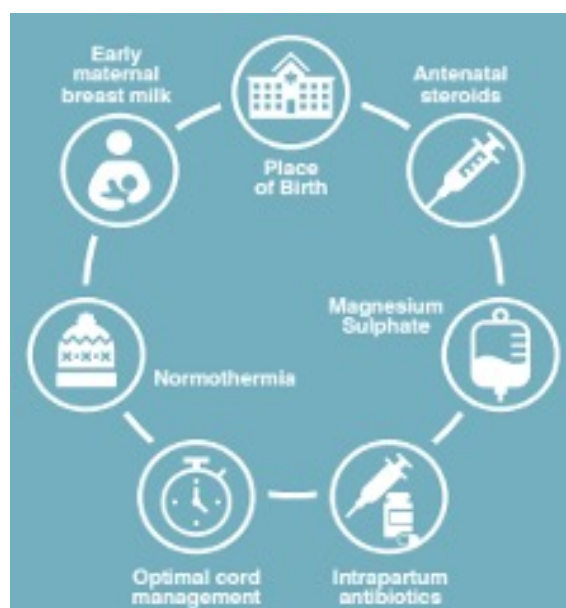
We now know there are 7 key measures that will improve the outcome for preterm babies, that is babies born before 37 weeks. Babies that are born before 27 weeks (or 28 weeks for multiple pregnancies, e.g. twins) are considered to be extremely preterm. These measures are known as the Optimisation Care Bundle. This leaflet will explain how this bundle can help your baby.

We understand that this can be a very stressful time for you as parents and we want to ensure that you feel included in all decisions made around you and your baby's care. If you have any questions or would like to find out more about any of the information in this leaflet, please speak to one of the doctors or midwives looking after you. If there is time before your baby's birth, you should have an opportunity to talk to some of the team from the neonatal unit, who will explain what to expect when your baby is born early.

A team of specialist doctors and nurses from the neonatal unit will be present at your baby's birth and will care for you and your baby after the birth. The maternity and neonatal teams will continue to be there for you and your family, however, at the end of this leaflet is a list of trusted and credible organisations who can offer additional support following your experience of preterm birth. We encourage you to reach out when you feel it is the best time for you. We advise you to be cautious when doing internet searches as some other online resources may have incorrect information that is not evidence based.

What is the Optimisation care bundle?

The Optimisation care bundle is made up of 7 measures. Each one aims to improve outcomes for preterm babies, reducing the risk of long-term health and developmental problems.



Every pregnancy and every baby are individual, and all interventions may not be necessary. This will depend on how many weeks pregnant you are when your baby is born, timing of birth and specific medical needs for you or your baby.

Please be assured that the maternity and neonatal health professionals will do everything they can to give your baby the best possible chance.

We understand that you are probably not familiar with some of the terms above and we will try to explain each of these measures as clearly as possible and give you the opportunity to ask for more information.

If you feel that any of the 7 measures haven't been discussed with you in enough detail for your specific circumstance, we want you to feel empowered to talk to your health professionals about what is right for you and your baby.

The 7 measures explained



Place of birth

Most parents choose the hospital where they would like to have their baby, this is often the closest hospital to their home. However, if your baby is less than 27 weeks (28 weeks for twins, triplets etc.) they will initially need intensive care so it is better for them to be born at a hospital with a specialist Neonatal Intensive Care Unit (NICU).

If you are currently at a hospital without a NICU it is safer for your baby to transfer before birth. This is called an in-utero transfer and means that mothers are transferred prior to their baby's birth. If your baby is born before the opportunity to transfer to a NICU, please be assured all neonatal units can provide short term intensive care, and your baby will be transferred as soon as possible by a specialist transport team.

We understand that moving to a hospital you don't know may be overwhelming, but it is much safer for your baby.

If there is time before your baby is born you may be offered a tour of the neonatal intensive care unit, which some parents find helpful. All neonatal units in the North West have virtual tours which can be accessed easily via the North West Neonatal Network website at: [Our units within the NWNODN – North West Neonatal Operational Delivery Network \(neonatalnetwork.co.uk\)](http://neonatalnetwork.co.uk).



Antenatal Steroids

Mothers who go into labour before the 34th week of pregnancy will be offered a course of steroid injections before their baby is born. Antenatal steroids will help to prepare your baby's lungs to start working and reduce the risk of long-term breathing problems. Ideally, mothers will receive two doses of steroids which will be given 12-24 hours apart. The steroids are given by an injection usually in the upper thigh or buttock. They may feel uncomfortable but are not usually very painful.

Some babies may arrive so quickly that there isn't time for steroids to be given. This is quite common, and the neonatal team will do everything they can to support your baby's lungs if this happens.

If you have any concerns or questions about antenatal steroids, please speak to one of the midwives or doctors.



Magnesium Sulphate

Mothers who go into labour before the 30th week of pregnancy will be offered a medication called magnesium sulphate. Magnesium sulphate is extremely effective in protecting your baby's brain and reduces the risk of cerebral palsy. It ideally needs to be given 24 hours prior to the birth but a dose anytime up to the birth of your baby can still be beneficial.

Magnesium sulphate will be given to the mother over a period of hours via a drip until your baby is born and the mother will be closely monitored by a health professional throughout this time. It isn't

uncommon to experience some short term side effects when the drug is first given. Some mothers have reported feeling sick, vomiting, feeling extremely hot or experiencing burning sensations. These side effects are short term and will pass when the magnesium sulphate has ended, if not before.

If you have any concerns regarding magnesium sulphate, please speak to one of the midwives or doctors who will be able to talk you through the process and explain how it protects your baby's brain.



Intrapartum Antibiotics

Intrapartum simply means given during labour. Group B Strep is a type of bacteria called Streptococcus. It is commonly carried by both men and women and most people who carry it have no symptoms. If a mother has Group B strep there is a risk that this could be transmitted to baby during the delivery. In a small number of cases this can result in an infection and make babies very poorly.

The infections commonly caused by Group B Strep in newborn babies are sepsis, pneumonia, and meningitis. Preterm babies are vulnerable to infection, so, depending on the circumstances of the birth, to minimise the risk to your baby the mother may be offered a course of antibiotics. The antibiotics are administered to the mother via a drip and carry no risk to your baby. If antibiotics are not given prior to your baby's birth, please do not worry as they can also be given directly to your baby if necessary.

If you have any concerns regarding antibiotics, please speak to one of the midwives or doctors who will be able to answer any questions you have. For more information about Group B strep go to <https://gbss.org.uk/>



Optimal cord management (delayed cord clamping)

Delayed cord management may improve the health of your baby by reducing the risk of brain haemorrhage or the need for a blood transfusion. It allows time for extra blood to flow from the placenta to your baby. This extra blood flow increases the amount of iron transferred to your baby, which benefits their brain development. It can also improve your baby's blood pressure which helps protect their organs and can reduce the risk of problems with your baby's gut.

Immediately after your baby has been born, the maternity and neonatal team will aim to delay clamping the cord for at least one minute. During this time your baby will be monitored by the neonatal team. However, if waiting 1 minute is not appropriate due to medical reasons, the cord will be clamped immediately.

Delayed cord clamping is completely safe for your baby and is recommended by the World Health Organisation (WHO).

There are some situations where delayed cord clamping may not be possible, and your midwife or doctor will discuss this with you.



Keeping your baby warm (Normothermia)

Preterm babies tend to have a lower birth weight and will have less or no fat under their skin. This means that it is harder for them to maintain a normal body temperature, increasing the risk of them becoming very cold which can be dangerous for your baby, as this may lead to low blood sugars or breathing difficulties. Every effort will be made to keep your baby at a safe body temperature, of between 36.5°C to 37.5°C.

After birth, depending on how many weeks through your pregnancy your baby was born they may be placed in a special plastic bag, which protects your baby's delicate skin and helps to keep them warm. There are different ways the team will manage your baby's temperature, including the use of a heated cot. If your baby's condition allows, delivery room cuddles will be encouraged, which is a great way of keeping your baby warm.

It is important to remember that during those first few hours of life it is essential not to let your baby get cold and your midwife or neonatal nurse will support you with this.

If you have any concerns about the temperature of the room where your baby will be born, please speak to your doctor or midwife.

Following your baby's admission to the neonatal unit the team will continue to deliver optimal care. This will include giving caffeine, via a drip, to all babies born before 30 weeks gestation to help their respiratory drive and improve long term cognitive outcomes, and the use of volume guided ventilation for all babies, if ventilator support is required, to help reduce long term breathing problems.



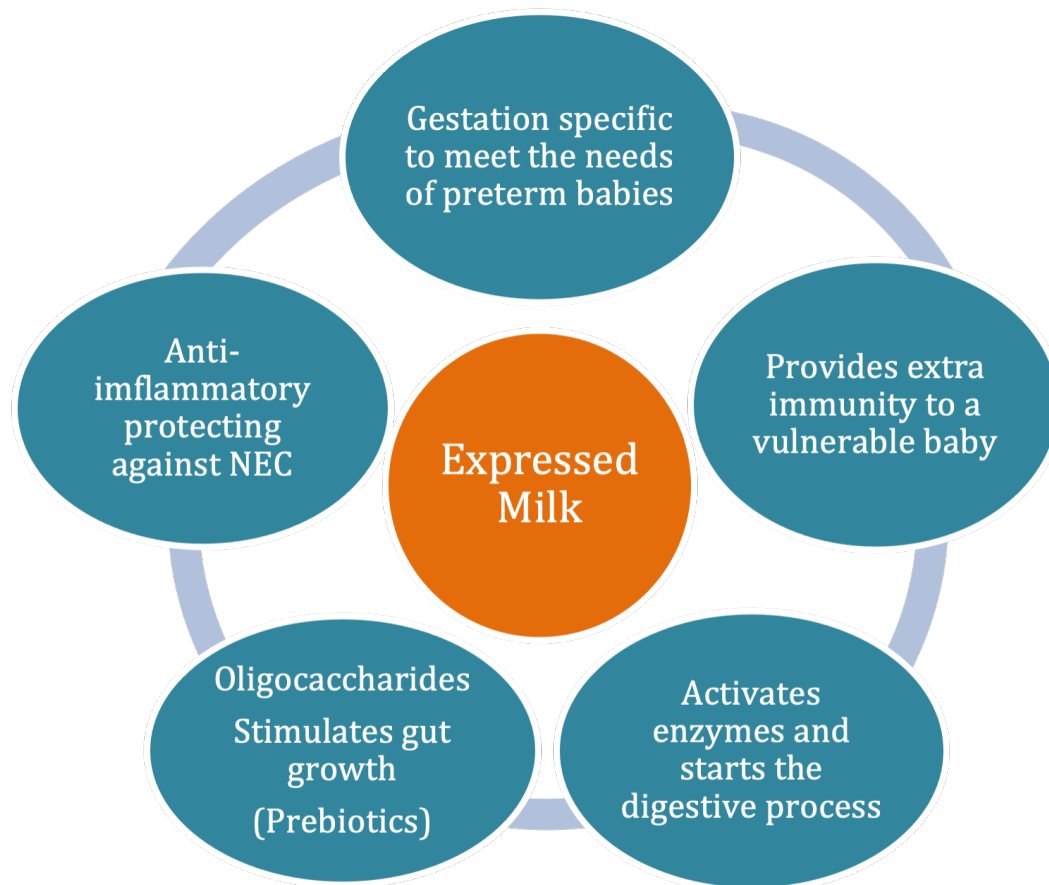
Early breast milk

You and your partner may have already made a decision about how you want to feed your baby, or you may still be undecided or change your mind if your baby is born prematurely. How you feed your baby is your choice and this decision will be supported by the health professionals looking after your baby.

Formula milk can cause gut problems for preterm babies, and the safest and most protective milk to give your baby is the mother's own breast milk. There are many benefits of your baby receiving early breast milk. Breast milk helps protect preterm babies from infections, particularly a serious bowel infection called necrotising enterocolitis (NEC).

Even the tiniest drops of breast milk given to your baby via tube or mouth care, will make a huge difference to them. Providing your baby with early breast milk will help to boost their immune system and protect them from infection. Therefore, even if you have made the decision not to breast feed, expressing colostrum for your baby (the first milk immediately produced following the birth) is extremely important. Colostrum should be given within the first 24 hours following the birth, but ideally within 6 hours. Mouth care using your milk will give your baby a positive oral experience and their first exposure to taste and smell but there are many other health benefits.

If you choose to express milk for your baby, support will be given to hand express as soon as possible, ideally within 2 hours of birth. Some mothers may have already collected some colostrum pre-birth. Please make sure any expressed milk is taken to the neonatal unit. An expressing pack will be provided with everything you will need to collect those first few drops of milk, ready to either give to your baby via a tube or to use for mouth care. Benefits of using breast milk for mouth care include:



This can be daunting at first, but the maternity and neonatal team have lots of experience in supporting mums to express their breast milk. Please do not worry about the amount. Just a couple of drops is beneficial in those first few hours.

Partners also play a key role in expressing breast milk, as giving reassurance and encouragement is extremely valuable. They can support by making sure their partner has what is needed so they are comfortable whilst expressing, talking to them whilst expressing especially when tired, and encouraging their partner to eat and drink regularly.

The Breastfeeding Network is a great resource for information about expressing breast milk.

<https://www.breastfeedingnetwork.org.uk/breastfeeding-help/expressing-storing/>

It is acknowledged there are nuances around birth and lactation in the LGBTQ community. Readers can look for specialised information in these contexts but a general overview can be found here: www.hifn.org/sex-gender-orientation.

Support for you

Having a baby in neonatal care can be a very stressful time for parents and it is often hard to think about looking after yourself. Sometimes talking to other people with lived experience of neonatal care can be really helpful. Across the North West there are various peer support groups or volunteer peer supporters who visit neonatal units. Some units also have counsellors, psychologists or therapy services.

The Neonatal Unit where your baby is being cared for will advise what support is available, but details of local and national support groups, alongside useful information for throughout your babies stay, can also be found on the North West Neonatal Network website at:

<http://www.neonatalnetwork.co.uk/nwnodn/parents-and-families/support-for-you-and-your-baby-2/>



Useful websites:



<https://www.bliss.org.uk/>



<https://www.dadmatters.org.uk>



<http://www.breastfeedingnetwork.org.uk>



<https://www.tommys.org/>



<https://.unicef.org.uk>



Spoons is a charity that supports families who experience neonatal care in Greater Manchester. They have a team of staff & volunteers who have lived experience of neonatal care who are available to support families through their neonatal journey. Parents outside of Greater Manchester may find the Spoons website helpful for accessing useful information, <https://spoons.org.uk>.

Supported by:

This information leaflet has been produced in collaboration with the Spoons Charity, thank you to all the parents who have contributed.

The information in the leaflet has been put together to support the recommendations from BAPM Optimisation Toolkit which can be accessed at <https://www.bapm.org/pages/104-qi-toolkits>



Maternity and Newborn Alliance



