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Northern Neonatal Network Developments

“Continuous learning is the minimum requirement for success in any field.”

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Very Early Baby: Specific challenges at 22 weeks

- New approach
 - National guidance
 - BAPM 2019 Framework for practice
- Outlook can look very different dependent on denominator
- Very hard to ensure clarity of explanation to parents before delivery
- Video aims to help standardise approach
 - Format not influenced by individuals
 - Information given not influenced by location of presentation (SCU v NIC)
 - Help clinicians who encounter very low gestation infrequently

Outcome for babies born alive between 22 & 26 weeks' gestation[†]



The Very Early Baby Parent Information Leaflet

Having a new baby is an exciting event, but if your baby is born very early this can be stressful. We want you to have the most up-to-date information about what it means to be born this early. This may help you with decisions you are asked to make at this time.

Each baby is different. The information below shows survival for babies born in the North of England and admitted to the Neonatal Intensive Care Unit.



Based on our previous experience and national recommendations, our advice is:

- 22 weeks; intensive care may be offered in some situations after detailed discussion
- 23 weeks; intensive care is offered
- 24 weeks and above; intensive care is given



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Edge of viability training

Consensus statement on management at borderline of viability

This joint Northern Neonatal Network and Maternity Network document aims to address the timing of transfer to a Level 3 neonatal centre and administration of antenatal steroid and magnesium sulphate for women with threatened labour at late 21 weeks or 22 weeks gestation onwards. This document should read be in conjunction with 1) the BAPM framework on perinatal management of extreme preterm birth before 27 weeks of gestation¹ which is a more detailed document explaining the rationale of the framework 2) Preterm Birth Guideline.

- A group of usually 4 clinicians (L3 Cons Neo/ANNP/HST) who will provide a ½ day workshop to clinicians in SCU's.
- This training has a lecture outlining the BAPM framework, the data behind this and the network framework.
- Followed by breaking into small groups and create simulated counselling sessions of potential scenarios with various contributory factors changing the risk profile and with the 'families' having varying preferences for the approach to care should their baby deliver.
- The candidate group is predominantly consultant paediatricians and obstetricians though we have had some senior nursing and midwifery staff take part as well.
- This training has been provided across the region and for the senior paediatric trainees over the last few years.

National Neonatal Palliative Care Programme

NORTHERN NEONATAL NETWORK

National Neonatal Palliative Care programme: *Introduction to Neonatal Palliative Care Training Sessions*

National Neonatal Palliative Care Programme



Northern Neonatal Network: *Introduction to Neonatal Palliative Care Training Sessions*

SIM training

End of Life Neonatal Simulation Training: Enhancing Compassionate Care

- Course Overview
- This course is designed to help equip healthcare professionals with the skills, knowledge, and some experience in the management of end-of-life care in the neonatal intensive care unit (NICU). Through simulations, participants will be immersed in realistic scenarios where they must navigate sensitive communication, decision making, and collaborative teamwork while providing compassionate care to both patients and the families.



- Course Objectives
- By the end of this course, participants will be able to
- Understand the physiological, psychological, and emotional challenges associated with end of life care for neonates.
- Develop familiarity and understand the challenges in engaging in these sensitive conversations – developing empathetic communication with families regarding prognosis and decisions about care.
- Identify ethical considerations and understand the process by which guide decision making for professionals and families in situations of neonatal death and withdrawal of life sustaining treatments.
- Demonstrate teamwork and collaboration in providing compassionate care in end of life scenarios.
- Provide support and self-care strategies to cope with emotional and psychological stress related to neonatal death.
- Practice debriefing and reflective practices to promote personal and professional development.

Neonatal Comfort Care Bundle 2015 and 2025

- As a Network, we recognised some years ago that there were examples of excellent palliative and end of life care across our region, but that it was often difficult to “learn from each other” and try to standardise such best practice and minimise variation.
- To address this, a dedicated group of medics, nurses and others started a process to produce a framework to assist all those involved in providing care for babies with terminal conditions and life-limiting illnesses and prepare them and their parents.
- We know on neonatal units a baby’s condition can change quickly, and this can occur without warning, but for the cases where palliative care / death can be planned, we have drafted this new “Care Bundle” to help that process
- 2025: A working group developed to review and update the NCCB to support the practical implementation of the BAPM Framework for practice; Recognising uncertainty: an integrated framework for palliative care in perinatal medicine.

	File 1 - Care Bundle Foreword (307.9KB)
	File 2 - Care Bundle Flow Chart (213.1KB)
	File 3 - Care Bundle Overview (274.3KB)
	File 4 - Antenatal Congenital Abnormality MDT Form (162KB)
	File 5 - Care Bundle Checklist 1 (Acutely unwell baby, at risk of dying/in process of dying) (481.5KB)
	File 6 - Care Bundle Checklist 2 (Transfer Checklist - baby with life-limiting illness, not necessarily dying/baby for transfer to different setting; a more local hospital, paediatric ward, home, community, children's hospice) (526.2KB)
	File 7 - Neonatal Comfort Care Plan (NCCP) (300.2KB)
	File 8 - After Death Checklist (296.6KB)
	File 9 - NCCP Extras (Death certification, donor guidelines, useful contact numbers) (169.8KB)
	File 10 - Neonatal Death Referral Form for Coroners (41.2KB)
	File 11 - Supplemental Information & Resources (281.4KB)
	File 12 - Regional DNA CPR Guidance (282.2KB)
	File 13 - Emergency Health Care Plan (EHCP) Form (591.2KB)
	File 14 - Neonatal Stratified Treatment Escalation Plan (nSTEP) Form (309.1KB)
	File 15 - A Guide to End of Life Care (Together For Short Lives publication) (2.5MB)
	File 16 - RCPCH Framework for Practice (689.8KB)
	File 17 - Decisions Relating to CPR (BMA/Resuscitation Council/RCN Publication) (601.8KB)
	File 18 - N East Palliative Care Helpline (199.9KB)
	File 19 - Useful Resources and Contacts (441KB)
	File 20 - Guidelines for Health Professionals for Bereavement from a Twin/Multiple Pregnancy (964.3KB)



NNN Position Statement

What is a position statement for?

The main purpose of the positioning statement is to **guide all the teams**. It can define the way our ODN wants our families and the public in the North East and North Cumbria to perceive us.

What's more, it's a strategic tool used internally to ensure **consistency in messaging** across all aspects of neonatal palliative care within the NNN.

Vision

- ▶ **Desired position** of the business in the future.
- ▶ Is a description of the **why**
- ▶ Not to be used for the daily operation the company.
- ▶ Is to **motivate** the employees
- ▶ Statement is usually shorter

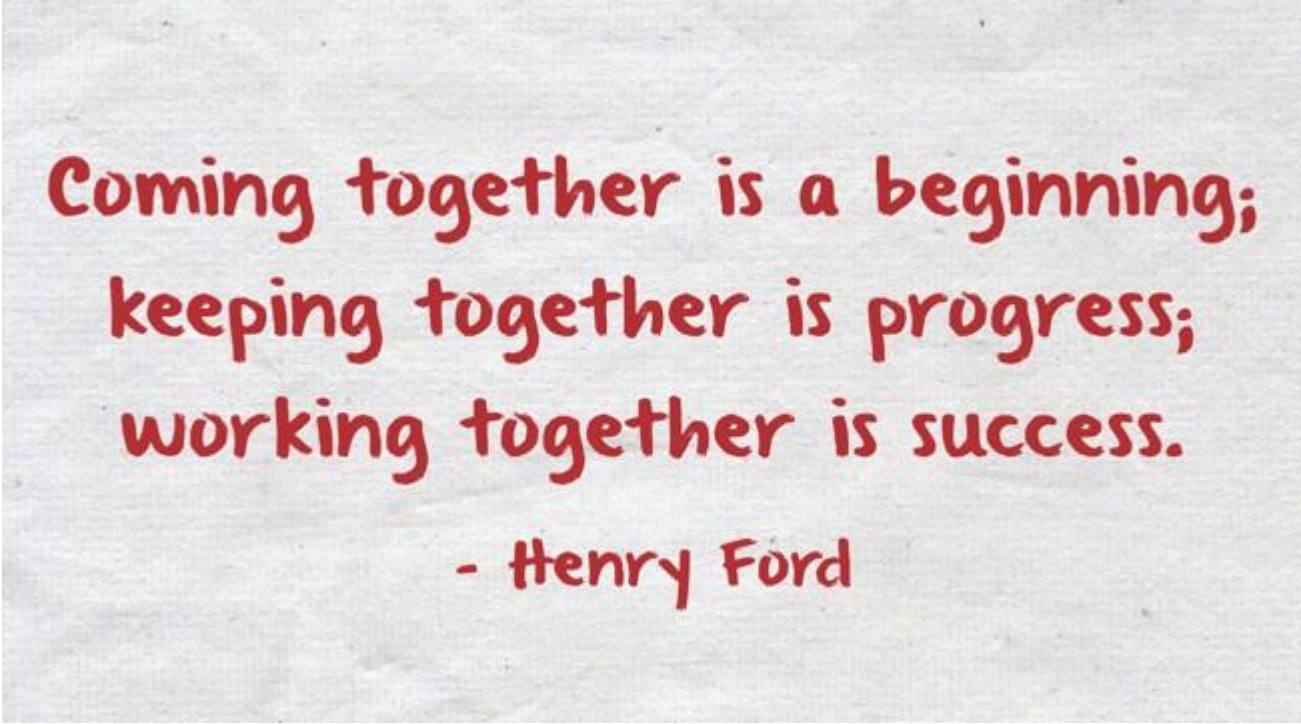
Mission

- ▶ The **current state**, & how to go about achieving
- ▶ Is focused on the **how**
- ▶ To be used as a management tool
- ▶ Is to **inform** the employees
- ▶ Is usually bigger than Vision

Supporting staff to support babies and families facing uncertainty in the Northern Neonatal Network



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**Coming together is a beginning;
keeping together is progress;
working together is success.**

- Henry Ford