

The NNAP makes recommendations as a result of the key findings in this report. These recommendations are targeted to a particular audience and are listed by audience.





Using the \_\_\_\_\_, ensure that data entry regarding nurse staffing is complete and entered considering relevant published guidance such as \_\_\_\_\_.

To reduce mortality, neonatal networks should, following a review of local mortality results, take action to:

consider whether a review of network structure, clinical flows, guidelines and staffing may be helpful in responding to local mortality rates  
consider the extent of the implementation of evidence-based strategies in the following areas to reduce mortality:

- antenatal steroids
- deferred cord clamping
- avoidance of hypothermia
- management of respiratory disease

ensure that shared learning from multi-disciplinary reviews of deaths (including data from the local use of the Perinatal Mortality Review Tool) informs:

- network governance
- unit level clinical practice.

Use NNAP quarterly reports to ensure that a mortality outcome is clearly recorded for every baby admitted. For babies discharged to a non NNAP unit before 44 weeks' post menstrual age, units should capture outcome using the "final neonatal outcome" field.

Ensure that sufficient numbers of neonatal unit nurse staff and nurses with specialist qualifications are trained and retained to reduce current variations in staffing and improve staffing levels.

To optimise preterm perinatal wellbeing, base local quality improvement activity on reviews of cases:

where evidence-based strategies were not used in patient care  
where shared learning from networks is available.

Use the following methodologies to guide improvement:

The Prevention of Cerebral Palsy in PreTerm Labour (PReCePT) programme,  
The Maternity and Neonatal Health Safety Collaborative and  
The Scottish Patient Safety Programme.

Ensure that sufficient numbers of neonatal unit nurse staff and nurses with specialist qualifications are trained and retained to reduce current variations in staffing and improve staffing levels.

and the should work with  
to maximise opportunities to report measures of rates and duration of  
mother and baby separation in a way that is most useful to audit users.

Ensure that sufficient numbers of neonatal unit nurse staff and nurses with specialist qualifications are trained and retained to reduce current variations in staffing and improve staffing levels.

