							over what period of time
Rec 1	Work as a perinatal team to: { K ‰ š] u] • š Z timing and dosing of antenatal steroids for eligible babies { À }] š Z inappropriate use of multiple courses { } ‰ š À-] \ based practices to predict preterm birth, by using the following guidance and methodologies to guide improvement: t BAPM Perinatal Optimisation Care Pathway Toolkit t Prevention of Cerebral Palsy in PreTerm Labour (PReCePT) quality improvement programme t Scottish Patient Safety Programme	Neonatal units and obstetric services	*At least one dose of antenatal steroids was administered to 91.3% (11,277 of 12,348) of women whose baby was born at 23-33 weeks gestation and was admitted for neonatal care* (Page 18).	*85% of eligible mothers should receive at least one steroid dose*	*None*	NICE guideline [NG25], Preterm Labour and Birth NHS England, Neonatal Critical Care Service Specification Developmental standards set by clinical consensus.	*2018 data ς 90.5%*

Rec 1 (Continued)	To help reduce the severity of respiratory disease and other serious complications in preterm babies The National Maternity and Perinatal Audit (NMPA) should: Consider developing reporting of antenatal steroid use in order to encourage timely exposure of eligible infants to it.	National Maternity and Perinatal Audit (NMPA)	As above	As above	As above	As above	As above

Rec 2	Neonatal networks, units and obstetric services should work as a perinatal team to: { v • µ Œ š women who may deliver their baby at less than 30 weeks gestational age are offered magnesium sulphate where possible { } ‰ š v implement the following guidance and methodologies to guide improvement: o BAPM Perinatal Optimisation Care Pathway Toolkit o Prevention of Cerebral Palsy in PreTerm Labour (PReCePT) quality improvement programme o Scottish Patient Safety Programme	Neonatal networks, units and obstetric services	*82.1% of eligible mothers were given magnesium sulphate* (Page 19, Table 2).	*85% of mothers should be given magnesium sulphate in the 24 hours prior to delivery.*	*None*	NICE guideline [NG25], Preterm Labour and Birth NHS England, Neonatal Critical Care Service Specification Developmental standards set by clinical consensus.

	To help reduce the risk of babies who are born prematurely developing cerebral palsy.						
Rec 3 Rec 3 (Continued)	Departments of Health in England, Scotland and Wales and Neonatal Networks should: Prioritise structural changes and operational management to ensure that babies who require intensive care are cared for in the units best equipped to deliver it. Local Maternity Systems (LMS) and equivalent bodies in devolved nations should: { nsure that appropriate clinical pathways exist To enable delivery of intensive care to all infants where this is required, with a	Departments of Health in England, Scotland and Wales and Neonatal Networks Local Maternity Systems (LMS) and equivalent bodies in devolved nations	*77.5% of babies were delivered in a maternity service on the same site as a NICU.* (Page 23, Table 3) As above	*85% of babies born at less than 27 weeks gestational age should be delivered in a maternity service on the same site as a NICU.* As above	*None* As above	NICE guideline [NG25], Preterm Labour and Birth NHS England, Neonatal Critical Care Service Specification Developmental standards set by clinical consensus. As above	*2018 data results: 74.3%* As above

	minimum of postnatal transfers.						
Rec 4	[redacted]						

Rec 5	Neonatal units, in collaboration with parents, should: Build relationships and trust between parents, family members and neonatal unit staff by: { Understanding the unique role of parents as partners in care, and involving them in developing and updating care plans and decision making { u ‰ } Á Œ parents to feel comfortable and able to contribute to discussions about š Z] Œ Ç [• { d l] v P š Z to explain to parents why decisions about aspects of care are being suggested { Z (o š] v audit results with parents, identifying the reasons for any gaps in parental	Neonatal units, in collaboration with parents	*83.2% of parents attended one or more ward rounds ŘdzWAyE úKŜNW ōI·õëΩă stay.* (Table 6, Page 30).	*None*	*None*	Scottish Government, Neonatal Care in Scotland: A Quality Framework

	presence on ward rounds, any lack of consultant wards or documentation or consultant ward rounds, and working with parents to address any barriers to participation identified So that parents are partners in the care of their baby in the neonatal unit.						

Rec 6

	treatment if required.						
Rec 6 (Continued)	Neonatal Networks with low rates of ROP screening should: { mplement a mechanism for real time measurement } (š Z] Œ µ v] š adherence to ROP screening guidelines So that they can identify where related quality improvement activities need to be undertaken.	Neonatal Networks	As above	As above	As above	As above	As above
Rec 7	Neonatal units with higher reported rates of infection should: { ompare practices with units with lower rates of infection, identified						

based infection reduction strategies is optimised

In order to minimise the number of babies infected in their units.

Rec 7 (Continued)

Neonatal networks and units with both low and high rates of infection should:

{ acil&tate invitations for units with higher rates of infection to visit units with lower rates in order to jointly agree whether potentially better practices

	practices including ^] v (š] } v preventio v µ v o In order to reduce the risk of exposing sick and premature babies to infection.						
Rec 8 Rec 8 (Continued)	Neonatal units with high treatment effect should: { ^ l š }] v š potentially better practices from neonatal units with lower treatment effect Neonatal units and networks should { ^ l š } understand the extent to which care practices explain the differences in rates of BPD { mplement potentially better care practices, including any identified from NICE guidance about specialist respiratory care	Neonatal units Neonatal units and networks	*Figure 17, Page 42: treatment effect (for BPD)* *36.6% of babies discharged between 1 January 2017 and 31 December 2019 experienced BPD or death.* (Table 10, Page 41 or Table 11, Page 43)	*None* As above	*None* As above	NICE guideline; [NG124] Specialist neonatal respiratory care for babies born preterm. As above	*2016-2018 result: 36.5% of babies experienced BPD or death.* As above

Rec 8 (Continued)	The British Association of Perinatal Medicine (BAPM) should: { evelop a care pathway identifying potentially better practices and the optimal means for their implementation In order to reduce the proportion of babies affected by bronchopulmonary dysplasia.	British Association of Perinatal Medicine (BAPM)	*As above*	*As above*	*As above*	As above	*As above*

{ onsider delivering some care as transitional care

So that babies born at term and late pre-

	adequate, regularly cleaned expressing equipment { ^ l] v P acting on feedback from local parents on their experience of starting and sustaining breast feeding { t } Œ l] v P achieve and sustain both UNICEF UK Baby Friendly Initiative Neonatal Unit accreditation and Bliss Baby Charter accreditation { / u ‰ o u the guidance and evidence-based care practises set out in the BAPM Maternal Breastmilk Toolkit { t } Œ l] v P local parents to review and improve local practices around the early communication of the benefits of breastmilk, ideally						

	prior to birth wherever possible So that the many health benefits to the preterm baby and the mother of breastfeeding can be realised.						
Rec 12	Neonatal units should: Produce detailed plans to provide or organise follow up of care for preterm babies in accordance with NICE guidance and consider arrangements for: { ommunicating with families about follow up at discharge { am&ies who live far from the hospital of care { am&ies who do not attend appointments	Neonatal units	*70.8% of children had some data entered at 2 years of age.* (Figure 23, Page 57)	NNAP developmental standard: 90% of babies with two-year follow-up data entered.	NHS England, Neonatal Critical Care Service Specification	NICE guideline [NG72] Developmental follow-up of children and young people born preterm. Developmental standard for documented follow up is set by clinical consensus.	*2018 data ç 69.9% had some health data entered at 2 years.*

{ amilies who move to different areas

Rec 12
(continued)

	avoidance of hypothermia and management of respiratory disease.
	{ v • µ Œ š Ž
	shared learning from locally delivered, externally supported, multi-disciplinary reviews of deaths (including data from the local use of the Perinatal Mortality
Rec 13 (Continued)	

	are available for the education and employment of suitably trained professionals to meet and maintain nurse staffing ratios described in service specifications		*qualified in specialty to care for the babies present*. (Page 65, Table 22).	with an additional shift coordinator are mandated. Further, at least 70% of registered nursing staff on duty should have a neonatal specialist qualification.		Department of Health. Toolkit for high quality neonatal services BAPM. Service Standards for Hospitals Providing Neonatal Care	nursing shifts have sufficient staff qualified in specialty to care for the babies present.
Rec 14 (Continued)	Universities and Health Education England or equivalent bodies in the devolved nations should: { onsider revising, renewing and standardising models of specialist neonatal nursing education	Universities and Health Education England or equivalent bodies	As above	As above	As above	As above	As above
Rec 14 (Continued)	Neonatal Units and Neonatal Networks should: { Prioritise data quality assurance in submitting nurse staffing data { onitor adherence to recommended nurse staffing standards	Neonatal units and networks	*173 units were eligible for inclusion in this measure; 7 units were excluded, as less than 25% of their shifts were recorded and 1 unit did not enter any shifts for the period.* (Page 64)	As above	As above	As above	*2018 results: units with more than 50% of shifts staffed by three registered nurses or fewer are excluded from the calculation of the number of shifts meeting the qualified in specialty (QIS) specification. This is because of the applicability of the QIS criteria to shifts with small numbers of nurses. This left 86,139 eligible shifts from 118 units.*

{ evelop action plans to address any deficits in nursing staffing and skill mix

So that babies and their parents are cared for at all times by the recommended number of trained professionals.