Where does NOAH fit in with the National Guidance

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Maternity incentive scheme (MIS)

Safety Action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme? The goal with this safety action is to make sure Mothers and babies can stay together as much as possible, rather than being separated, and cots on the neonatal unit are preserved for those babies that need them the most. This is in line with recommendations from the "Avoiding Term Admissions into Neonatal Units" Programme. A system needs to be in place that allows mothers and babies to be together as much as possible and avoid unnecessary separation when the baby needs extra attention. This approach promotes the well-being of both the mother and the baby during this time.

NOAH: Switching term babies with suspected early onset neonatal sepsis to oral antibiotics in the first 48 hours of life facilitates early discharge from the hospital. This meets safety action 3 as this not only reduces separation of mother and baby, but allows for bonding in a familiar and non-stressful environment. The earlier discharge of these transitional care babies therefore increases capacity of inpatient beds.

Safety Action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users
This is about making healthcare services for pregnant women and newborn babies better by involving the people who use them. Teams must work in partnership with maternity and neonatal service user representatives to actively seek feedback and ensure the voices of all groups are heard and represented. Teams need to work together with service users to co-design services and respond to feedback. This means that the people who are going through pregnancy and childbirth, as well as their families, have a say in how the services are provided. It ensures that the services are designed to meet their needs and preferences, making the experience better for everyone involved.

NOAH: When conducting the evaluation of our new pathway, we ensured to listen to parents about their experiences through surveys and transcribed interviews. We also ensured to seek feedback about our patient information leaflets through The National Maternity Voices partnership. NOAH understands the importance of involving families in quality improvement and service provision.

3 year delivery plan for maternity and neonatal services

Personalised care: Parents are partners in their baby's care in the neonatal unit through individualised care plans utilising a family integrated care approach, together with appropriate parental accommodation.

Services listen to and work with women from all backgrounds to improve access, plan, and deliver personalised care. Maternity and neonatal voice partnerships ensure all groups are heard, including those most at risk of experiencing health inequalities.

NOAH: Family integrated care is a large focus of ours. We empower parents to have the confidence to administer oral antibiotics to their baby with education and guidance on the unit. Once parents feel confident enough to do this independently, we discharge the family into their familiar home environment. As mentioned previously, we have sought feedback from The National Maternity Voices partnership about our education resources and have improved these as necessary.

NHS 10 year health plan for England

From hospital to community: the Neighbourhood Health Service, designed around you. At its core, the Neighbourhood Health Service will embody our new preventative principle that care should happen:

- as locally as it can
- digitally by default
- in a patient's home if possible
- in a neighbourhood health centre (NHC) when needed
- in a hospital if necessary

NOAH: Switching term babies with suspected early onset neonatal sepsis to oral antibiotics in the first 48 hours of life facilitates early discharge from the hospital, with ongoing care and follow up occurring in the comfort of the families' own home. However, if there are any clinical concerns with the baby, they would be reviewed in hospital.

UK Health Security Agency Intravenous to Oral Switch criteria

IV to oral switch should be considered within 48 hours of the first dose of intravenous (IV) antimicrobial being administered. Consideration:

- Clinical signs and symptoms of infection are improving.

- White cell count is trending towards normal range.

- C-reactive protein is decreasing.

- Gastrointestinal tract must be functioning with no evidence of malabsorption.

- Safe swallow or enteral tube administration.

- Suitable alternative switch option available, considering spectrum of microbiological activity, oral bioavailability, palatability, any clinically significant drug interactions, or patient allergies.

- No significant concerns over patient adherence to oral treatment.

- No vomiting within the last 24 hours.

NOAH: Our pathway adheres to the guidance set out by the UK health security agency. Babies with suspected early onset neonatal sepsis will only be considered for an oral switch if strict clinical criteria are met. This includes clinical improvement, a decreasing CRP, negative cultures and tolerating full oral feeds. Our choice of antibiotic has been based on the most up to date evidence available, as well as multi-disciplinary team discussions to ascertain adequate antimicrobial coverage based on organisms prevalent in our region.

NICE

Give antibiotic treatment for 7 days for babies with a positive blood culture, and for babies with a negative blood culture if sepsis has been strongly suspected

NOAH: Specific management of early onset neonatal infection varies across different hospital Trusts, with NICE guidelines always forming the basis of trust specific guidance. We have ensured to follow NICE guidance when implementing our new pathway. As above, we ensure babies complete a total course of 7 days of antibiotics if early onset sepsis is suspected.

BAPM service and quality standards for provision of neonatal care in the UK

All NNUs should practise family centred care and be working towards family integrated care. Each NNU should have arrangements to provide Neonatal Transitional Care for appropriate babies, thus minimising parent-baby separation. All NNUs should have Neonatal Outreach Services, to facilitate earlier discharge and to provide ongoing support for more vulnerable babies in the community

NSQI 6 Quality Improvement: Parents' voices and experiences should inform both safety and quality improvement and there should be opportunities, e.g., Maternity and Neonatal voices partnerships, for these to be heard. Similarly, staff voices and

experiences should inform both safety and quality improvement and there should be opportunities for their ideas to be considered and implemented with feedback.
NOAH: Our pathway complies with the quality standards as set out by BAPM. Family centred practice is at the heart of our pathway. We aim to reduce parent-baby separation through facilitating early discharge from hospital. We ensure these babies have appropriate follow up with a 5 day telephone consultation being conducted with parents. As previously mentioned in this document, we have involved parents and the National Maternity Voices Partnership when evaluating our new guideline. We have collected both qualitative and quantitative feedback to inform further change.

NHS national green agenda

Prioritise interventions which simultaneously improve patient care and community wellbeing while tackling climate change and broader sustainability issues

Sustainable models of care: Embedding net zero principles across all clinical services is critical, with this section considering carbon reduction opportunities in the way care is delivered. Examples may include the provision of care closer to home; default preferences for lower-carbon interventions where they are clinically equivalent; and reducing unwarranted variations in care delivery and outcomes that result in unnecessary increases in carbon emissions.

NOAH: Introducing the NOAH pathway in a geographically large area such as Devon has significant environmental benefits. By facilitating an earlier discharge for families living in rural areas (often a considerable distance from hospital), we can reduce the carbon impact of the healthcare provided. Our 6 month pilot data has shown that implementing this pathway saved 8230kg of CO_2. This is the equivalent of planting 255-380 trees. NOAH therefore lines up nicely with the NHS National Green Agenda.

Getting it right first time: Neonatal national report

Recommendation 4. Optimise antenatal and postnatal patient pathways and reduce unnecessary mother-baby separation. Expand neonatal outreach services across all neonatal services to support earlier discharge of neonates from neonatal units, transitional care, and postnatal wards. This should include the ability to support short-term nasogastric tube feeding for preterm infants and access to AHP services. This may require network and commissioning involvement.
Continue to work on strategies to reduce term admissions into neonatal units, particularly units with above average term admissions, including development of transitional care in line with BAPM Framework, and adherence to existing guidance (ATAIN) and CNST requirements.

Recommendation 15. Facilities for families should allow parents to remain with their baby at all times if their circumstances permit. Increase the range of services provided within transitional care to reduce mother-baby separation, and where possible to provide more flexibility for partners to also be caregivers

Recommendation 17: Family Integrated Care must be fully embedded in all neonatal services and networks should ensure family training and involvement in care are the same across different providers in the baby's journey.

NOAH: Our pathway supports the above recommendations as outlined in the "Getting it right first time: Neonatal National report". The earlier discharge of babies on oral antibiotics reduces mother-baby separation. The 5 day follow up telephone consultation could be considered as an outreach service, reducing the need for a physical review on the postnatal ward. Allowing for the continuation of oral antibiotic administration at home allows more flexibility for partners to also be caregivers (as outlined by recommendation 15). This allows them to be involved in all aspects of their child's care without the limitations of the visiting hours on transitional care units. Family integrated care is at the heart of our NOAH pathway.