

Significant improvement in neonatal care in England over 10 years

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Neonatal services in England have seen a considerable improvement since the introduction of new guidelines in 2003, a study published on bmj.com claims.

The new guidelines were set out to help increase the proportion of premature babies born in a [specialist care](#) unit and reduce the amount of acute (within 24 hours of birth) postnatal transfers from one hospital to another. The specialised delivery and management of premature babies is associated with improved outcomes while acute postnatal transfer is associated with adverse outcomes.

Researchers from the Imperial College London looked at maternity units in England, Wales and [Northern Ireland](#) between 1998 and 2000 and units in England between 2009 and 2010.

They did find that the reorganisation has been met with some success: although the proportion of 27/28 week gestation babies born in a specialist care unit has increased, half are still delivered in non-specialist units, suggesting poor co-ordination between maternity and neonatal services. Furthermore, the proportion of babies transferred within 24 hours has increased and a third of multiple birth babies continue to be treated in separate units, showing a continuing inadequacy in cot capacity.

In relative terms, the proportion of babies delivered at specialist care centres improved from 18% to 49% between the first and second time

frames (1998-2000 and 2009-2011), but the proportion undergoing transfer in England increased from 7%-12% for acute transfers and 18%-22% for late transfers. The [survival](#) of [premature babies](#) has improved between the two time frames, from 88% to 93%.

The authors conclude that two aims of the reorganisation are being realised: a higher proportion of babies are being born in specialist care units and are then being back-transferred to a [neonatal unit](#) nearer home when they no longer require highly specialised care. The authors argue however that co-ordination between maternity and neonatal services remains poor and that "future analysis of the wider population" will help to clarify the issues around the organisation of specialist newborn care.

Bliss Head of Programmes Jane Abbott said, "Bliss welcomes these findings which show that the introduction of managed clinical networks has brought about improvements in the delivery of neonatal care. It is very encouraging to see that more babies requiring specialist treatment are being born in units that can provide the right level of care. This reinforces the importance of managed clinical networks and their contribution to improving outcomes for babies born sick or premature. However, it is clear that investment into neonatal care and better coordination between maternity and neonatal services needs to be made a priority to ensure the best outcomes for all [babies](#) and their families."

In an accompanying editorial Dr Ciaran Phibbs from Stanford University School of Medicine says that although England has "made a good start on improving the regionalization of [neonatal care](#)", he feels it is necessary to expand efforts to include obstetric services so that all high-risk deliveries can be regionalised. He says that England still has a "long way to go" before the best possible outcomes for high-risk deliveries are achieved.

Provided by British Medical Journal

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