



2022/2023

ANNUAL REVIEW

British Association of
Perinatal Medicine



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STRONGER TOGETHER



Kate Dinwiddy, BAPM Chief Executive

For a long time BAPM has been known for producing frameworks for practice, practical documents that make best practice recommendations based on evidence and consensus. These continue to be a priority for BAPM and in the past year we have published frameworks on donor milk, repatriation and care of moderate-late preterm infants. Recently we have undertaken more projects and policy work, harnessing the power of our membership to bring about real changes.

BAPM has been invited to represent our members on a huge number of external groups and due to the tireless efforts of these representatives, the neonatal voice is now being heard more than ever. The Maternity and Neonatal Safety Improvement Programme and the three-year delivery plan for maternity and neonatal services are starting to recognise that consideration of neonatal care is key to making changes in perinatal care. We continue to work with our partner organisations on advocacy work, in particular RCPCH and Bliss, to keep pressure on ministers to provide adequate funding and support to enable recommended policies to be realised.

BAPM has undertaken a variety of additional projects this year. We have produced a recommendations report on consultant working patterns based on a speciality-wide survey and in the future we hope to undertake similar pieces of work for other roles. We are undertaking several QI related projects, including the pilot of a self-assessment tool to provide neonatal teams with a framework to help develop their quality strategy. We are also working with a variety of partners including RCOG, RCM,

and the College of Paramedics to improve the incidence of extremely premature babies being born in a maternity service on the same site as a neonatal intensive care unit. The data steering group has brought together a variety of stakeholders to address some of the difficulties with neonatal data and is currently developing a video that can be shared at inductions to explain the importance of accurate data entry. The EDI steering group is looking at the collection of data on BAPM members protected characteristics with a view to decreasing barriers to volunteering for or joining BAPM.

In the past few months we celebrated signing up our 2000th member and our membership continues to grow. The nursing and AHP representatives on our committee have done an amazing job promoting BAPM membership to people in these roles and this year we are adding a specific representative for midwives to the committee in order to keep pursuing our aim to be fully representative of the full MDT. The more we come together, the greater the voice we have and the more we can do to influence change. Thank you for everything you are doing – we couldn't do it without you.

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PRESIDENT'S LETTER

Eleri Adams, BAPM President

I can't believe a whole year has passed since I was handed the reins of the presidency from the very capable hands of Helen Mactier. As an organisation, BAPM continues to grow and extend its portfolio of activities, and I wanted to talk about some of the expanding areas of work this year; building on our role as advocates for babies, families and staff through our input and responses to national policy developments and the work we have done on safety, and in particular drug safety.

The past 18 months has seen neonatal and maternity care in the spotlight following several key national service review publications as well as key national reports including NHSE Three Year Single Delivery Plan, Improving Together for Wales, Scottish Patient Safety MCQIC Programme, and NHS Race and Health Observatory report on Neonates. To help members navigate the increasing number of national reports and initiatives across the UK, as well as to summarise key elements relevant to neonatal care and to highlight BAPM's response to some of these reports, we have developed a National Updates webpage and are now sending bite-sized national report bulletins.

A recurring theme within the service review publications was the emphasis on team working and culture. BAPM's publication of a toolkit to aid understanding and improvements in perinatal team working 'Building Successful Perinatal Optimisation Teams' was very timely and I urge all neonatal units to use this excellent document.

BAPM has been fortunate to be invited to input to a wide variety of meetings across Department of Health and Social Care (DHSC), NHS England and Health Education England (HEE) to shape the response to these national service reviews which culminated in the publication of the Single

Delivery Plan. We do feel that the neonatal voice is more prominent following all our efforts and the change in name from Maternity Transformation Programme to the Maternal and Neonatal Programme is a small but welcome step in recognising the importance of a greater focus on neonatal care to improve outcomes for mothers and babies. I am indebted to the BAPM members who continue to give up their time to represent BAPM, and advocate for our staff, babies and families. BAPM produced a response to the Single Delivery Plan and we are due to discuss our funding concerns with ministers, NHS England and DHSC in September along with Bliss and RCPCH.

Another important area of advocacy work has been data and informatics and I am very grateful to Cheryl Battersby for leading this workstream which aims to streamline data collection through the data stakeholder group and to help and support units to be able to collect and use accurate data to benefit patient care and neonatal services. A working group is currently developing a service specification to help neonatal services navigate the switch to EPR effectively and BAPM is also meeting soon with

“The past 18 months has seen neonatal and maternity care in the spotlight.”

national leads to discuss our concerns regarding Neonatal Digital Transformation following our recent letter. We are also working with Prof Simon Kenny, Surgical GIRFT Lead regarding improving data collection for surgical neonates.

I have a particular interest in neonatal drug safety and over the past year BAPM has been working with colleagues from Neonatal and Paediatric Pharmacists Group (NPPG) to advocate for improved drug safety. A network pharmacy job description focussed on drug safety has been agreed and ratified by BAPM EC and some networks have been able to appoint network pharmacists. We have also agreed standardised infusion concentrations for neonates <2kg for the five most commonly used infusions and further standardised infusions are now being developed. This is an important first step to achieving pre-made off-the-shelf infusions for neonates – an aim for the future. We also have several strands of work underway to get standardised pre-filled syringes for the pre-medication drugs commonly used for intubation. Lastly we are working with Health Education England to develop a pre-medication drugs e-learning package which will be available throughout the NHS and are in the process of trying to secure funding for a Parenteral Nutrition e-learning package.

I would like to thank all members of BAPM who voluntarily devote time to supporting the many strands of work that BAPM is involved in. However, a particular thanks must go to the BAPM Office team, Kate, Laura, and Marcus, who do a fantastic job supporting all the members and have helped develop and grow BAPM. Without their support and enthusiasm, BAPM would not be able to achieve all that it does.



“I am indebted to the BAPM members who continue to give up their time to represent BAPM.”

Find new publications from
BAPM on pages 12-13.

ACTIVITY SUMMARY

Stephen Wardle, Honorary Secretary

I am writing this as my last report as Honorary Secretary of BAPM, a role I have been privileged to hold for the past four years. I was part of the BAPM EC for the preceding six years in other roles too so over that time I have seen tremendous change in our organisation and worked with many wonderful people. Wendy Tyler and Helen Mactier who had served BAPM as Honorary Treasurer and President respectively ended their terms of office last year and I was sorry to see them go as they were fantastic colleagues, but they have been replaced with the equally energetic and productive Eleri Adams and Anoo Jain.

Our membership has grown substantially again now numbering more than 2,000 and our representation is expanding. As an organisation our outputs have significantly increased with more meetings, webinars, frameworks for practice and QI toolkits. All of these things have happened as a result of the tremendous work of the EC team, office staff and many members of BAPM who have contributed to our work.

Over the past year, we have hosted many virtual webinars and two conferences and a session at the RCPCH Conference. In addition, a number of new frameworks for practice, quality improvement toolkits and other web resources have been published. We have contributed as an organisation to national guideline reviews, Department of Health safety reviews and produced national guidance. It feels as though BAPM's influence has continued to grow, and we hope to maintain this presence inclusively representing the UK's neonatal professionals and working collaboratively with organisations representing parents.

Last year's Annual Conference was held in Manchester and was a great success with some excellent invited talks from Afif El-Khuffash, Janet Berrington and Katie Gallagher amongst others. The theme was 'Hearts and Minds' and we covered this literally and metaphorically with cardiac and brain themed talks as well as some fantastic psychology contributions.

The Spring Conference, which was held in Edinburgh in May has broadened its audience range. It was aimed at neonatal trainees, ANNPs neonatal nurses and AHPs. This seemed to work well with a programme that was of interest for all the multidisciplinary audience. We are considering how to take this forward and will take all the feedback into consideration. Expanding to two days and having a different emphasis on the days for each of the groups is being considered but we will continue to try

“Our membership has grown substantially again now numbering more than 2,000 and our reputation is expanding.”

to produce a meeting that has something for everyone.

The BAPM/The Neonatal Society joint session of the RCPCH meeting in Edinburgh was also successful and we continue to collaborate with the Neonatal Society on this session each year and will continue to work collaboratively in other ventures including joint meetings, where possible. BAPM will also continue to support and have joint ventures with other affiliated groups including the transport group (NTG), nutrition group (N3), neonatal follow up group (BANNFU) and AHPs. It is hoped that all of these will benefit from the association with BAPM and contribute usefully to BAPM's objectives and work.

Several important and influential frameworks for practice have been produced this year and we recognise that the production of these frameworks is an important part of BAPM's role. These have included frameworks for the use of donor human milk in neonates and repatriation.

These frameworks influence, guide and help to standardise practice which is important in improving safety. There are several more in the pipeline including the management of bilious vomiting and neonatal brain MRI. If you have suggestions for frameworks you would like to see BAPM produce, please let us know.

BAPM continues to be represented by officers and members of EC at various important national meetings and groups (see page 8). This is another important part of BAPM's work.

It has been a pleasure working for and with BAPM, and with my fellow officers. I wish them all well in the future and hope to continue to be involved and contribute to BAPM's work in other ways.



“As an organisation our outputs have significantly increased with more meetings, webinars, frameworks and QI toolkits.”

Find a full list of BAPM's activity on page 8.

ACTIVITY REPORT

3 BAPM Conferences

10 WEBINARS

4 Frameworks For Practice 3 New QI Resources

BAPM Conferences

- Perinatal Update & Networks Meeting (Online, February 2023)
- Spring Conference (Edinburgh and Online, April 2023)
- Annual Conference (Manchester and Online, September 2022)

Frameworks for Practice

- Safe and Effective Repatriation of Infants
- The Use of Donor Human Milk in Neonates
- Early Postnatal Care of the Moderate-Late Preterm Infant
- NEWTT 2 - Deterioration of the Newborn

Coming Soon

- Management of Bilious Vomiting
- Consultant Working Patterns
- Identification and Management of Neonatal Hypoglycaemia in the Full Term Infant (Birth – 72 hours)
- Neonatal Brain Magnetic Resonance Imaging

Other

- Service and Quality Standards for Provision of Neonatal Care in the UK

Webinars

- Compassion and psychologically informed care
- Safe and effective repatriation
- Improving outcomes for preterm infants across the UK
- Neurodevelopmental Follow-Up: Making it better for the family
- Building Successful Perinatal Teams to Improve Perinatal Optimisation
- NEWTT2 – a new approach to managing deterioration
- Neonatal Service Consultant Working Patterns
- Growing a Neonatal Neurodevelopmental Follow-Up Service
- EHR / EPR systems
- Optimising Maternal Breast Milk for Preterm Infants Part 2

This year BAPM has contributed to the following external groups:

BMFMS Committee, BPSU, Deterioration Steering Group (NHS England), Diagnosing Death Working Groups, Emergency obstetric checklists, HEE Paeds Neonatal Pathway Academy, HEE QIS Review, MatNeoSIP Steering Group, Maternity & Neonatal New Action Forum, Maternity Transformation Stakeholder Council, National Maternity and Perinatal Audit Clinical Reference Group, National Perinatal Safety Surveillance and Concerns Group, Neonatal CRG, Neonatal Clinical Studies Group, Neonatal implementation board, Neonatal Programme Board, Network Pharmacists, NHS Digital Neonatal EWG / Neonatal Critical Care Review Pricing, NHSE/I Culture Working Group, NNAP Board, NNAP IAG / HQIP, NNRD Board Perimortum Caesarians (Resus Council), Quality, Performance and Surveillance (QPS) Committee (Maternity and Neonatal Programme), RCOG Registration of Stillbirths before 24 weeks, RCOG termination of pregnancy, Reading the Signals - Outcome data, Reading the Signals - Coordination Group, RCM Research Prioritisation Project, RCOG Specialist Societies Liaison Group, RCPCH Research Consultation Committee, RCPCH Specialty Board, Saving Babies Lives V3, Special Health Authority Stakeholder Engagement Group Meeting, Perinatal Leadership Steering Group, Culture Steering Group.

BAPM Gopi Menon Awards 2022

These Awards showcased the talent and dedication shown by individuals and teams in the field of perinatal medicine. Our judges had a difficult task shortlisting and deciding on the winners.

Best National /Regional Project

PERIPrem

(Perinatal Excellence to Reduce Injury in Premature Birth)

Best Local Project

Sarah Moxon, Katy Pettit and Richard Mupanemunda,
Birmingham Heartlands Hospital

Outstanding Team

Joint Winners:

- Exeter Neonatal Unit
- EoE Neonatal ODN together + national collaborative group

Outstanding Individual

Dr Saman Kumara, Castle Street Hospital for Women,
Colombo, Sri Lanka

Outstanding Contribution to BAPM

Dr T'ng Chang Kwok, Nottingham

QUALITY CONTROL

Sarah Bates, Quality Lead

It has been a very busy year for the BAPM Quality team, with a real focus on trying to support teams around the UK with Quality improvement work.

In November we released the Service and Quality Standards for the provision of neonatal care in the UK. It is the amalgamation of two documents: the BAPM Service Standards and Neonatal Service Quality Indicators documents, and reflects the integration of Quality as a core standard. We are currently testing an interactive tool to help teams with implementation of these Standards in their own unit.

Across the four nations of the UK, we have been supporting teams with preterm perinatal optimisation pathways. The launch (February 2023) of the Building Successful Perinatal Teams resource crucially underpins this work. PERIPrem Cymru launched across every health board in Wales in March 2023. The NNA Conference in Northern Ireland brought together teams to talk about optimisation. The Scottish Patient Safety programme launched their Preterm Perinatal Wellbeing Passport in early 2023. In England, the revision of Saving Babies Lives Care Bundle (Version 3) now includes key optimisation measures such as optimal cord management, normothermia and early breast milk. BAPM continues to collaborate closely with the MatNeoSIP teams across England.

NNAP data is showing steady improvement in interventions like delayed cord clamping, and it will be important to see data from new national measures of optimally timed antenatal steroids and early maternal breast milk. BAPM is also working hard with key partners (including public health and pre hospital teams) to try to



support improvements in place of birth for the most preterm babies.

Later this year, watch out for the latest BAPM QI toolkit, looking at prevention of BPD in preterm infants.

Please get in touch if we can help your team with Perinatal Quality Improvement locally!

“NNAP data is showing steady improvement in interventions like delayed cord clamping.”

Find all of BAPM's quality resources on the BAPM website.

A NEW CHAPTER



Moriam Mustapha, Equality, Diversity and Inclusion Lead

The first Equality, Diversity and Inclusion (EDI) Lead was appointed to the BAPM Executive Committee in September 2022. This followed with the formation of the EDI Steering Group in May 2023.

The steering group consists of seven healthcare professionals (allied health professionals, nurse, consultant and trainees) alongside the BAPM administrative staff. There have been two meetings to date, and two initial projects have been identified.

Firstly the development of a language guide outlining consistent, inclusive and neutral wording and formatting to be used when

developing and reviewing official BAPM documentation such as our Frameworks for Practice.

Our other project is to expand the data collection of BAPM members to include diversity protected characteristics, to monitor how membership and participation in working groups reflects against the healthcare professional population.

A dedicated equality, diversity and inclusion webpage will be added to the BAPM website shortly. This will provide a repository for the work of the steering group and other useful resources for members.

EFFECTIVE NETWORKS



Louise Weaver-Lowe, Representative for Networks

BAPM works closely with the Neonatal Operational Delivery Networks to both support and inform their work. The February Networks meeting saw BAPM and members of regional Neonatal ODN teams come together to look at joint work. This included the role of network pharmacists and standardisation of infusions; how ODNs had implemented the BAPM extreme prematurity framework; the assurance role of Networks and what ODN work upcoming BAPM frameworks can support. This joint working gives a real opportunity to support neonatal services across the country and for ODNs to support them in ensuring that the frameworks and quality work

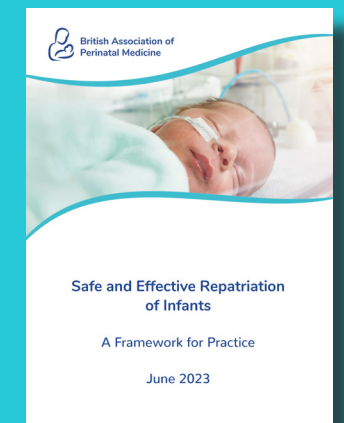
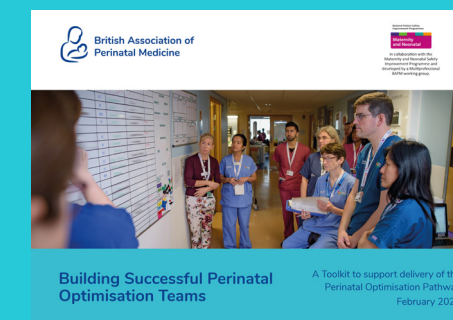
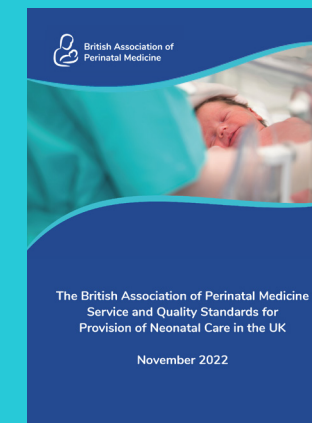
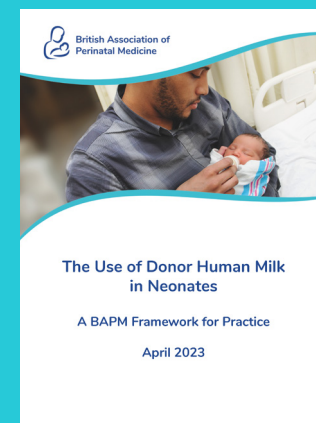
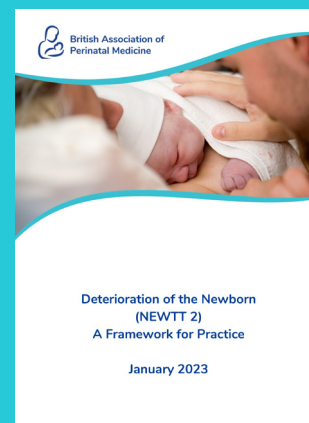
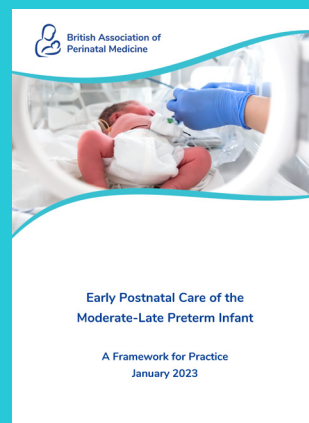
undertaken by BAPM have a real impact for the infants and families using neonatal services.

There is a strong desire to ensure that BAPM is representative of all services and all areas of the country. Over the past year we have started to ensure that there is network level representation on all frameworks, that we are able to map membership to ensure we are hearing the voice of all regions and that an update of BAPM work is given at all national Network leads meetings.

Next year there will be opportunities to join working groups for BAPM frameworks and we will look at how we can support networks to deliver on the SDP recommendations.

FRAMEWORKS & TOOLKITS

BAPM documents produced this year



TREASURER'S REPORT

Anoo, Honorary Treasurer

Thank you to the whole EC for welcoming me to this wonderful role. In particular to the previous Treasurer Wendy who left everything in such a good state and to Marcus whose depth of experience in all financial matters (plus 80's music and cricket) is amazing.

Our finances are in a good place and a copy of our accounts is available on the BAPM website. We have increased membership numbers to more than 2,000 from a range of professions who deliver perinatal care. We also remained a popular organisation for commercial sponsors in these financially hard times. That is a testament to the culture and work that everyone that has come before created. We have delivered two successful hybrid (in-person and online) conferences to our members that have been financially secure and well received. We had 973 attendees across the two events, including 256 in-person. There is an additional cost that comes with the delivery of a hybrid meeting, but these have been very well attended. We have opted to continue to deliver hybrid meetings for the foreseeable future as these serve the interests of all our members.

Our reserves remain at a level that has sufficient funds to continue for at least a year in the (unlikely) event that BAPM's income is at risk. In addition, we are considering investing some unrestricted reserves to provide more staff in our office on an ongoing basis. This will enable Kate, Marcus and Laura to continue the incredible work they do for BAPM, but provide extra staff resource for the ever-increasing work that BAPM is involved with. We have a new accountant for BAPM who offers support and acumen for our financial administration and necessary reporting.



I am pleased to inform you that the generous legacy funds from Professor Peter Dunn can now be accessed to support a number of fiscal awards for members including the Peter Dunn Essay Prize. We have also adapted our commercial sponsorship policy to be in line with many other perinatal organisations. This will provide clear criteria for organisations BAPM will and will not consider being involved with and a due diligence process. We continue to develop our relationships with RCPCH, BMFMS, RCOG and other organisations.

It is my privilege to be your Treasurer and to represent and support the excellent family and patient focused work that BAPM does.

“The generous legacy funds from Professor Peter Dunn can now be accessed to support a number of fiscal awards for members including the Peter Dunn Essay Prize.”



Thank you to outgoing Executive Committee Members

A big thank you to our Executive Committee members that have come to the end of their term this year. They have given huge amounts of their time to coordinate and deliver BAPM's work programme on behalf of our wider membership. **Cheryl Battersby** steps down from her role as Data Lead after setting up BAPM's Core Data Group, the Data Stakeholders Group and Data Section on the BAPM website. Cheryl will be continuing on the committee in her new role as Honorary Secretary.

Diane Keeling steps down after three years as representative for nurses, ANNs and Midwives. Diane has contributed a huge amount during her time on the committee ensuring that the nursing voice is heard at a national level. She has been intrinsic in developing the fantastic programmes for the Spring Conferences under the theme of 'learning together' as the audience for this conference has broadened to include nurses and AHPs.

Hilary Cruickshank leaves us after three years as BAPM's first Representative for Allied Health Professionals. Hilary has liaised with all the neonatal allied health and psychology professional groups consistently throughout her term to ensure a wide range of views are feeding into BAPM's work. A large number of allied health professionals have contributed to BAPM's working groups.

Steve Wardle steps down from his role on the committee after ten years first joining as Deputy then full Representative for the North of England, then Honorary Secretary. Steve has contributed to numerous working groups, most recently leading the revision of the 'Optimal Arrangements for NICUs' revision and 'Bilious Vomiting' frameworks. As Secretary in this increasingly busy organisation Steve has supported two different BAPM Presidents with his wisdom and expertise to ensure the sustainable running of the organisation.



BAPM

Leading Excellence in Perinatal Care

BAPM Executive Committee 2022-2023

Dr Eleri Adams	President
Dr Anoo Jain	Honorary Treasurer
Dr Stephen Wardle	Honorary Secretary
Dr Rachel Collum	Family Advocacy and Support Lead
Prof Jon Dorling	Research Lead
Mrs Tamsyn Crane	Staff Education and Wellbeing Lead
Dr Sarah Bates	Quality Lead
Dr Cheryl Battersby	Data Lead
Dr Louise Leven	Safety Lead
Ms Moriam Mustapha	Equality, Diversity and Inclusion Lead
Louise Weaver-Lowe	Networks Lead
Ms Diane Keeling	Representative for Nursing, ANNPs and Midwifery
Ms Hilary Cruickshank	Representative for AHPs
Dr Katherine Pettinger	Representative for Trainees and Students
Dr Sankara Narayanan	Representative for LNU/SCUs
Ms Caroline Lee-Davey	Representative for Bliss
Dr Tracey Johnston	Representative for BMFMS

BAPM Staff

Kate Dinwiddy	Chief Executive
Marcus Hook	Finance and Membership Coordinator
Laura Fountain	Communications Officer

British Association of Perinatal Medicine (BAPM)
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