ANTENATAL STEROIDS

FOR ALL BABIES BORN <34 WEEKS

British Association of Perinatal Medicine

If expected to give birth **WITHIN 7 days AND** haven't had steroids within the last 2 weeks (**including >22 weeks** gestation if survival-focused care planned)

Aim to give an optimally timed **full course** (2 doses 12-24 hours apart)

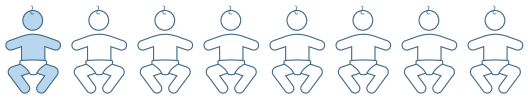
1-7 days before birth

Use **QUiPP** and **fFN** to help prediction of birth

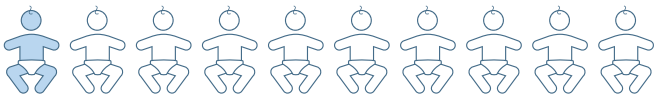
STEROIDS REDUCE THE RISK OF

- **Neonatal death by 30%**
- **NEC by 50%**
- **Grade 3-4 IVH by 45%**

NUMBER OF WOMEN WE NEED TO TREAT TO PREVENT ONE INFANT DEATH



23-24 weeks



25 weeks

Celebrate your successes!

Investigate every missed case

Record in both maternal notes and BadgerNet

Roberts et al 2017, Travers et al 2017

www.bapm.org/pop **www.weahsn.net/periprem**

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OPTIMAL CORD MANAGEMENT

British Association of Perinatal Medicine

FOR *ALL* BABIES: CORD CLAMPED AT OR AFTER 1 MINUTE AFTER BIRTH

EFFECTS OF OPTIMAL CORD MANAGEMENT (OCM)

decreased mortality by nearly a **third** for preterm infants

Number of infants =<28 weeks that need to get OCM to **save a life** is **20**

Fogarty 2018

Successful implementation of OCM requires effective perinatal team working. Consider the below:

- Perinatal team simulation
- How to stabilise the infant during OCM
- Build a strong perinatal team culture through OCM training
- Thermoregulatory care e.g. use a sterile plastic bag

OCM is **safe** for **multiple pregnancies**

Jegatheesan et al 2018

OCM MULTI DISCIPLINARY TEAM

- Parents
- Obstetric and Midwifery Team
- Neonatal Team
- Theatre Team
- Anaesthetic Team

Record timing of cord clamping in **delivery paperwork** and **Badgernet**, and investigate every missed case

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EARLY BREAST MILK

British Association of Perinatal Medicine

WITHIN 6 HOURS OF LIFE FOR BABIES BORN <34 WEEKS

FIRST MBM CAN BE GIVEN AS MOUTH CARE/NON-NUTRITIVE FEED

Milk production increases with time spent **skin-to-skin** for preterm infants
Lau et al 2007

Expressed breast milk volumes are significantly more if pumping is started **within 2 hours of birth**
Parker et al 2012

Pumping 8-10 times a day improves expressed volumes
Furman et al 2002
Hill et al 2005

Receiving breast milk instead of formula **reduces risk of NEC** by two thirds
Quigley et al 2014

Oropharyngeal colostrum **reduces risk of ventilator associated pneumonia** (by 60%)
Ma et al 2020

Breast milk instead of any formula **protects against ROP** (risk decreased by 70%)
Zhou et al 2015

Breast milk **improves IQ** by at least 5.9 points
Kramer et al 2008

Record time of first breast milk on Badgernet (UNICEF field)

STRONGLY ENCOURAGE AND SUPPORT ANTENATAL AND IMMEDIATE POSTNATAL EXPRESSING

This needs the whole perinatal team!

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MAGNESIUM SULPHATE

British Association of Perinatal Medicine

FOR ALL BABIES BORN <30 WEEKS

Use of magnesium sulphate in preterm labour **reduces the risk of cerebral palsy by 30%**

PReCePT $MgSO_4$

4g bolus 1g/hr

Administer prior to transfer, ideally within **4-24 hours** of birth.
For emergency deliveries, try to administer at least at loading dose.

For planned deliveries – ensure loading dose and at least 4 hours of maintenance infusion.

1 case of cerebral palsy is prevented for every **37** mothers who receive magnesium sulphate.

There are **no long term side effects** of magnesium sulphate for mothers but during administration they can feel rather **unwell** and feel a **"burning"** sensation

CONTRAINDICATIONS

Myasthenia gravis
It is the patient's right to have the choice to decline

Consider giving magnesium sulphate if transferring out in early labour. Record administration on Badgernet and investigate missed cases.

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THERMO REGULATION

British Association of Perinatal Medicine

BABIES BORN <34 WEEKS SHOULD HAVE A FIRST TEMPERATURE MEASURED WITHIN ONE HOUR OF BIRTH, WHICH IS BETWEEN 36.5–37.5°C

WHY DOES IT MATTER?

Hypothermia in preterm infants increases risk of:

- hypoglycaemia
- metabolic acidosis
- respiratory distress and acidosis
- necrotising enterocolitis
- coagulation defects
- intraventricular haemorrhage

McCall et al 2018

FOR EVERY 1°C DECREASE IN ADMISSION TEMPERATURE MORTALITY INCREASES BY 28%

Laptook et al 2007

IMPROVE TEMPERATURE BY: PLACING THE BABY IN A PLASTIC BAG AT BIRTH AND USING A HAT

TAKE CARE TO ENSURE THERMAL STABILITY DURING RESUSCITATION

USE BAPM QI TOOLKIT TO INVESTIGATE HYPOTHERMIA + IMPROVE OUTCOMES

www.bapm.org/normothermia

www.bapm.org/pop www.weahsn.net/periprem

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INTRAPARTUM ANTIBIOTIC PROPHYLAXIS

British Association of Perinatal Medicine

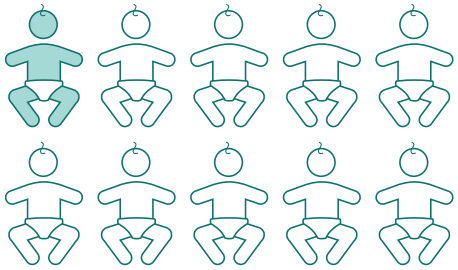
Women in established preterm labour <34 weeks should receive optimally timed Intrapartum Antibiotic Prophylaxis (ie 4-24 hours prior to birth)

Women should receive intrapartum antibiotic prophylaxis **irrespective** of whether they have ruptured **or** intact membranes

The risk of **death** from **GBS sepsis** in preterm infants is **25%**

Intrapartum antibiotics reduce the risk of neonatal **GBS sepsis** in GBS colonised women by **86%**

NNT 10 to prevent 1 infant being born preterm with GBS



Reduce the risk of **delivery** within a week by **20%**

Reduce the risk of abnormal neonatal **cranial ultrasound** findings by **20%**

The antibiotics of choice are Benzylpenicillin or Cephalosporins / Vancomycin in penicillin allergic women.
Confirm agent with your local antimicrobial guidelines.
Record administration of intrapartum antibiotics on Badgernet.

Fairlie et al 2013, Kenyon et al 2013, NICE11, RCOG guideline No.36.

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PLACE OF BIRTH

British Association of Perinatal Medicine

<27 WEEKS OR <800G in a maternity centre with a co-located NICU

<28 WEEKS IF MULTIPLE BIRTH

2-3 fold higher risk of **severe brain injury** if transferred to a NICU *ex utero*

NNT 8

1.3 times the odds of **death** if born in non-tertiary centre whether transported or not

NNT 20

QUiPP

Work as a team to **identify promptly** women in **suspected, diagnosed** or **established preterm labour**

Collaborate with ambulance services to ensure prompt transfer

Exception reporting
for babies <27 weeks born in a maternity unit without a co-located NICU

Helenius et al 2019

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