

OCTOBER 2016

# infant grapevine



Big smiles after completing the Royal Parks Half Marathon for Bliss.

## International students run marathon for premature and sick babies

Three doctoral students from the research project Guided Instrumentation for Fetal Therapy and Surgery (GIFT-Surg) undertook the Royal Parks Half Marathon across London on 9 October to raise funds for Bliss, the charity for premature and sick babies.

GIFT-Surg is a major, international initiative looking at ways to operate *in utero* to alleviate problems such as poor organ growth or nutrient imbalances through the placenta, which may affect babies and mothers during pregnancy and

can lead to long-term health implications.

Keen runners Luis C. Garcia Peraza Herrera, Michael Ebner and Stefano Moriconi said: "After meeting parents who have pregnancy complications through our research studies and hearing personal accounts from the advisory group, we wanted to do more to support the patients. When we discovered Bliss had a charity team with the Royal Parks Half Marathon we put together an application straight away."

The runners have raised £1,321.68.



**CPAP and high flow therapy – our guide to respiratory support**  
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**Annual meeting reflects on 40 years of BAPM**  
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## Unit benefits from £100K donation

Wirral's specialist neonatal unit has received a donation of £100,000 to help enhance the care it provides for sick and premature babies.

It will fund special monitors for babies and the refurbishment of a much-used parenting space in the unit at Wirral Women and Children's Hospital. The money was donated by Greif Packaging Charitable Trust, an organisation based in Ellesmere Port and associated with Greif, a manufacturer of industrial packaging.

Consultant Dr Oliver Rackham said: "We would like to say a huge thank you to Greif Packaging Charitable Trust for this fantastic donation. This will be a huge boost to the unit that will benefit so many babies and families. Not only will it help us enhance the care we provide for sick and premature babies but it will allow us to provide better comforting facilities within the unit itself for parents who are going through what is likely the most difficult time of their lives."



From left: Laurence Pritchard and David Tillotson of Greif Packaging Charitable Trust with Chief Executive of Wirral University Teaching Hospital David Allison, Consultant Dr Oliver Rackham, Neonatal Matron Jacqui Morgan and Ward Sister Clare MacGlashan.

## In this issue...

We explore non-invasive respiratory support in our CPAP and high flow therapy feature.

We also have reports from the annual BAPM meeting and the NeoSAVE course as well as all the latest news from the world of neonatal care.

*Katherine*

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Infant Grapevine believes that whenever possible, breastfeeding is always best for babies, but that mothers are entitled to choose together with information and support regarding alternative methods of feeding.



Professor Minesh Khashu (left) with speakers and delegates at the fourth SIGNEC UK meeting held at Chelsea Football club, London, 26-27 September.

## Experts reveal latest updates in NEC

The fourth SIGNEC international conference was a huge success with more than 150 delegates attending the two-day meeting.

Necrotising enterocolitis (NEC) continues to be a major cause of mortality and morbidity for preterm newborns and, despite some recent advances, the condition is still poorly understood. Established by Professor Minesh Khashu, the special interest group for NEC facilitates knowledge sharing, networking and collaboration for advancing research and improving clinical practice.

This year's meeting attracted speakers from the USA, Europe and the UK. One attendee said: "I found this conference to be superb. I was thrilled to be a part of this."

Conference proceedings will be published in a special supplement in the January 2017 issue of *Infant* journal.

## Best Beginnings announces SpringBoard donor programme

SpringBoard, the major donor programme of children's charity Best Beginnings, was launched at a star-studded gala dinner in central London on 15 September. Guests included Premier League and former England footballer Peter Crouch and his wife, model and TV presenter Abbey Clancy.

The couple joined Olympic sports stars, actors and several members of the aristocracy who all came to hear about how the charity is working to reduce the severe birth inequalities that are a reality in the UK today. Jenny Agutter OBE and Dame Pippa Harris, star and producer of the hit television series *Call The Midwife* spoke with actor and director Andy Serkis, who was acting as Master of Ceremonies for the night, about the severe health and social problems that existed in 1950s East End London portrayed in their programmes.

Alison Baum, Founder and Chief Executive of Best Beginnings, then explained that while much had improved, there was still a great deal more to be done. "There are still shocking differences in the health outcomes and life chances between babies born in the more prosperous compared with the most deprived



Peter Crouch and Abbey Clancy share a joke with Best Beginnings CEO Alison Baum at the SpringBoard launch event.

parts of the UK. Best Beginnings works tirelessly to give every child in the UK the best possible start in life. I'm delighted to be launching SpringBoard, a chance for our wonderful supporters to be able to pledge regular financial support for our many national programmes, to help every child have a Best Beginning."

For more information, see [www.bestbeginnings.org.uk/appeal/springboard](http://www.bestbeginnings.org.uk/appeal/springboard)

## Sands' launches updated guidelines

The latest edition of Sands' *Pregnancy loss and the death of a baby: Guidelines for professionals* was officially launched on 14 September.

The fourth edition is a comprehensive update of the previous 2007 edition and contains vital information for professionals regarding losses at any stage during pregnancy, including early and late miscarriage and termination for fetal anomaly, as well as stillbirth and care for very ill babies and those who are likely to die shortly after birth.

For more information on the guidelines, see the report in the November issue of *Infant journal*.



## Lack of support services keeps thousands of parents from their babies

Thousands of parents are being prevented from having close involvement in their babies' neonatal care due to a widespread lack of support services for families, according to a new report from Bliss, the charity for babies born premature or sick.

The report, *Families kept apart: barriers to parents' involvement in their baby's hospital care*, shows huge variation and frequent gaps in the provision of services across England, such as a lack of overnight accommodation, kitchen space and financial support.

Only five out of 29 neonatal intensive care units meet national standards for the provision of overnight accommodation for parents. More than one in seven (15 out of 99) neonatal units are unable to provide any, or only provide very limited, facilities or financial support for families. By contrast, all hospital children's departments have some level of accommodation for parents.

The report lists 14 recommendations, including that units should adopt the *Bliss Baby Charter*, make immediate plans to combat the shortage of accommodation, and ensure their future plans are in line with the Department of Health's *Toolkit for High-Quality Neonatal Services*. They should also provide more inclusive financial help and improve communication, including ensuring they have a dedicated family support lead.

The full report is available at [www.bliss.org.uk/families-kept-apart](http://www.bliss.org.uk/families-kept-apart)



## Bereavement Care Network announces new partner charities

Six new partner charities have joined the Bereavement Care Network, a free online resource for professionals who provide or have an interest in bereavement care for parents whose baby dies.

Bliss, the Lullaby Trust, the Miscarriage Association, the Multiple Births Foundation, National Maternity Support Foundation and Tamba join existing partners Sands, The Royal College of Midwives, Antenatal Results and Choices, and Child Bereavement UK.

The improved website maintains all the previous features, providing a safe space for health professionals to share and discuss their experiences of bereavement care, share best practice with their peers and access valuable resources and information about bereavement care from a large group of charities.

These 10 charities are working together to create the best possible tool for members to engage with the discussions, find out about upcoming events and download resources to help them in their practice.

To join the network, visit <http://bereavement-network.rcm.org.uk/register>

## Articles coming up in the November 2016 issue of *Infant journal*



- IV caffeine citrate administered as a bolus
- An update on parenteral nutrition
- iNO therapy in PPROM
- Identifying and managing clinical risks in newborns
- EFCNI: representing infants and their families
- Standardising respiratory support equipment: a QI initiative
- Community groups for supporting young fathers
- The Butterfly Project: loss from a multiple pregnancy

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## Colief launches professional training module on colic

Colief has launched a free CPD module on colic aimed at healthcare professionals. Developed from Royal Pharmaceutical Society approved materials, *The Management of Infantile Colic* covers a variety of topics including the causes and management of the condition. It also features comprehensive guidance on advising parents on how to treat colic, seeking further medical attention if the baby experiences any red flag signs or symptoms, and examines the impact the condition can have, not only on colicky babies but parents.

The module can be accessed by healthcare professionals through the Mum & Baby Academy website at [www.mumandbabyacademy.co.uk/learn/the-management-of-infantile-colic](http://www.mumandbabyacademy.co.uk/learn/the-management-of-infantile-colic).

## City Hospitals Sunderland chooses supplier for patient warming devices

Central Medical Supplies Ltd (CMS) has been chosen to supply City Hospitals Sunderland NHS Foundation Trust with a range of different warming products, which it distributes exclusively in the UK for The 37° Company.

This will be the first Trust in the UK to use the new Fluido Compact blood and fluid warmer, which was launched in the UK earlier this year. Stephen Picken, Trust Resource Manager explains why the Fluido Compact was chosen: "During our trials, Fluido Compact was shown to be preferable to other systems. It was easy to use, straightforward and we found it gave excellent clinical outcomes at no additional cost over our previous system."

CMS is also supplying the Fluido AirGuard System and the Mistral Air System to the Trust.

## Lansinoh launches improved breast milk storage bags and disposable nursing pads

Lansinoh's award winning disposable nursing pads now feature a Blue Lock core to ensure that moisture stays locked in, and are more absorbent than before – according to the manufacturer they are capable of holding up to 20 times their own weight, while still retaining their shape.

Also improved are the company's Breastmilk Storage Bags, which now come with a hygienic tamper-evident and secure tear-away top, with a double seal to prevent spills or leaks. The bags also have double-sealed side seams for extra strength, are pre-sterilised and are BPA/BPS free so that no harmful substances can contaminate the stored breast milk.

## World Prematurity Day aims to generate global attention

World Prematurity Day on 17 November is an event designed to raise awareness of the challenges of preterm birth for infants, families and societies around the globe.

Initiated by the European Foundation for the Care of Newborn Infants (EFCNI) and partnering parent organisations in 2008, the date for the event was chosen because on that day one of the founding members of EFCNI became proud father of a daughter after having lost his triplets due to preterm birth.

In 2010, the US organisation March of Dimes, the African organisation LittleBigSouls, the Australian National Premmie Foundation, and EFCNI joined together across continents to celebrate this special day. Meanwhile, countless individuals and organisations from about 100 countries now join forces with activities, or special events and call for cost-effective solutions for prevention and care of preterm births and for support for families who have experienced a preterm birth.

In the UK, Bliss the charity for babies born premature or sick, has taken part in the global initiative for the past four years. There are lots of ways you can support World Prematurity Day 2016 and help Bliss champion quality care for all premature babies. For more information, see [www.bliss.org.uk/get-involved-with-world-prematurity-day](http://www.bliss.org.uk/get-involved-with-world-prematurity-day)

Is your unit taking part in World Prematurity Day this year? We'd love to hear about what you're doing. Email [katherine@infantgrapevine.co.uk](mailto:katherine@infantgrapevine.co.uk)

## Baby Lifeline launches Monitoring for Mums appeal

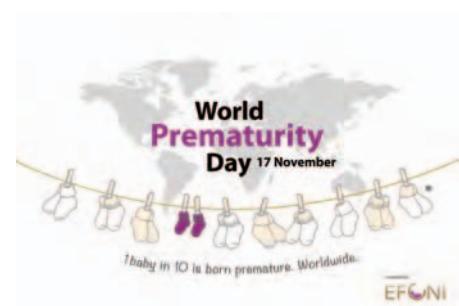
Mother and baby charity Baby Lifeline officially launched its biggest appeal yet, Monitoring for Mums, at its 35th anniversary dinner in September.

The appeal is aiming to raise more than £4.5 million in response to equipment and training requests for maternity units across the country. Obtaining the equipment for these units is hoped to improve standards of care, making a real difference to thousands of families by reducing stillbirth rates, avoiding preventable brain injuries and promoting natural birth.

The anniversary gala dinner was held on 8 September at Sussex Place and was attended by several famous faces, including TV presenter Nick Owen and Dame Barbara Windsor.

Since the official launch of the appeal, several hospitals in the north east have received funding for their requested equipment and training. Alison Russell, Delivery Suite Manager at James Cook University Hospital, said: "The equipment and training received by our unit will enable the safe monitoring of babies' heart rates antenatally and during labour in order to meet national guidance. Using the monitors allows continuous monitoring in high dependency labours and the Dopplers allow midwives to monitor the baby's heart allowing mums to remain mobile or be in water during labour. This ensures optimum safety for mums and babies. Funding for training means midwives can attend up-to-date training sessions by national experts, also allowing discussion with other health professionals from other units, enabling sharing of knowledge."

For more information about the appeal, see [www.monitoringformums.co.uk](http://www.monitoringformums.co.uk)



## Research blames social pressures and attitudes for UK's low breastfeeding rates

Dr Amy Brown of Swansea University discussed her breastfeeding research at the British Science Festival in Swansea on 9 September.

She said: "Despite over 90% of mothers in the UK wanting to breastfeed, more than half of babies have had some formula by the end of the first week and overall, the UK has the lowest breastfeeding rates in the world. Importantly, more than 80% of mothers who stop breastfeeding in the first six weeks are not happy to do so, with some even going on to develop postnatal depression because of this."

The research has found that many mothers face challenging experiences that make breastfeeding seem impossible. This is influenced predominantly by the attitudes society has towards breastfeeding, and the environment this creates.

Dr Brown has found that women can feel uncomfortable feeding in public, or start to question whether they are doing something wrong. When new mothers need support they instead find criticism or hear others talk about how difficult it is.

Alongside this, new mothers face significant social pressure to 'get their lives back' quickly after having a baby, by socialising, getting back in their jeans and keeping their partner happy, which can make breastfeeding seem overwhelming.

Dr Brown adds: "The UK is not breastfeeding friendly. Even though we might promote 'breast is best' we do not follow it up with actions to support new mothers to do so. More people here believe that smacking children is ok than believe breastfeeding in public is ok. Until we challenge attitudes like this, pay better care of our new mothers and truly support them to breastfeed, we will not see rates rise."

This research is covered in Dr Brown's book, *Breastfeeding Uncovered: Who really decides how we feed our babies?*, which will be published by Pinter and Martin this month.

## Failure to conduct basic tests puts newborns at risk

Thousands of newborn babies are not receiving important check-ups that can highlight preventable dangers such as hypothermia and blindness, a new report reveals.

The National Neonatal Audit Programme (NNAP) annual report found that timely temperature checks and eye screening were not consistently performed and that early consultations with a senior member of the neonatal team were not conducted in a number of cases.

For more information on the NNAP's findings, visit [www.rcpch.ac.uk](http://www.rcpch.ac.uk)



## Grapevine wants your news

Have you got news to share?  
Contact Katherine Robinson,  
Assistant Editor. Email  
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or call 01279 714514

## Charities unite for Baby Loss Awareness Week

Baby Loss Awareness Week takes place annually from 9-15 October and offers an opportunity to raise awareness and talk openly about the subject of pregnancy, baby and infant loss.



A total of 24 charities have joined together to mark the week, which culminates with the international Pregnancy and Infant Loss Remembrance Day on Saturday, 15 October. Across the world, people are invited to take part in the global 'Wave of Light' at 7pm local time to remember all the babies that have died during pregnancy, at, during or after birth by lighting a candle and leaving it burning for an hour. Images of the burning candles are shared on social media using the hashtag #waveofflight.

Among other activities, throughout the week bereaved parents and their families will be sharing examples of something that someone said or did that helped them after their loss. It is hoped that this will inspire others and bring the issue out into the open.

Baby Loss Awareness Week is co-ordinated by Sands on behalf of a number of baby loss and children's charities united in their support for families who experience pregnancy loss or the death of a baby. Dr Clea Harmer, Chief Executive of Sands, said: "Now in its 15th year we hope that this week will help families feel less isolated and alone by giving them the opportunity to join with others and remember their babies, whether it be in public or private, across the world."

For further information or for details on how you can support the campaign and the week, please visit [www.babyloss-awareness.org](http://www.babyloss-awareness.org)

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# Infant journal September issue

September 2016 volume 12, issue 5 is now available and contains the following articles:

## Revisiting the role of consent in neonatal medicine: legal considerations and the need for empirical research

**Vimal Vasu, Pamela Ferguson**

This article discusses available data that indicate that approximately three-quarters of UK neonatal units have no guidelines for obtaining consent and that there is substantial variation in practice in obtaining consent for different neonatal procedures.

## Services for Wales's sickest infants under pressure: Bliss baby report for Wales 2016

**Caroline Davey**

Neonatal services in Wales are overstretched and under incredible pressure, putting the safety of infants at risk. This article explores Bliss' research findings, published in *Bliss baby report 2016: time for change*, which reveals a severe shortage of neonatal nurses and doctors across Wales, meaning that neonatal units are not able to meet national standards on safety and quality of care for premature and sick infants.

## Each Baby Counts: halving the incidence of stillbirth, neonatal death and severe brain injury by 2020

**Ed Prosser-Snelling**

Each Baby Counts is the Royal College of Obstetricians and Gynaecologists' (RCOG) national quality improvement programme, which aims to reduce intrapartum stillbirth, early neonatal death and severe brain injury at term by 50% by 2020. All trusts in the UK submit anonymous copies of their incident reports, which the RCOG analyses qualitatively. This article reviews the Each Baby Counts project team's first report.

## Noise in the NICU: how prevalent is it and is it a problem?

**Andrea Edwards, Topun Austin**

The uterine environment protects the developing fetus from loud and high-frequency sounds, enabling a gradual exposure and learned response to different sounds. For the preterm infant in the NICU, this protective environment is lost and replaced by a harsh clinical environment that often exceeds recommended noise levels. This article reviews why the preterm infant is more at risk from excessive or sustained noise, what recommendations exist to limit noise, and avenues for future research in this area.

## Intestinal obstruction and the double bubble sign

**Bilal Sethi, Karen Duncan, Chris Driver**

Intestinal obstruction in a newborn infant is associated with numerous aetiologies. Following a careful clinical examination, gastrointestinal imaging can reveal the presence of the 'double bubble' sign on an abdominal X-ray. Various conditions can result in a double bubble; being aware of these conditions and recognising their imaging pattern will help in early diagnosis and timely and appropriate management.

## Common misconceptions about tongue tie

**Katherine Fisher**

Tongue tie has been a topic of increasing debate recently and opinions differ on diagnosis and treatment. This article discusses some of the uncertainties that contribute to the concerns of both practitioners and parents.



## In situ simulation in neonatal transport

**Andrew McLaren, Colin Peters**

Neonatal transport is crucial to the implementation of effective regionalised perinatal care and involves the application of advanced clinical skills in situations outside the familiar, supportive environment of the neonatal unit. *In situ* simulation has been shown to assist the teaching of clinical skills, identify risk and improve team working. Despite this, the study presented here highlights that a third of neonatal transport teams in the UK fail to offer simulation training of any kind.

## The Family Nurse Partnership: next steps

**Ruth Rothman**

When the Family Nurse Partnership (FNP) was introduced to England in 2007, it came with an impressive evidence base from the US, which has continued to grow with studies in the Netherlands, England and a formative evaluation in Scotland. The FNP National Unit is now adapting the programme and testing a series of innovations and improvements to strengthen outcomes, increase cost effectiveness, ensure greater flexibility and share learning with other services.

## Analysis of term admissions to neonatal care: a re-audit

**Abigail Lowe, Ruppa Geethanath**

This article discusses a retrospective analysis of term admissions ( $\geq 37$  weeks' gestation) to Sunderland Royal Hospital's NICU. A previous audit identified potentially avoidable admissions by comparison to NHS England data. This study is a repeat audit conducted to analyse the trends in the most common reasons for term admission to the NICU over the past two years.

## The daily capacity huddle: improving NICU patient flow at Birmingham Women's Hospital

Occupancy is a daily challenge for the neonatal team at Birmingham Women's NHS Foundation Trust and in order to improve patient flow through the unit, the team has adopted a 'daily capacity huddle'. The huddle is an opportunity to address current capacity, expected patient flow within the neonatal unit and the transitional care ward, any discharges or repatriations, potential admissions from the delivery suite, planned fetal medicine cases for delivery, out-of-area infants awaiting repatriation and surgical babies from the paediatric intensive care unit.

## Highlighting the importance of neonatal nutrition: Third N3 national study day

**Katie McKinnon, Angela Huertas**

Managing nutritional problems in newborn infants is a challenging task and there is growing demand for training for multidisciplinary team members. The third Neonatal Nutrition Network (N3) national study day explored a range of topics related to the nutritional needs of premature and sick infants, including recent research and current viewpoints on enteral and parenteral nutrition and the management of common conditions such as gastro-oesophageal reflux and necrotising enterocolitis.

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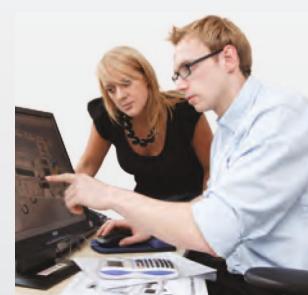
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# CPAP and high flow therapy: our guide to respiratory support

**There are a variety of options for the provision of non-invasive breathing support to preterm infants suffering with apnoea or lung disease. Most neonatal intensive care units use different types of nasal continuous positive airway pressure (CPAP), however within the last few years, nasal high flow (nHF) therapy has become an increasingly popular alternative. This article explores equipment available with CPAP and nHF capabilities.**

## Vapotherm, Precision Flow

Vapotherm's Precision Flow High Flow therapy system is now being used in delivery rooms to help stabilise preterm infants.

A study<sup>1</sup> published earlier this year conducted by Dr Peter Reynolds from St Peter's Hospital NICU, Surrey, highlighted that of the 28 infants enrolled, 25 were stabilised and transferred from the delivery room using the Precision Flow system. The remaining three infants required intubation.

Staff at the study site commented: "Transfers of the babies on nasal high flow were easy, it could be set up and started quickly and the nasal prongs were simple and quick to fit." They also recorded positive comments from parents about being able to see their baby's face and head movements and being able to see their baby breathing by themselves after delivery.

The study concluded: "It is feasible to stabilise premature babies in the delivery room using nasal high flow."

## Reference

1. Reynolds P, Leontiadi S, Lawson T. et al. *Arch Dis Child Fetal Neonatal Ed* 2016;101:F284-87.



## Vapotherm SOLO

Vapotherm has introduced a single pronged cannula called SOLO. Designed to eliminate concerns over occlusion and to simplify nasogastric tube replacement, SOLO provides an open system while delivering high flow therapy. The manufacturers claim that SOLO assures less than 50% occlusion in even the smallest infant.

The Vapotherm Precision Flow system and accessories are supplied by Solus Medical Ltd.



## Hamilton Medical, HAMILTON-C1

The HAMILTON-C1 mechanical ventilator is designed to combine mobility with invasive and non-invasive modes. It now features a new integrated high flow oxygen therapy mode. This enhancement means that the interface can be changed, so that one device and breathing circuit can be used to accommodate the patient's needs.



## Intersurgical, nFlow

The nFlow system offers a complete care solution for infant CPAP with gas flip technology, providing a low work of breathing option as an alternative to ventilator CPAP.

The system is supplied assembled with generator, heated wire limb, adjustable Superset style exhaust tube and fresh gas and pressure monitoring lines.

Patient interfaces and bonnets are supplied separately. nFlow is compatible with all common flow drivers and humidifiers commonly found in neonatal intensive care areas.

For more information on any of the products featured, see the *Infant* website Supplier Guide  
[www.infantgrapevine.co.uk](http://www.infantgrapevine.co.uk)

**SLE6000**

SLE has introduced the SLE6000, a multi-mode ventilator designed to include all of the functions of the original SLE5000 such as conventional ventilation and high frequency oscillation ventilation, but adding non-invasive ventilation and high flow oxygen therapy as additional modes.

The ventilator also introduces SLE's new Lunar interface with reduced light emissions and a simplified menu system designed to allow easy access to any function.

The SLE6000 allows the user to choose between single-limb and dual-limb circuits for nasal CPAP. This allows the user to choose between passive CPAP devices and active (fluidic-flip) devices. The ability to use the same circuit components for both types of nasal CPAP modes means that during weaning the user doesn't incur the cost or upheaval of changing circuits.

It continues the use of SLE's valveless system, which features bidirectional jets that give fast, accurate control of the airflow.

**Dräger, BabyFlow Plus**

BabyFlow Plus is a non-invasive respiratory support system for neonates and paediatric patients.

Designed in accord with the philosophy of gentle care, the selected CPAP pressure level is as independent of the flow as possible, which results in quieter respiratory support.

BabyFlow Plus can be connected to most constant or demand flow ventilators and is available as masks or silicone nasal prongs in three different sizes. A new mask design is shaped anatomically to fit regardless of specific facial features and the headgear offers a stable fixation.





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# Annual meeting reflects on 40 years of BAPM

By Kate Dinwiddie, Executive Manager, BAPM and Dr Alan Fenton, President, BAPM

The British Association of Perinatal Medicine's Annual Scientific Meeting took place in Bristol in September, marking the 40th anniversary of the association's foundation. The conference provided delegates with up-to-date research findings combined with discussions on the day-to-day policy and practice of neonatology.

We were honoured to be able to welcome two founder members as well as several past presidents. Dr Colin Walker (aged 93) recalled how he was one of the first paediatricians in Edinburgh to be allowed into the delivery room, previously an exclusively obstetric realm. We were moved by his reading of one of his own poems, entitled 'A premie's plea' as relevant today as when he wrote the words thirty years ago. Professor Peter Dunn, Founder and Inaugural President of BAPM, spoke about the 'dire' levels of care of the newborn in the 1970s. More babies died in the first three days of life than in the entire childhood period and it wasn't until 1982 that babies were recognised as patients in their own right from birth.

Reminiscing continued with Dr Bryan Gill noting the successes of BAPM standards and frameworks, close collaboration with Bliss and educational meetings. He also alluded to challenges that BAPM will face going forward, including NHS Improvement, financial and workforce challenges, a changing workforce and cuts to both education and training budgets.

Dr Andrew Leslie and Sandie Skinner gave a review of clinical, professional and educational changes to nursing over the last 40 years and requested greater collaboration in the future between BAPM and our advanced neonatal nurse practitioners. Ms Skinner suggested that BAPM should continue to encourage multidisciplinary working in its widest sense including policy, education and research.

Previous Executive Officers Christine Cooper and Lisa Nandi recounted some memories of life in the BAPM office,



*The Training with Simulation practical workshop.*



*Networking between sessions.*

including some interesting insights into numerous past officers of the association.

Current BAPM President Dr Alan Fenton and Executive Manager Kate Dinwiddie gave an outline for the future of BAPM including the need for a well-defined strategy. Dr Fenton emphasised that transparent data are key to improving standards, that public health measures

must not be ignored and that the north-south divide must be addressed. The focus of the organisation remains to improve the quality and practise of neonatal care, with collaboration key to the success of this aim.

Professor Neil Marlow gave the 2016 Founders' Lecture on the topic of 'What research tells us about the care of

extremely preterm infants'. His overview of the factors influencing neonatal outcomes included examination of changes in neonatal care over the last 40 years, including its organisation, and changing attitudes to extreme prematurity. Key points were appropriate nurse staffing levels and the way in which care is delivered across networks. He also considered the adult consequences of extreme prematurity and ended with a challenge for the perinatal community to counsel families appropriately and to embrace new models of research to answer clinically important questions.

Dr Jon Dorling presented on the SIFT (speed of increasing milk feeds) trial which randomised 2,804 babies to have their feeds increased by either 18mL/kg/day (slow) or 30mL/kg/day (fast). There are still some missing data but preliminary analyses indicate significant differences between the two arms for the 'fast' group reaching full feeds a median of three days earlier and requiring less parenteral nutrition. There were no statistically significant differences in sepsis or necrotising enterocolitis although these were both more common in the slow-fed group. The subgroup analyses were also reassuring for babies with earlier gestational age and small for gestational age groups with no differences seen between the groups. The longer term outcomes of the trial are eagerly awaited.

Professor Neil McIntosh delivered this year's Peter Dunn lecture on 'Defining death in the newborn and why it matters'. His talk covered the development of the concept of diagnosing death by neurological criteria in infants from 37 weeks' gestation to two months' post term, which was previously only thought to be possible in older infants, children and adults. This is very important when considering possible organ donation and the talk provided several examples of successful organ transplants from newborn babies into older donors. Also presented was an overview of the withholding or withdrawal of life-sustaining treatment in the paediatric population.

Professor Peter Brocklehurst discussed the role of cardio-tocography (CTG) monitoring in labour and summarised the results of the INFANT trial which recruited just over 47,000 women to determine



*Professor Neil Marlow presenting the Founders' lecture.*

whether decision-support software for CTG monitoring could improve the management of labour using the CTG in women judged to require continuous external fetal monitoring. In this large trial there was a difference in the rate of poor neonatal outcome using the decision-support system. There clearly remains a need to detect fetal compromise at a stage when outcomes can be modified, but how to achieve this is still elusive.

Professor Ben Stenson discussed 'Oxygenation in preterm infants' and provided an update on the BOOST II and NEOPROM trials. Professor Stenson suggested that, considered together, these trials produce clear results that should influence practice. With the range of oxygen saturations of 85-95%, targeting SpO<sub>2</sub> below 90% increases mortality and necrotising enterocolitis, while targeting SpO<sub>2</sub> above 90% increases retinopathy of prematurity requiring any treatment. Despite the latter, there is no difference in blindness, or in any other disability.

Four selected free papers were presented. Joris van Esch from the Netherlands won a prize for his research on early onset pre-eclampsia and its association with perinatal mortality and severe neonatal morbidity. He reported a two-fold increase in perinatal and infant mortality with early onset pre-eclampsia as well as increased rates of respiratory distress syndrome and sepsis. Dr Alison

Leaf won a prize for the best poster presentation for her research on 'Comparison of accuracy and precision of nutrient delivery to very low birthweight infants in a non-randomised controlled trial in two NICUs.' Dr Leaf's research showed that complex intervention combining leadership, written guidance at the cot-side and regular clinical support resulted in nutrient intakes which were less variable and closer to recommended, and associated with a smaller weight deficit. A variety of posters were displayed, including the best abstracts submitted to BAPM in advance of the meeting.

A new and popular addition to the 2016 programme was a choice of interactive breakfast workshops including 'Simulation' and 'Secrets of successful QI: communication in the neonatal unit'. The simulation workshop gave delegates a chance to practise their resuscitation skills in a (relatively) stress-free situation, and delegates were impressed by Edinburgh's experience of QI initiatives.

The meeting brought together professionals with a shared enthusiasm for improving perinatal care, showcasing the latest research evidence and best practice in care delivery and putting it in a historical context. BAPM now needs to embrace the challenge of engaging the wide range of professionals involved, as well as the families of the babies we care for, to have the greatest chance of optimising the care for every baby.

# NeoSAVE course aims to boost confidence in ventilation and stabilisation



**Submitted by Melanie Mears, Senior Sister, East Kent Hospitals NHS University Foundation Trust**

Consultant Neonatologist Dr Shelley Chalmers and Senior Sister Melanie Mears developed the Neonatal Stabilisation, Air and Land Transport, Ventilation and Emergency Care Course (NeoSAVE) to give neonatal nursing staff and junior medical staff more confidence in stabilisation and ventilation of the sick and preterm baby. The course attempts to address some of the recommendations set out in Project 27/28<sup>1</sup> and similar publications, which looked to reduce neonatal morbidity and mortality with improved stabilisation training.

The UK's first large NeoSAVE event attracted almost 100 delegates from across the UK and the Middle East to Kingston Hospital on 19-20 September. A varied audience including neonatal nurses, midwives, neonatal trainees, paediatricians, dietitians and a neonatal pharmacist attended the course, which featured a number of lectures based around early care and stabilisation of the sick neonate, ventilation and transport. Video footage of emergency procedures, 'top tips' and real-life anecdotes helped to give a realistic and practical feel to the programme. It also offered an opportunity for the multi-disciplinary team to get together, share experiences and benchmark practice.

Having recently celebrated its 30th year and having raised a great deal of funds to support the neonatal unit, Kingston's charity Born Too Soon was able to share some of its work with delegates.

The NeoSAVE team would like to thank Matron Marie Richter, Practice Educator Donna Browne, Louise McAllister and the whole team at Kingston for their help in making the event such a success. The organisers also thank the guest speakers and event sponsors, including platinum sponsors Nutricia Early Life Nutrition and Acutronic Medical Systems.



*Delegates meet with representatives from Nutricia Early Life Nutrition and Charter Kontron.*



*The BD Carefusion team with attendees.*

## What the delegates said

Delegates delivered positive feedback, praising the quality and relevance of information on offer. Senior Nurse Norma Weaver from Portland Hospital, London, said: "I can honestly say that this course is probably the gold standard in gaining appropriate and vital information and knowledge of neonatal management – be it on the topic of delivery room management, neonatal brain injury, fluid and ventilation management or persistent pulmonary hypertension of the neonate. I would recommend this course to every doctor, nurse and midwife who deals with the newborn. Thank you Dr Chalmers, Melanie Mears and the team for an extremely valuable course."

Neonatal Nurse Nicole Broadbent from Guy's and St Thomas' Hospitals NHS Foundation Trust, London, added: "Thank you for a brilliant two-day course which was very informative. I am a fairly junior band five neonatal nurse, who has only been qualified for one year and working with neonates for just eight months; I feel so much more confident and reassured that I know more than I thought! Many thanks."



*A packed lecture hall.*



The teams from Acutronic Medical Systems (represented by Inspiration Healthcare) and Intersurgical with visitors to their stands.

Paediatric Trainee Dr Rakesh Tailor from Luton and Dunstable NHS Foundation Trust said: "As a core paediatric registrar trainee, I found the NeoSAVE course of great value. I found particularly useful the lectures on neonatal ventilation and can honestly say that for the first time in five years I feel I have got to grips with it! No one has ever explained high frequency ventilation so clearly – partly due to the light-hearted way it was explained with the course directors dancing like gas particles across the lecture hall! I felt the course was excellent value for money and wouldn't hesitate to recommend it to my fellow colleagues."

## What is next?

After the success of the Kingston event, NeoSAVE will be holding more large UK events, as well as continuing with the international roll-out, over the next year. In addition to this, the course will offer optional practical group sessions on ventilation, infant feeding, optimising developmental outcome and emergency care of the collapsed infant.

Next year will see the introduction of a one-day neonatal cardiac stabilisation course, which will incorporate the internationally recognised STABLE cardiac programme and some additional teaching around stabilisation of the 'blue baby' and care of the infant with congenital heart disease.

## Reference

1. Acolet D. et al. Project 27/28: Enquiry into quality of neonatal care and its effect on the survival of infants who were born at 27 & 28 weeks gestation in England, Wales & Northern Ireland. *Pediatrics* 2005;116(6):1457-65.

## NeoSAVE goes international

NeoSAVE international courses have attracted an array of exciting speakers in the United Arab Emirates, Saudi Arabia and India.



**United Arab Emirates.** Supported by American Hospital, Dubai, University Hospital, Sharjah and Prime Hospital, Dubai.



**Saudi Arabia.** Supported by King Saud Medical City, Riyadh, Saudi German Hospital, Riyadh & Dammam, and Security Forces Hospital, Riyadh.



**India.** Supported by Apollo Children's Hospital, Chennai.

If your hospital would like to host an event, contact [www.neosave.org.uk](http://www.neosave.org.uk) for more information.

# UK National Neonatal Transport Group Conference 2016



**Thursday 3<sup>rd</sup> & Friday 4<sup>th</sup> November 2016**

Bristol Marriott Royal Hotel, College Green, Bristol, BS1 5TA

Organised by Dr James Tooley & Patrick Turton  
Consultant Neonatologist & Lead Nurse for Neonatal Transport, St Michael's Hospital, Bristol

For more information & abstract submissions please visit [www.cfsevents.co.uk](http://www.cfsevents.co.uk) or contact: Rob Bullen on Tel: +44 (0) 1438 751519 or Email: [rob@cfsevents.co.uk](mailto:rob@cfsevents.co.uk)

**Registration includes:**

- Attendance: Half day Thursday 3<sup>rd</sup> Nov & full day Friday 4<sup>th</sup> November 2016, (Tea/coffee, lunch, delegate pack & VAT)
- Conference dinner & entertainment to be held on Thursday 3<sup>rd</sup> November at the Bristol Marriott Royal Hotel
- RCPCH CPD accreditation applied for

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£211.00 (Inc. VAT) after 9<sup>th</sup> September 2016

To register for this event visit: [www.cfsevents.co.uk](http://www.cfsevents.co.uk)



## NeoSAVE

Neonatal Training Limited



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**For further details/informal visits contact:**  
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Mon	1	2	3	4	5	6	7	8	9	10	11	12
Tue	2	3	4	5	6	7	8	9	10	11	12	13
Wed	3	4	5	6	7	8	9	10	11	12	13	14
Thu	4	5	6	7	8	9	10	11	12	13	14	15
Fri	5	6	7	8	9	10	11	12	13	14	15	16
Sat	6	7	8	9	10	11	12	13	14	15	16	17
Sun	7	8	9	10	11	12	13	14	15	16	17	18
Mon	8	9	10	11	12	13	14	15	16	17	18	19
Tue	9	10	11	12	13	14	15	16	17	18	19	20
Wed	10	11	12	13	14	15	16	17	18	19	20	21
Thu	11	12	13	14	15	16	17	18	19	20	21	22
Fri	12	13	14	15	16	17	18	19	20	21	22	23
Sat	13	14	15	16	17	18	19	20	21	22	23	24
Sun	14	15	16	17	18	19	20	21	22	23	24	25
Mon	15	16	17	18	19	20	21	22	23	24	25	26
Tue	16	17	18	19	20	21	22	23	24	25	26	27
Wed	17	18	19	20	21	22	23	24	25	26	27	28
Thu	18	19	20	21	22	23	24	25	26	27	28	29
Fri	19	20	21	22	23	24	25	26	27	28	29	30
Sat	20	21	22	23	24	25	26	27	28	29	30	31
Sun	21	22	23	24	25	26	27	28	29	30	31	1
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