

NEWSLETTER



Photograph provided by Bliss

Welcome to the first Preterm Birth Programme newsletter. We want to keep you up-to-date on progress with this important area of research. We are delighted that you are reading about the programme and are grateful for your time if you are, or have been, involved.

The research is funded by the National Institute for Health Research and is a five year programme that began in 2011. It is looking at early health care and treatment for very preterm babies (born before 32 weeks gestation) and its aim is to improve the care given to babies born very prematurely and their families.

In the UK one in every 100 babies is born very prematurely. Many of these babies will need help with breathing, feeding and other life support. Their prematurity and the treatment they need in the first few days and weeks of life can affect their long term health. Even modest improvements in care and treatment for these children and their families would be important.

Why we need the help of parents

Doctors and nurses need to do research to find out how to improve the care and treatment they give to preterm babies. It is very important that parents are given the opportunity to understand what the surveys and trials are looking at so that they can give consent for their baby to take part. The trials have all been checked by experts to make sure they are safe. We are really grateful to parents and babies who take part; your participation will help to identify how we can improve care and treatment for babies in the future.

What is the programme doing at the moment?

The Preterm Birth Programme has several elements to it that will produce useful information to help with the future care of very premature babies at birth. Some of these are explained in this newsletter.

This page gives an overview of the current work of the programme.

Assessing parents views

A very important part of this research programme is gathering parents' views about the care and treatment they and their babies received. We have recently finished interviews with parents looking at their experiences of having a premature baby, including their experiences with initial care at birth. The findings from this study helped us to develop a questionnaire to use with parents from a small number of neonatal units to find out about their experiences during the birth of their preterm baby. We will look at what parents tell us through this survey to work out how care for both parents and babies can be improved. The findings will also help us to develop a measure that can be used nationally to assess parents' views. A summary of the results from the interview study will be available in the near future and we will publish the main findings from the questionnaire in this newsletter at a later date.



When to clamp the umbilical cord

Part of the research on the Preterm Birth Programme is looking at when is the most beneficial time to clamp the baby's umbilical cord after birth. When a preterm infant is born, the cord is usually clamped straight away and the baby taken to a resuscitator at the side of the room.



We want to find out whether it is better for the baby if the doctors and nurses wait a short while before clamping the cord. A delay in clamping the cord would mean that more of the blood from the placenta would flow into the baby. It's possible that this extra blood is helpful to premature babies – but we need to test this idea. We also think that parents might prefer it if their baby received their initial care and treatment at the mother's bedside, and wasn't taken straightaway to the side of the room.

A small study is taking place in Nottingham University Hospitals and at Bradford Teaching Hospitals NHS Trust to measure the amount of blood that flows from the placenta to the baby during a set time. Babies will be placed on special digital scales next to the mother's bed for up to five minutes immediately afterbirth. During this time the baby will be kept warm and the placental blood flow will be monitored by measuring any weight gain in the baby. The information collected will be used to design a another trial looking at delayed cord clamping later in the programme. Mothers and babies are currently being recruited to the baby weighing study in the three hospitals and the results will be published in this newsletter later in the year.

Priority setting survey

We are working in partnership with the James Lind Alliance to bring parents and clinicians together to identify the most important areas where research is needed in the area of preterm birth. The team involved is carrying out a survey to get ideas on this from health professionals and parents. *If you would like to have your say in what you want the research to find out please take part in the survey. It can be found at*

<https://www.surveymonkey.com/s/prembabies>

Join the discussion on Facebook ('Preterm birth') and twitter (@psychologyToki)



Eleanor weighed 1lb 4oz after being born by Caesarean section at 28 weeks of pregnancy.

“Throughout our experiences the doctors were good, always on hand to answer questions, the nursing care varied from hospital to hospital as some just didn't have the level of staffing needed. Eleanor is going to be on oxygen for some time until we can safely wean her off it. Everyday she's a bit stronger and we hope that it won't be too long. She is amazing and worth every minute of what we all went through.”

Elizabeth Thompson, Mum of Eleanor

A new trolley for the care of premature babies

In order to deliver care to premature babies at the bedside, a trolley has been designed at The Royal Liverpool and Broadgreen University Hospitals NHS Trust. The trolley is equipped with all the kit necessary to allow doctors and nurses to give essential care to preterm babies at the mother's bedside. Importantly, this means she can see and touch her baby before s/he is taken to the special care baby unit. The trolley design is still being finalised and it will be tested in the Liverpool Women's Hospital over the next few months.

We are delighted to report that the trolley won the title of the 'Best Innovation in Service Redesign in the Cardiovascular Innovation Awards' at the 2011 Medical Futures Innovation Awards. A Medical Futures Innovation Award is one of Europe's most prestigious healthcare and business accolades.



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This research programme is being managed by a team based at the University of Nottingham.

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www.nottingham.ac.uk/pretermbirth

This research is supported by Bliss the charity for babies who have been born too small, too soon, too sick and the National Childbirth Trust the UK's largest charity for parents.



Improving quality of care and
outcome at very preterm birth
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