

PRETERM PERINATAL PACKAGE

A group of multidisciplinary interventions clinically proven to reduce morbidity and mortality, resulting in significantly improved outcomes for preterm babies.

NICU Delivery



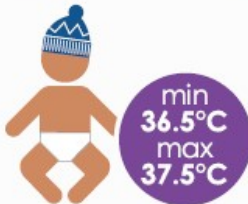
<27 weeks

- Extreme preterm birth in a tertiary unit setting significantly improves survival and neurodevelopmental outcomes

AIM:

Optimally timed in-utero transfers should ensure infants <27 weeks are delivered in specialist tertiary neonatal units.

Maintain Temperature



min 36.5°C
max 37.5°C

- Early hypothermia (<36.5°C) increases mortality and risk of brain haemorrhage, NEC and sepsis
- Emerging evidence links early hyperthermia (>38°C) to adverse outcomes

AIM:

Ensure strict thermoregulatory measures to achieve normothermia (36.5 - 37.5°C) within an hour of birth.

Antenatal Steroids



<34 wks
7 days

- Reduces mortality by 32%
- Reduces preterm lung disease, brain haemorrhage, necrotising enterocolitis (NEC) and sepsis

AIM:

All mothers delivering <34 weeks should receive a full course of steroids, ideally in the 7 days before birth, for maximum efficacy.

Mum's Breast Milk



<32 wks
<24 hrs

- Safest milk for preterm babies
- Significantly reduces the risk of sepsis and NEC
- Reduces mortality & improves neurodevelopmental outcomes

AIM:

All infants <32 weeks should receive maternal milk, ideally within the first 24 hours of life.

Magnesium Sulphate



<30 wks
24 hrs

- Reduces risk of cerebral palsy by 30%
- For every 37 women given magnesium sulphate, 1 less baby will develop cerebral palsy

AIM:

All mothers delivering <30 weeks should receive magnesium sulphate, ideally in the 24 hours before delivery for maximum efficacy.

Early Caffeine



<30 wks
within 3 days

- Reduces apnoea, invasive ventilation and preterm lung disease
- Improves survival without neurodevelopmental disability

AIM:

All infants born <30 weeks should receive caffeine within 3 days, ideally on admission to NICU.

Deferred Cord Clamping



wait minimum 60s

- Reduces mortality by 32%
- Reduces brain haemorrhage
- Reduces the need for blood transfusion

AIM:

To achieve these full benefits, all babies <34 weeks should receive deferred cord clamping of a MINIMUM of 60 seconds.

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