Lord Patel
Chair, Preterm Birth Select Committee
House of Lords
London
SW1A 0PW

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

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Follow-up to Preterm Birth Inquiry Evidence Session

Thank you for the opportunity to provide oral evidence to the Lords Preterm Birth Select Committee on Thursday 5th September. We understand that you have asked for further information about funding for 6-8 week health and development reviews, follow up obstetric appointments and enhanced developmental support surveillance.

Funding for developmental reviews and follow up obstetric appointments

The 2020/21 update to the GP contract, included £12 million of new funding allocated for a universal 6-8 week health check for new mothers, alongside GPs requirements to offer maternity medical services as part of the core contract.

The GP 6-8 week maternal postnatal consultation – what good looks like guidance[1] was published in December 2023. This guidance supports general practitioners (GPs) to fulfil their contractual requirement around the maternal postnatal consultation. Since the GP contract regulations were amended in 2020, there is a contractual requirement to offer women a maternal postnatal consultation by a GP, between 6 and 8 weeks postnatally. These consultations cover contraception and family planning as a short interval between pregnancies (<12 months) increases the risk of complications including preterm birth, low birthweight, stillbirth and neonatal death. The consultations also cover health promotion including smoking cessation and preventing relapse and discuss the benefits of a healthy diet and regular physical activity.

In addition, it is expected that around the time of the maternal postnatal consultation a physical examination of the infant is undertaken at between 6 and 8 weeks of age. This is in

[1] NHS England » GP six to eight week maternal postnatal consultation – what good looks like guidance

line with NHS Newborn and Infant Physical Examination (NIPE) screening programme requirements and involves a physical examination undertaken by a trained health care professional (GP or specially trained nurse or physician's associate). It includes examination of the 4 NIPE screening elements (eyes heart hips and testes in boys) and failsafe follow up of any referral as a result of the newborn NIPE examination. Referral for any screen positive results is in line with NHS NIPE clinical guidance[2].

Guidance is currently being developed on a Postnatal Improvement framework which supports system leaders, in partnership with service users, to establish and define what their local postnatal system currently looks like and how it should look.

Women have a right to request a debrief to discuss the circumstances of their birth, and our expectation is that maternity services make women aware of the availability of this service and meet these requests as quickly as possible. Where a preterm baby has died, maternity services should proactively seek a follow-up meeting in line with Perinatal Mortality Review Tool (PMRT)/Maternity and Newborn Safety Investigations (MNSI) procedures.

RCPath guidance[3] on placental pathology examinations does not routinely recommend full examination with histology for births after 32 weeks gestation, providing less insight into aetiology and prospective care for premature babies born over 32 weeks.

The Saving Babies Lives Care Bundle v3 includes a requirement for a risk assessment at the first midwifery appointment in early pregnancy including, referring women with significant history of preterm birth to specialist prevention clinics.

Enhanced developmental support surveillance

Developmental Assessment at 2 years corrected age and neonatal follow-up in the first year are the responsibility of neonatal services, as stated in the guidelines[4] and the service specification for neonatal services. The number of babies being assessed continues to improve, from 68.4% in 2020 to 74.4% in 2022 as evidenced in the National Neonatal Audit Programme (NNAP) report which is commissioned by NHS England[5] Performance against this metric can be viewed on the NNAP dashboard[5]

Further enhanced surveillance and assessment at age four years for babies born before 28 weeks is the responsibility of community paediatric services which are commissioned by Integrated Care Boards ICBs. Despite NICE guidance the assessment is not routinely

[2] Newborn and infant physical examination (NIPE) screening programme handbook - GOV.UK (www.gov.uk)
[3] Microsoft Word - G108 Tissue pathway for histopathological examination of the placenta For Publication.docx (rcpath.org)
[4] Overview | Developmental follow-up of children and young people born preterm | Guidance | NICE
[5] National Neonatal Audit Programme - Data dashboard | RCPCH

undertaken locally by community paediatric services and therefore data isn't available. However about 6.7% of babies have been assessed by neonatal services

We also stated that we would provide some information on the longer-term support available for families where prematurity has impacted a child's learning and development. Support for the child's health is available from a number of areas, including, health visitors, specialist health visitors in Child Development Centres, school nursing services and or specialist community nurses depending on the need, and the child's GP and or community paediatrician. Longer- term educational support is not currently provided by NHS services and falls under the remit of the Department for Education. However, babies born prematurely would benefit from specific support especially around education and learning

I hope this information is helpful to the Committee and would be happy to provide further details if required.

Yours sincerely

Kate Brintworth
Chief Midwifery Officer
for England

Prof Donald Peebles
National Clinical Director
for Maternity

Dr Ngozi Edi-Osagie
National Clinical Director
for Neonatal Care