

Resuscitation Council UK – Written evidence (PRT0076)

Introduction

Resuscitation Council UK (RCUK) (<http://www.resus.org.uk>) saves lives by developing national guidelines, influencing policy, and delivering national resuscitation training courses, including newborn life support (NLS), out-of-hospital newborn life support (OH-NLS), and the advanced resuscitation of the newborn infant (ARNI) course. Resuscitation Council UK also supports research and works to help reduce health inequalities throughout the UK.

Evidence

We would like to provide evidence related to:

- How neonatal care can improve outcomes for babies born preterm.

The national maternity safety ambition is to halve the 2010 rate of stillbirths and neonatal deaths by 2025. Babies born preterm require good maternity care, skilled stabilisation or resuscitation at birth and high-quality ongoing neonatal care. This requires up-to-date clinical skills, good communication within and between professional teams and clinical leadership. This has been raised in recurrent maternity reviews and the Ockenden enquiry and is a theme in many cases reviewed by the Maternity and Neonatal Safety investigation team (MNSI, previously HSIB). Deficits in neonatal resuscitation are a feature of some of the reviewed cases.

The need for newborn resuscitation is unpredictable. The public rightly expects healthcare professionals dealing with the birth of their baby to be able to assist their newborn if they do not start to breathe after birth. Midwives, neonatal nurses, paramedics, and doctors may struggle to access quality-assured national newborn life support training that teaches internationally recognised newborn resuscitation guidelines. There is clear

evidence that resuscitation skills can degrade over time⁵, so recertification of these skills combined with regular update training is vital.

The Royal College of Paediatrics and Child Health has highlighted the importance of newborn resuscitation in its standards of practice⁴; from candidate applications to resuscitation training, we know that some professional groups, particularly nurses, midwives, and paramedics, struggle to access the study time and funding to access essential neonatal resuscitation training. We would like to highlight the key importance of multidisciplinary team training and how this inequality of access is detrimental to this.

We know that quality-assured standardised resuscitation training courses improve outcomes¹ and can improve candidates' confidence² in both technical and non-technical skills³ (e.g. communication, teamworking) and that clinical skills can degrade over time⁵.

This highlights the critical need for frontline clinical staff who attend births to receive specialist, structured, up-to-date neonatal resuscitation education delivered by appropriately qualified instructors; this includes recognising the differing challenges faced by

hospital-based practitioners and those working in a community setting. Mortality has been reported to be more than twice as high for unplanned out-of-hospital births (UOHB) than

in-hospital matched controls⁶. Severe perinatal brain injury has also been shown to be associated with an early postnatal transfer for extremely preterm babies⁷. Reduction in neonatal mortality and brain injury is a national priority in England⁸.

A study completed in Australia in 2018 found that most UOHBs were uncomplicated term births⁹. However, 11% of babies were born before 36-weeks' gestation; of these, just over a third were born between 24 and 32-weeks' gestation. In addition to the challenges of the working

environment, there may be higher than baseline rates of preterm birth and perinatal complications to contend with outside of hospital⁹.

It is also essential that employers provide regular update training. This training needs to be delivered by appropriate people, to a high standard and cover current

evidence-based national resuscitation guidelines.

We want to thank the House of Lords Preterm Birth Committee for its work in this important area.

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