

Department of Health & Social Care – Written evidence (PRT0081)

Introduction

1. The Department of Health and Social Care and NHS England welcomes the House of Lord's Preterm Birth Committee's inquiry into the prevention, and consequences, of preterm birth in England.
2. This memorandum provides evidence on work being undertaken by the Department of Health and Social Care and NHS England to reduce the occurrence of preterm birth, improve outcomes for babies born preterm, and address the ethnic and socioeconomic inequalities that exist in relation to preterm birth.
3. Preterm birth is a major determinant of neonatal mortality and morbidity and has long-term adverse consequences for health. Globally, we have seen an increase in preterm birth rates.¹ The reasons for this are complex and may be attributed to factors such as increasing rates of multi-fetal births secondary to assisted reproduction techniques, changes in clinical practices (such as judicious planned birth, even if preterm, if there are maternal or fetal complications) and the changing demographics of women giving birth, with some risk factors predisposing to higher rates of preterm birth.²
4. We recognise that preterm births broadly fall into two categories: those that happen after labour where birth starts spontaneously due to problems such as infection or a weak cervix, and those where doctors plan an early birth because of complications in the woman (such as pre-eclampsia) or with the fetus (such as growth restriction). The causes of these two types of preterm birth are different, and the interventions to prevent them vary by indication. If the woman or

¹ Goldenberg RL, Culhane JF, Iams JD, Romero R. Epidemiology and causes of preterm birth. *The lancet*. 2008 Jan 5;371(9606):75-84.

² Beck S, Wojdyla D, Say L, Betran AP, Merialdi M, Requejo JH, Rubens C, Menon R, Van Look PF. The worldwide incidence of preterm birth: a systematic review of maternal mortality and morbidity. *Bulletin of the world health organization*. 2010;88:31-8.

baby are unwell, then planned early birth may be life-saving for one or the other. The focus should therefore be on preventing the antecedents of the complication, rather than trying to keep the baby in for longer once a complication has arisen.

5. As recognised by the committee, the Government set an ambition in 2017 to reduce the preterm birth rate from 8% to 6% by 2025. This forms part of the Government's National Maternity Safety Ambition, which also seeks to halve the 2010 rates of stillbirths, neonatal deaths, brain injuries and maternal deaths.
6. We have seen some good progress on the National Maternity Safety Ambition since 2010. The stillbirth incidence has fallen by 23%, from a rate of 5.1 stillbirths per 1,000 total births in 2010 to 3.9 stillbirths per 1,000 total births in 2022. The neonatal death rate has also fallen by 30%, from a rate of 2.0 neonatal deaths per 1,000 total births in 2010 to 1.4 neonatal deaths per 1,000 per 1,000 total births in 2021. There has, however, been a slower reduction in the preterm birth incidence, with the proportion of babies born preterm reducing from 8.0% in 2017 to 7.7% in 2021. Ethnic and socioeconomic disparities in relation to outcomes for women and babies also continue to persist. We acknowledge that there is still more to do to further reduce adverse outcomes and these disparities.
7. Improving care before, during and after pregnancy is one of the Department's top implementation priorities for the Women's Health Strategy³ in 2024. An additional £165m per year has been invested since 2021 to improve maternity and neonatal care, and this will rise to an additional £186m per year from April 2024. On top of this, nearly £35m was announced as part of Spring Budget 2024 to further improve maternity safety across England over three years (24/25 - 26/27).

³ [Women's Health Strategy for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/women-s-health-strategy)

8. In March 2023, NHS England published the Three-Year Plan for Maternity and Neonatal Services, which supports work on the National Maternity Safety Ambition. This sets out how NHS England will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. A key part of this is the Saving Babies Lives Care Bundle (SBLCB), which is a package of interventions to reduce preventable stillbirth, an important element of which is the reduction of preterm birth. We are currently working to reduce lags in the data on preterm birth rates; once we have ensured a timely data flow, we will be better able to evaluate how recent efforts have impacted outcomes.
9. Furthermore, NHS England have developed 14 Maternal Medicine Networks across England to ensure all women have access to specialist management and care for chronic and acute medical problems that predate, or arise during or shortly after pregnancy. Mental health services around England are also being expanded to include new mental health “hubs” for new, expectant or bereaved mothers. Data which measures progress in reducing adverse outcomes is again lagged, meaning we are working on steps to see the impact of these measures.

Summary

Prevention

10. NHS England's Saving Babies' Lives Care Bundle' (SBLCB) provides evidence-based best practice for providers and commissioners of maternity care across England to help them reduce perinatal mortality. As part of The Three-Year Delivery Plan for Maternity and Neonatal Services, maternity providers have a responsibility to fully implement Version 3 of the SBLCB by March 2024. Maternity providers are making good progress against this target, driven by the maternity incentive scheme.
11. The SBLCB⁴ recommends universal risk assessment of all women for preterm birth at an early stage of pregnancy, with those at higher and intermediate risk being offered a care pathway designed to reduce the chances of preterm birth. This pathway has been implemented across England.

Neonatal and longer-term care and support

12. NHS England has made good progress on implementing recommendations from the Neonatal Critical Care Review⁵, including: improvements to neonatal capacity, supported by £45m capital investment; development of the neonatal workforce, backed by funding for medical and clinical neonatal staff; and measures to improve parent and family experience.
13. We recognise the longer-term impacts of preterm birth for both infant and parents. NICE guidance includes recommendations to improve outcomes for at risk neonatal patients. For parents of preterm infants who have suffered trauma and distress, mental health services are

⁴ [NHS England » Saving babies' lives version three: a care bundle for reducing perinatal mortality](#)

⁵ [Implementing-the-Recommendations-of-the-Neonatal-Critical-Care-Transformation-Review-FINAL.pdf \(england.nhs.uk\)](#)

available, although further work is needed to ensure these are consistently provided. This is supported by the NHS Long Term Plan.

Variation in care and health inequalities

14. The Department and the NHS is committed to reducing the unacceptable disparities experienced by women and babies from ethnic minorities and those living in the most deprived areas. NHS England's Three-Year Delivery Plan for Maternity and Neonatal Services sets out how the NHS will make maternity and neonatal care more equitable for women, babies and families. This involves, among other things, the implementation of Equity and Equality Action Plans at a local level, supported by £6.8m investment. Further to this work, the Department's Maternity Disparities Taskforce brings together experts from across the health system, government departments and the voluntary sector, to take a holistic approach to identifying evidence-based interventions to tackle maternal disparities.

Other topics

15. The Department is collaborating with the Office for National Statistics to speed up the reporting of preterm births so that we can better understand the effectiveness of recent interventions to reduce pre-term birth that have been implemented since publication of NHS England's three-year delivery plan.

16. The Department has commissioned a wide range of studies, aimed at preventing preterm birth and improving care for babies and women, through the National Institute for Health and Care Research (NIHR). Earlier this year (2024) saw the first ever NIHR Challenge, backed by £50million, which tasked researchers and policymakers with finding new ways to tackle maternity disparities, with a focus on improving outcomes for women and babies.

Prevention

The prediction of preterm birth, including through screening and the use of new technologies

17. Globally, we have seen an increase in preterm birth rates.⁶ The reasons for this are complex and may be attributed to increasing rates of multifetal births, greater use of assisted reproduction techniques, increases in the proportion of births among women over 34 years of age and changes in clinical practices.⁷
18. Preterm birth is the single biggest cause of neonatal mortality and morbidity in the UK. The 'Saving Babies' Lives Care Bundle' (SBLCB) provides evidence-based best practice for providers and commissioners of maternity care across England to help them reduce perinatal mortality. Version 3 of the Saving Babies Lives Care Bundle (SBLCB), which was published in 2023, recommends a universal risk assessment of all women for preterm birth at their antenatal booking appointment, with those at higher and intermediate risk being offered a care pathway designed to reduce the chances of preterm birth. These care pathways address the causes of both spontaneous preterm birth (e.g. through risk assessment and referral on to specialist preterm birth clinics) and interventions such as aspirin that reduce the risk of pre-eclampsia, an important cause of planned early birth.
19. However, it is recognised that there are significant challenges with the predictability of preterm birth on the basis of clinical history, and that the majority of preterm births occur in pregnant women with no apparent risk factors that would indicate intervention is required.
20. When assessing women for suspected preterm labour, maternity services are recommended to use an evaluated digital tool – such as the QUIPP and QUIDS apps - to improve accuracy of predictions

⁶ Goldenberg RL, Culhane JF, Iams JD, Romero R. Epidemiology and causes of preterm birth. *The Lancet*. 2008 Jan 5;371(9606):75-84.

⁷ Beck S, Wojdyla D, Say L, Betran AP, Merialdi M, Requejo JH, Rubens C, Menon R, Van Look PF. The worldwide incidence of preterm birth: a systematic review of maternal mortality and morbidity. *Bulletin of the World Health Organization*. 2010;88:31-8.

around preterm birth and support effective triage and decision making.

21. The UK National Screening Committee (UK NSC) advises ministers and the NHS in the 4 UK countries about all aspects of screening and supports implementation of screening programmes. The UK NSC have submitted evidence separately to the Committee on screening and the use of new technologies.

Primary prevention and treatment for preterm birth

22. Version 3 of SBLCB sets out that all pregnant women should be assessed at their antenatal booking appointment for risk factors for preterm birth. The SBLCB identifies a number of factors which may suggest intervention is needed:

- Smoking in pregnancy (Element 1 of the SBLCB covers interventions to support smoking cessation)
- Maternal age
- Domestic violence
- Urinary tract infection
- Vaginal infection

23. The SBLCB sets out a risk assessment and management tool for pregnant women at risk of preterm birth. Women identified as being at high risk of preterm birth should be offered clinical support by a preterm birth prevention clinic where further tests may be offered as part of the surveillance pathway. This assessment should take place at the antenatal booking appointment with referral by 12 weeks.

24. More broadly:

- The targeted seasonal provision of vaccinations for pregnant women against influenza and covid-19 serve to reduce serious

infections and hospitalisations that can lead to iatrogenic preterm birth.

- The rollout of maternal medicine networks across England are expected to contribute to a reduction in serious illness and hospitalisations in pregnancy through the best practice management of medical conditions perinatally, which would in turn reduce iatrogenic preterm births.
- NHS England's Equity and Equality Guidance calls for local maternity and neonatal systems (LMNSs) to roll out midwifery continuity of carer (MCoC), particularly for women from ethnic minority groups and from the most deprived areas, where staffing levels allow. This is because evidence shows that women who receive MCoC are 24% less likely to experience preterm birth.

Secondary prevention and treatment for preterm birth

25. Version 3 of SBLCB sets out that all women who are assessed as being at risk of preterm birth (which may include a previous preterm birth, a previous caesarean section at full dilatation or multiple excision-based treatments to the cervix) should be reviewed in dedicated preterm birth clinics. These clinics provide surveillance of cervical length (in combination with quantitative fetal fibronectin (FFN) measurements where appropriate). In cases where there is evidence of an increased risk of preterm birth based on these tests, cervical cerclage and/or vaginal progesterone can be used to reduce the risks of preterm birth. Both of these interventions significantly reduce the risk of preterm birth.

26. Additionally, women showing symptoms of preterm birth require assessment using quantitative fetal fibronectin (FFN) measurements which provides a more accurate assessment of risk of preterm birth

and informs the decision making regarding transfer to a maternity unit with a neonatal unit that can provide neonatal intensive care where required. Maternity services are recommended to use an evaluated digital tool alongside this – such as the QUiPP and QUIDS apps - to improve accuracy of predictions around preterm birth and support effective triage and decision making.

27. However, supply of FFN test kits has been disrupted since the winter of 2022/23. An incident management team was convened and guidance on clinical adjustments⁸ has been in place since December 2022. The adjustments recommend reduced scenarios in which FFN tests are used to protect supply, in some cases recommending alternative tests for which supply is available.
28. While supply has improved since the end of 2022, levels are not yet sufficient to recommend a full return to previous clinical practice.
29. NHS England and the Department of Health and Social Care (DHSC) have now been informed by Hologic – the sole supplier of these test kits – that the issues are continuing and are expected to last until the end of June 2024.
30. In women where a preterm birth is anticipated, a combination of up to eight further interventions (depending on the gestation at presentation) is recommended. This combination of interventions optimises the preterm baby before and immediately after birth and significantly reduces mortality and morbidity. This pathway has been implemented across England over the last three years. Currently across England women and babies in this group receive 60% of indicated measures (including a doubling of the rate of babies receiving delayed cord clamping following birth and nearly 9 out of 10 women receiving magnesium sulphate prior to birth).

⁸ [PR00100-Hologic-Foetal-Fibronectin-Cassettes-supply-disruption-2022.pdf \(england.nhs.uk\)](#)

Neonatal and longer-term care and support

How neonatal care can improve outcomes for babies born preterm

31. High quality neonatal care will improve outcomes for babies born preterm.

32. NHS England has made good progress on the implementation of the three key recommendations and 10 actions within the Neonatal Critical Care Review (NCCR - Dec 2019). These include:

- Developing neonatal capacity to redesign and expand neonatal critical care services to further enhance safety, improve neonatal capacity and triage. In 2022/23, NHS England allocated £45m capital across seven regions to deliver an overall increase of 50+ neonatal cots. The majority of schemes are being implemented over the current spending review period up to March 2025.
- Developing the neonatal workforce. Since 2021/22 NHS England has provided approximately £39m annual recurrent funding to support the recruitment of over 550 cot side neonatal nurses, network level education and workforce roles and provider-based nurse clinical governance and quality roles. NHS England has provided recurrent funding (approximately £12.7m) to enable the recruitment of cot side allied health professionals (AHPs). In 2023-24 a further investment of £3m with a full year effect of £6m in 2024/25, is being specifically targeted at increasing medical staffing in neonatal intensive care and local neonatal units, to meet The British Association of Perinatal Medicine standards, and to make provision in medical staff time for core safety and clinical governance work.
- Enhancing the experience of families. NHS England has invested in the full implementation of the network level care co-ordinator role within each of the 10 Neonatal Operational Delivery

Networks⁹. The role of the neonatal care co-ordinator supports neonatal units across the region it serves to develop and implement family-centred and integrated care initiatives and improves the parent and family experience.

33. Continued support is required in order to improve outcomes. We recognise that recruitment and retention of neonatal staffing must be a priority to ensure staffing is compliant with Neonatal Service Specification.

34. The NHS is investing £165m annually to grow both our maternity and neonatal workforce, strengthen leadership and improve culture. NHS England's Three Year Delivery Plan for Maternal and Neonatal services commits to investing in neonatal education and workforce leads to support the recruitment and retention of neonatal staff. On top of this, from 2024/25, a further £21m a year will be made available to support the permanent establishment of additional obstetric and neonatal medical posts.

35. Growing and retaining the NHS neonatal workforce is a key priority. To achieve this, NHS England provides assistance to trusts on their workforce plans and collaborates with the neonatal operational delivery networks and neonatal providers to build a definitive picture of what gaps exist in neonatal nursing and neonatal Allied Health Professionals, including neonatal staff qualified in speciality roles.

36. Recent research has shown that ~50% of children admitted to paediatric intensive care units (PICU) aged <2 years had been cared for in a neonatal unit. This has implications not only for family experience, but capacity on PICUs and the costs of care. The establishment of services outside the neonatal unit will also improve outcomes. Transitional care services support women and babies staying together and promote bonding, breastfeeding and reduced hospital stay. A universal offer of neonatal community (neonatal

⁹ [NHS England » Developing Operational Delivery Networks: The Way Forward](#)

outreach) and hospital at home services would not only support families to be at home together but would reduce length of stay and prevent some readmissions to PICUs and paediatric services.

37. An increase in capacity could ensure that babies are born in the right place and would be supported. The survival rate of babies born before 27 weeks is improved when this occurs in a maternity service with a neonatal intensive care unit (NICU) via in utero transfer of the woman prior to anticipated preterm birth.
38. To ensure timely in utero transfer, Version 3 of the Saving Babies' Lives Care Bundle sets out that all women who are assessed as being at risk of preterm birth (which may include a previous preterm birth, a previous caesarean section at full dilatation or multiple excision based treatments to the cervix) should be reviewed in dedicated preterm birth clinics (see paragraphs 25 and 26 of Secondary prevention and treatment for preterm birth).
39. Currently, the standard of 85% of premature births before 27 weeks gestation born in the right place is not yet met nationally and there is variation across the country. Since the pandemic, services have on average achieved 79% compliance against the 85% standard. The most recent data (Q3 2023-24) shows national performance at 82%. Two regions exceeded the 85% indicator (North West at 93% and South East at 89%).
40. In line with the NHS Operating framework, NHS England along with regional commissioners and Neonatal ODNs are working to reduce regional variation, through a range of mechanisms. These include: local action plans with service providers; monitoring and assurance of local plans through the Neonatal Implementation Board in collaboration with the regional specialised commissioning teams; Integrated Care Boards in 3 regions taking on delegated commissioning responsibilities for neonatal critical care, enabling ICBs to better join up commissioning and localised care pathways;

strengthened neonatal clinical leadership through the appointment of the first ever national Neonatal clinical director and national Neonatal Nurse lead by NHS England.

41. On top of this, the government is investing a further £35 million over three years to improve maternity safety across England. Part of this funding was allocated to train clinical staff in neonatal resuscitation.

How postnatal care and psychological support for women who have given birth preterm and parents can improve outcomes

42. With the increasing complexity of neonatal care over the last decade, using the concept of trauma to describe the neonatal journey for some infants and families has brought a different perspective on care. For parents of preterm infants, the impact of increased ongoing stress and distress can lead to disturbances in the parents' mental health, such as depression and anxiety. When parents are suffering from such mental health challenges they may be less able to parent and interact with their child. This, in turn, may have a negative influence on their child's development.

43. Neonatal families sometimes struggle to access the right emotional support that recognises the impact of their journey. Women with moderate to severe, or complex perinatal mental health needs, can be referred to specialist perinatal mental health services. However, it is recognised that women with a baby on a neonatal unit may not wish to leave their baby – so a discussion with the perinatal mental health team will need to take place to consider how her needs can be best met. Women with mild to moderate mental health needs can be signposted to other sources of support, through their GP, or local NHS Talking Therapies service. A good practice guide and case study¹⁰ is

¹⁰ [NHS England » Supporting mental healthcare in a maternity and neonatal setting: Good practice guide and case studies](#)

available to support the delivery of mental health care in maternity and neonatal settings.

44. Where there is access to professional psychological support within a neonatal unit there is an opportunity to create space for parents to start to address any concerns and to facilitate the communication between staff and parents. Consequently, healthcare providers should be aware of the potential burdens and vulnerabilities of preterm children and their parents, enabling them to support positive development and intervene at an early stage to prevent any short and long-term potential negative effects.
45. The Neonatal Critical Care Review enabled the introduction of psychologist support at neonatal network level to facilitate this work. However, this is limited and requires further resource to enable the full range of support that could be offered. Access to psychological support is currently limited with services not meeting the standards for psychology staffing.
46. In addition, support is available through specialist perinatal mental health services. The NHS Long Term Plan (LTP) includes a commitment for 66,000 women to access specialist perinatal mental health services by 2023/24. This care will be available from preconception to 24 months after birth. There is also a commitment to expand specialist community perinatal mental health services which includes increasing access to evidence-based psychological therapies to include parent and infant, couple, co-parenting and family interventions.
47. Alongside the expansion of specialist community perinatal mental health services, new services called maternal mental health services (MMHS) offer psychological therapy for women experiencing mental health difficulties related to loss or trauma in the maternity or neonatal context. MMHS have a focus on and are actively being set up to deliver trauma-informed care.

48. Early intervention is essential to avoiding adverse mental health and physical difficulties as children develop. That is why we are committed to ensuring that parents and carers can access timely and seamless mental health and relationship support from a baby's conception through family hubs.
49. Through the Family Hubs and Start for Life Programme, we are investing £100million to promote positive early relationships and perinatal mental health. The 75 local authorities involved in the programme are using this investment to establish new and enhanced support offers. The programme is focused on mild-to-moderate mental health difficulties, mental health difficulties for fathers and co-parents, and parent-infant relationships. This focus complements the improvements made to specialist

Integration between neonatal care for babies born preterm and postnatal care for women

50. Element 5 of the SBLCB concentrates on reducing preterm birth and optimising perinatal care when preterm birth cannot be prevented. All providers are encouraged to draw on the learning from the existing BAPM toolkits and ensure perinatal optimisation is embedded in perinatal teams so they work together to ensure every eligible baby gets every element of the care bundle they require.
51. Choice in pregnancy is a core part of much of maternity care. However, to ensure babies are cared for in the right level of neonatal unit, the choice of neonatal unit is mainly based on the infant's care needs and the hospital closest to the mother's address. Close working between healthcare professionals is needed to support families to navigate and understand these pathways and to support them if care needs to be provided away from home. This may be supporting travelling arrangements, accommodation or living costs.

52. Consistency of communication between services is key to prevent confusion and assist woman and families to make an informed choice in areas such as breastfeeding. BAPM has provided toolkits¹¹ to optimise provision of maternal breast milk for preterm infants for preterm babies throughout the neonatal journey, to discharge and beyond.

Longer-term impacts, care and support for preterm babies and their families

53. Preterm birth is the leading cause of infant mortality and morbidity, and it is associated with an increased risk of respiratory distress syndrome, cerebral palsy, and developmental delays. Improvements to perinatal health, preterm births, and reductions to the number of children with brain injury around birth, are all areas with an evidence base for improvement, which would likely have impacts on child health across the next decade.

54. NICE guidance¹² recommends neurodevelopmental follow up should occur for a cohort of at-risk neonatal patients. Compliance against the two year follow up recommendation is one of the Neonatal National Audit Programme (NNAP) measures. The 2022 Annual NNAP Report shows that there were 3,642 babies born at less than 30 weeks born between July 2019 and June 2020 and 74.4% of eligible babies had follow-up data entered.

¹¹ [Maternal Breast Milk Toolkit | British Association of Perinatal Medicine \(bapm.org\)](https://www.bapm.org)

¹² [Overview | Developmental follow-up of children and young people born preterm | Guidance | NICE](#)

Variation in care and health inequalities

The ethnic and socioeconomic inequalities seen in relation to preterm birth and how these could be reduced

Equity and Equality

55. The Department and the NHS is committed to reducing the stark disparities experienced by women and babies from ethnic minorities and those living in the most deprived areas. One of the aims of integrated care systems is to tackle inequalities in outcomes, experience and access.
56. NHS England's Three-Tier Delivery Plan for Maternal and Neonatal Services sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies and families. One specific commitment includes Local Maternity and Neonatal Systems (LMNS) publishing and implementing Equity and Equality Action Plans to tackle disparities in outcomes and experiences of maternity care at a local level. This was supported by £6.8m investment in 2021/22 for Integrated Care Systems to co-produce their action plans and implement midwifery continuity of carer (see following paragraph). In addition, the NHS co-produced Equity and Equality Guidance to support LMNS in their development of these action plans. This seeks to ensure that women and babies, irrespective of their ethnic background or where they live, get safe, personalised and equitable care. The majority of plans have now been published, and implementation will be subject to local ICS assurance.
57. The NHS guidance calls for LMNSs to implement Core20PLUS5 for maternity services. Core20PLUS5 is a national approach led by NHSE to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. The first of these clinical areas is maternity,

with the focus on “ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups. This model of care requires appropriate staffing levels to be implemented safely.”

58. Within the maternity settings this entails rolling out midwifery continuity of carer (MCoC) particularly for women from ethnic minority groups and from the most deprived areas, where staffing levels allow. This is because evidence¹³ shows that for women from ethnic minority groups and those living in the most deprived areas, MCoC reduces health inequalities and women who receive MCoC care are 24% less likely to experience pre-term birth¹⁴.

59. Other key priorities in the NHS Equity and Equality Guidance include ethnic coding data completeness to better understand local populations and their health outcomes; diversity of service user leads; and support for the workforce e.g. cultural competence training. Ethnic coding data completeness has improved year on year, from 85% in 2019 to 93% in 2022.

Maternity Disparities Taskforce

60. The Maternity Disparities Taskforce (‘the Taskforce’) was established in February 2022, to tackle disparities for women and babies and reduce maternal and neonatal deaths.

61. The Taskforce brings together experts from across the health system, government departments and the voluntary sector to explore and consider evidence-based interventions to tackle maternal disparities.

62. The Taskforce aims to tackle disparities for women and babies by improving access to effective pre-conception and maternity care for women from ethnic minorities and those living in the most deprived areas.

¹³ For example, Hadebe et al (2021), Rayment-Jones et al (2021)

¹⁴ Sandall et al (2016) [Midwife-led continuity models versus other models of care for childbearing women](#)

63. The Taskforce is currently focused on preconception care, as preconception care can have a positive impact on maternal and child health outcomes. We are working in collaboration with the membership to produce pre-pregnancy resource targeted for ethnic minority women and those living in the most deprived areas. This guidance will encourage healthy behaviours and planning for pregnancy by supporting women to make informed choices about their health and wellbeing. This will include working with women in the postnatal period, who may be engaged with the health system at a time when they can be supported with preparing for a future pregnancy.

The implementation of existing NICE and NHS guidance on preterm birth

64. NICE guideline NG25¹⁵ covers the care of women with a singleton pregnancy at increased risk of, or with symptoms and signs of, preterm labour, and women with a singleton pregnancy having a planned preterm birth.

65. NICE guideline NG137 covers the care of women with twin and triplet pregnancies including recommendations for the prevention of preterm birth.

66. In Version 3 of the SBLCB, Element Five covers NICE recommendations (Appendix F) for singleton and twin and triplet and goes further, with 32 interventions to improve the prediction and prevention of preterm birth, and to optimise perinatal care when preterm birth cannot be prevented.

67. As part of NHS England's Three-Year Delivery Plan for Maternity and Neonatal Services, all maternity providers have a responsibility to fully implement Version 3 of the SBLCB by March 2024. As part of Year 5 of

¹⁵ [Overview | Preterm labour and birth | Guidance | NICE](#)

the Maternity Incentive Scheme (MIS) (Safety Action 6), all providers were required to demonstrate compliance with at least 70% of interventions across the Care Bundle, and a minimum of 50% of interventions in any one element, including Element 5. NHS Resolution plans to publish the results of Year 5 of the MIS – including data on compliance with Safety Action 6 – in the near future.

Additional support, such as language support, that may be needed to remove barriers to receiving high-quality care in relation to preterm birth

68. To identify the most effective way to improve interpretation provision across all clinical services, including maternity and neonatal care, NHS England completed a strategic review during 2023/24. The review considered the breadth and complexity of issues across the patient pathway and completed an options appraisal of potential interventions.
69. The review will inform how NHS England improve interpretation services to meet the needs of communities and support equitable access, experience, and outcomes for all, including the development of a NHS Framework for Action for Community Language Translation and Interpreting during 2024/25.

Other topics

Data collection and monitoring in relation to preterm birth, including variation in the recording of data

70. The Office for National Statistics (ONS) collects and reports on preterm births.¹⁶ They receive data on gestational age by completed weeks from the NHS Birth Notifications system which records all live births. They publish this annually, but the releases normally have a two-year lag, with the latest release further delayed. The Department is working with ONS to reduce this lag, which will mean we can better understand the effectiveness of recent interventions to reduce preterm birth that have been implemented since publication of NHS England's three-year delivery plan.

71. Preterm births are also recorded by maternity units in the Maternity Services Data Set (MSDS). Maternity units have up to 3 months to record this after the birth. The MSDS is owned and controlled by NHS England. The findings are published in reports and on an interactive dashboard which can be viewed by neonatal unit.¹⁷ Reports and data are published monthly with a 3-month lag.

72. Most preterm babies born prior to 34 weeks' gestation are admitted into neonatal units. Preterm babies that require admission into a neonatal unit have additional electronic patient records which are collected through Clevermed, through the Badgernet platform, and anonymised in two databases: the National Neonatal Research Database (NNRD) held by the Neonatal Data Analysis Unit at Imperial College London, and the National Neonatal Audit Programme (NNAP) dataset held by the Royal College of Paediatrics and Child Health. The NNAP audits the quality of care provided by neonatal services who

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<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2021#:~:text=The%20overall%20percentage%20of%20preterm,groups%20to%20be%20preterm%20births>.

¹⁷ <https://digital.nhs.uk/data-and-information/publications/statistical/maternity-services-monthly-statistics/november-2023-experimental-statistics>

look after babies born preterm, with a low birth weight or who have a medical condition requiring specialist treatment. The NNAP monitors preterm mortality in neonatal units and rates of conditions common in preterm births. It also records optimal perinatal care of preterm babies, such as rates of deferred cord clamping, or administration of relevant medicines to the woman in advance of a preterm birth. These data are summarised and published annually in a report with a 10-month lag.¹⁸ The annual data is also available by neonatal unit/hospital on their online dashboard.¹⁹

73. The Neonatal Data Analysis Unit uses the NNRD to publish neonatal brain injury findings, including for preterm births, when commissioned to do so by the Department of Health and Social Care – usually annually. Further, MBRRACE looks at perinatal mortality by gestational age, so preterm births are grouped.²⁰

74. Across the data sources, preterm is defined slightly differently. NNAP specifies babies born with a gestational ages less than 32 or 34 weeks, depending on the metric. MBRRACE, MSDS and the ONS define preterm birth as less than 37 weeks gestational age.^{1,21}

Research priorities to prevent preterm birth and improve care for babies and mothers, with a focus on developing evidence-based practice

75. The Department of Health and Social Care commissions research through the National Institute for Health and Care Research (NIHR). This translates into improvements in outcomes for patients, service users, carers and the public, and improvements in the efficiency, effectiveness and safety of the health and social care system.

¹⁸ <https://www.rcpch.ac.uk/resources/national-neonatal-audit-programme-summary-report-2022-data#data-from-the-audit-years-2010-2021>

¹⁹ <https://nnap.rcpch.ac.uk/default.aspx>

²⁰ https://www.npeu.ox.ac.uk/assets/downloads/mbrpace-uk/reports/perinatal-surveillance-report-2020/MBRRACE-UK_Perinatal_Surveillance_Report_2020.pdf

²¹ <https://digital.nhs.uk/data-and-information/publications/statistical/maternity-services-monthly-statistics/january-2022-experimental-statistics/births>

76. In January, the Secretary of State for Health and Social Care announced new women's health priorities for 2024 including bolstering maternity care, before during and after pregnancy. The NIHR have made significant investments into research focused on reproductive health and childbirth and are committed to commissioning vital research to level up the playing field for women's health.

77. The first ever NIHR Challenge was launched on 13 March 2024 and acknowledges that poor pregnancy outcomes, such as preterm birth, disproportionately affect Black and Asian women from the most socio-economically deprived backgrounds. This funding call, backed by £50 million, will task researchers and policymakers with finding new ways to tackle maternity disparities by bringing together a diverse consortium, funding research and capacity building, with the aim of increasing the evidence base to address maternity inequalities.

78. The NIHR currently has a number of active awards to prevent preterm birth and improve care for babies and women. Examples include:

- The PIONEER study²² is investigating whether Pravastatin has an effect on preterm birth rates. Awarded £2.6m through the NIHR EME programme and will run between 2023-2028
- The C-STICH 2²³ is looking at the effectiveness of a rescue stitch to keep the neck of the womb closed in order to prevent preterm birth or miscarriage. Awarded £1.3m through the NIHR Health Technology Assessment and will run between 2018 and 2027.
- The neoGASTRIC study²⁴ is a multicentre randomised control trial in the UK and Australia. It is looking at whether the routine measurement of gastric residual volumes of milk in the stomach of preterm babies helps to progress to a full feed faster.

²² [Pravastatin to prevent preterm birth \(PIONEER\): a parallel group randomised placebo-controlled trial - NIHR Funding and Awards](#)

²³ [C-STICH 2: Rescue Cervical Cerclage To Prevent Miscarriage and Preterm Birth a Randomised Controlled Trial - NIHR Funding and Awards](#)

²⁴ [The neoGASTRIC trial: Avoiding routine gastric residual volume measurement in neonatal critical care, a multi-centre, randomised controlled trial - NIHR Funding and Awards](#)

Awarded £2.4m through the NIHR Health Technology Assessment and will run between 2022 and 2026.

79. The NIHR has also previously funded the following studies in relation to preterm birth:

- The OPPTIMUM study²⁵: a multicentre, randomised, double-blind trial that investigated the effectiveness of progesterone administered via the vagina in reducing the risk of preterm birth. Awarded £2.2m through the NIHR Efficacy and Mechanism Evaluation Programme, a Medical Research Council and NIHR partnership. It ran between 2008-2015, its findings²⁶ were published in 2017 and were used as evidence to inform the Preterm labour and birth NICE guideline [NG25]²⁷.
- £2.4m was awarded²⁸ through the NIHR Global Health Research Units and Groups programme to establish the NIHR Global Health Research group on preterm birth and stillbirth at the University of Liverpool (the DIPLOMATIC collaboration)²⁹. The project ran from 1st April 2018 to 31st March 2021.
- While not exclusively focused on preterm births, the IPPIC (International Prediction of Pregnancy Complications) Collaborative Network has individual participant data (IPD) of about 3 million pregnancies³⁰. This large global repository, which was originally funded to predict pre-eclampsia, includes 14 UK and 66 international datasets. The database was set up using funding from the NIHR Health and Technology Assessment Programme. A recent NIHR Evidence Alert highlighted research

²⁵ [Does progesterone prophylaxis to prevent preterm labour improve outcome? \(OPPTIMUM\) G0700452 - NIHR Funding and Awards](#)

²⁶ [Vaginal progesterone prophylaxis for preterm birth \(the OPPTIMUM study\): a multicentre, randomised, double-blind trial - The Lancet](#)

²⁷ [Recommendations | Preterm labour and birth | Guidance | NICE](#)

²⁸ [NIHR global health research group on preterm birth and stillbirth at the University of Liverpool \(the DIPLOMATIC collaboration\) at the University of Liverpool - NIHR Funding and Awards](#)

²⁹ [NIHR Global Health Research on reducing Preterm and Stillbirth \(DIPLOMATIC\) | The University of Edinburgh](#)

³⁰ [External validation, update and development of prediction models for pre-eclampsia using an Individual Participant Data \(IPD\) meta-analysis: the International Prediction of Pregnancy Complication Network \(IPPIC pre-eclampsia\) protocol - PubMed \(nih.gov\)](#)

that found that black women around the world have worse pregnancy outcomes³¹, including preterm pregnancies, is one of many studies that have made use of the dataset. The full paper can be found here³².

80. The NIHR is committed to creating opportunities to build research capacity across the country to drive progress in priority areas, including maternal and neonatal health. These studies are being led by a midwife, a physiotherapist, a neonatologist, and an obstetrician, respectively - showcasing the multidisciplinary nature of research into pre-term birth.

- The IMPART³³ study will evaluate the implementation of the Preterm Birth Surveillance Pathway in three different hospitals and explore what factors impact implementation. This is expected to lead to a set of recommendations for implementing the pathway in different hospitals so that it is taken up effectively across England. Awarded ~£400,000 through the HEE/NIHR Integrated Clinical Academic Programme³⁴ and will run between 2020 and 2025.
- The HEE/NIHR Integrated Clinical Academic Programme have also awarded ~£270,000 to a study seeking to understand and evaluate how parents of babies born very prematurely experience developmental follow-up, through a study that aims to improve the quality and value of enhanced developmental surveillance and support for preterm infants and their families³⁵.
- The neoWONDER³⁶ study seeks to establish whether linked datasets of routine information can be used to determine the

³¹ [Pregnancy outcomes: Black women globally have worse outcomes \(nihr.ac.uk\)](#)

³² [Effects of race and ethnicity on perinatal outcomes in high-income and upper-middle-income countries: an individual participant data meta-analysis of 2 198 655 pregnancies - The Lancet](#)

³³ [IMPART Implementation of the Preterm Birth Surveillance Pathway: a RealisT evaluation \(including a realist literature scope\) - NIHR Funding and Awards](#)

³⁴ [HEE-NIHR Integrated Clinical and Practitioner Academic Programme | NIHR](#)

³⁵ [Improving the quality and value of enhanced developmental surveillance and support for preterm infants and their families - NIHR Funding and Awards](#)

³⁶ [neoWONDER: A Whole Population Data linkage approach to improving long-term health and wellbeing of preterm babies - NIHR Funding and Awards](#)

impact of preterm birth and care interventions, and is therefore taking a whole population data linkage approach to improving long-term health and wellbeing of preterm babies. Awarded ~£1 million through the NIHR Fellowship Programme³⁷ and will run between 2020 and 2026.

- The NIHR Fellowship Programme have also awarded ~£1.3 million to a study seeking to understand whether fetal MRI can be used to predict which babies have an infection in the womb and which are likely to develop complications after preterm birth, to establish an individualised risk prediction of fetal infection and development in pregnancies that deliver preterm, using advanced MRI techniques and machine learning³⁸.

NIHR Evidence

81. To facilitate evidence-based practice, NIHR Evidence provides easy access to research findings in key areas. It features plain language summaries of health and care research that's funded by NIHR and others. These summaries can help people to make informed decisions about health and care – whether they are a member of the public, a health or care professional, commissioner or policy maker.

- NHS quality improvement programme reduces the risk of cerebral palsy in newborns³⁹ [May 2023] / Case study⁴⁰.
- Updated evidence on progesterone to prevent preterm birth in at-risk pregnancies⁴¹ [Feb 2019]

³⁷ [NIHR Fellowship Programme | NIHR](#)

³⁸ [Individualised risk prediction of fetal infection and development in pregnancies that deliver preterm using advanced MRI techniques and machine learning - NIHR Funding and Awards](#)

³⁹ [Reducing the risk of cerebral palsy in newborns \(nihr.ac.uk\)](#)

⁴⁰ [Preventing cerebral palsy in premature babies | NIHR](#)

⁴¹ [Progesterone may prevent preterm birth in at-risk pregnancies \(nihr.ac.uk\)](#)

NIHR Infrastructure

82. The NIHR invests significantly in centres of excellence, collaborations, services and facilities to support research in England. For example, NIHR Biomedical Research Centres⁴² (BRCs) are collaborations between world-leading universities and NHS organisations that bring together academics and clinicians to translate lab-based scientific breakthroughs into potential new treatments, diagnostics and medical technologies.

- The NIHR Imperial Biomedical Research Centre (BRC)⁴³ has a theme on Pregnancy and Prematurity, which covers research areas including preterm birth, as well as miscarriage, stillbirth, real world data, and addressing long-term health impacts. The NIHR Imperial BRC manages the National Neonatal Research Database (NNRD), a national resource holding real-world clinical data captured in the course of care on all admissions to NHS neonatal units in England, Wales, Scotland and the Isle of Man.

James Lind Alliance

83. NIHR funds the infrastructure of the James Lind Alliance (JLA) to oversee the processes for Priority Setting Partnerships (PSPs). PSPs aim to help patients, carers and clinicians work together to agree which are the most important evidence uncertainties affecting their particular interest, in order to influence the prioritisation of future research in that area.

- The Most Premature Babies Priority Setting Partnership (PSP)⁴⁴ aims to identify the top 10 questions about the very premature babies born before 25 weeks of gestation, in order to guide future research funding.

⁴² [Investing in infrastructure | NIHR](#)

⁴³ [Pregnancy & Prematurity – NIHR Imperial Biomedical Research Centre](#)

⁴⁴ [The Most Premature Babies Priority Setting Partnership \(PSP\) | Most Premature Babies | NPEU \(ox.ac.uk\)](#)

- A Preterm Birth James Lind Alliance Priority Setting Partnership⁴⁵ was started as part of a £1.8m project⁴⁶ funded by NIHR in 2011. In 2014, the JLA published 15 research priorities⁴⁷ around Preterm birth.

NIHR research findings

84. In addition, NIHR have highlighted the following recent research findings from studies in the maternity and neonatal field:

- [Children born early at increased risk of developmental disorders](#) (08 December 2023)
- [Risk of premature birth 50 per cent higher in mothers with poor mental health: NIHR-funded report](#) (16 August 2023)
- [Improving outcomes for very preterm babies and their parents](#) (24 May 2023)
[Single stranded suture threads could prevent pregnancy infection complications](#) (24 October 2022)
- [Premature birth could be predicted sooner with test for bacteria](#) (24 August 2021)
[New risk model may improve the prediction of preterm birth](#) (08 July 2021)

24 April 2024

⁴⁵ [Preterm Birth | James Lind Alliance \(nih.ac.uk\)](#)

⁴⁶ [Improving quality of care and outcome at very preterm birth - NIHR Funding and Awards](#)

⁴⁷ [Preterm Birth Top 10 | James Lind Alliance \(nih.ac.uk\)](#)