- Frequency and length of time for delayed cord clamping.
- Time for umbilical line placement, colostrum administration, and parent updates.

The team presents the results through multiple forums including biannual 'Awareness days' which are a fun way to update and educate staff using presentations, competitions, simulations and bite-sized teaching. They are a platform for launching new initiatives and equipment and are accompanied by social media updates and emails for staff unable to attend.

In December 2018 the PQoC group produced a lanyard card to help staff deliver more consistent care pre, during and post delivery.

In October 2019, we have launched a re-useable 'Checklist' to be used at delivery with the aim to improve documentation and adherence to the guideline. If the guideline was not adhered to or documentation is incomplete, the care will be discussed with the team involved.

Results The lanyard card was received very positively. 69% of colleagues reported that the lanyard card had changed the care they had provided to a preterm admission. In particular, the medical staff commented on how useful it is to have a prompt card to brief the team pre delivery and use for teaching. The nursing team reported feeling more confident at setting up the bedspace and getting umbilical lines ready. There was an improvement seen in the percentage of babies who received delayed cord clamping from 38% to 55% and the average time from 45 to 53 seconds. However, there were not significant improvements in other audited areas.

We are awaiting results from the introduction of the 'Checklist'.

Conclusion The PQoC group are very passionate about providing preterm babies with optimal care from birth. We continuously strive to improve care through creating and evaluating different initiatives.

G120(P) ABSTRACT WITHDRAWN

G121(P) THINK MAGNESIUM: CONCERTED MULTIDISCIPLINARY IMPROVEMENT INITIATIVE TO INCREASE ANTENATAL MAGNESIUM UPTAKE IN < 30 WEEK PRETERM BIRTHS

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Aim There is compelling evidence that magnesium sulfate (MgSO₄) given antenatally in threatened preterm labour is neuroprotective and reduces risk of cerebral palsy in offspring. National Neonatal Audit Programme (NNAP) in the UK monitors compliance to antenatal magnesium uptake in births < 30 weeks. Our centre was a negative outlier (16% vs 43% national average) for this audit measure in the 2016. Our aim was to improve MgSO₄ compliance by at least 50% within the first year and then to sustain achieved improvement.

Methods A multidisciplinary improvement team comprising of neonatologists, obstetricians and midwives was formed. This team process mapped a preterm mother's admission to understand enablers and barriers to timely MgSO₄ administration.

A driver diagram conceptualised overall aim, primary & secondary drivers to inform change ideas. Change ideas (MgSO₄ awareness sessions, clear guideline, preterm labour proforma, Think Mg posters, ward level champions, daily safety huddles, monthly display of compliance figures) were tested in iterative PDSA cycles. Number of preterm births <30 weeks between a non-compliant episode was plotted on a g chart which displayed performance over time.

Results In 2016, only 3/20 (15%) preterm mothers received antenatal MgSO₄. With improvement efforts and monitoring via PDSA cycles and g charts we saw a steady increase in MgSO₄ uptake. In 2017 10/18 (56%) and in 2018, 14/18 (77%) received antenatal MgSO₄. Opportunities between events 'g' chart tracked number of eligible births between a noncompliant episode. There were a few deliveries with short arrival to delivery intervals in late 2018, with drop in our compliance. Further analysis of these cases highlighted certain delays in triage ward, and they were addressed. Overall, in a 3-year period MgSO₄ compliance rose from 16% to 77%. We also involved service users, by providing a parental information leaflet and including a check box in golden hour care checklist.

Conclusion Using a well-structured quality improvement plan, we were able to understand the barriers to MgSO₄ use and systematically introduce changes that resulted in improved compliance. Collaborative working between multidisciplinary staff across specialties was key to our success and we hope to further scale up and sustain the improvement.

G122(P) ABSTRACT WITHDRAWN

G123(P) REAL TIME RESOURCE LOCATOR FOR ACUTE NEONATAL TRANSFER SERVICE (ANTS): LOCANTS, A COMBINED TOOL AND SYSTEM FOR EFFICIENCY GAINS IN ACUTE NEONATAL TRANSFER

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Aims Technological improvement remains a constant need in neonatal transport. ANTS is responsible for a large geographical area (6 counties, 15% of UK) with a large population density (>68,000 deliveries/yr, > 6.168 million people). 13 transfer services out of 14 in UK are unable to meet nationally agreed key performance indicator (KPI) of mobilisation (60 min) for time critical transfers. Time taken to complete the clinical referral, collating and checking all resources (drugs, vehicle etc.), availability of teams are the main contributory factors for this delay. To improve the efficiency of transport service we are developing a tool, LocANTS ; to validate this tool we introduced a small part of this as a manual version (paper/screen) which is updated daily at 08:00 to localise available resources from January, 2019.

Method The paper copy includes on-call team/shift, pending transfers, vehicle, equipment, stock medication related updates, road and weather conditions, regional cot status, review of