



Using Innovation to Reduce Term Admissions to SCBU: The Bobble Hat Care Bundle

Background:

Between 3-5% of term (born ≥37/40) babies are admitted to SCBU each month. As part of a CQUIN target, we were challenged to reduce the number of term babies admitted.

All of the term admissions to SCBU were analysed by a multidisciplinary team to identify themes and trends. On average, 23.75% of term admissions were as a consequence of hypothermia and/or hypoglycaemia. A review of practice was undertaken to identify why babies were becoming hypothermic and/or hypoglycaemic. Percentage of Term Admissions to SCBU for Hypoglycaemia/Hypothermia



Pre-Introduction

Findings:

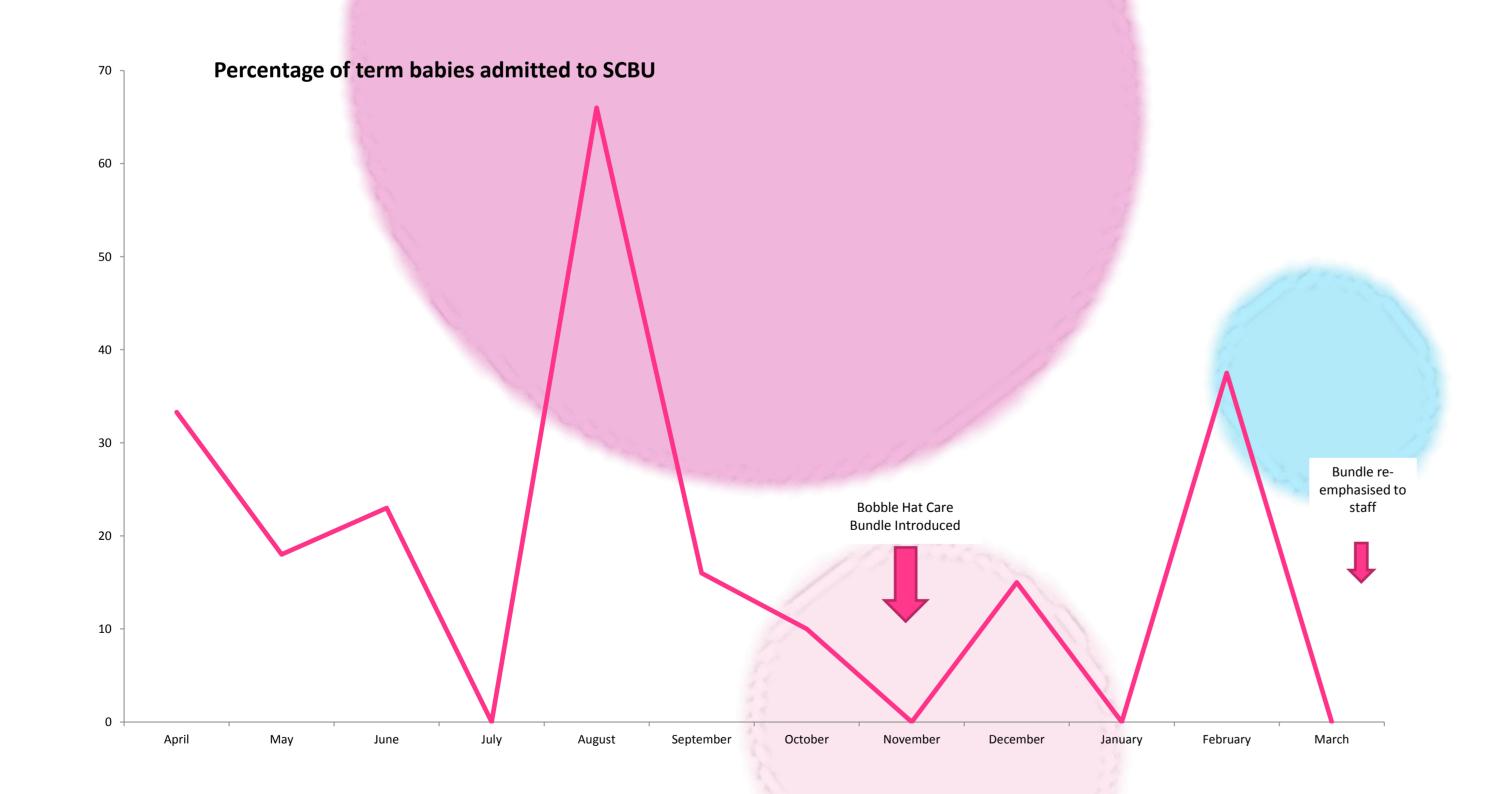
The review of practice revealed that babies and mothers were not assessed holistically, and that the babies were getting cold whilst skin-to-skin.

Change:

A holistic risk assessment tool was introduced which involved assessing both mother and baby. This included the mother's ability to look after baby (based upon parity, clinical condition at birth and type of delivery), as well as the baby's clinical condition and risk factors.

Mothers and babies were categorised into one of three groups: the 'green' group were self-caring and discharge could be planned for after six hours of age. The 'amber' group may require extra support to establish feeding and observation in the first few hours of life. The 'red' group required more extensive input from the multidisciplinary team, and included babies admitted to transitional care. The risk assessment included guidelines on frequency of observations and when the family could consider discharge home.

Measures to improve skin-to-skin contact were also introduced, including ensuring that all babies have a hat put on as soon as possible after birth.





Results:

There was a reduction in the number of term admissions to SCBU for hypoglycaemia or hypothermia from 23.75% to 10.5%. Following introduction of the bundle, an increase in admissions was noted in February. However, in total, fewer babies were admitted to SCBU and there were fewer deliveries that month.

Conclusion:

Following the success of the introduction of the Bobble Hat Care Bundle, which showed a marked reduction in the term admissions to SCBU, we involved the local community in knitting hats for our babies. This includes local Guide groups who have produced the bobbles. Ongoing audit to ensure the Bobble Hat Care Bundle remains effective continues via audit and practice changes as required.

