CLAHRC NWC
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NHS
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CLAHRCBITE

Brokering Innovation Through Evidence

TITLE: NEST@Home (Neonatal Early Supported Transfer Home)

The aim of this project was to evaluate existing discharge home processes for well babies born 4 to 6 weeks early from Lancashire Teaching Hospital Trust's (LTHTr) Neonatal Unit and develop a new care pathway that would enable safe, early supported transfer home.

Background

Nationally, five percent of babies are born 4-6 weeks early and many remain in hospital longer than their mother, primarily for feeding support. Longer hospital stays, and mother-baby separation is known to have detrimental effects on bonding and can cause difficulties for mothers establishing and sustaining breastfeeding. Further, travel and subsistence costs for parents traveling and staying with their baby increases family financial, social and caring stresses. NEST@Home seeks to address these problems by promoting early supported transfer home.

What did we do?

A project team from LTHTr Neonatal Unit and UCLan's Supporting Evaluation and Research in Child and Family Health (SEaRCH) research group was formed and NEST@Home was successful in its application to be supported by CLARHC NWC's Partner Priority Programme. We designed an evaluation of current discharge processes to develop the NEST@Home pathway which involved:

- Audit of the numbers and lengths of stay of babies born 4 to 6 weeks early admitted to the LTHTr neonatal unit
- Review of evidence to find out what is known about early transfer home for babies born 4 to 6 weeks early
- Parent survey questionnaire / Stakeholder consultation and engagement events
- Parent group discussion

This research is funded by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care North West Coast (CLAHRC NWC).

A review of evidence identified three key baby-led milestones (maintenance of their body temperature and breathing and sufficient oral feeding without distress) to be achieved prior to transfer home. Care providers practices that facilitated parental readiness and neonatal early supported transfer home were: early transfer home planning, comprehensive parent preparation, rooming-in, skilled community neonatal teams, at home nasogastric tube feeding.

Stakeholders reached a consensus that NEST@Home would be good for babies, families and enable effective use of neonatal resources. Through participatory exercises our stakeholders agreed an, evaluation and evidence-informed, new baby and family-centred NEST@Home pathway making use of existing resources and identifying pathway resource needs such as communication and escalation pathways.

Our evaluation found support for the NEST@Home pathway, which with the right resources, training and support at the right time and place, could be safely implemented. The strength of the NEST@Home pathway has been its development by the people most affected by it.

How did we involve people:

Parent Public Advisors and representation from nursing, midwifery, neonatal and paediatric medicine, dietetics, health visiting, commissioning, social care and the regional professional network participated in co-production events.

What next?

- Develop a flow diagram of NEST@Home pathway and escalation processes.
- Secure resources to recruit and train staff to increase capacity of the neonatal outreach team.
- Implement NEST@Home pathway for well babies born 4 to 6 weeks early.
- Evaluate implementation of NEST@Home in terms of reduced length of stay and equitable access.
- If successful, upscale NEST@Home pathway to other areas and for babies with more complex needs.

What is NIHR CLAHRC NWC?

The mission of the NIHR CLAHRC NWC is to work collaboratively with Partner organisations and other stakeholders including members of the public to co-produce and conduct high-quality, leadership enhancing, applied research designed to decrease health inequalities and improve the health of the population of the North West Coast.

http://www.clahrc-nwc.nihr.ac.uk/index.php

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