

NEST@home

The Neonatal Early Supported Transfer home project

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Introduction

6-7% of babies are born 4-6 weeks early⁽¹⁾ and often need to stay in hospital to receive specialist care. This can cause health inequalities associated with:



Financial Stress



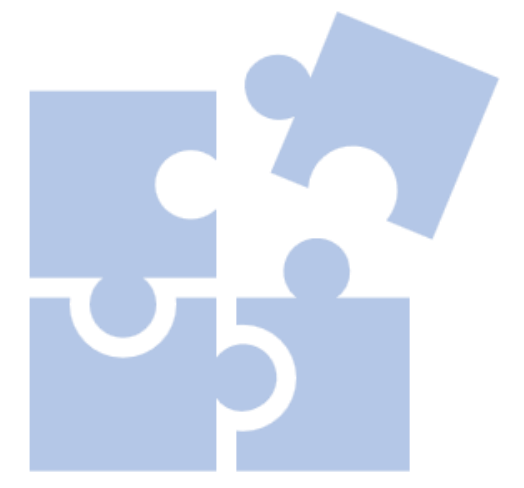
Length of Hospital Stay



Breastfeeding



Baby's Development⁽²⁾

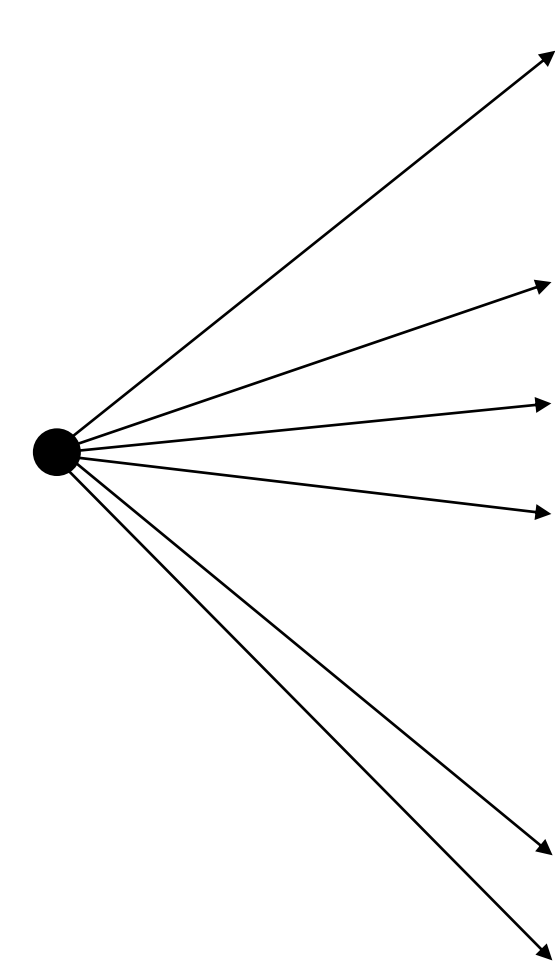


Separation & Attachment⁽³⁾

Evaluation of the Existing Discharge Process

An evaluation of existing discharge processes for late preterm infants was undertaken (PPP2) in order to develop a new pathway known as **NEST@home**

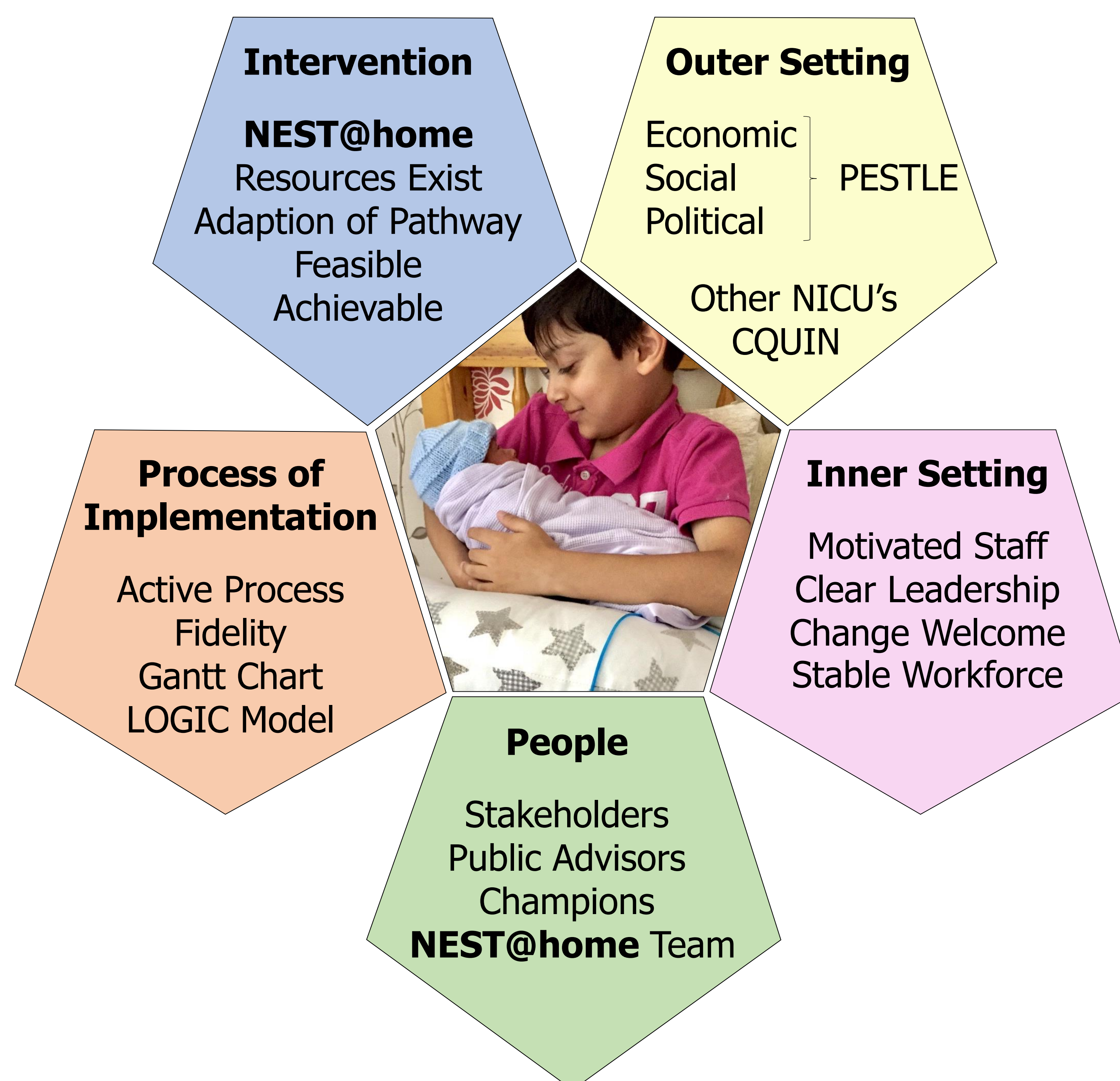
- Literature Review
- Stakeholder Engagement Events
- Parent Questionnaires
- Parent Discussion Group



Key Initiatives identified for early transfer home e.g. discharge planning, Outreach teams, nasogastric tube feeding, parent preparation, rooming-in
 Parents did **not feel involved** in discharge decision making
 Parents reported **uncertainty** about discharge date & **frustration** in delays
Four main themes identified from Parent discussion group: **Guilt** (home v hospital), **Juggling** (multi-tasking), **Stagnation** (lack of progress – feeding & growing) and **New Roles** (parenting a preterm baby & learning new skills)
 Parents wanted to take their babies home as soon as possible with suitable **support**
NEST@home is desirable and addresses **Health Inequalities**

Consolidated Framework for Implementation Research⁽⁴⁾

For PPP3 the CFIR was used to create and guide the **NEST@home** implementation plan



Implementation to Date

- Business case approved
- Pathway resources developed
- Parent satisfaction questionnaire developed
- Data collection (eligible & non-eligible infants/length of stay/readmissions and reasons why)
- Escalation pathway agreed with stakeholders



- Neonatal outreach extension/service expansion
- Recruitment to support service expansion
- **NEST@home** to go live – concurrent monitoring and evaluation
- Dissemination of findings



References:

- (1) Boyle EM. Time to address the knowledge gaps for late preterm births. *Acta Paediatrica* 2018; 107: 1484-5
 (2) Casiro OG, McKenzie ME, McFayden L, Shapiro C, Seshia MM, MacDonald N, et al. Earlier discharge with community-based intervention for low birth weight infants: a randomised trial. *Pediatrics* 1993; 92 (1): 128-34.
 (3) Laddem M, Damato E. Parenting and supportive programs. *NAACOG's Clinical Issues in Perinatal and Women's Health Nursing* 1992; 3 (1): 174-87.
 (4) Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, & Lowery JC. Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implement Science* 2009, 4 (50): doi:10.1186/1748-5908-4-50