SPECIALIST NEONATAL transport services are essential parts of care provision for sick and premature babies. But, according to a report from the charity Bliss, such transfers are too often 'understaffed, under-resourced and part time'.

The review of the UK’s 17 regional neonatal services looked at everything from staffing levels and the co-ordination of services, to how quickly they respond to calls. It found shortfalls in every area.

Bliss chief executive Caroline Davey says the findings are worrying, but not due to a lack of dedication among the doctors and nurses staffing the services.

'Parents of premature and sick babies tell us how much they appreciate the committed, hard-working staff who do their best to provide high quality care,' she says. 'However, even parents recognise that these professionals are being pushed to their limits.'

Ms Davey says extra investment is 'urgently needed so that every baby has the best chance of survival and quality of life'.

Problems with vehicles and equipment were identified too. Three of the 17 services had no road vehicles equipped for neonatal transport and had to rely on ambulances becoming available.

The report is also critical of air ambulance provision, pointing out that there was 'no provision at all' to fly babies in heated incubators in England.

Co-ordination of transport services and neonatal units also came under fire. Services are meant to have a single point of contact with hospital staff, but only half of the transport services had such liaison staff in place 24 hours a day, while one had no liaison staff at all.

Bliss also asked about response times and received answers from nine services. Transport teams are meant to set off from their bases within one hour of receiving a phone call in at least 95% of cases, but only one of the nine services confirmed that it was meeting this target. The report says this issue is of 'particular concern'.

One of the main causes of these problems is staffing. Transport teams are typically composed of middle-grade doctors, band 6 and 7 nurses, and advanced neonatal practitioners. Six out of 11 services that provided information about staffing levels reported that there was at least one gap in their rota.

Staff received the most criticism in the report about their ability to communicate. Parents who gave feedback to Bliss said this should improve. One mother who followed an ambulance transporting her daughter said that, when its siren and lights were put on, she thought something

Understaffed transfer services may put infants’ lives at risk

Bliss report claims that neonatal transport crews are missing response time targets due to lack of resources

As part of the research, staff at 17 regional transport services were asked to report on their performance over one week. Findings show that, while national standards demand that services are available 24 hours a day and seven days a week, four of the 17 services had no overnight teams, which meant the neonatal units had to rely on neighbouring services. One region had no dedicated transport service.

Service co-ordination

The number of transport staff varied too, with one service undertaking an average of 178 transfers per team over the year and another almost 500 such transfers.

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The report highlights a lack of senior nurses in transport teams and notes that, because such teams tend to be small, they struggle to cope with short-notice absences. In some instances, the report states, staff shortages were so bad that the service could not be provided.

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Neonatal transfers 2014-15 in numbers

- About 16,000 transfers of premature and sick babies are undertaken
- 44% of transfers are to a more specialist unit
- 44% are to less specialised units because the baby's condition has improved
- 8% are because of a lack of capacity, usually too few staff or bed shortages
- 4% are for outpatient appointments
had gone wrong and became distraught. On arrival at hospital, a nurse explained to her that the ambulance crew were just minimising the transfer time. She told Bliss: ‘Once this was explained to me, I was fine, but it would have been better if someone had mentioned it before they set off.’

Some of the statistics in the Bliss report are shown in the panel below left.

Increasing demand
An NHS England spokesperson says the transport system is under pressure partly because of ‘increasing demand’, but that services in England and Wales are as good as those in other European countries. A spokesperson for the Scottish Ambulance Service says that ‘high quality clinical care is being delivered’.

Professionals working in the field are less convinced, however. Neonatal Nurses Association chair Denise Evans says that, where services are ‘commissioned appropriately, they provide a fantastic service, but in too many cases, are stretched’. She adds: ‘What are being flagged up here are directives. They should definitely be happening, but aren’t.’

‘We know from previous Bliss reports that there are shortages in units and this puts even more strain on the service.

‘Equally, because the transport services are stretched, staff on the wards spend more time trying to find solutions and waiting for ambulances. This vicious circle must be addressed.’

Royal College of Paediatrics and Child Health president Neena Modi agrees. ‘Babies born unexpectedly sick or premature often need immediate transfer to specialist neonatal units. Delay in transfer can seriously adversely affect babies’ chances of good outcomes, so this situation is unacceptable in a modern health service.

‘Neonatal services have already had substantial cuts to funding,’ Professor Modi says. ‘This report illustrates the severity of the situation. The birth of a sick or premature baby is an anxious time for parents and the findings in this report will add to their distress.’

The report can be downloaded from www.bliss.org.uk/neonataltransport

Nick Evans is a health writer

Travellers warned about Zika virus

The PHE guidance states:

- Women should be told to avoid becoming pregnant while in an area with active Zika transmission and for 28 days after return.
- If a pregnant woman cannot postpone travel, she should be told about the risks.
- Pregnant women who have recently travelled to affected countries should report this to their primary care clinicians, obstetricians or midwives.
- Pregnant women who develop Zika virus symptoms should be tested for the infection when symptoms are present and referred for an ultrasound.
- All people travelling to affected areas should take measures to avoid mosquito bites.

The advice also explains what patients should be told about taking precautions when having sex. The risk of transmission is ‘thought to be low’, the guidance says, but male-to-female sexual transmission has been reported.

- Men who have travelled to affected areas should use condoms for 28 days, even if they have not had Zika symptoms.
- Male travellers diagnosed with Zika or who are exhibiting its symptoms should continue to use condoms for six months.
- Male travellers whose partners are pregnant should continue to use condoms throughout the pregnancy, regardless of whether they have developed symptoms of Zika.

The guidance adds that patients who have recovered from Zika require no further investigations and can be reassured that the infection is typically short lived. It also advises healthcare staff that people who have recently travelled to affected areas ‘do not pose a risk as long as universal precautions are followed’.

PHE director for health protection Paul Cosford says: ‘This advice will be kept under review and updated as more information becomes available.’

Find out more

Public Health England guidance is available at tinyurl.com/z7mndqg

National Travel Health Network and Centre updates and advice can be accessed at tinyurl.com/hdtxghm

Public Health England guidance links the mosquito-borne disease in pregnant women with high risk of microcephaly in children

NHS STAFF working in primary care have been advised to take a more precautionary approach to the Zika virus, particularly with pregnant women.

Updated guidance from Public Health England (PHE) states that nurses should advise pregnant women to postpone non-essential travel to areas with disease outbreaks, where previously they would have been advised simply to reconsider such travel.

The PHE guidance also warns nurses and other clinicians to expect patients to ask for health advice and letters to justify suspension of travel to affected areas in South and Central America and the Caribbean.

The US Centers for Disease Control and Prevention has recently confirmed that the Zika virus causes birth defects, including microcephaly, a syndrome in which children are born with unusually small heads.

The National Travel Health Network and Centre provides the latest advice on which countries are affected. Brazil, where the Olympic and Paralympic Games are taking place later this year, is on the list.

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