Re-audit of unexpected term admissions to the neonatal unit at Ealing hospital, London
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Objective
Term admissions to neonatal unit not only represent a significant increase in workload and costs to the health service, they can also be traumatic experience for the parents. In 2012 an audit was carried out of all unexpected admissions > 37 weeks to the neonatal unit. We re-audited these admissions in 2013, identifying any improvements by investigating overall causes and potentially avoidable factors.

Methods
Data was collected retrospectively of all term admissions to neonatal unit January to December 2013 and compared with the data collected over the same time frame collected in 2012. Gestation, birth weight, mode of delivery, delivery time frame and final diagnoses were all noted.

Results
There were 243 unexpected term neonatal admissions over this 2 year period. Overall causes of neonatal admissions in 2012 and 2013 were comparable, however there was a reduction in 2013 of admissions due to sepsis (25% vs 13%). Admissions for RDS was also reduced (6% vs 7%). However rates of hypoglycaemia (17% vs 22%) and meconium aspiration (6% vs 20%) had increased in 2013 compared with 2012. Admissions following elective caesarean section was higher in the 2012 group (14% vs 7%). There was an improvement in steroids administration for elective caesarean sections when performed < 39 weeks. In 2013 75% of patients received steroids compared with only 43% in 2012. All emergency caesarean sections were graded (1-3) to specify a time target for delivery. In 2012 these target times were reached in 64% of cases in 2013 in 80% of cases.

Conclusion
This re-audit has highlighted that improvements in patient care may have avoided some unplanned admissions to the neonatal unit. Improvements however still need to be made in order to ensure that all elective caesarean sections prior to 39 weeks receive steroids and all emergency caesarean sections are delivered in accordance with their grade time-target. Early review and better management of hypoglycaemia is also recommended. A new protocol has been created to help reduce the number of neonatal admissions secondary to this. Furthermore a new guideline on intra-partum meconium is also being created.