



BAPM Working Group to develop a Framework for Practice for Neonatal Care of Moderate - Late Preterm Infants

Terms of Reference

Background, General Terms and Purpose

Historically, infants born moderately preterm (32-33 weeks of gestation) and late preterm (34-36 weeks of gestation) have been poorly studied and their outcomes have been assumed to be similar to those of infants born at term. However, recent studies have consistently highlighted poorer neonatal and long-term outcomes in this group, when compared to infants born ≥ 37 weeks. There are also substantial increased costs associated with the perinatal care for this group of infants.

Although information about outcomes is now available there is only sparse evidence to guide optimal neonatal care. There is also uncertainty among clinicians about whether routine follow-up in this group is desirable; this is not currently offered. There is only limited information for parents addressing issues of more mature preterm infants. In the absence of clear evidence-based guidance, it has been agreed by the BAPM EC that a multidisciplinary Working Group should be formed to develop a consensus-based Framework for Practice for the Care of infants born moderately - late preterm.

The group will include in their consideration:

1. Settings in which care for moderate-late preterm infants may be optimally delivered;
2. Appropriate routine monitoring to reduce risks of common neonatal conditions associated with moderate-late preterm birth;
3. A framework for minimum care for moderate-late preterm infants;
4. Enhancing breast feeding in moderate-late preterm infants;
5. Appropriate discharge criteria for moderate - late preterm infants;
6. Post-discharge support for families of moderate-late preterm infants including liaison with community teams.

Membership

The proposed representation within the group is as follows:

Chair:

Dr Elaine Boyle

**Members:**

- Ms Kate Dinwiddy - Executive Manager of BAPM
- Local Neonatal Unit Neonatologist/ Paediatrician
- Special Care Unit Paediatrician,
- Midwife
- Neonatal Nurse
- Nursery Nurse
- Infant feeding specialist
- Parent representative(s)

Meetings and Timeline

It is envisaged that there will be a 1-2 face-to-face meetings, with subsequent development and finalisation of the statement and framework by email correspondence and/or teleconference. A first draft of the framework will be delivered by Autumn 2017.

Reporting

The group will report to the BAPM Executive Committee and this will be followed by circulation of a proposal to the BAPM membership for consultation.

Responsibility and Accountability

The group is responsible to the BAPM Executive Committee and accountable to the BAPM membership.

Probity

The group will operate under the arrangements for probity as set out in the BAPM conflicts of interest policy. All group members will be required to complete a declaration of interest form which will be held in the BAPM office and made available on request.

Expenses

BAPM will cover reasonable travel and subsistence costs for attending members as outlined on the BAPM expenses claim form.