From the President

The Annual General Meeting and Joint Scientific Meeting with the Obstetric Anaesthetists’ Association held at Yarm near Middlesbrough was a great success. Sunil Sinha, Mandy Bruce and Trish Hawkins and their team of helpers organised everything perfectly and I’m sure everyone who came will want to join me in thanking them for all their hard work.

The business agenda raised a lively debate over many of the burning issues that face perinatal medicine and good ideas were put forward which the executive will take forward. We elected six new Honorary members and the new Chief Executive of BLISS, Bengie Walden gave a review of the charity’s work and support for BAPM. One of two purpose built neonatal ambulances was on display.

Elizabeth Bryan gave the 2001 Founders Lecture “The impact of multiples”. With her wealth of experience and commitment to this subject no one could have given a better and more interesting lecture. Thank you Libby!

Founders Lecture

The Founder’s Lecture for 2001 was given by Elizabeth Bryan who has devoted her professional life to the support of families with multiple births. She discovered, while doing research, that there was little support for such families and no written information about their problems. She set about filling the gap.

She has recently retired from her post as Reader in Paediatrics at Imperial College and is the present President of the International Society of Twins Studies. She gave a lecture that reviewed the problems and joys of twins; it was characteristically entertaining.

From the President continued on back page

Specialist Paediatric Pathology

A Working Group consisting of members of the RCOG, RCPath, RCPCH, BAPS and BAPM together with informed members of the public is producing a report that will attempt to “Restore and develop specialist Paediatric Pathology – a small but critically important adjunct to Obstetrics and Paediatrics”.

This paper aims to
a) raise awareness of the importance of specialist Paediatric Pathology for parents and children;
b) propose practical solutions for the government and the profession to implement in order to recreate a first class service.

The unanimous opinions of the Working Group are clear:
1. Pathology and histopathology services for children should be provided in the long term only by paediatric pathologists and those with relevant specialist expertise. This is a matter of training, experience and governance.
2. Paediatric pathology should be concentrated at selected specialist paediatric surgical/oncological and tertiary referral maternity sites. It should cover all post mortem examinations (inclusive of hospital and coroner’s), and all surgical and oncological work, and other work related to fetuses, infants and children.
3. Paediatric pathology cannot be subsumed by general or other specialist pathologists without a further major reduction in both service and quality
4. The action necessary to achieve this requires recognition of the special nature of paediatric pathology by Government, Health Service Commissioners and the Medical Royal Colleges and their Associations.

The needs are clear but the mechanism for getting them understood and acted on (ie point 4 above), particularly with the current world situation, are rather less clear. The plan is that a finalised document with concrete recommendations is available towards the end of January 2002.

Neil McIntosh
**Expert Reference Group**

The Department of Health Expert Reference Group in Neonatal Intensive Care was convened during the Autumn of 2000 against a background of increased awareness of problems within neonatal services. These centred upon evidence of an unsatisfactory standard of clinical care as shown by the PETS study, a national shortage of trained neonatal nurses and the recognition that units could not be staffed medically to an adequate standard in the face of falling numbers of Specialist Registrars.

The membership is multi-disciplinary including paediatric, obstetric, neonatal nurse, midwife, health service manager and lay representation. The paediatricians on the Committee are Professor Wilkinson, Professor Marlow, Professor Field, Dr Patricia Hamilton (representing the RCPCH), Dr Janet Rennie (representing BAPM), Dr Richard Miles, Dr Michael Webb and Dr Rollo Clifford and Professor Kate Costeloe.

The stated purpose of the work undertaken is “To review the national provision of Neonatal Intensive Care and to consider how access to the highest quality care can be provided for sick or premature newborn infants and their families within the goals and objectives of the NHS”.

The group met on four occasions, the final meeting being in early September 2001. In addition, there were four working groups. The first, led by Professor David Field, addressed medical staffing; the second, led by Ms Katrina McNamara, on nursing. Professor Marlow’s group made recommendations as to how Managed Clinical Networks might work and a group led jointly by Professor Costeloe and Dr David Hughes has led to a project being taken forward under the direction of Dr Hughes, developing a computer tool kit for modelling the impact of different changes of service configuration.

**Guidelines**

We are all familiar with the increasing importance given to “Guidelines” in underpinning clinical practice. At recent Executive meetings we have discussed the extent to which BAPM can have a role in contributing to Guidelines in relation to perinatal care. It is fair to say that our conclusion has been that BAPM is too small and has insufficient resources to take a leading role in this area but as an organisation we nonetheless do have a role in such work.

NICE is developing Guidelines or carrying out audits in relation to a number of topics relevant to perinatal care and BAPM has registered an interest in wishing to comment on these during the development phase.

The topics are:

**Guidelines**
- Infertility services
- Routine Antenatal care
- Caesarean section

**Audit**
- Parenteral nutrition
- Caesarean section

**Health Technology Appraisal**
- Routine anti-D prophylaxis for rhesus negative women

We shall be looking for individuals keen to take part in this process by reviewing draft documents. If you have a particular interest in any of the above topics and would like to be considered for this role, please contact dfield@uhl.trent.nhs.uk

Some topics are clearly not suitable for guidelines since there is insufficient evidence. In these circumstances it can be helpful to have a consensus statement by a professional body such as BAPM eg in relation to the management of babies at the edge of viability. This type of role clearly remains part of BAPM’s remit and we are happy to hear from members directly or through their representatives, of topics they would like considered.

**Newborn Life Support**

Many members will be aware that there is now a Neonatal Life Support course accredited by the Resuscitation Council. We heard at the AGM in Middlesbrough that the number of courses is slowly increasing as more centres come online but more are needed. Passing this course will become the standard for front line staff involved in resuscitation and therefore all delivery units will need to have easy access to training for their own staff members. It is important for all units to consider how they will deal with this issue and who locally should try to become trainers (individuals are identified during the NLS course as appropriate for instructor training). For more information about NLS courses contact www.resus.co.uk

On 29 June 2001, a meeting was held at the RCPCH when representatives from each of the Health Regions in England met with staff from the Department of Health to report on progress.

A draft report of the Group’s work has already been circulated and revised by ERG Members. It is anticipated that the final version will be available around the end of the year.

The report endorses the second edition of BAPM “Standards for Hospitals providing Neonatal Intensive and High Dependency Care” including the definition of Levels of Neonatal Unit described therein. It also supports the organisation of neonatal services on the basis of Managed Clinical Networks. The consultation period will be accompanied by a bid to be considered in the forthcoming government spending round for new money to support improvements in staffing in the neonatal services.  

Kate Costeloe

**Diary Dates**

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<th>Year</th>
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<tr>
<td>2002</td>
<td>Feb</td>
<td>BAPM Executive Committee</td>
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<td>April</td>
<td>RCPCH Spring Meeting, York</td>
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<td>May</td>
<td>TBC Clinical Trials Group, Annual Meeting</td>
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<td>June</td>
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<td>AGM &amp; Founders Lecture, Reading</td>
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<td>Annual Scientific Meeting (joint meeting with BFMMS), Reading</td>
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Letter from the Secretary

It was with some trepidation that I took over as Secretary of BAPM as, having been on the Executive Committee for four years, I was all too aware of the growing agenda with which BAPM was involved. Issues such as training, standards, accreditation, and providing professional advice to a variety of specialist reviews and committees are now all part of BAPM's work. These are not issues that the Association wishes to avoid since they are all fundamental to the working lives of our members and the quality of perinatal care. That BAPM is seen as having an important voice in relation to these topics is in no small part due to the work of my predecessors. In this regard I want to add my own particular thanks to Janet Rennie. This is a suitable point to thank Alison Saunders who recently gave up the role of BAPM Administrator to work full time for BACCH. She should have left some time ago but “held the fort” until a replacement could be appointed so our particular thanks to her.

I also would like to welcome Christine Cooper, our new Administrator, whom I am sure many of you will meet and/or telephone in the months ahead. Through the newsletter, I hope to provide you with as much information as I can about the various topics with which BAPM is involved as they progress. We intend to ask BAPM representatives on Committees and Working Parties to use the newsletter to provide brief feedback about any developments that have occurred (a list of our representatives is available via the BAPM office).

We will try to give an update on training issues in each newsletter as the system is currently in the middle of some major changes, particularly in relation to the training of neonatologists. It is for this reason that we hope to run an annual study day for trainees (see separate notice) where specific training issues can be raised with those involved in developing the structure. We do not wish to make this specific to neonatology and where possible will include parallel sessions for those undertaking obstetric training.

Finally, members will note that we are experimenting with a new format for the newsletter, thanks mainly to the skills of our new Administrator in this area. We would be interested in any views that members might have about the new layout.

David Field

Neonatal data collection

The move towards organising units throughout the UK into Managed Clinical Networks has added to the already growing demand for good quality data to support neonatal care. The development and assessment of these services depends on the ability to gather information on how the networks function. Quality assurance is vital and each unit must gather data to monitor workload and results of practice.

The data gathered will then need analysis at different levels:

- **Locally** - units will want to monitor progress and use data for audit
- **Regionally** - for strategic planning (including important information on cross-regional flows)
- **Nationally** - for overall UK strategic decisions, setting and monitoring of standards, meaningful benchmarking exercises and interpretation of trends.

(A successful national platform will also support a collaborative research network.)

Many units already have their own data system but the ideal situation would be a platform that allows each unit to gather data for the various datasets yet avoids duplication of effort. In particular, units must feel that they get a ‘good return’ for their effort.

The proposal put forward to BAPM by Clevermed uses software that links to a unit’s existing database but also can be used to input data if there is no existing system. Validation, anonymisation and encryption are done locally before data is transmitted to the central server, where it can be analysed by unit, region or as nationally combined data. An interactive web site is crucial for reports and user-defined queries.

Funding of this project is still being discussed but the SE Region has given funding and a small project is starting involving 10 units. Data from this project will be available on the central site in early 2002.

Discussions are being held with Regions about whether their need for data can feed directly into the national dataset. In the longer term central money may be available.

As a means of support for a research network it is likely that the data will be useful to commercial companies, who may be willing to support the project and funding from commercial sources has been considered. However, no commercial funding would be accepted without the full agreement of BAPM. It is important to stress that no company could ever expect automatic access to any data, and all requests would first be considered and cleared by BAPM.

More information is available on www.neonatal.net

Andrew Lyon

New Telephone Number!

The BAPM office has a new telephone number - 020 7307 5682

New Handbook

The 2000/2001 issue of the Handbook is now out of print and we will be preparing the new issue very soon.

This is your last opportunity to let us have any change in your contact details. We have enclosed an Update for Handbook form to assist you. Please return it to Christine Cooper at the BAPM office or email your details to bapm@rcpch.ac.uk

Email communication

We intend to rely increasingly on the web and email as a means of communication with members as this will be more efficient and save money for the organisation. It will place an onus on members to make sure the BAPM Administrator has an up-to-date email address for them. The system will also rely on members having access to the web. We are keen to know if individual members feel this will cause a particular problem. Please contact either the BAPM office or your local representative.
National Training Day
for SpRs in Neonatal Medicine

Date: Thursday, 6 June 2002
Venue: Durham University Stockton Campus, Stockton-on-Tees

This is an important educational event organised by the BAPM for higher specialist and core trainees who are intending a career in neonatal medicine. It is designed to provide detailed information regarding specific training requirements and career pathways, and will be addressed by key people including:

- **Professor Peter Hill**, Lead Postgraduate Dean for Paediatrics
- **Professor Neil Marlow**, Chair of the College Specialist Advisory Committee (CSAC)
- **Professor Andrew Wilkinson**, President of BAPM
- **Professor Malcolm Chiswick**, President Elect of BAPM
- **Professor David Field**, Honorary Secretary to BAPM
- Other distinguished faculty members

The format of the meeting will be interactive and trainees will be given full opportunity to raise any pertinent questions. There will also be a clinical session at the end of the day designed to discuss “Hot Topics” in neonatology, where participants will have an opportunity to “Meet the Professors” from the UK and USA.

This is a one day meeting preceding the 10th Annual Neonatal Conference held at Middlesbrough. There is a modest fee of £30.00 for those attending the National Training Day but there will be no charge for those trainees registering for the Neonatal Conference taking place on 7 and 8 June 2002.

For any further information, please contact the BAPM office or the local organisers by email: m.d.bruce@ncl.ac.uk

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Peter Hope, Consultant neonatologist in Oxford, a loyal colleague and friend, died after a battle against illness on the 14th October. He was an astounding clinician and teacher as well as being a strong supporter of BAPM and Associate editor of Archives. Our condolences to his wife Sue and sons Chris and David.

Many members will have been involved in recent discussion about developments in the provision of perinatal services. BAPM was consulted early in the process and has been well represented by members from the full range of departments. The fundamental aim is to establish national recognition that new additional funding is needed at all points. Better care will not come about by just redistributing the scarce and valuable resources that we have at present. Although change will take time it does seem there is a will to plan appropriate services for all babies and their families. These are exciting times with the prospect of real improvements for our patients as well as for the professionals who work to deliver the best care.

We are delighted to welcome Christine Cooper, our new Administrator, who now has a new dedicated BAPM telephone number 020 7307 5682. She has wide experience and the new layout of this newsletter is an example of her skills. Please let her know your e-mail address as we hope to go fully electronic in 2002.

BAPM is being approached more often than ever before for professional advice. Members play a valuable and important role in this process. If you have special interests and expertise please let Christine know so the details are available when needed.

**Best wishes for the soon-to-be-upon us festive season and for 2002.**