



BAPM News

Issue No 6

May 2003

From the President

Since it was founded in 1976 BAPM has lived up to its stated aims and continues to make important contributions to the improvement of perinatal care across the British Isles. In the coming years we can anticipate the National Children's Framework rolling out, implementation of a National Strategy based on the recent review of Neonatal Intensive Care Services, the possibility of Foundation Hospitals, CEMACH being put to the test, and of course, continuing staffing pressures for doctors, nurses, and midwives.

As various initiatives unfold we need to ensure that they are joined up in a way that promotes the practice of perinatal medicine. It has never been easy to get across to non-medical managers the implications of the continuum between fetal and neonatal life and the range of expertise that underpins that continuum. Too often perinatal medicine is simply equated with neonatal intensive care. The membership of BAPM needs to reflect the broader concept. Although our membership is growing rapidly, we do need to encourage the nomination of individuals who contribute to the advancement of perinatal medicine in the broadest sense. Personally, I'm looking forward to the time when among our membership are some committed senior health service managers with a special interest in perinatal services, especially those involved in commissioning.

As well as increasing the diversity of our membership, BAPM needs to engage the many members who want something more than being just names on a membership list and attendees at the AGM. Members already contribute to the regional development of BAPM through their representatives. There is scope here for many local initiatives but activity, which is reported back at the regular meetings of the Executive Committee, is patchy at present.

Recently the Executive has been discussing the organisation's priorities and strategies. Some of these issues will be debated at our AGM and will involve a

much greater role for our members. Given that BAPM's aim is to improve standards of perinatal care we should surely be taking a lead in producing guidelines for perinatal practice. An important constraining factor is the work needed to produce high quality guidelines that review the strength of evidence, and at the same time provide credible and coherent practical information for users. We need to focus on just a few priority areas to begin with. This could be achieved through Working Groups drawn from the membership because that is where the expertise is to be found.

Another way of improving standards is learning by error. We are accustomed to sharing information from critical incident reporting across our individual NHS Trusts. However, it may be that BAPM could act as a central database for sharing perinatal incidents and the lessons learned from those incidents. Here the interest is not so much in the well established risks which we are already familiar with, but with new risks arising from the introduction of novel treatments, new equipment and diagnostic tools. In this way, perinatal lessons from one hospital could be rapidly shared across the country so positioning our specialty "ahead of the game" with respect to risk management.



Prof Malcolm Chiswick, President

National Trainees Day (for Neonatal and Obstetric SpRs) Wednesday 25 June 2003

Venue: RCOG, 27 Sussex Place
Regent's Park, London NW1

09.30-10.00 Registration and coffee

JOINT SESSION

- 10.00-10.30 The Changing Environment for Training
- 10.30-11.00 Non-clinical competencies
- 11.00-11.30 Perinatal networks and their impact on the service
- 11.30-12.00 Handling Risk Management in Perinatal Medicine

12.00-13.30 Lunch, with surgery (individual sessions)

SEPARATE SESSION – NEONATAL

- 13.30-14.15 Sub-specialty Training in Neonatal Medicine
- 14.15-15.00 What I wish they had told me BEFORE I became a Consultant
- 15.00-15.30 Academic Training in Neonatal Medicine

SEPARATE SESSION – OBSTETRICS

- 13.30-14.00 What do the Trainees want?
- 14.00-14.30 A future in Obstetrics
- 14.30-15.00 Sub-specialty Training in Materno-Fetal Medicine
- 15.00-15.30 Academic Training in Obstetrics

15.30-16.00 Refreshments

JOINT SESSION

- 16.00-16.45 When to avoid in-utero transfer
Why in-utero transfer is always preferred

16.45 Close

Financial Issues

The Executive has had feedback that some members are unhappy at having to pay to attend the AGM.

Certainly in the early 1990s the AGM was "free" in that it was covered within the costs of the Annual meeting. However, as the Association has grown and NHS Trusts and Universities have become more hard nosed about charging for the use of their facilities, this has not been possible. That is to say, it would be possible by adding an AGM levy to the subscription fee but this seems unfair as perhaps only 10% of the membership now attend the AGM.

I would also like to remind members that we occasionally sell our membership list, in the form of a set of labels, to companies or organisations that we feel members would be interested to hear from. **If you do not wish your address details to be given out or if use your home address as a correspondence address for BAPM information but only wish us to give out your work address when selling labels, please contact Christine Cooper to let her know.**

Finally on the financial front, can I remind our longstanding members that some are still paying both by direct debit **and** standing order. It would be wise to check your bank statements.

David Field

Nurse practitioners

In the last nine months or so I have exchanged letters with the Chief Nurse and her colleagues on the subject of nurse practitioner prescribing. There was concern about the extent to which it was legal for nurse practitioners to prescribe drugs that other nurses then gave. I would be interested to hear whether the replies we have had have "dealt" with this problem or whether there are still outstanding issues that need clarification. The letters are available on the website.

Can you help?

I would like to build up a small library of photographs which we have permission to use for publications like an Annual Report, the newsletter etc. Any contributions (with necessary permission) would be gratefully received.

Christine Cooper

RDS Guidelines

Many of you will be aware that, because of the cost of meeting the current rigorous standards regarding the production of guidelines, the Executive had decided not to update the RDS guidelines originally produced in 1998. However, following a number of requests to reconsider because of the importance of RDS in relation to perinatal medicine as a whole, we are now planning to produce a new version of the guidelines. Our strategy will be as follows:

- The work will be divided into sections, very much in line with the original version of the document.
- During June, I hope to identify individuals to lead the work on these various sections.
- The section leaders will have a discussion about methodology once all the relevant individuals have been identified. This will probably take place as a telephone conference.
- Each leader will be asked to assemble a small team to review relevant evidence and produce a draft

guideline. Leaders will be encouraged to form their team from clinicians in teaching and non-teaching settings and also using a broad geographical spread across the UK. Where possible nurses and or nurse practitioners should also be involved and one or more parents. Unless a face to face meeting becomes essential it is intended that all communication will be electronic. Christine Cooper at the BAPM office will be able to help assemble the teams.

- The draft sections will then be placed on the BAPM website for a period of perhaps four weeks during which the membership will be able to submit comments.
- The final guideline will then be assembled.

If you are keen to be part of this process please e-mail Christine Cooper explaining your interest and any particular aspect of the guideline you would like to be involved with. We will then do our best (depending on the scale of the response) to match individuals to the particular topic areas.

David Field

The Honorary Secretary's Role

The Hon Secretary, alongside the President, provides an important link with outside organisations, seeking to raise the profile of the Association among politicians and government bodies, other royal colleges and health organisations, health professionals and parents' organisations.

In conjunction with the Administrator, the Hon Secretary oversees the administration of the Association and its personnel. This involves taking a lead in formulating strategy, working with other officers and EC members to plan the future activities of BAPM. It also includes dealing with correspondence and emails, responding to consultation documents and requests for advice, preparing BAPM's official view in relation to a variety of policy issues. The Hon Secretary has a role in preparing the Association's Newsletters, reviewing minutes and ensuring that the decisions of the AGM and Executive Committee meetings are carried out. The role also involves some monitoring of the proposed content of the website.

The Hon Secretary oversees the organisation of BAPM's main meetings and works with members of EC and, where relevant, representatives from other organisations, to set the content of

those meetings. They are

- The AGM
- The Annual Scientific symposium
- The Perinatal Session at the RCPCH Spring Meeting
- The BAPM Clinical Trials Group meeting
- The Trainees Day

There are also a variety of other meetings at which BAPM representation is requested and these tasks are shared among the executive.

He/She will be an "ex officio" member of:

- RCPCH CSAC (Neonatal Medicine) which oversees specialist neonatal training – 4 meetings per year and some other tasks such as taking part in inspection visits;
- RCPCH Specialty Board – 2 meetings per year
- BAPM Clinical Trials Group

The person elected will join the executive as Hon Secretary Elect from September 2003 and serve for one year in this role. After the AGM in September 2004 he/she will become Hon Secretary for 3 years.

I anticipate that the role will take up to 2-3 days per month.

David Field

Letter from the Honorary Secretary

It was a great relief to me (and I am sure many others) when the National Review of Neonatal Care was finally released for consultation in April. The long delay has caused a number of problems particularly planning blight in many parts of the country. Most of you will know that the document was originally scheduled for release in late March but was postponed because of the outbreak of hostilities in Iraq. This was particularly depressing, as at that time the delay appeared open ended. However we are now in the consultation phase. BAPM will of course respond (BAPM as an organisation was not part of the process of developing the document but several members did have an active role) and we are keen to hear the views of members in the next few weeks to help inform our response.

Sanjeev Deshpande contacted us to suggest that it might be helpful to have a discussion board, based on the BAPM website, about the topic of the National Review. I do not think we can do this because of the time commitment by either myself or one of the other officers in responding to the various points raised. However, I hope we can post the responses we get on to the website so that members can judge the range of opinions put forward. I would just make a plea that members bear in mind that this is a plan for the future given that, by all the evidence we have, our current model of service delivery is unsustainable. Therefore suggestions of ways of improving the proposed model would be particularly welcome.

I mentioned in the last newsletter that we had a number of plans for widening the activities of BAPM and involving more members. I am not able to enlarge on those since, purely by chance, the next executive falls just after this newsletter goes to press. However, there will be more about this in the AGM papers and the AGM itself.

I did mention last time that we would accept letters from members for inclusion in the newsletter but I suspect that will not prove very useful. This is simply because so much communication is now electronic that issues rapidly become out of date. However, what we will try and do is pick up and expand on any themes that members have raised either by letter or e-mail.

Just a couple of points about the BAPM Clinical Trials Group. Probably the most important point is membership. BAPM originally set up the Trials group in order to promote perinatal trials. The main aim was to improve communication between those wishing to run a particular trial and those wishing to recruit. It has therefore always been run on the basis that all relevant professionals (BAPM members or not) could register to receive mailings. However it is important to note that if you are on the Trials Group mailing list you are not automatically a member of BAPM. This has been a matter of some confusion in recent weeks. The second point is that if you wish to have a Trial included on the Trials Group section of the website, there is now an on-line form that can be completed.

It was good to see a large number of members at the Perinatal session in York. The meeting went very well but it was sobering to find that two of the papers were presented as videos because Professor Ng, who submitted them, was unable to travel from his home in Hong Kong because of the SARS outbreak.

Please encourage as many trainees as possible, interested in pursuing a career in either neonatology or obstetrics, to book for the Trainees Day on 25 June 2003. This is only our second meeting aimed specifically at trainees and the first to include both disciplines. We hope that the day will be helpful to those already in training and also those at present considering career choices.

Whilst on the subject of meetings I will remind everyone that the AGM and Annual meeting take place at the RCOG on 4 and 5 September. The theme will be Intra Uterine Growth Restriction. We will be having a limited number of free papers but our intention is to choose the best submitted rather than restrict the choice only to those that conform to the main theme of the meeting. Details of

how to submit an abstract can be found on the BAPM website. **Closing date for submission of abstracts is 6 June 2003.** Please remember that there are separate booking forms for the AGM and Annual meeting (please see previous news letter for background!).

Please also remember to let us know in the next month or so if there are particular issues you would like covered at the AGM or alternatively if you would like to propose particular individuals for honorary membership.

Included with this mailing are nomination papers for:

- Hon Secretary (to serve on the Executive for one year as Hon Secretary Elect and then 3 years as Hon Secretary)
- Deputy Obstetric Representative (to serve for 3 years as deputy followed by three years on the Executive);
- Deputy Neonatal Representative for the North of England and Wales (to serve for 3 years as deputy followed by three years on the Executive).

Please feel free to contact the Hon Secretary or other members of the Executive about what is involved with these roles. Elsewhere in the Newsletter is an outline "job description" for the Hon Secretary which gives a little more information about that role. Depending on the response, elections will then follow.

Those of you who follow BAPM business closely will know that, at the last AGM, the executive were charged with considering both simplifying and widening the representative structure of the executive. Proposals will be put forward at this year's AGM but anyone elected in this next round will automatically be incorporated into any new structure.

Best Wishes
David Field



Families and Post Mortems

The DoH model consent forms, leaflets and supporting video/CD/DVD are now available, together with the Code of Practice and an Interim Statement on the Use of Human Organs and Tissue. All may be ordered (free of charge) from the NHS Responseline Tel: 08701 555455; Email: doh@prolog.uk.com or are available from the BAPM website.

Vitamin K for all in Bristol, 1970

In 1969 I made the suggestion that all newborn babies at Southmead Hospital, Bristol, should receive ½ to 1mg of Vitamin K intramuscularly at birth, rather than just a selected risk group of 20%. However, this proposal was rejected outright by our hospital administrator on the basis that the extra cost of £4,800 for disposable syringes, needles and ampoules was unacceptable.

A year later, during a discussion of this matter with a group of medical students, one of them, who later became a professor of physiology, suggested "why not give the vitamin orally?". I had not at the time appreciated that vitamin K would be absorbed satisfactorily by this route. However a little research assured me that it would, and so without delay an instruction to this effect was circulated throughout the maternity department. Only some months later did I discover that, because no oral preparation was available, the midwives and nurses had been in the habit of using sterile syringes and needles to withdraw the contents of sterile vitamin K ampoules, before squirting them onto small disposable spoons for oral administration. Naturally I kept very quiet about this discovery, though at the same time actively, though unsuccessfully, pursuing efforts to persuade the World Health Organisation, Roche and others to market a cheap, one-dose capsule of Vitamin K for oral use.

The administration of Vitamin K to all babies, nowadays taken for granted, was not widely accepted or practiced in the UK 25 to 30 years ago. Twelve years after introducing vitamin K for all babies at Southmead in 1970, I was able to report (Lancet, 1982; 2, 770) that among some 31,000 infants born in the University of Bristol Maternity Department, there had been only one diagnosis of haemorrhagic disease of the newborn, an infant born to a mother on anti-convulsant therapy.

*Peter M. Dunn
Bristol*



Mark Reid, Jim Clinch, Andrew Wilkinson, Denis Gill, Peter Dunn, Garth McClure, Henry Halliday

A National Neonatal Audit Centre?

Those who receive (and read!) the various e-mail messages that we send out will know that the DoH are keen to establish a national neonatal audit centre for England. Presumably this will be run on similar lines to those established for paediatric and adult intensive care.

We sent a message at the end of March seeking up to 10 individuals, from England primarily, with relevant experience and who were willing to attend a meeting, with specialist commissioner representatives, to discuss the "scope" of the exercise. In the event we had nearly 50 volunteers and I would like to thank everyone who put themselves forward. I chose a short list based on experience (although I did not include everyone from some very experienced teams) and geography (I tried to make sure a wide cross section of the UK was covered). The meeting is due to take place on 3 June 2003. I will report back further details as things progress.

ANNP.uk – first conference

I was delighted to be invited to chair a session, on behalf of BAPM, at the first conference of this group held on the 11th and 12th and May. The programme was excellent and the audience extremely lively. There seemed to be much enthusiasm for future regular meetings and we wish them every success.

We hope, in due course to be able to include a copy of the group's response to the national review document (discussed at the meeting) on the BAPM website.

David Field

Another retirement?

About the time the last newsletter went to press, colleagues and friends joined in the retirement celebrations of a former President of BAPM, Prof Garth McClure. Prof McClure was one of the founder members of the Association and, as such, one of those whose vision, energy and commitment "blazed the trail" for perinatal medicine.

We thank him for all his work for BAPM and wish him all the very best for his retirement.

Diary Dates 2003

25 June 2003

National Trainees Day
at RCOG, Regent's Park, London

4 September 2003

**Annual General Meeting
and Founders Lecture**

at RCOG, Regent's Park, London, UK

5 September 2003

**Joint Scientific Meeting
with RCOG**

at RCOG, Regent's Park, London, UK

Website address
www.bapm.org

Contact Details

President:

Professor Malcolm Chiswick
Email: m.chiswick@man.ac.uk

Honorary Secretary:

Professor David Field
Email: david.field@uhl-tr.nhs.uk

Honorary Treasurer:

Dr David Lloyd
david.lloyd@arh.grampian.scot.nhs.uk

Other Executive Committee members:

www.bapm.org

Administrator:

Mrs Christine Cooper

Records Assistant:

Mrs Julia Wheal

Head Office

50 Hallam Street
London W1W 6DE
Tel: 020 7307 5627
Fax: 020 7307 5601
Email: bapm@rcpch.ac.uk

Charity No: 285357