

2. PRESENT SERVICES

Present services were reviewed in February 1986, Appendix 1.

The observations made at the time of the review were:-

- 2.1 Outcome of care in terms of the levels of stillbirths and neonatal deaths in Bristol and Weston Health Authority and Avon contrast favourably with rates achieved elsewhere.
- 2.2 Outcome of care in terms of the survival of neonates born in BMH from Avon and out of Avon has improved progressively and is maximal for neonates of birthweight above 1250 gms. When the number of neonates of birthweight less than 1000 gms and neonates with lethal congenital malformations are excluded from survival statistics, current mortality data records deaths of 5 neonates and 15 stillbirths only per annum.
- 2.3 No separate routinely available information is recorded for the outcomes of neonatal care in relation to neonatal surgery both cardiac and non-cardiac.
- 2.4 No routinely available information is recorded for measures of morbidity in relation to survival of the neonate.
- 2.5 Admissions to SCBU care for inborn neonates has been steady at around 9% of total births.
- 2.6 Admissions of non-Avon neonates to SCBU care has declined to 13.7% overall in 1984. Non-Avon neonates accounted for 22% of intensive care.
- 2.7 Admissions of non-Avon neonates transferred to the SCBU at BMH (outborn neonates) has declined to 11.5% of all SCBU admissions, with reflects in part an increase of transfers "in utero".
- 2.8 Bed-days occupied by non-Avon neonates has declined from 32% in 1983 to 17% in 1984 which reflects in part earlier transfers back to Districts of origin.
- 2.9 SCBU cots in general are under-occupied (61% in 1985). But intensive care cots are over-occupied in the sense that the median number of cots was 7 in 1985 compared with a formal staffed provision of 6 cots. The range of cots giving intensive care was 4 to 11 in 1985.
- 2.10 The increased throughput of intensive care was achieved by a fixed nursing and medical establishment. The nursing establishment was depleted at times due to staff turnover and delays in recruitment.
- 2.11 Although favourable results were achieved in terms of survival of neonates, the capacity for a fixed (or depleted) nursing establishment to maintain high levels of intensive care is problematic. In early 1986 it was necessary to restrict admissions of out-of-Avon neonates.