Don't Let Me Get Cold!

Making hats available at deliveries to keep newborns warm

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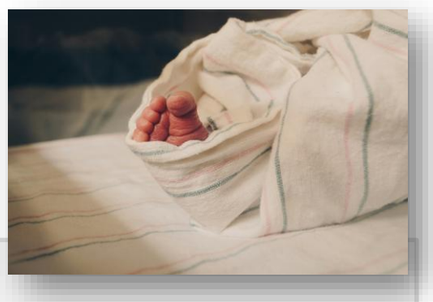
Barts Health NHS Trust



PROBLEM
Babies who get cold after birth have poorer outcomes and higher mortality rates. Lack of hats in labour ward increases the risk of hypothermia in newborns.

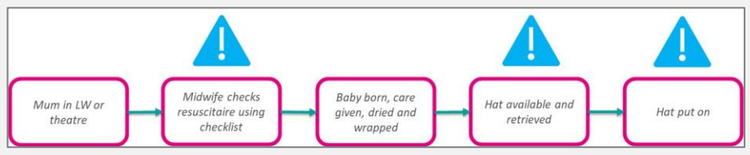
BACKGROUND

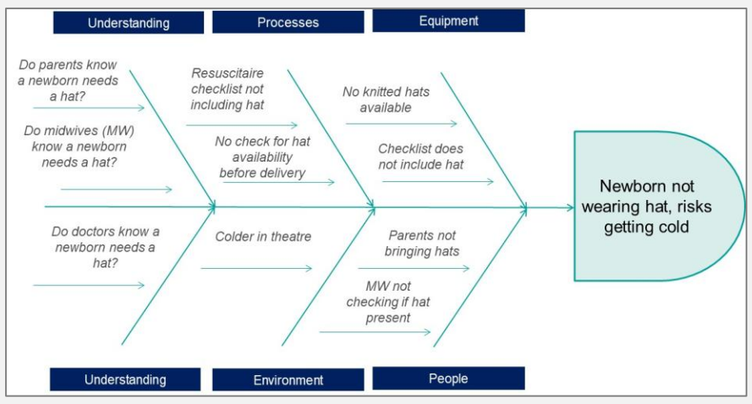
Hats are frequently not available in labour ward for newborn babies at delivery. This can increase the risk of babies getting cold after birth.

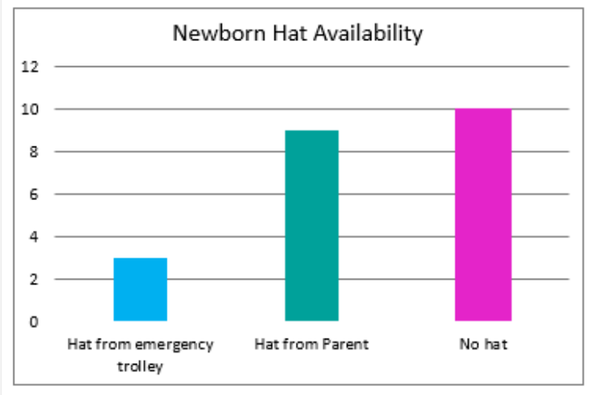
Neonatal hypothermia (temperature <36.5 degrees) increases the risk of death and poor outcomes. For every degree drop in body temperature, the risk of mortality increases by 80%. It also is associated with sepsis and poor weight gain.

A hat can help to prevent heat loss at birth.

DIAGNOSTICS







AIM

By March 2025, hats will be available and used in labour ward or theatres for 8 out of 10 newborns at the time of birth, increasing from 5 out of 10 in November 2024.

MEASURES

Hat available for newborn at time of birth and used within 5 minutes of delivery

Inclusions
Babies of all gestations, born in the labour ward or obstetric theatre
Hat available from parents
Hat available from resuscitaire/delivery space (LW/theatre)

Exclusions
Hat from emergency trolley (only meant for emergencies)
Babies born outside hospital or outside labour ward/theatre

Sampling method and frequency
All deliveries attended by neonatal team → Is a hat present and available, or not?

CHANGE IDEAS

Teaching Sessions for midwives and/or neonatal doctors on keeping babies warm at birth

Add hats to the neonatal SHO grab bag to take to deliveries and use if parent hat not available

Poster in antenatal clinic for parent education and reminder to bring a hat

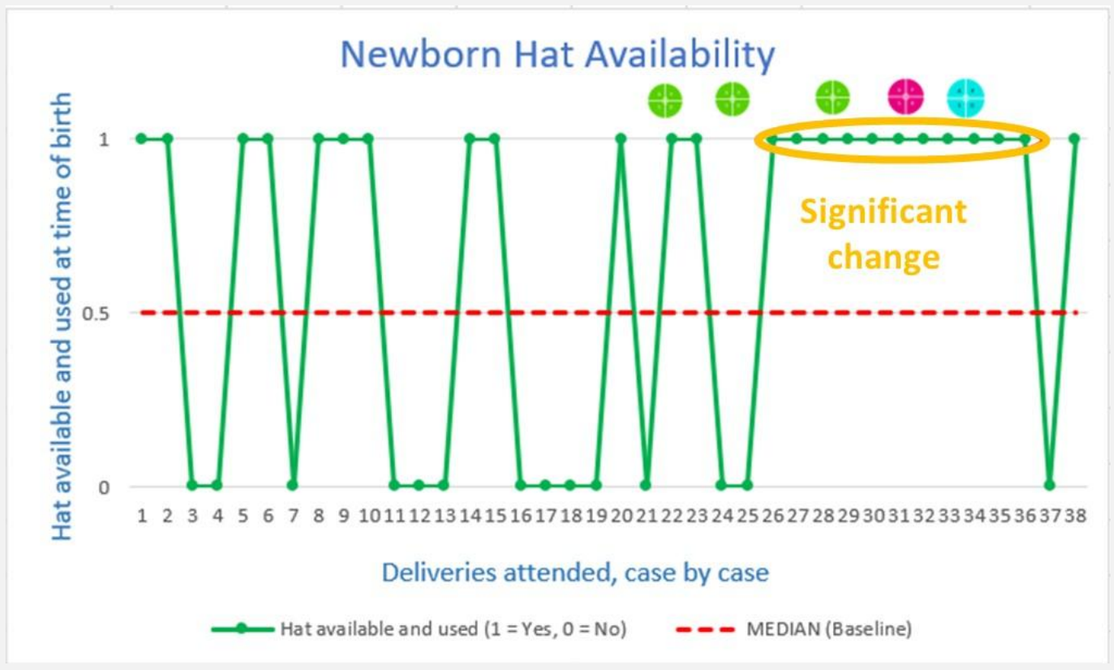
Add hats to resuscitaire stock checklist, to make hats available for all deliveries

PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1a	Speak to NICU Matron to access knitted hats and make them available for SHOs to use in their delivery grab bag.	Spoke in person and followed-up by email chain. Hat available at 1 out of 2 deliveries.	Hat availability remaining 5/10. No hats found/available for over a week, so had to delay until some were sourced!	Once hats available, speak to SHOs about taking hats to deliveries.
1b	SHOs to start taking knitted hat(s) in delivery grab bag, to take to each delivery and to use the hat if one not available.	WhatsApp message to individual SHO carrying delivery bleep with instructions each day. Hat available at 3 of 4 deliveries.	Hat available at 3 of 4 deliveries. Improvement from 5/10 to 7.5/10. Hat taken but not used on one occasion.	**Adapt**: WhatsApp to whole team not each individual on each shift
1c	WhatsApp message to whole group of SHOs with instructions regarding hats, with daily reminders over WhatsApp.	Group message sent to all SHOS, with daily follow-up reminders. Hat available at 9 out of 10 deliveries.	Improvement from 7.5/10 to 9/10. In the one delivery with no hat available, bag taken but no hats stocked in bag!	**Again**: Continue WhatsApp reminders with encouragement to stock up the grab bag.

PDSA Test #	PLAN	Do	STUDY	ACT
2	Explore possibility of adding hats to resuscitaires.	Emailed Labour Ward Matron. No response. Hats remain available at 9/10 deliveries with daily SHO reminders.	Email may not be best way of discussing this change idea. Idea would be more sustainable than daily WhatsApp messages.	**Adapt**: Try to set up face-to-face meeting with LW matron.
3	Brief face-to-face teaching session with SHOs to explain need for temperature management and plan for taking hats to deliveries until they are in the resuscitaires.	Attempted teaching session but got called away to an emergency. Hats available at 9/10 deliveries still.	Teaching sessions are difficult when on-call! But good way of engaging everyone.	**Again:** Attempt teaching session again, now including new starters.

RUN CHART



CONCLUSION

During 3 PDSA cycles, I saw an improvement in hat availability from 5 out of 10 to 9 out of 10 deliveries. The improvement was statistically significant (11 consecutive data points above the median) and exceed my aim, which was to increase to 8 out of 10.
So, yes! I did meet my aim.
Small scale changes – adding hats to the delivery grab bag and instructions and reminders over WhatsApp – allowed this improvement to happen. I have learnt that email is often not effective, and face-to-face or WhatsApp communication can be better.

REFLECTIONS & LEARNING

The Model For Improvement allowed me to implement change and meet my aim.
Small scale changes – adding hats to the neonatal SHO grab bag; regular WhatsApp reminders – had a significant impact.
A more sustainable change would be to have hats available in resuscitaires and on the equipment checklist for theatres and labour ward rooms. Trying to achieve this will be the next steps!

Acknowledgements:
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Change CHAMPION