



DEBATE PACK

CDP 2015/104, 19 November 2015

World Prematurity Day

Westminster Hall Debate Tuesday 24 November 2015, 9.30am

World Prematurity Day was on 17 November 2015. This debate has been scheduled by the Back Bench Business Committee following a bid from Chris Heaton-Harris MP.

The World Health Organisation promotes World Prematurity Day to raise awareness of the 1 in 10 babies worldwide that are born prematurely. Premature birth – when babies are born before the 37th week of pregnancy - is the [leading cause of death in newborn babies and the second most common cause of death in children under the age of 5](#).

As well as the risk to their lives, infants who are born early are more prone to serious long-term health problems like heart defects, lung disorders and neurological conditions such as cerebral palsy. They may also reach developmental milestones later and can struggle at school.

In 2013, there were 51,000 preterm births in England and Wales, around 7% of live births. The UK charity Bliss, a partner in the World Prematurity Network (the global coalition of organisations behind World Prematurity Day), campaigns to improve the outcomes of pre-term babies and their mothers in the UK. This pack focusses on material relating to NHS maternity and neonatal services in England.

The House of Commons Library prepares a briefing in hard copy and/or online for most, but not all, non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

Alex Adcock
Rachael Harker
Tom Powell

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1. World prematurity day 2015

World prematurity day 2015 is promoted internationally by the World Health Organisation (WHO) and in the UK by [Bliss](#).

1.1 World Health Organisation (WHO)

The WHO [World prematurity day 2015](#) web page contains this summary:

World Prematurity Day is observed on 17 November. Around 15 million babies are born prematurely each year, that is 1 in 10 babies born worldwide.

Of these, around 1 million babies die from complications due to prematurity. More than three quarters of these babies could be saved through better access to quality care and medicines for both mother and baby.

Complications of preterm births are the leading cause of death among children under 5 years of age. Without appropriate treatment, those who survive often face lifelong disabilities, including learning, visual and hearing problems and their quality of life is greatly affected.

In an effort to improve preterm birth outcomes, WHO has published recommendations for managing preterm births that are designed to save lives and improve the health of preterm infants. Many of these recommendations are simple, proven and cost-effective measures.

1.2 Bliss

These Bliss web pages, contain information on the issue, its work and the day itself:

[World Prematurity Day the facts](#);

[World Prematurity Day 2015](#);

[Bliss baby report 2015](#).

There is also an invitation to sign an [open letter](#) to Simon Stevens, Chief Executive of NHS England:

Dear Simon Stevens

Every year more than 77,000 babies are born in England needing specialist neonatal care. The care that these babies receive in their first hours, days and weeks of life is critical to their survival and life-long health.

However, Bliss' new report shows neonatal services under severe pressure. It highlights a grave shortage of nurses, doctors and the full range of professionals needed to deliver safe care of the quality that these vulnerable babies need and deserve.

Underpinning all of these pressures is one recurrent theme: a lack of adequate funding for services to meet the national standards set out by the Department of Health and NHS in the Toolkit for high quality neonatal services in 2009. Six years on, and most services are no closer to meeting these standards.

We welcome the work being done by NHS England and partners to review the payment model for neonatal services, and the priority being given to this in next year's NHS plans (as set out in NHS England's Commissioning Intentions 2016/17 for Prescribed Specialised Services). This work to encourage the provision of the right care for babies, in the right place, at the right time is vitally important - however we are deeply concerned that the scale of the challenge facing neonatal services is such that this goal cannot be achieved within the current funding levels identified.

We are calling on you to ensure that your review of the payment system addresses the true costs of providing neonatal care in line with the government and NHS's own quality standards, and any shortfall in funding is addressed.

If we invest properly in services for premature and sick babies today, we will reduce the care needs of these children in the future, delivering savings over the long term.

Bliss' report must be a wake-up call to take action, and we urge you to work with ministers, policymakers and commissioners to deliver the plans and investment needed to make this happen.

2. Pre-term birth statistics

2.1 England and Wales

Since 2006, ONS have published details of births by gestational age for England and Wales.

In 2013, there were 51,000 preterm births in England and Wales representing 7.3% of all live births with a known gestational age. Around 85% of preterm births occur between 32-36 weeks of gestation.

There has been little change in the percentage of preterm births since 2006.

Number of preterm births by weeks of gestation, England and Wales

	Under 24 weeks	24-27 weeks	28-31 weeks	32-36 weeks	Total pre-term	All births with known gestational age
2006	728	2,530	5,945	41,125	50,328	665,081
2007	n/a	n/a	n/a	n/a	n/a	n/a
2008	n/a	n/a	n/a	n/a	n/a	n/a
2009	683	2,533	5,858	41,997	51,071	698,861
2010	750	2,329	5,757	41,902	49,988	711,455
2011	703	2,521	5,694	42,480	50,695	714,884
2012	731	2,474	5,693	43,989	52,156	726,524
2013	703	2,365	5,503	43,132	51,000	695,988

Number of preterm births in 2007 and 2008 were published as a combined figure

[Source: ONS Gestation specific infant mortality in England and Wales](#)

Preterm births as a percentage of all births by weeks of gestation, England and Wales

	Under 24 weeks	24-27 weeks	28-31 weeks	32-36 weeks	Total pre-term
2006	0.1%	0.4%	0.9%	6.2%	7.6%
2007	0.1%	0.4%	0.8%	6.0%	7.3%
2008	0.1%	0.4%	0.8%	6.0%	7.3%
2009	0.1%	0.4%	0.8%	6.0%	7.3%
2010	0.1%	0.3%	0.8%	5.9%	7.0%
2011	0.1%	0.4%	0.8%	5.9%	7.1%
2012	0.1%	0.3%	0.8%	6.1%	7.2%
2013	0.1%	0.3%	0.8%	6.2%	7.3%

[Source: ONS Gestation specific infant mortality in England and Wales](#)

2.2 International data

An internationally comparable data collection on preterm births is not readily available. However, in 2012 Blencowe et al published a detailed analysis of international preterm birth data in the Lancet.

The table shows developed countries for which 2010 data from national statistics institutes was available.

Among these countries the highest rate was observed in the USA (12.0%) while rates in England (6.8%), Scotland (7.6%) and Wales (7.0%) were closer to the lowest country level (Lithuania, 5.4%).

Percentage of pre-term births, selected countries, 2010

	%	Rank order
USA	12.0%	1
Austria	10.9%	2
Germany	9.0%	3
Hungary	8.7%	4
Czech Republic	8.0%	5
Canada	7.7%	6
Poland	7.7%	6
New Zealand	7.6%	7
Scotland	7.6%	7
Croatia	7.4%	8
Slovenia	7.3%	9
Switzerland	7.1%	10
Wales	7.0%	11
England	6.8%	12
Spain	6.5%	13
Norway	6.3%	14
Sweden	5.9%	15
Latvia	5.8%	16
Ireland	5.7%	17
Japan	5.7%	17
Estonia	5.6%	18
Finland	5.6%	18
Lithuania	5.4%	19

Source:

[Blencow et al 2012 Supplementary Appendix data](#)

3. Media coverage

3.1 Press articles

Nursing Times, 20 November, 2015

[NICE launches bid to reduce premature birth rates](#)

Telegraph, 19 November 2015

[Half of stillbirths could be avoided through basic checks and listening to women](#)

Guardian, 17 November 2015

[Neonatal care services need investment now](#)

BBC News, 16 November 2015

[Premature babies care study launched by Sarah Brown](#)

Guardian, 19 October 2015

[NHS neonatal intensive care units 'stretched to breaking point'](#)

Guardian, 13 October 2015

[Jeremy Hunt aims to cut number of stillbirths and neonatal deaths](#)

Independent.co.uk, September 2, 2015

[Premature birth linked with less intelligence and less adult wealth, according to University of Warwick research](#)

3.2 Press releases

Department of Health and The Rt Hon Jeremy Hunt MP

13 November 2015

New ambition to halve rate of stillbirths and infant deaths

Government announces new commitment to ensure England is one of the safest places in the world to have a baby.

The Health Secretary, Jeremy Hunt, has announced a new ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% by 2030.

The number of brain injuries occurring during or soon after birth will also be targeted as part of a new commitment by the government, in partnership with consultants, midwives and other experts across the country to make England one of the safest places to have a baby.

The government will work with national and international experts to ensure that best practice is applied consistently across the NHS and that staff can review and learn from every stillbirth and neonatal death.

Maternity services will be asked to come up with initiatives that can be more widely adopted across the country as part of a national approach – such as appointing maternity safety champions to report to the board and ensuring all staff have the right training to enable them to identify the risks and symptoms of perinatal mental health.

Trusts will receive a share of over £4 million of government investment to buy high-tech digital equipment and to provide training for staff already working to improve outcomes for mums and babies. This includes a £2.24 million fund to help trusts to buy monitoring or training equipment to improve safety, such as cardiotocography (CTG) equipment to monitor babies' heartbeat and quickly detect problems, or training mannequins that staff can practise emergency procedures on.

A further £500,000 will be invested in developing a new system for staff to review and learn from every stillbirth and neonatal death. The new safety investigation unit will also be asked, once established, to consider a particular focus on maternity cases for its first year.

Over £1 million will be invested in rolling out training packages developed in agreement with the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists, to make sure staff have the skills and confidence they need to deliver world-leading safe care.

This builds on previous government commitments to invest £75 million in improving perinatal mental health services and ensuring all maternity care is considered as part of 'Ofsted style' ratings for commissioners.

Over time this initiative will allow the money spent on caring for injured children or paid as compensation to be re-invested in improved front line services.

Health Secretary Jeremy Hunt said:

The NHS is already a safe place to give birth, but the death or injury of even one new baby or mum is a devastating tragedy which we must do all we can to prevent.

With more support and greater transparency in maternity services across England we will ensure every mother and baby receives the best and safest care, 24 hours a day, 7 days a week – this is at the heart of the NHS values we are backing with funding from a strong economy.

Countries like Sweden are proof that focusing on these issues can really improve safety – with the help of staff on the frontline, we can improve standards here at home.

The ambition is part of a wider government aim to reduce all avoidable harm by 50% and save 6,000 lives by 2017, and it will form a key part of the work of the patient safety campaign [Sign up to Safety](#). The government will align next steps with the Independent Review of Maternity Services' recommendations, which is already looking at ways to improve quality and safety.

Dr David Richmond, President of the Royal College of Obstetricians and Gynaecologists (RCOG), said:

We support this initiative and our important role in it as leaders of the profession. Good progress has been made but the fact is many of these incidents could be avoided with improvements to the care women and their babies receive.

The RCOG will continue to work closely with our clinical colleagues and the Royal College of Midwives to provide better multi-disciplinary training packages and promote more effective team working, so that this aspect of care can be improved. The challenges of reducing health problems and deaths in mothers and babies due to contributory factors such as smoking, obesity and alcohol also require similar commitment.

PLEASE NOTE: On 20 November 2015 NICE published a guideline on preterm labour and birth ([NICE guidelines \[NG25\], Preterm labour and birth, November 2015](#)). The following press release relates to the publication of the draft guideline in June 2015:

National Institute for Health and Care Excellence (NICE), 01 June 2015

[NICE publishes guidelines to tackle premature birth and manage breathing disorders in children](#)

The National Institute for Health and Care Excellence (NICE) is developing a set of recommendations to help the NHS reduce the number of babies born prematurely.

NICE has also published a separate final guideline on treating one of the most common breathing disorders in young babies: bronchiolitis.

Premature labour and birth

Premature birth – when babies are born before the 37th week of pregnancy - is the [leading cause of death in newborn babies and the second most common cause of death in children under the age of 5](#). In 2012, slightly more than 52,000 babies in England and Wales – nearly 1 in 10 – were born prematurely¹.

As well as the risk to their lives, infants who are born early are more prone to serious long-term health problems like heart defects, lung disorders and neurological conditions such as cerebral palsy². They may also reach developmental milestones later and can struggle at school.

NICE has published a [draft guideline](#) for consultation which sets out the extra care a woman at risk of, or in suspected or confirmed preterm labour should receive before and during birth. Its intention is to prevent or delay early labour and reduce the associated risks to the baby.

Christine Carson, NICE clinical practice programme director, said:

“Despite medical advances, rates of premature birth have remained constant over the last 10 years. An early labour – one that occurs before the pregnancy reaches 37 weeks – can pose numerous health risks to the baby, and these risks increase the earlier that child is born.

“Although more premature babies are surviving, rates of disability among these children remain largely unchanged. The way to tackle this is to provide consistent and high-quality care to prevent early labour, which is what our draft guideline outlines. Reducing the numbers of

babies born early will go a long way towards giving infants the best possible start in life.”

Important **draft** recommendations include:

When to offer progesterone (given as a vaginal suppository) or a cervical ‘stitch’ (cerclage) to prevent or delay the onset of preterm labour

How to diagnose if a woman’s waters have broken prematurely before labour has begun and which antibiotics to offer to avoid infection.

Which drugs will help to delay labour and to whom they should be offered.

When to safely clamp and cut a premature baby’s umbilical cord.

The public consultation for this draft guideline will continue until 2 July 2015. The final guideline is expected to publish towards the end of the year.

Explanation of terms

1 According to the Office for National Statistics, 52,160 babies - 7.3% of live births – in England and Wales were born prematurely during 2012: <http://www.ons.gov.uk/ons/rel/child-health/gestation-specific-infant-mortality-in-england-and-wales/2012/index.html>

2 Henderson C, Macdonald S. Mayes midwifery: a textbook for midwives. Philadelphia: Bailliere Tindall, 2011.

About the guidance

The draft guidance for preterm labour and birth is available at <http://www.nice.org.uk/guidance/indevelopment/gid-cgwave0660>.

4. Parliamentary coverage

4.1 PQs

[Perinatal Mortality](#)

Asked by: Sandbach, Antoinette

To ask the Secretary of State for Health, if his Department will undertake a review of the causes of stillbirths and neonatal deaths in the UK so as to better understand how maternity practice can be improved.

Answering member: Ben Gummer

On 13 November 2015, the Government announced an ambitious campaign to halve the national rates of maternal deaths, stillbirths and neonatal deaths and brain injuries in babies by 2030. To help meet these aims trusts will receive a share of over £4 million of government investment to improve outcomes for women and babies. This includes a £500,000 investment in developing a new system for staff to review and learn from every stillbirth and neonatal death.

National surveillance of perinatal mortality, including stillbirth and neonatal deaths, is undertaken through the Government funded Maternal, Newborn and Infant Clinical Outcome Review Programme, which is delivered by MBRRACE-UK (Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries across the UK).

As part of the programme, MBRRACE-UK publish an annual perinatal mortality surveillance report, which identifies risk factors, causes and trends, and makes recommendations on how stillbirth and neonatal mortality rates can be reduced. A copy of MBRRACE-UK's latest perinatal mortality surveillance report can be found at the link below:

<https://www.npeu.ox.ac.uk/downloads/files/mbrpace-uk/reports/MBRRACE-UK%20Perinatal%20Surveillance%20Report%202013.pdf>

MBRRACE-UK also undertakes a rolling programme of topic specific confidential enquiries. These include a confidential enquiry into antepartum stillbirth in term normally formed infants, which is due to be published on 19 November 2015, and a confidential enquiry into intrapartum stillbirths and intrapartum related neonatal deaths, which is due to report in 2017.

19 Nov 2015 | Written questions | 15872

[Perinatal Mortality](#)

Asked by Antoinette Sandbach

To ask the Secretary of State for Health, if he will make it her policy to include stillbirths in the remit of Child Death Overview Panels.

Answering member: Ben Gummer

Child Death Overview Panels are the responsibility of Local Safeguarding Children's Boards (LSCBs). LSCBs in England have a responsibility under the Children Act 2004 to conduct child death reviews for all under 18s who die and who were normally resident in their area. They are required to collect and analyse information relating to the deaths in order to identify:

- any cases which may also require a serious case review;
- any matters affecting the safety and welfare of children in that area; and
- any wider public health or safety concerns arising from a particular death or patterns of death.

Stillbirths are not within their legal statutory remit set out in the Act and there are no plans to extend this remit.

We are however committed to reducing the number of stillbirths and want England to achieve the lowest rate of stillbirth and neonatal death in the world. The Department is currently working in partnership with the stillbirth charity Sands, and a range of key organisations including NHS England to take forward a programme of work on stillbirth prevention. Reducing stillbirth and infant mortality and improving the safety of maternity services improvement areas for the NHS in the NHS Outcomes Framework. In addition, the Department provided start-up funding for the Royal College of Obstetricians and Gynaecologists' 'Each Baby Counts' programme, which aims to reduce stillbirths, early neonatal deaths and brain injuries due to incidents in labour in the United Kingdom by 50% by 2020.

NHS England has asked Baroness Julia Cumberlege to lead a major review of maternity services to modernise care for women and babies across the country, as first set out in NHS England's Five Year Forward View.

05 Nov 2015 | Ministerial corrections | 13567

[Infant Mortality](#)

Asked by: Sandbach, Antoinette

To ask the Secretary of State for Health, what steps the Government is taking to reduce infant mortality.

Answering member: Jane Ellison

We have made reducing infant mortality an area of improvement for the National Health Service in the NHS Outcomes Framework. We are also committed to reducing the number of stillbirths and want England to achieve the lowest rate of stillbirth and neonatal death in the world.

Reducing infant mortality is also highlighted as an outcome indicator in the Public Health Outcomes Framework.

We want to improve all children's chances in life by giving families the help they need to keep their children healthy and safe. The 0-5 years Healthy Child Programme, led and delivered by health visitors and their teams, is the key universal programme for the health and well-being of children, and sets out reviews, screening, and support which aim to reduce cot death, prevent ill health and to identify and treat problems early.

MBRRACE-UK (Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries across the UK), has been appointed to continue the national programme of work investigating maternal deaths, stillbirths and infant deaths. They aim to identify what has gone wrong and why and make national recommendations on how care can be improved for all mothers and babies.

04 Nov 2015 | Written questions | 13606

[Maternity Services](#)

Asked by: Lord Taylor of Warwick

To ask Her Majesty's Government what steps they are taking to improve maternity and neonatal care in NHS hospitals.

Answering member: Earl Howe

Women should receive excellent maternity services that focus on the best outcomes for women and their babies and on women's experience of care. For premature and sick newborn babies and their families, neonatal services should deliver the best evidence-based care to improve both life expectancy and quality of life for newborn babies.

Maternity services feature prominently in the key objectives set out in the Mandate between the Government and NHS England, which states that women should be offered the greatest choice of providers and a named midwife who is responsible for ensuring she has personalised one-to-one care throughout pregnancy, childbirth and during the postnatal period, including additional support for those who have a health concern.

To support these objectives the Government has taken steps to improve the size and capacity of the maternity workforce and to improve the quality of the environments in which women give birth and are cared for. There is now a record number of midwives working in the National Health Service, nearly 2,000 more since 2010, and a record 6,400 midwifery students currently in training.

The number of midwifery-led units has increased from 87 units in 2007 to 152 units in 2013, giving more women increased choice of place of birth. 79% of women of childbearing age in England now live within a 30 minute drive of both a midwifery-led unit and an obstetric unit - up from 59% in 2007.

In 2013 and 2014, the Government invested £35 million in capital which provided new equipment and facilities such as birthing pools, reclining chairs and beds that allow fathers to stay overnight, ensuite bathrooms, midwife-led units, complex needs suites for women with mental health or substance misuse problems and bereavement rooms to support families after a stillbirth or an early neonatal death.

The Friends and Family Test in December showed that 96% of women would recommend their maternity service for antenatal care, 97% for their labour and birth care and 98% for their postnatal community care.

We have raised awareness of the importance of good maternal mental health during pregnancy and the first year after birth. The Mandate between the Government and NHS England also includes a specific objective to reduce the incidence and impact of postnatal depression through earlier diagnosis, and better intervention and support.

In England, the number of inpatient mother and baby units specialising in psychiatric care during the perinatal period increased from 10 units in 2010 to 17 units in 2014.

Health Education England (HEE) will ensure that training in perinatal mental health is available so that specialist staff will be available to every birthing unit by 2017. HEE will work with the National College of Midwifery and the Royal College of Midwives to ensure that there is a core module focussing on perinatal mental health in the undergraduate training of all midwives.

We have trained 400 perinatal mental health visitor champions who are supporting health visitors with the identification and management of anxiety, mild to moderate depression and other perinatal mental disorders and knowing when to refer on.

The Department has also commissioned the National Perinatal Epidemiology Unit at Oxford University to develop a perinatal mental health indicator, which will help us to better identify and address gaps in our services. NHS England is developing a plan to support women with postnatal mental health problems by March 2015 which will share best practice and learning with the NHS.

The Government has also made reducing stillbirth an improvement area for the NHS in the NHS Outcomes Framework. The stillbirth rate is falling – from 3,558 stillbirths in 2012 to 3,284 in 2013. The Department of Health is working with key partners on programmes aimed at reducing stillbirth and neonatal mortality by raising awareness of the known risk factors, identifying the currently known and unknown factors and causes associated with perinatal and infant mortality and facilitating the learning and sharing of good practice across the NHS.

As a specialised service, responsibility for commissioning neonatal critical care rests with NHS England. In 2014, NHS England published service specifications for neonatal critical care services and Neonatal Critical Care Retrieval, which take account of the principles set out in the **Toolkit for High Quality Neonatal Services** (2009).

It is for local hospital trusts and specialised commissioners to decide how best to use the guidance and the NICE quality standard for specialist neonatal care to improve babies' chances of survival and minimise mortality associated with being born either premature or unwell. Trusts should provide a family-centred approach to care and improve the quality of care by working in partnership with other providers and commissioners through Operational Delivery Networks as part of the broader Maternity and Children's Strategic Network.

12 Feb 2015 | Written questions | HL4554

[Childbirth](#)

Asked by: Hodgson, Mrs Sharon

To ask the Secretary of State for Health, what steps his Department is taking to ensure that all mothers who give birth to a premature baby receive the necessary psychological support.

Answering member: Dr Daniel Poulter

As set out in NHS England's NHS Standard Contract for Neonatal Critical Care each unit must deliver a family-centred care approach, with sufficient emotional and practical support for parents and families, enabling them to make informed choices and play an active part in their babies' care.

Delivering care in a family-centred way helps minimise the physical and psychological impact of neonatal care on the baby and their family, for example by improving psychological outcomes.

Family centred care puts the physical, psychological and social needs of both the baby and their family at the heart of all care given. The Department awarded Bliss, the National charity for the Newborn, a grant for **Family Centred Care: A Guide for Parents** project, which aims to improve parents' experience of neonatal care and help them to establish their role as parents.

16 Oct 2014 | Written questions | 209103

4.2 Debates

[NHS: Maternity Care](#)

HL Deb 05 Feb 2015 | 759 cc814-831

[Maternity Units: Bereavement Care](#)

HC Deb 02 Nov 2015 | 601 c844-852

[Developing World: Maternal and Neonatal Mortality](#)

HL Deb 15 Jan 2015 | 758 cc980-1000

4.3 EDM

[BLISS - PREMATURE BABIES HEALTH CHARITY](#)

That this House is aware of the recently held Prematurity Day, part of the international campaign to raise awareness of the 15 million babies born too soon each year across the globe; recalls that 70,000 babies in England are admitted to specialist hospital care every year because they are born premature or sick; pays tribute to the organisation Bliss for its supportive work in this sector; notes especially its SOS Report, which found that one in three hospitals caring for premature and sick babies are having to make cuts amongst their nursing workforce; and calls on the Government to guarantee that sufficient finances will be granted to ensure such vital care is continued.

27 Nov 2012 | 781 (session 2012-13) | Alan Meale

5. Reports

National Institute for Health and Care Excellence (NICE)

[NICE guidelines \[NG25\], Preterm labour and birth, November 2015](#)

This guideline covers the care of women at increased risk of or with symptoms and signs of preterm labour (before 37 weeks) and women having a planned preterm birth. It sets out the extra care a woman at risk of, or in suspected or confirmed preterm labour should receive before and during birth. It aims to reduce the risks of preterm birth for the baby and describes treatments to prevent or delay early labour and birth.

[NICE Quality Standard \[QS4\], Specialist neonatal care, October 2010](#)

This NICE quality standard defines clinical best practice within this topic area. It provides specific, concise quality statements, measures and audience descriptors to provide parents and the public, health and social care professionals, commissioners and service providers with definitions of high-quality care.

The quality standard addresses care provided for babies in need of specialist neonatal services including transfer services. Specialist neonatal services are those delivering special, high dependency, intensive or surgical care to babies.

NHS England

[Maternity review. Terms of reference, March 2015](#)

NHS England announced a major review of maternity services in March 2015, this is expected to report at the end of 2015, updates on the progress of the review can be found [here](#).

Royal College of Midwives

[State of Maternity Services 2015 report](#)

World Health Organization

[WHO recommendations on interventions to improve preterm birth outcomes, 2015](#)

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