



REaSoN

Neonatal Meeting 2026 – Hybrid Meeting

Abstract Guidelines - REaSoN Neonatal Meeting 2026

Deadline date for abstract submission: 11:59pm, Monday 14th April 2026

Deadline for notification of successful abstracts: 20th April 2026

Quality Improvement Abstract Stream Overview:

- Two delegates will be selected for Oral Presentations to be presented in the Main Programme on the stage
- One delegate will be selected as the winner for Oral Presentation and one delegate will be selected as the winner for the Poster Presentation
- Prizes: One complimentary registration for the REaSoN Neonatal Meeting 2027 for the Oral Presentation Winner and Poster Presentation Winner

Abstract Submission Steps:

Abstract submission requires five simple steps which are required to be met before an abstract will be considered for presentation:

1. Develop your structured abstract using the guidelines for a structured abstract below, ensuring you keep within the word/page count.
2. Ensure you are only submitting original work that hasn't been submitted to any other UK Neonatal Meetings.
3. Ensure all authors have had the opportunity to read, comment and approve your abstract.
4. A supervising consultant or senior nurse must approve submission and provide a contact email.
5. Submit your abstract using the Reason Portal to the Quality Improvement Session

Quality Improvement Session Summary:

Submissions should describe quality improvement activity or clinical effectiveness research.

Traditional audits are unlikely to be accepted for oral presentation and require to be of sufficient quality for poster presentation.

Quality Improvement Session Abstract Guidelines:

Abstracts should describe quality improvement activity or clinical effectiveness research. Abstracts which do not comply with these guidelines will not be considered. Traditional audits are unlikely to be accepted for oral presentation and will require to be of sufficient quality to be accepted for poster presentation.



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General:

- The abstract should be limited to 450 words. Figures and tables should be included (maximum of 1 additional page).
- Generic names for products and devices should be used whenever possible. The abstract should not provide any commercial messages or product endorsements. The abstract should not contain any identifiers or protected health information (i.e. DOB, medical record numbers, patient identifiers etc.).

Title:

- Abstract should include a short descriptive title (10 to 15 words) that clearly communicates the nature of the improvement work.
- Institution name; Institution city, and country
- Author name(s) and degree(s); Primary author contact name, degree(s), email address, and telephone number
- Name and email address of supervising consultant or senior nurse who must approve the abstract prior to submission. Authors should be aware that this person may be contacted subsequently by email to verify their approval by the abstract scoring faculty.

Abstract content should be carefully structured using the following categories to organise your work:

Aims:

- **Background:** The background should be described, identifying a gap between the present and desired practice and present a clear and compelling rationale for undertaking this project. Do not cite references in your abstract.
- **“SMART” Aim:** The abstract should have a clear and concise “SMART Aim”. A “SMART Aim” is specific, measurable, attainable, relevant and time-limited.
- **Setting:** Abstract includes a brief description of the practice setting and population (e.g. # of infant beds, inborn/outborn, transport team etc)
- **Drivers for Change:** Abstract should describe what practices and processes are hypothesized to support the desired change. The drivers may be thought of as determinants of effective change. When possible, drivers are depicted using a driver diagram linking change ideas and projects to the SMART Aim.

Methods:

- **Methods:** The abstract should include a clear outline of the methods employed to achieve change. These are the change ideas, interventions and strategies that were used to improve



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care. Methods should have a logical link to the Drivers of Change. Methods are grouped /organized in Plan-Do-Study-Act (PDSA) cycles showing small tests of change implemented chronologically over time:

- **Measures:** The abstract should include clearly defined measures with the unit of measurement articulated. Measures are linked to the stated SMART Aim. Measures include both process and outcome measures and may be quantitative and/or qualitative. When possible, balancing measures should be provided. Measures include what you measured, how you measured it and how often you performed the measures.

Results:

- **Data/Results:** The abstract should include relevant data. If results are not included, the abstract will not be considered. The data reported is the numeric representation of the described measures. The abstract should include at least one annotated run chart or statistical process control chart and reflects at least two PDSA cycles. NOTE: Continuous quality improvement is best represented with continuous measures. Where possible, avoid analyses that rely on 'before' and 'after' data such as traditional audits which represent low quality data in improvement activity.
- **Discussion:** Discussion should summarise the key findings of the project, lessons learned, strategies to overcome barriers (if appropriate) and the next steps in the improvement journey. You might include recommendations for wider implementation.

Tips:

- Read other abstracts. It is the best way to learn the conventions of writing an abstract.
- A good abstract is strong but impactful, so make sure every word counts. Each sentence should clearly communicate one main point.
- Avoid filler words and jargon.
- The abstract should tell a condensed version of the whole story. Give yourself a day away from your finished abstract before re-reading it with fresh eyes to make sure it gives a clear summary.
- Get other colleagues to read and comment before submitting.
- Make sure your abstract meets the guidelines below before submitting.

Scoring:

Abstracts for oral and poster presentation are scored by an independent panel according to a pre-defined scoring schedule which assesses the quality of the methodology undertaken, the applicability and importance of results and the quality of the submitted abstract.



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Marking Sheet for Abstracts:

The abstracts will be marked from 1 - 10 (1 being poor and 10 being excellent), considering the following when marking	
Does the abstract explain the methods, results and conclusions of the project?	
Has formal QI methodology been used to develop the project e.g. run charts, drivers for change, driver diagrams, PDSA cycles	
Will the findings of the project have a wide impact?	