NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

# NICE indicator guidance

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## Indicator CCG36

The proportion of births resulting in a neonatal unit admission.

## Indicator type

Clinical commissioning group indicator

## Rationale

Babies are admitted to neonatal care for a number of reasons. Often this may be unavoidable and necessary, but high admission rates compared to average levels may reflect issues concerning antenatal and intrapartum care. This indicator aims to reduce the number of full-term babies admitted to neonatal units and improve the safety of maternity services.

## Source guidance

[Intrapartum care for healthy women and babies. NICE guideline CG190](https://www.nice.org.uk/guidance/cg190) (2014)

[Intrapartum care for women with existing medical conditions or obstetric complications and their babies. NICE guideline NG121](https://www.nice.org.uk/guidance/ng121) (2019)

[Postnatal care for up to 8 weeks after birth. NICE guideline CG37](https://www.nice.org.uk/guidance/cg37) (2006)

[Neonatal infection (early onset): antibiotics for prevention and treatment. NICE guideline CG149](https://www.nice.org.uk/guidance/cg149) (2012)

[Jaundice in newborn babies under 28 days. NICE guideline CG98](https://www.nice.org.uk/guidance/cg98) (2010)

## Specification

Numerator: The number of babies in the denominator who are admitted to neonatal units within 28 days of birth.

Denominator: The number of full-term live births in England.

Calculation: (Numerator/denominator)\*100

Exclusions: Babies less than 37 weeks gestation.

Data source: Office of National Statistics birth and weight data and National Neonatal Research Database.

Minimum population: The indicator would be appropriate to assess performance of individual CCGs.

## Further information

This is NICE indicator guidance, which is part of the [NICE menu of indicators](https://www.nice.org.uk/Standards-and-Indicators/index). This document does not represent formal NICE guidance.