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3 **NATIONAL INSTITUTE FOR HEALTH AND
4 CARE EXCELLENCE**

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6 **Equality and health inequalities assessment (EHIA)**

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1 **NATIONAL INSTITUTE FOR HEALTH AND CARE
2 EXCELLENCE**

3 **NICE guidelines**

4

5 **Equality and health inequalities assessment (EHIA)
6 template**

7 **Neonatal infection: antibiotics for prevention and treatment
8 (update)**

9

10 The considerations and potential impact on equality and health inequalities have
11 been considered throughout the guidance development, maintenance and update
12 process according to the principles of the NICE equality policy and those outlined in
13 [Developing NICE guidelines: the manual.](#)

14 This EHIA relates to: Neonatal infection: antibiotics for prevention and treatment
15 (update)

1 **Appendix [X]: equality and health inequalities assessment**
2 **(EHIA)**

3 **STAGE 1. Surveillance review**

4 No surveillance review was conducted for this topic.

5

6 **STAGE 2. Informing the scope**

7 **(to be completed by the Developer, and submitted with the draft scope**
8 **for consultation, if this is applicable)**

9 Neonatal infection: antibiotics for prevention and treatment (update)

10 Date of completion: 15.10.2025

11 Focus of guideline or update: Neonatal infection - prelabour rupture of membranes
12 (PROM) as a risk factor for early onset neonatal infection and oral antibiotics for
13 early onset neonatal infection.

14 For short updates where there is no scoping workshop or scope consultation,
15 questions relating to these in stage 2 can be noted 'not applicable'.

2.1 What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?

- Previous [equality and health inequalities impact assessments for this guideline](#)
- Evidence scan
- Discussion with advisory committee members

There has been no stakeholder workshop or consultation on this scope.

16

2.2 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

General equality and health inequalities considerations such as language barriers, communication needs, age, race, and socioeconomic status have been addressed in [previous equality impact assessments](#) for this guideline. These broader issues are not the focus of this assessment. This equality and health inequalities impact assessment

focuses specifically on issues related to prelabour rupture of membranes (PROM) and antibiotics for early onset neonatal infection.

Prelabour rupture of membranes (PROM) as a risk factor for early onset neonatal infection:

Some research suggests that ethnicity may affect neonatal outcomes, but there is limited direct evidence linking ethnicity to worse outcomes specifically following PROM. However, social factors like access to healthcare and socio-economic status often overlap with ethnicity and may lead to differences in outcomes, including neonatal infections. The committee highlighted some evidence that colonisation with Group B streptococcus (a known risk factor for early onset infection) was higher in women of Black African origin.

No equality and health inequalities issues related to PROM were identified related to other protected characteristics.

Oral antibiotics for early onset neonatal infection:

Research has shown that families from disadvantaged backgrounds may face challenges such as limited access to follow-up care, unstable housing, lower health literacy, or language barriers, which can affect safe management of oral therapy at home. Switching to oral antibiotics may benefit low-income families by eliminating the cost of travel to and from the hospital.

1

2.3 How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

The equality issues identified above will be considered by the committee during the review of evidence and development of recommendations. The draft review questions in the scope will allow the committee to identify relevant subgroups in the review protocol, so that equality issues can be explored in the evidence.

The committee will also be encouraged to consider equality and health inequalities when interpreting the evidence and making recommendations about PROM and antibiotics for early onset neonatal infection. This may include identifying the need for a research recommendation to address any gaps related to inequalities.

2

2.4 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?

During the consultation process, we will engage with a wide range of stakeholder organisations who have already registered as stakeholders on this topic when the guideline was last updated. We will also ask the committee members, NICE People and Communities team and the NICE Clinical Advisor to check the list of stakeholders to see if any other stakeholders should be invited to take part in the consultation.

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2.5 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?

The guideline committee will include two lay members who will represent and reflect the experiences of people affected by the guideline.

We will engage with a wide range of stakeholder organisations and encourage feedback and input about the recommendations at consultation stage.

2

2.6 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?

Not applicable

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2.7 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?

In the PROM topic update, we will not be covering preterm newborn babies, as the focus is solely on updating one risk factor for early-onset neonatal infection in Section 1.3 (Box 1): confirmed prelabour rupture of membranes at term for more than 24 hours before the onset of labour. The recommendation related to preterm birth, 'confirmed rupture of membranes for more than 18 hours before a preterm birth', will not be updated. We will also not be including late-onset infections, as the focus is specifically on early-onset neonatal infection.

Note: Under the 2020 scope, preterm babies were included, but they are not part of this PROM update.

The antibiotics topic update will not have any additional exclusions beyond those outlined in the original scope.

Groups covered and not covered under the 2020 scope:

Groups that will be covered

- Unborn babies who may be at risk of early-onset neonatal bacterial infection (within 72 hours of birth).
- Newborn babies (term and preterm) with an increased risk of infection through transmission of bacteria from the mother.
- Newborn babies (term and preterm) with suspected or confirmed early onset neonatal bacterial infection (within 72 hours of birth).
- Babies up to and including 28 days old (using corrected age for preterm babies) with suspected or confirmed late-onset neonatal bacterial infection (more than 72 hours after birth). This group is not covered in the existing guideline but will be covered in the update.
- Pregnant women
- Parents and carers of babies with late-onset neonatal infection.

Specific consideration will be given to babies with suspected late-onset neonatal bacterial infection who have been readmitted to hospital from home.

This covers term babies who are up to and including 28 days old and preterm babies with a corrected age of up to and including 28 days.

Groups that will not be covered

- Babies with suspected or confirmed non-bacterial infections.
- Babies with suspected or confirmed syphilis.
- Babies with localised infections.

1

2 **Completed by developer** Sharangini Rajesh

3

4 **Date** 15/10/2025

5

6 **Approved by committee chair** Sarah Fishburn

7

- 1 **Date** 13/11/2025
- 2
- 3 **Approved by NICE quality assurance lead** Kate Kelley
- 4
- 5 **Date** 15/10/25
- 6

1 **STAGE 3. Finalising the scope**

2 No consultation was carried out for the scope.

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1 **STAGE 4. Development of guideline or topic area for update**
2 **(to be completed by the developer before consultation on the draft**
3 **guideline or update)**

4 Neonatal infection: antibiotics for prevention and treatment (update)

5 Date of completion: 08.12.2025

6 Focus of guideline or update: Neonatal infection- prelabour rupture of membranes (PROM) as a risk factor for early onset neonatal infection and oral antibiotics for early onset neonatal infection.

4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any **further** potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?

Prelabour rupture of membranes (PROM) as a risk factor for early onset neonatal infection

No equality and health inequalities issues related to PROM were identified in the evidence.

The committee noted that some research suggests ethnicity may influence neonatal outcomes; however, there is limited direct evidence linking ethnicity to worse outcomes specifically following PROM. Social factors such as access to healthcare and socio-economic status often overlap with ethnicity and may contribute to differences in outcomes, including neonatal infections. These factors could affect monitoring and management plans following PROM.

This is documented in the committee discussion and interpretation of the evidence section of the evidence report.

Oral antibiotics for early onset neonatal infection

Subgroup analysis using the PROGRESS-Plus framework was planned in the protocol for the external review; however, it could not be undertaken because of insufficient evidence. As a result, the impact of switching to oral antibiotics on health inequalities could not be assessed in the external review.

The committee discussed that some parents or carers may face challenges in managing oral antibiotic therapy for their baby at home, including people with limited access to follow-up care, unstable housing, lower health literacy, and language barriers. The committee also discussed the benefits for people living in rural areas who may need to

travel long distances to hospital, particularly those without access to a car, as switching to oral antibiotics could reduce the burden of prolonged hospital stays.

Expert witness testimony highlighted that tailored information and training were provided for parents and carers as part of the oral switch pathway, for example through multilingual leaflets to address potential language and health literacy barriers.

This is documented in the committee discussion and interpretation of the evidence section of the evidence report.

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

Prelabour rupture of membranes (PROM) as a risk factor for early onset neonatal infection

Equalities issues identified in sections 2.2 and 4.1 were acknowledged and discussed by the committee. This is documented in the committee's discussion and interpretation of the evidence section of the evidence report. The committee did not make any specific new recommendation based on equalities considerations, however, they emphasised that recommendations should be sensitive to these challenges and include strategies to support equitable implementation, such as culturally appropriate communication and consideration of local service provision. These are already addressed in the guideline more generally, for example in recommendation 1.1.1 which refers to NICE foundational guidelines on patient experience in adult NHS services, babies, children and young people's experience of healthcare and shared decision making.

Oral antibiotics for early onset neonatal infection

Equalities issues identified in sections 2.2 and 4.1 were acknowledged and discussed by the committee. This is documented in the committee's discussion and interpretation of the evidence section of the evidence report. The committee did not make any specific recommendation based on equalities considerations; however, they highlighted that social and family circumstances would form part of the clinical judgement when deciding whether it is appropriate to send a baby home with oral antibiotics.

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4.3 Could any draft recommendations potentially increase inequalities?

The recommendations for both prelabour rupture of membranes (PROM) and oral antibiotics are not expected to increase inequalities.

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4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?

Prelabour rupture of membranes (PROM) as a risk factor for early onset neonatal infection

No research recommendations were made for this topic. Although there was an absence of evidence for ethnic and socioeconomic groups, the committee did not consider a research recommendation necessary. Instead, they emphasised that ensuring recommendations are sensitive to these challenges and include strategies to support equitable implementation such as culturally appropriate communication and consideration of local service provision was more important.

Oral antibiotics for early onset neonatal infection

No research recommendations were made for this topic. It was thought that conducting a high-quality study would not be feasible because of the large sample sizes required to study the effect of the intervention on severe adverse outcomes.

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4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?

The stakeholder list includes a wide range of different organisations, including service user groups.

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4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

No particular questions will be asked at stakeholder consultation.

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4 **Completed by developer:** Sharangini Rajesh

5

6 **Date** 08/12/2025

7

8 **Approved by committee chair** Sara Fishburn

9

- 1 **Date** 26/01/2026
- 2
- 3 **Approved by NICE quality assurance lead** Sara Buckner
- 4
- 5 **Date** 13/01/2026
- 6

1	STAGE 5. Revisions and final guideline or update
2	(to be completed by the developer before guidance executive considers the final guideline or update)
3	
4	[Guideline(s)/suite title]
5	Date of completion: [Enter date]
6	Focus of guideline or update: [XXX]
7	<p>5.1 How inclusive was the consultation process on the draft guideline in terms of response from groups (identified in box 2.2, 3.2 and 4.1) who may experience inequalities related to the topic?</p> <p><i>[Please provide a summary of relevant stakeholders that were invited to respond to the consultation (and the type of organisation, if known), whether they did respond, and the quality of their response]</i></p> <p><i>[Please detail any discussions with the Public Involvement Programme]</i></p>
8	<p>5.2 Have any further equality and health inequalities issues beyond those identified at scoping and during development been raised during the consultation on the draft guideline or update, and, if so, how has the committee considered and addressed them?</p> <p><i>[Consider each of the dimensions listed below and indicate whether any additional issues were identified by any stakeholders during consultation, what the issue is, and how the committee has addressed it. Please note that the dimensions often overlap, and the impact of intersectionality and cumulative disadvantage should also be considered and noted.]</i></p> <ol style="list-style-type: none">1) <i>Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation)</i>2) <i>Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)</i>

- 3) *Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)*
- 4) *Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)*

Please note 'none' as appropriate if no further issues identified]

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5.3 If any recommendations have changed after consultation, how could these changes impact on equality and health inequalities issues?

[For example outline if there are any recommendations that could make it easier or more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers and facilitators with access for the specific group? Are there any recommendations that address quality and experience for particular groups?]

2

5.4 Following the consultation on the draft guideline and response to questions 4.1 and 5.2, have there been any further committee considerations of equality and health inequalities issues across the four dimensions that have been reflected in the final guideline?

[Outline where in the guideline you have discussed equality and health inequalities issues, specifying the relevant recommendations, rationale and impact sections, and the appropriate sections of the relevant evidence reviews and stakeholder responses. Please summarise any recommendations that have been designed to address these issues. Where no further issues have been identified please note none as appropriate. Please state if the committee has decided they are unable to address these issues and the rationale]

1

5.5 Please provide a summary of the key equality and health inequalities issues that should be highlighted in the guidance executive report before sign-off of the final guideline or update

[Please state whether none, some, or all identified issues were addressed and whether any related research recommendations were made]

2

3 Completed by developer _____

4 Date _____

5

6 Approved by committee chair _____

7

8 Date _____

9

10 Approved by NICE quality assurance lead _____

11

12 Date _____

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1 **STAGE 6. After guidance executive amendments – only if
2 applicable**

3 ***(to be completed by appropriate NICE staff member after guidance
4 executive. This stage should be skipped if GE does not apply)***

5 [Guideline(s)/suite title]

6 Date of completion: [Enter date]

7 Focus of guideline or update: [XXX]

6.1 Outline any amendments related to equality and health inequalities issues suggested by guidance executive and what the outcome was.

8

9 Completed by developer _____

10 _____

11 Date _____

12 _____

13 Approved by committee chair _____

14 _____

15 Date _____

16 _____

17 Approved by NICE quality assurance lead _____

18 _____

19 Date _____

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