



# Resource impact summary report

Resource impact

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## Guideline recommendations

See [NICE's recommendations on neonatal infection: antibiotics for prevention and treatment](#).

This guideline update amends 1 of the risk factors for early-onset neonatal infection in relation to the timing of rupture of membranes for term births. It also includes new recommendations on switching from intravenous to oral antibiotics when treating early-onset neonatal infection.

## Financial and capacity resource impact

Risk factors for early-onset neonatal infection, including 'red flags' (see [box 1](#)).

The 2026 revised wording for the risk factor for early-onset neonatal infection of rupture of membranes more than 24 hours before a term birth could increase the number of neonates requiring monitoring for early-onset infection, although current practice is already aligned with the guidance so no significant change in practice or resource impact is expected. The change could lead to an increase in the number of pregnant people opting for induction of labour as soon as possible after rupture of membranes rather than expectant management.

### **Switching from intravenous to oral antibiotics when treating early-onset neonatal infection (recommendations 1.22.1 to 1.22.6).**

This practice is already being implemented in some parts of the country, and the recommendations are likely to increase this further. The expert witnesses estimated that 9,000 to 12,000 babies per year could be affected by adopting the recommendations. The key drivers of resource impact by adopting the guideline are that:

- it will likely shorten hospital stays, ease pressure on neonatal beds and improve capacity. The measures may improve parental satisfaction, reduce mother–baby separation and support breastfeeding
- savings should be realised through the switch in medication from intravenous to oral antibiotics. The change should also lower risks associated with prolonged intravenous antibiotics, reducing exposure to gentamicin and fewer re-cannulations
- neonatal teams will need protocols for following up babies on oral antibiotics at home and the committee have recommended that at least 2 follow-up consultations should take place. The type of consultation (for example, telephone, video conference or face-to-face) should be decided locally. At present, the sites in England that have implemented this change generally offer just 1 follow-up appointment as standard.

## **Key information**

**Table 1 Key information**

<b>Speciality</b>	Neonatology
<b>Disease area</b>	Neonatal infection

<b>Programme budgeting category</b>	19X, Conditions of neonates
<b>Commissioners</b>	Integrated care boards
<b>Providers</b>	NHS hospital trusts

## About this resource impact summary report

This resource impact summary report accompanies the [NICE guideline on neonatal infection: antibiotics for prevention and treatment](#) and should be read with it.