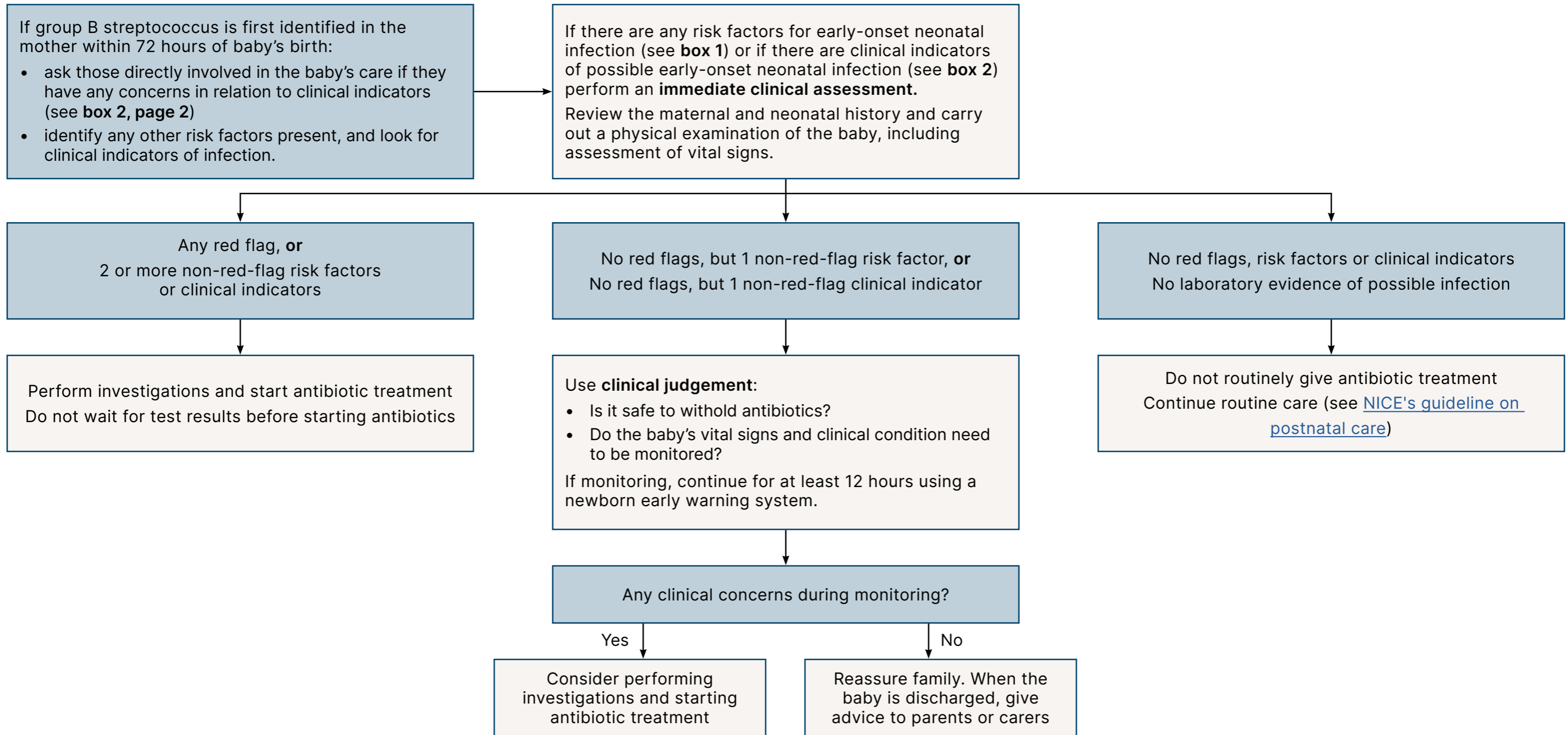


Neonatal infection: determining the need for antibiotic treatment of babies within 72 hours of birth (page 1 of 2)

Before birth: for women, trans men and non-binary people in labour, identify and assess risk factors for early-onset neonatal infection (see **box 1, page 2**). Throughout labour, monitor for any new risk factors. For guidance on managing prelabour rupture of membranes at term, see [NICE's guideline on intrapartum care](#).



i The [Kaiser Permanente neonatal sepsis calculator](#) can be used as an alternative to the NICE red-flag framework

Neonatal infection: determining the need for antibiotic treatment of babies within 72 hours of birth (page 2 of 2)

Box 1: Risk factors for early-onset neonatal infection

Red-flag risk factor:

- suspected or confirmed infection in another baby in the case of a multiple pregnancy.

Other risk factors (non-red-flag):

- invasive group B streptococcal infection in a previous baby or maternal group B streptococcal colonisation, bacteriuria or infection in the current pregnancy
- preterm birth following spontaneous labour before 37 weeks' gestation
- confirmed rupture of membranes for more than 18 hours before a preterm birth
- confirmed rupture of membranes for more than 24 hours before a term birth
- suspected or confirmed maternal sepsis in the intrapartum or early postpartum period
- suspected or confirmed chorioamnionitis.

Box 2: Clinical indicators of possible early-onset neonatal infection

Red-flag clinical indicators:

- apnoea (temporary stopping of breathing)
- seizures
- need for cardiopulmonary resuscitation
- need for mechanical ventilation
- signs of shock.

Other clinical indicators (non-red-flag):

- altered behaviour or responsiveness
- altered muscle tone (for example, floppiness)
- feeding difficulties (for example, feed refusal)
- feed intolerance, including vomiting, excessive gastric aspirates and abdominal distension
- abnormal heart rate (bradycardia or tachycardia)
- signs of respiratory distress (including grunting, recession, tachypnoea)
- hypoxia (for example, central cyanosis or reduced oxygen saturation level)
- persistent pulmonary hypertension of newborns
- jaundice within 24 hours of birth
- signs of neonatal encephalopathy
- temperature abnormality (lower than 36°C or higher than 38°C) unexplained by environmental factors
- unexplained excessive bleeding, thrombocytopenia, or abnormal coagulation
- altered glucose homeostasis (hypoglycaemia or hyperglycaemia)
- metabolic acidosis (base deficit of 10 mmol/litre or greater).