

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

NICE guidelines

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

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

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

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

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

STAGE 1. Surveillance review

No surveillance review was conducted for this topic.

STAGE 2. Informing the scope

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

Neonatal infection: antibiotics for prevention and treatment (update)

Date of completion: 15.10.2025

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.

For short updates where there is no scoping workshop or scope consultation, 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.

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.

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.

2.4 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.

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.

2.6 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

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.

Completed by developer Sharangini Rajesh

Date 15/10/2025

Approved by committee chair Sarah Fishburn

Date 13/11/2025

Approved by NICE quality assurance lead Kate Kelley

Date 15/10/25

STAGE 3. Finalising the scope

No consultation was carried out for the scope.

STAGE 4. Development of guideline or topic area for update

(to be completed by the developer before consultation on the draft guideline or update)

Neonatal infection: antibiotics for prevention and treatment (update)

Date of completion: 08.12.2025

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.

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.

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.

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.

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.

Completed by developer: Sharangini Rajesh

Date 08/12/2025

Approved by committee chair Sarah Fishburn

Date 26/01/2026

Approved by NICE quality assurance lead Sara Buckner

Date 13/01/2026

STAGE 5. Revisions and final guideline or update

(to be completed by the developer before guidance executive considers the final guideline or update)

Neonatal infection: antibiotics for prevention and treatment (update)

Date of completion: 20.04.2026

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.

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?

164 stakeholders were invited to respond to the draft guideline during consultation. Stakeholders were from a variety of organisations, including national patient, carer and voluntary organisations and charities, national organisations representing healthcare and other professionals involved in maternity, neonatal, paediatric and infection-related services, government departments and national agencies, NHS trusts and operational delivery networks across England, Wales, Scotland and Northern Ireland, commercial and diagnostics companies and academic and research institutions across the UK.

47 comments were received from 15 registered organisations and 5 comments from 2 individuals. A range of organisations were represented, including national professional societies, neonatal and maternity networks, NHS trusts, teams within NHS England, infection and pharmacy associations, public health agencies and academic/research groups. But we received no comments from patient, carer and voluntary organisations and charities. All comments were addressed and were responded to individually. Comments and responses will be published on NICE's website.

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?

Oral antibiotics for early onset neonatal infection

A stakeholder commented that neonates with congenital disorders associated with learning disability (for example Down syndrome or Fragile X syndrome) may be predisposed to neonatal infections because of associated physical issues such as failure to thrive, poor sucking ability, or seizure disorders in the neonatal period. A further comment raised that the presenting symptoms of mothers with a learning disability or autistic mothers may differ, and that diagnostic overshadowing is a risk when physical health symptoms are mistakenly attributed to the person's learning disability or autism.

The evidence reviewed for this update focused specifically on babies without pre-existing health conditions. No evidence was identified that evaluated switching to oral antibiotics in babies with underlying conditions such as Down syndrome or other congenital disorders. The included studies in the evidence review recruited term or late-preterm infants with probable infection but explicitly excluded babies with complex underlying conditions or congenital abnormalities. Similarly, UK real-world evidence presented by expert witnesses did not include babies with disabilities or complex underlying conditions. Because there was no relevant evidence for either babies with underlying health conditions or for maternal factors, the committee was unable to make specific recommendations for this group.

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

No further equality and health inequalities issues were identified for this topic.

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

No changes to the recommendations that impacted the equality and health inequalities issues were made.

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?

There were no further considerations that have not been covered in either section 5.2, or in other previous sections of this EHIA.

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

For the intervention on oral antibiotics switch, families from disadvantaged or marginalised backgrounds may face barriers that affect the safe use of oral antibiotic therapy at home, including limited access to follow-up care, unstable housing, lower health literacy, and language barriers. Switching to oral antibiotics may provide benefits for low-income families by reducing travel costs and the burden of repeated hospital visits, particularly in rural areas where distances can be long.

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Date 20.04.2026

Approved by committee chair Sarah Fishburn

Date 20.04.2026

Approved by NICE quality assurance lead Kate Kelley

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