**National Institute for Health and Care Excellence**

**Quality Standards Advisory Committee 3 meetings**

**Date: Thursday 21 September 2023**

**Neonatal infection update** – review of stakeholder feedback

**Minutes:** Final

**Quoracy:** The meeting was quorate

**Attendees**

Rebecca Payne [Chair], Tim Cooper [Vice Chair], Mariana Gaspar Fonsec, Kashif Siddiqui, Kultar Singh Garcha, Angela Beattie, Deryn Bishop, Keith Lowe, Saran Evans

**Specialist committee members:**

Jim Gray, Claire Smith, Jane Plumb, Mark Davies

**NICE staff**

Mark Minchin (MM), Eileen Taylor (ET), Nicola Greenway (NG), Jamie Jason (Notes)

**Apologies**

Mark Devonald, Umesh Chauhan, Jane Dalton, Linda Parton, Jane Scattergood, Timothy Watts, Shorai Dzirambe, Melanie Carpenter

1. **Welcome, introductions and objectives of the meeting**

The Chair welcomed the attendees and public observers, and the quality standards advisory committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the meeting, which was to review of stakeholder feedback.

1. **Confirmation of matter under discussion and declarations of interest**

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was the neonatal infection update specifically:

* Intrapartum antibiotics
* Assessment for early-onset neonatal infection
* Prompt antibiotic treatment for neonatal infection
* Reassessing antibiotic treatment for neonatal infection
* Information and support for parents and carers

The Chair asked standing QSAC members to declare verbally any interests that have arisen since the last meeting and all interests specifically related to the matters under discussion. The Chair asked the specialist committee members to verbally declare all interests not included in their declarations of interests forms that had been provided to NICE and circulated.

The Chair confirmed that Tim Watts had submitted comments on the areas for discussion and these were provided to the committee by Tim Cooper [Vice Chair] at the relevant points during the meeting.

1. **Minutes from the last meeting**

The committee reviewed the minutes of the last QSAC 3 meeting held on 18 May 2023 and confirmed them as an accurate record.

1. **Recap of prioritisation meeting and discussion of stakeholder feedback**

ET provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the neonatal infection update draft quality standard.

ET summarised the significant themes from the stakeholder comments received on the neonatal infection draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.

**General comments**

A stakeholder queried whether the quality standard covers viral or fungal infections.

The committee would like to note in the introduction that the quality standard covers bacterial infections only.

**Discussion and agreement of amendments required to quality statements**

**Draft statement 1:** Pregnant women and pregnant people whose babies are at risk of early-onset neonatal infection are offered intrapartum antibiotics and given the first dose as soon as possible.

The committee discussed statement 1, agreeing that this statement is clear and doesn’t need any amendments.

The committee noted that intrapartum antibiotics wouldn’t be given in primary care. It was highlighted that the key action is that all people eligible receive antibiotics and are given them quickly.

The committee discussed the 1 hour timescale in the measures and agreed this was achievable and appropriate for measurement and QI work. They noted this should be measured from the decision to give antibiotics to the time they are given.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard with no amendments.

**Draft statement 2:** Newborn babies are assessed for the risk factors and clinical indicators of early-onset neonatal infection.

The committee discussed statement 2.

The committee heard that the Kaiser Permanente sepsis calculator, or a version of it, is used in a number of trusts. The committee felt this can be included as an example of a tool that can be used, noting that as per the guideline, this should only be used as part of a prospective audit. The committee discussed whether other scoring tools should be listed in the quality standard. The guideline did not evaluate any other tools and therefore it was agreed that others would not be included.

It was questioned how the assessment is recorded. The committee heard that this is done differently in different areas. One example is that midwives have a document to complete to assess the risk.

The committee confirmed all babies should be assessed, not just those at risk.

The committee agreed no changes were necessary to the definitions.

The committee were asked to consider equality and diversity. This discussion related to quality statements 2 and 3. Stakeholders were asked for any resources that could help healthcare professionals when looking for changes to skin colour related to infection in babies with darker skin.

Some resources were suggested by stakeholders and it was agreed that 3 high quality resources would be included as examples in the quality standard. To ensure it is clear that these resources are not being endorsed by NICE, it will be highlighted in the quality standard that these are examples that can be used.

The committee felt that any kind of rash would be of concern and so this would not need highlighting. As this information was from the meningitis resource, it was agreed that this resource would not be included in the list of examples. The other resource suggested by stakeholders related to adults only and was therefore not discussed.

The committee also agreed that the equality and diversity considerations should note that, whilst there are limitations to the use of pulse oximeters in babies with darker skin, they are more effective than visual assessment alone.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the above amendments and issues to be explored by the NICE team.

**Draft statement 3:** Neonates who need antibiotic treatment for suspected neonatal infection receive it within 1 hour of the decision to treat.

The committee discussed statement 3.

A stakeholder had queried whether the 1 hour timeframe would change because of the update to the NICE sepsis guideline that is currently being developed and it was confirmed that this recommendation will not be amended.

The committee discussed receiving IV antibiotics outside of hospital. It was agreed that it is extremely unlikely this would occur outside of hospital. They felt the statement should refer to the most common situation which is that antibiotics would start in secondary care.

The committee suggested adding intravenous to the statement to make it clear this would usually happen in secondary care.

Stakeholders noted that the 1 hour timeframe would be challenging if the birth was at home, however, it was clarified that the decision for treatment would be made by a doctor upon presentation at hospital, following concerns being raised by a midwife or other community / primary care colleague.

Stakeholder suggested including morbidity in the quality standard measures. ET noted that this had been considered previously and wasn’t included as there are many factors that could cause morbidity. The committee heard from specialist committee members that babies who have bacterial infection often have long term morbidity, but this is often caused by other factors such as prematurity and other underlying illness. The group agreed not to include morbidity.

Equality and diversity considerations were discussed for statements 2 and 3 together, as noted under statement 2 above.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the above amendments and issues to be explored by the NICE team.

**Draft statement 4:** Neonates who start antibiotic treatment for suspected neonatal infection have their need for it reassessed at 36 hours for early-onset or at 48 hours for late-onset.

The committee discussed statement 4.

ET flagged that the rationale states that the bacteria for early-onset and late-onset are not the same. It was agreed by the committee that this would be updated to make it clear that the bacteria may not be the same, as sometimes it is the same bacteria that causes late-onset infection after growing more slowly than for early-onset.

The committee agreed that the 36 and 48 hours reassessment times for early- and late-onset would be kept separate. This is because the quality standard explains clearly the reason for the time difference and this aligns with the guideline. Committee members also felt that having a range of time (36 – 48 hours) would not support useful measurement.

The committee discussed reassurance to clinicians on when to safely stop antibiotics. ET confirmed that it is specified in the audience descriptors that if infection continues after this time that babies are assessed every 24 hours. The committee agreed this does not need to be included in the quality statement.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the above amendments and issues to be explored by the NICE team.

**Draft statement 5:** Parents or carers of babies in whom neonatal infection has been a concern are given verbal and written information about neonatal infection before transfer to community care or before the midwife leaves after a home birth.

The committee discussed statement 5.

Stakeholders suggested the statement refer to all babies. The committee had discussed this at the prioritisation QSAC and continued to agree that this is sufficiently covered in the postnatal care quality standard. The quality statement in this quality standard targets a specific population who are at higher risk of infection.

The committee discussed adding detail about the information given to parents regarding identification of skin-colour changes and agreed this should be included. It was suggested that the resource by Bliss could be included.

The committee noted that recognising a difference in a newborn baby can be difficult for parents and carers because they wouldn’t necessarily know what was not normal for their baby in the first few days following birth.

It was agreed that the wording of the quality statement would be amended following feedback from stakeholders that the definition of babies in whom neonatal infection has been a concern was not clear. It will specify babies with risk factors for neonatal infection or babies who have received antibiotics. The final wording will be agreed following review of the quality standard by the committee in October.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the above amendments and issues to be explored by the NICE team.

1. **Additional quality improvement areas suggested by stakeholders at consultation**

The following areas were not progressed for inclusion in the final quality standard as the committee agreed that they were not a priority in relation to the five quality improvement areas already included:

* Lumbar puncture
* Improved antibiotic prescribing and infection prevention in neonatal intensive care
* Access

1. **Resource impact**

The committee considered the resource impact of the quality standard.

No further comments were made.

1. **Equality and Diversity**

The committee noted that the following groups would be considered when the equality and diversity considerations are being drafted for this quality standard:

Age

Gender reassignment

Pregnancy and maternity

Religion or belief

Marriage and civil partnership

Disability

Sex

Race

Sexual orientation

It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

1. **Any other business**

None

**Close of meeting**