



Pregnancy and neonates: neonatal admissions

NICE indicator

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www.nice.org.uk/indicators/ind23

Indicator

The proportion of births resulting in a neonatal unit admission.

Indicator type

Network / system level indicator.

The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Babies are admitted to neonatal care for a number of reasons. Often this may be unavoidable and necessary, but high admission rates compared to average levels may reflect issues concerning antenatal and intrapartum care. This indicator aims to reduce the number of full-term babies admitted to neonatal units and improve the safety of maternity services.

Source guidance

[Intrapartum care. NICE guideline NG235 \(2023\)](#)

[Intrapartum care for women with existing medical conditions or obstetric complications and their babies. NICE guideline NG121 \(2019\)](#)

[Postnatal care. NICE guideline NG194 \(2021\)](#)

[Neonatal infection: antibiotics for prevention and treatment. NICE guideline NG195 \(2012, updated 2024\)](#)

[Jaundice in newborn babies under 28 days. NICE guideline CG98 \(2010, updated 2016\)](#)

Specification

Numerator: The number of babies in the denominator who are admitted to neonatal units within 28 days of birth.

Denominator: The number of full-term live births in England.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: Babies less than 37 weeks' gestation.

Data source: [NHS England Maternity Services Data Set](#).

Minimum population: The indicator would be appropriate to assess the performance of networks or systems of providers.

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