

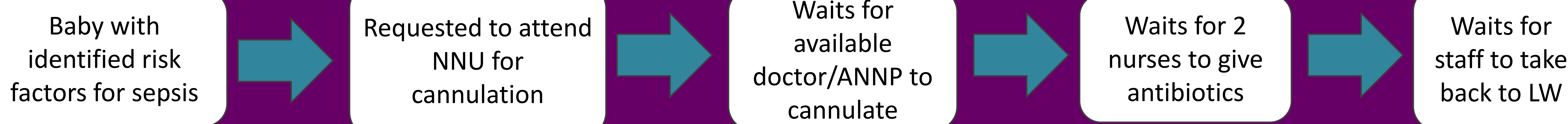
# Neonatal Antibiotics: Keeping Mum and Baby Together

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## Background and Aims

Babies with risk factors requiring antibiotics were coming to the neonatal unit (NNU) for cannulation and the first dose of antibiotics. The NICE neonatal early sepsis guideline (CG149) aims for antibiotics to be administered within one hour. NHS Improvement and NHS England both have targets to keep mother and baby together. Interrupting the normal bonding process has lasting impacts on maternal mental health and breastfeeding. The midwives were struggling to provide essential postnatal care to mothers if they took the baby to NNU for antibiotics. The aim was to take the cannulation process and administration of antibiotics to labour ward (LW).

A survey about staff attitudes was analysed in June 2018. This revealed concerns over staffing and support, delays in getting a hospital number, anxiety about cannulating with parents and equipment availability.



Previous practice: average time taken 142 mins

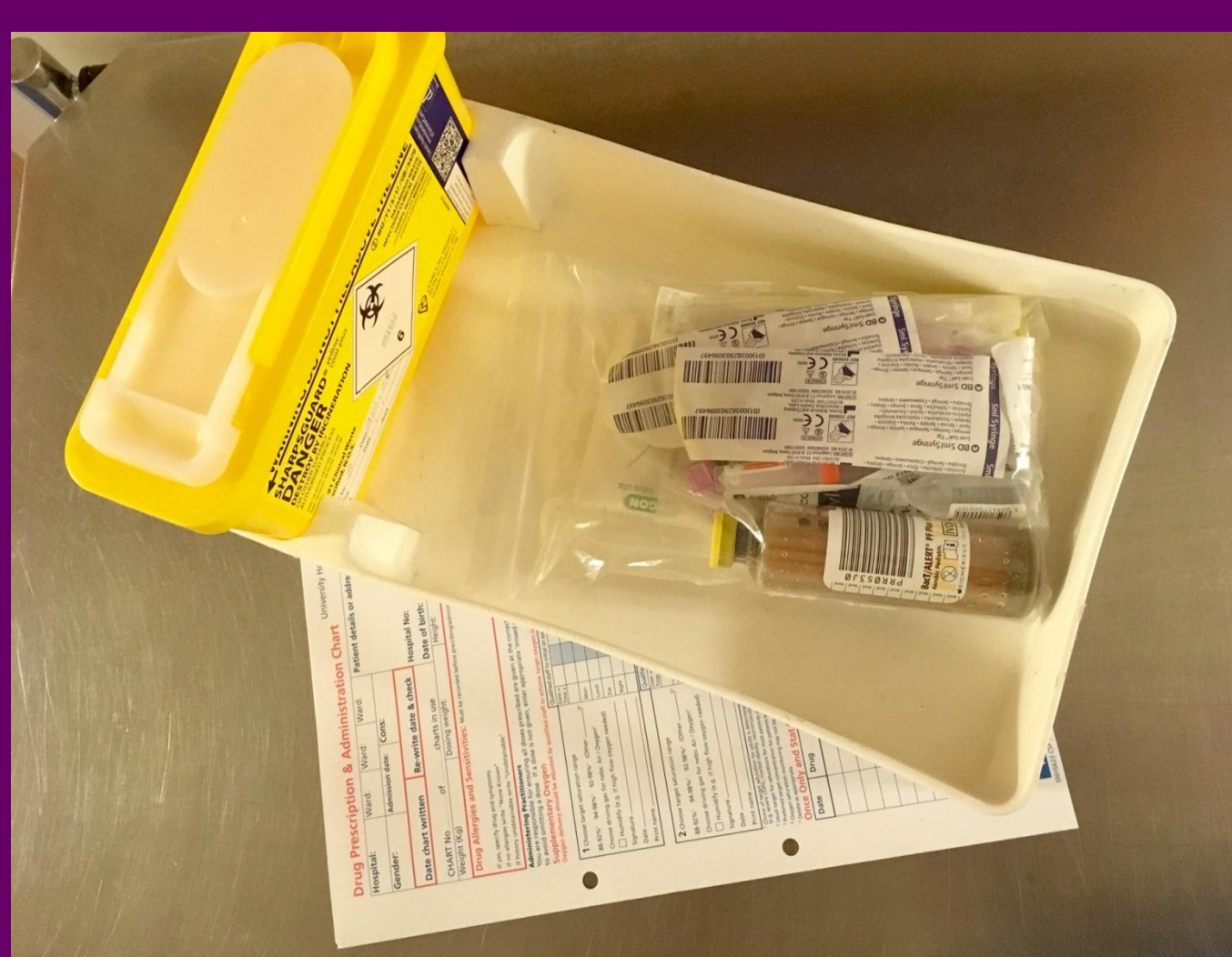
### Midwifery team

- ✓ How to hold and comfort baby during cannulation
- ✓ Theme of the week
- ✓ Hosp number generated by ward clerk for high risk babies
- ✓ Paediatric IV training

Feb 2018	Audit time to administration
May 2018	MDT working group formed
June 2018	Staff survey
Aug 2018	Midwife education
Sept 2018	Change to cannulate on LW
Oct 2018	Audit time to administration

### Neonatal team

- ✓ Cannulation grab bags
- ✓ Education at induction
- ✓ Support midwives during change
- ✓ Emphasise keeping mum and baby together



Baby with identified risk factors for sepsis

Doctor/ANNP attends LW with cannulation grab bag

Doctor/ANNP and Midwife give antibiotics

New method: Average time taken 87 mins

### Future work

- Re-audit 3 months after change in practice.
- Prescribing to change from paper to electronic JAC system in line with other patients on LW

## Discussion

Since roll out in September there has been an improvement in time to administration of antibiotics, but still not within NICE recommendations of 1 hour. An initial audit found 25% of babies received first antibiotic within 1 hour; of those who did not, average time was 177±114 minutes. Concurrent introduction of the Kaiser Sepsis tool reduced the number of babies requiring antibiotics. 1 month after implementation, preliminary audit found 38% of babies received antibiotics within 1 hour, and in those who did not average time to administration of antibiotics was 176±160 minutes. Staff have been supportive of the change and there has been increased awareness of neonatal sepsis guidance in the department.