Royal Cornwall Hospitals
NHS Trust

Early Recognition, Notification and Administration of Intravenous Antibiotics to Neonates on Delivery Suite Standard Operating Procedure

V2.0

November 2023

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Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. **National Context:** This standard operating procedure has been introduced to enable the early administration of neonatal intravenous antibiotics in line with NICE (National Institute for Health and Care Excellence) guidance “Neonatal Infection (Early Onset): antibiotics for prevention and treatment”.

1.2. This guideline makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman, please ask them their preferred pronouns, and then ensure this is clearly documented in their notes to inform all health care professionals.

1.3. This version supersedes any previous versions of this document.

2. Purpose of this Standard Operating Procedure

This Standard Operating Procedure (SOP) is to provide a framework for delivery suite staff to follow in order to facilitate a systematic process for the efficient administration of IV antibiotics within the hour from birth/diagnosis.

3. Ownership and Responsibilities

3.1. Delivery Suite Ward Manager and Clinical Skills Facilitators

It is the responsibility of the Delivery Suite Ward Manager to ensure the dissemination and communication of the SOP. The delivery suite ward manager will oversee the operational implementation of the SOP. The Clinical skills facilitators have a robust training package that they are using to educate all registered staff that work on the delivery suite.

3.2. Delivery Suite Coordinators

These leaders will support the operational implementation of the SOP and ensure midwives have identified babies that need early referral to the neonatal team to start the sepsis pathway.

3.3. Role of Individual Staff

All staff members are responsible for reading and following the process described in the SOP. All staff are responsible to respond to the event whereby a baby is identified as needing early administration of intravenous antibiotics and pull together as a team to enable the process to occur within the hour of diagnosis. Diagnosis will be the time of birth in most cases.

4. Standards and Practice

4.1. Recognition

- Using the Neonatal Infection Screening Tool, the midwife will identify during

the intrapartum period those babies that will need instant referral to the neonatal team at birth. The midwife will give the parents a copy of the trust leaflet “Suspected infection in the first week of life”.

- The midwife will start completing the Neonatal infection screening tool form at the earliest opportunity prior to the birth.

- The midwife will attach the sun sign to the birthing room door as a visual indicator of a neonate requiring the sepsis action pathway.

- The Neonatal Infection Screening Tool should also be commenced if clinical signs of possible infection emerge postnatally. Babies with clinical signs of infection should be screened on the Neonatal Unit.

4.2. **Notification**

4.2.1. The delivering midwife will notify the coordinator as soon as the baby is born.

4.2.2. The coordinator (OR delegate) will immediately notify the neonatal team that the baby requires review as soon as possible to the time of birth.

4.3. **Registration**

The coordinator (OR delegate) will immediately fast-track a hospital number on E3, admit the baby on PAS and print a neonatal wristband.

4.4. **Administration**

4.4.1. The baby must be weighed and the weight recorded in the handheld notes, on the Partial Septic Screen form and on E3 as part of the fast-track registration.

4.4.2. The neonatal team will review and where appropriate cannulate the baby. Cannula insertion should be completed by 45 mins of age.

4.4.3. The antibiotics for intravenous infusion will be drawn up by circulating midwives ready to administer as soon as the cannula is inserted.

4.4.4. The intravenous antibiotic administration will commence by 45 minutes of age. If cannulation has not been achieved within 45 minutes, Intramuscular Cefotaxime should be prepared ready for administration.

4.4.5. An intramuscular injection of Cefotaxime **must** be given within the hour of birth if cannulation has not been.

4.5. **Documentation**

4.5.1. The named midwife will complete the timings of all the above on the Neonatal Infection Screening Tool audit standards section and the Partial Sepsis Screen record and record the administration on JAC (JAC Medicines Management System).

4.5.2. The first page of the Neonatal Infection Screening Tool should be

photocopied by the Neonatal SHO (Senior House Officer) and returned to Neonatal Unit (NNU) for filing.

5. Dissemination and Implementation

5.1. This document will be shared with a stakeholders involved in the care of this group of patients. The document will be available on the documents library under Newborn Care. Senior neonatal and maternity staff will discuss the SOP at huddles and as part of the safety bulletin.

5.2. Learning and development midwives to utilise this document during refresher training of existing maternity staff and to underpin knowledge and skill with new staff joining the maternity department.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Babies born on delivery suite RCHT.
Lead	Joanne Crocker, Delivery Suite Ward Manager.
Tool	Neonatal Infection Screening Tool.
Frequency	Weekly.
Reporting arrangements	Neonatal Audit and Guidelines Group
Acting on recommendations and Lead(s)	Themes of failure of babies classed at risk that have failed to receive antibiotics within the hour of birth/ diagnosis will be identified weekly by audit and weekly joint sepsis audit meetings. These themes will be addressed, the root causes identified and actioned by ward manager and neonatal consultant.
Change in practice and lessons to be shared	The delivery suite ward manager will feedback actions to the delivery suite coordinators and delivery suite staff where appropriate. The neonatal consultant will feedback actions to the neonatal team where appropriate. Patient Safety Newsletter.

7. Updating and Review

This policy will be reviewed every 3 years.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity

And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Early Recognition, Notification and Administration of Intravenous Antibiotics to Neonates on Delivery Suite Standard Operating Procedure V2.0
This document replaces (exact title of previous version):	Early Recognition, Notification and Administration of Intravenous Antibiotics to Neonates on Delivery Suite Standard Operating Procedure V1.0
Date Issued / Approved:	November 2023
Date Valid From:	November 2023
Date Valid To:	November 2023
Author / Owner:	Jo Crocker; Delivery Suite Ward Manager
Contact details:	01872 255955
Brief summary of contents:	Step by step approach on the Recognition, Notification, Registration, for intravenous antibiotics on Delivery Suite
Suggested Keywords:	Delivery suite SOP
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Neonatal Audit and Guidelines Group
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Melanie Gilbert
Links to key external standards:	None required
Related Documents:	Nice guidance Neonatal Infection (Early Onset): antibiotics for prevention and treatment (2012).
Training Need Identified:	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Newborn Care

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
November 2020	V1.0	New Standard Operating Procedure	Jo Crocker; Delivery Suite Ward Manager
November 2023	V2.0	Full review and update to new Trust format. Section 4.4.4 updated to indicate need for intramuscular administration and remove prescribing guidance. Reference to patient group directive removed at section 4.4.3. Section 4.5.1. updated to indicate need to record on JAC. Appendices amended to state to refer to monographs. References to appendices removed throughout.	Jo Crocker; Delivery Suite Ward Manager

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Early Recognition, Notification and Administration of Intravenous Antibiotics to Neonates on Delivery Suite Standard Operating Procedure V2.0
Department and Service Area:	Neonatal
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Neonatal Audit and Guidelines Group
Contact details:	01872 255955

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All staff involved with the care of women and their families on Delivery Suite RCHT.
2. Policy Objectives	To support midwives when caring for babies at risk of infection on Delivery Suite.
3. Policy Intended Outcomes	Efficient administration of intravenous antibiotics within the Golden Hour.
4. How will you measure each outcome?	Neonatal sepsis audit.
5. Who is intended to benefit from the policy?	Staff and neonates.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Neonatal Audit and Guidelines Group
6c. What was the outcome of the consultation?	Approved- 01 November 2023
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the parent/ carer/ patient's needs- i.e., available in different languages if required/ access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those parent/ carer/ patients with any identified additional needs will be referred for additional support as appropriate- i.e., to the Liaison team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g., easy read, audio etc.
Religion or belief	No	All staff should be aware of any beliefs that may impact on the decision to treat and should respond accordingly.
Marriage and civil partnership	No	All staff should be aware of any marital arrangements that may have an impact on care (for example: separated parents, domestic abuse).
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Neonatal Audit and Guidelines Group

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. IV Antibiotic Formulary (Benzylpenicillin and Gentamicin)

Please see neonatal monograph for information: S:\TR11\Midwives\Neonatal Drug Monographs OR S:\RCH-WCSH\Child Health\Medical\EMERGENCY- NNU\Neonatal Drug Monographs

Appendix 4. IM Antibiotic Formulary (Cefotaxime)

Please see neonatal monograph for information: S:\TR11\Midwives\Neonatal Drug Monographs OR S:\RCH-WCSH\Child Health\Medical\EMERGENCY- NNU\Neonatal Drug Monographs