

IMPROVING ANTIBIOTIC USE TO HELP BABIES THRIVE

Hospital teams across Illinois work to provide the right antibiotics to the right babies for the right length of time



The Challenge

Antibiotics can be an effective way to fight infections in newborns. But wide variations in antibiotic prescribing for newborn infections can lead to unnecessary or prolonged antibiotic exposure resulting in short- and long-term adverse outcomes such as:

- ▶ Mother-baby separation that can reduce breastfeeding and increase formula supplementation;
- ▶ Impaired development of intestinal microbiome leading to increased risk of necrotizing enterocolitis, a serious intestinal disease; and
- ▶ Chronic conditions, including asthma, allergies, and obesity.

Preparing for Success

The Illinois Perinatal Quality Initiative (ILPQC) developed the statewide Babies Antibiotic Stewardship Improvement Collaborative (BASIC) initiative, with input from neonatal clinical experts, to support birthing & children's hospitals to implement Centers for Disease Control & Prevention (CDC) and American Academy of Pediatrics (AAP) guidelines to provide appropriate antibiotics, to appropriate newborns, for the appropriate length of time.



The BASIC initiative provides opportunities for collaborative learning, rapid-response data collection, and quality improvement (QI) support to increase use of these standards by hospitals.

BASIC Initiative Aims to:

- ▶ Decrease by 20% the number of newborns, born at ≥ 35 weeks who receive antibiotics
- ▶ Decrease by 20% the number of newborns with a negative blood culture who receive antibiotics for longer than 36 hours



Antibiotic Stewardship: Optimizing the Use of Antibiotics to Improve the Health of Babies

The CDC developed guidance in 2019 to measure and improve how antibiotics are prescribed by clinicians to better treat infections, protect patients from harms caused by unnecessary antibiotic use, and combat antibiotic resistance.

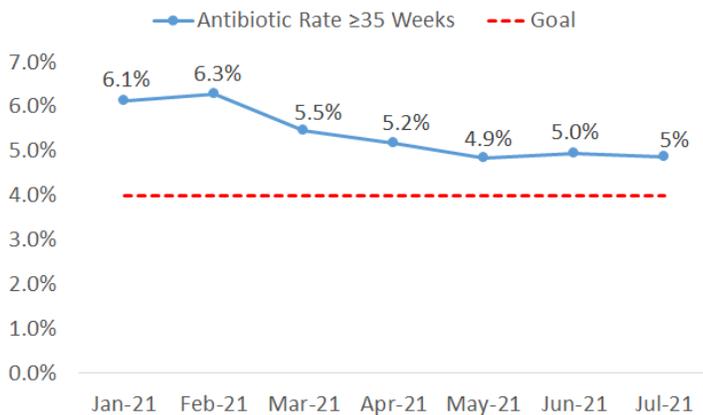
The AAP provides recommendations to protect infants at risk for infection by focusing on strategies to help clinicians:

- ✓ Carefully weigh the risks and benefits before administering antibiotics
- ✓ Identify risk and response for neonatal early onset sepsis diagnosis; and
- ✓ Improve clinical practices to support decisions involving appropriate antibiotic administration

BASIC Initiative Key Strategies

- ↑ Increase percentage of physicians and nurses educated about early-onset sepsis (EOS) risk factors, assessment tools, and guidelines;
- ↑ Increase percentage of newborns with documented use of EOS risk assessment tools at delivery;
- ↑ Increase percentage of newborns with an automatic stop order process entered into the medical record;
- ↑ Increase percentage of newborns with care team discussing and documenting plan for length of antibiotic course;
- ↓ Decrease percentage of newborns of any gestational age with a negative blood culture at 36 hours that receive additional antibiotics;
- ↑ Increase percentage of parents/families provided education about antibiotics and EOS; and
- ↑ Increase percentage of parents/families reporting respectful care from the care team during the newborn stay.

Aim: Newborns Receiving Antibiotics within 72 Hours



Get Involved

You can achieve your hospital's antibiotic stewardship goals with the support of ILPQC's proven effective QI model. Contact us at info@ilpqc.org for more information.



The Illinois Perinatal Quality Collaborative (ILPQC) is a statewide network of perinatal clinicians, nurses, hospitals, patients, public health leaders and policymakers that aims to improve outcomes for mothers and babies across Illinois.

Thank you to our sponsors: Centers for Disease Control and Prevention, Illinois Department of Public Health, Illinois Department of Human Services, J.B. and M.K. Pritzker Family Foundation, Alliance for Innovation on Maternal Health.

