Neonatal Antibiotic Stewardship

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Problem/Background
- Current practice is that all newborns exposed to maternal chorioamnionitis should have a limited diagnostic evaluation and receive antimicrobial therapy for 24-48 hours.
- Newer data shows that well appearing newborns seldom if ever develop an infection.
- Newborns born at ≥35 0/7 weeks' gestation can be stratified into well defined risk levels for early onset sepsis utilizing a neonatal early onset sepsis (EOS) risk calculator and serial physical examination to detect the presence of clinical signs of illness after birth.
- Kaiser Permanente developed a web-based risk assessment calculator that combines the individual newborn’s clinical assessment and the maternal risk factors (gestational age, maternal temperature, length of rupture, maternal group B streptococcus (GBS) status and treatment) to calculate the possibility of EOS (Early Onset Sepsis) (Figure 1)
- Future research is needed to decrease the use of antibiotics in premature newborns <35 0/7 weeks gestation utilizing a risk assessment calculator and clinical assessment.
- Continue the practice change for newborns ≥35 0/7 weeks gestation as the risk calculator has been validated for this population.

Project Implementation
- Sepsis Score to be calculated on all newborns at 2 hours of age by the nurse (Figure 3).
- Physician will be notified if the calculator recommends any action other than routine newborn care (Figure 2).
- The goal is to only obtain septic work ups and/or start antibiotics if the newborn’s risk score indicates the need for intervention.
- Staff was provided education on practice change at Obstetric (OB) Education Day and at OB staff meeting.

Results
- Staff education and systemic intervention using a PSDA model can significantly impact patient care by decreasing the administration of antibiotics to newborns at risk for early onset sepsis.
- Use of the EOS calculator along with serial clinical assessment of the newborn can decrease the number of septic work ups and administration of antibiotics while identifying and managing the care of newborns at risk for EOS (Figure 4).
- Other studies in the literature support the use of the EOS calculator to decrease the exposure to antibiotics for newborns without missing any cases of EOS.

Conclusions
- Future research is needed to decrease the use of antibiotics in premature newborns <35 0/7 weeks gestation utilizing a risk assessment calculator and clinical assessment.
- Continue the practice change for newborns ≥35 0/7 weeks gestation as the risk calculator has been validated for this population.

Acknowledgements/Hospital Team
- Advocate Aurora Health Neonatal Intensive Care Unit Antimicrobial Stewardship Team

References
- Seattle Sepsis Calculator (https://neonatalsepsiscalculator.kaiserpermanente.org)