FAQs Addressed

* Guidance for this initiative is that antibiotics are not given after the 36th hour if cultures are negative at hour 36 hours.
* The timing for discontinuing antibiotics is based on the time the blood culture was drawn, not the time the first dose was given.
* If your hospital team is entering data on transfer and cannot identify specific items from the transfer, please mark “Unknown” or 999 (for questions asking for numerical responses)
* Chorio diagnosis is determined by the Obstetrical team
* Documentation of maternal risk factors can be automatically populated into the newborn medical record
* Document Broad Spectrum Abx as the choice for patients who receive broad spectrum and GBS specific Abx
* If a mother receives clindamycin or vancomycin for GBS this should be recorded as no intrapartum antibiotics
* Gestational ages to submit for data into the Data System are 24 – 44 weeks. Newborns born at 22 and 23 weeks are not required to be entered into the data. Current US standards for resuscitation call for 24 more weeks gestation. For 22 and 23 weeks it’s shared decision making with the family. Because of that ILPQC decided to not include those newborns in the data collection for teams.
* Rupture of membranes: Round to the nearest hour in 0.1 hours. For example, 50 min of ROM = 0.8 hrs.
* Babies delivered at home: If born at home but receives abx within 72 hrs, designate the first hospital-based unit admitted to. Complete maternal risk factors to best of your ability.
* Newborns who die within the first few days of life: Please collect data on all newborns of all gestational ages receiving any intravenous (IV) antibiotics within the first 72 hours of life (including newborns who die within 72 hours of life).
* Intrapartum antibiotics: Antibiotics initiated at onset of labor or during cesarean section.

---

**Data Collection Definitions:**

* Please collect data on all live born neonates born between 24-44 weeks gestation receiving any intravenous (IV) antibiotics within the first 72 hours of life (including newborns who die within 72 hours of life).
* Exclude newborns requiring surgical procedures or antibiotics for surgical prophylaxis within the first 72 hours of life.
* If a live born newborn 24-44 weeks gestation receives any intravenous (IV) antibiotics within the first 72 hours of life and is **transferred within the first 72 hours of life**, the receiving hospital will submit data on the newborn and should request from the transferring hospital any information pertinent to completion of the data form (including newborns who die within 72 hours of life).

**Transfer Guidance:**

* Transferring hospitals - please work with the receiving hospital to share all applicable information regarding maternal risk factors for Early Onset Sepsis and any actions taken regarding newborn initiation, administration, and de-escalation of antibiotics at your hospital prior to transfer.
* Receiving hospitals - please work with the transferring hospital to receive all applicable information regarding maternal risk factors for Early Onset Sepsis and any actions taken regarding newborn initiation, administration, and de-escalation of antibiotics at the transferring hospital prior to receiving the newborn.
* Receiving hospitals - complete data submission on transferred newborns to the best of your ability. If you cannot answer questions regarding maternal risk factors for Early Onset Sepsis and any actions taken regarding newborn initiation, administration, and de-escalation of antibiotics at the transferring hospital prior to receiving the newborn, please designate “Unknown” or “999” in questions you cannot answer.
* ILPQC is creating and will distribute tools to help facilitate transfer of information between transferring and receiving hospital.