

4.0.03 DOC Cmte minutes

Neonatal Infection Guideline Update- Committee Meeting

Date: 26 August 2020

Location: Virtual committee meeting by Zoom

Minutes: Final

Committee members present:	
Waqar Shah (WS) (Chair)	Present for notes 1 – 6
Sumiah Al-Azeib (SA)	Present for notes 1 – 6
Jim Gray (JG)	Present for notes 1 – 6
Mark Davies (MD)	Present for notes 1 – 6
Nicole Gannon (NG)	Present for notes 1 – 6
Jane Plumb (JP)	Present for notes 1 – 6
Richard Tubman (RT)	Present for notes (part of 2), 3 - 6
Aung Soe (AS)	Present for notes 1 – 6
Philip Banfield	Present for notes 1 – 6
Stephanie Jenkins	Present for notes 1 – 6
Paul Heath	Present for notes 1 – 6

4.0.03 DOC Cmte minutes

In attendance:		
Clare Dadswell (CD)	NICE - Technical Analyst	Present for notes 1 – 6
Chris Harris (CH)	NICE - Project Manager	Present for notes 1 – 6
Kathryn Hopkins (KH)	NICE - Technical Adviser	Present for notes 1 – 6
Catrina Charlton (CC)	NICE - Guideline Commissioning Manager	Present for notes 1,2 (part of 3), 4 - 6
Gabriel Rogers (GR)	NICE - Technical Adviser Health Economics	Present for notes 1 – 6
Jeremy Dietz (JD)	NICE-Technical Analyst Health Economics	Present for notes 1 – 6
Susan Spiers (SS)	Associate Director – Guideline Updates Team	Present for notes 1 – 3
Adam Storrow	Business Analyst – Resource Impact	Present for notes 1 – 6

Apologies:	
Melanie Carpenter	Midwife

NICE observers in attendance	
Lucy Beggs	Technical Adviser (Health Economics)

1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the 9th meeting on Neonatal infections.

The Chair informed the Committee that apologies from Melanie Carpenter. These are noted above.

The Chair outlined the objectives of the meeting, which included:

- Discussion on risk factors (maternal and in the baby) for early-onset neonatal infection and the accuracy of clinical prediction models in guiding management in the baby

4.0.03 DOC Cmte minutes

- Presentation of evidence and health economic modelling on the clinical and cost effectiveness of immediate delivery versus expectant management in women between 34- and 37- weeks gestation with preterm prelabour prolonged rupture of membranes and vaginal or urine group B streptococcus detection.
- Presentation of clinical evidence on the investigations that should be performed before starting treatment in babies with symptoms of late-onset neonatal infection
- An update on clinical evidence on the optimal antibiotic treatment regimen for suspected late-onset neonatal infection?
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The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was: prevention and treatment of neonatal infection.

The DOI register was reviewed by the Chair and Committee and the Chair asked everyone to verbally declare any interests that have arisen since the last meeting. These are noted below.

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
Philip Banfield	Obstetrician	Direct non-financial professional and personal	Works at the same hospital as Co-author of research study: Comparison of the management recommendations of the Kaiser Permanente neonatal early-onset sepsis risk calculator (SRC) with NICE guideline CG149 in infants ≥ 34 weeks' gestation who developed early-onset sepsis	Declare and participate The paper does not meet the inclusion criteria for review but was discussed at GComm9.

The DOIs were considered by the Chair, no conflict of interest was identified for the meeting, and all Committee members were eligible to attend the Committee meeting and contribute to the discussions.

The Chair asked the Committee if it wanted any changes made to the minutes of the last meeting. The Committee agreed the minutes were a true and accurate account of the meeting which took place on the 3 August 2020.

4.0.03 DOC Cmte minutes

2. RQ1.1 Which maternal and fetal risk factors for early-onset neonatal infection should be used to guide management?

RQ1.2 What risk factors in the baby (including symptoms and signs) should raise suspicion of infection within 72 hours of birth?

RQ1.3 What is the accuracy of clinical prediction models for early-onset neonatal infection and what is their effectiveness in guiding management in the baby?

- **Presentation of new clinical evidence and revisiting of recommendations**

The Chair introduced CD, Technical Analyst, who gave a update presentation on the risk factors for early-onset neonatal infection and the accuracy of clinical prediction models in guiding management in the baby. The Chair thanked CD for their presentation.

3. RQ3.1 What is the clinical and cost effectiveness of immediate delivery versus expectant management in women between 34- and 37- weeks gestation with preterm prelabour prolonged rupture of membranes and vaginal or urine group B streptococcus detection?

- **Recap of clinical evidence**
- **Presentation of health economic model**

The Chair introduced CD, Technical Analyst, who gave a recap of clinical evidence on the clinical and cost effectiveness of immediate delivery versus expectant management in women between 34- and 37- weeks gestation with preterm prelabour prolonged rupture of membranes and vaginal or urine group B streptococcus detection. The Chair then introduced GR, who presented health economic modelling. The Chair thanked CD and GR for their presentations.

4. RQ3.1 What is the clinical and cost effectiveness of immediate delivery versus expectant management in women between 34- and 37- weeks gestation with preterm prelabour prolonged rupture of membranes and vaginal or urine group B streptococcus detection?

- **Committee discussion**

The Chair led a Committee discussion on the evidence and health economic modelling presented. The Chair thanked the Committee for their contributions.

5. Revisiting of evidence reviews: RQ6.1 What investigations should be performed before starting treatment in babies with symptoms of late-onset neonatal infection?

RQ7.1 What is the optimal antibiotic treatment regimen for suspected late-onset neonatal infection?

- **Presentation & committee discussion**

The Chair introduced CD, Technical Analyst, who presented updates on the clinical evidence to support the investigations performed before starting treatment in babies

4.0.03 DOC Cmte minutes

with symptoms of late-onset neonatal infection. CD followed with a further presentation on updates to clinical evidence on the optimal antibiotic treatment regimen for suspected late-onset neonatal infection. The Chair thanked CD for her presentations.

7. AOB, summary and next steps

Attendees of the meeting were invited to raise anything further for discussion under any other business.

CH provided the Committee with an overview of the next key deadlines for this topic.

The Chair thanked the Committee for their time and contribution to the meeting. The venue, date and time of the next meeting was confirmed.

Date of next meeting: Wednesday 9th & Thursday 10th September 2020

Location of next meeting: Virtual committee meeting by Zoom