

Evaluation of sepsis varies across newborn nurseries

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(HealthDay)—Considerable variation is seen in risk assessment for



newborn early onset sepsis (EOS), according to a study published online Feb. 8 in *Pediatrics*.

Sagori Mukhopadhyay, M.D., from the Children's Hospital in Philadelphia, and colleagues described EOS risk management strategies across a national sample of newborn nurseries using a web-based survey that was sent to each Better Outcomes through Research for Newborns network nursery site representative. Specific practices for assessing and managing well-appearing term newborns identified at risk for EOS were addressed with 19 questions. Responses were received from 81 of 97 nurseries.

The researchers found that the most common factor used to identify risk for EOS was obstetric diagnosis of chorioamnionitis (79 of 81 nurseries). Fifty-one of 79 sites used American Academy of Pediatrics or Centers for Disease Control and Prevention guidelines to inform clinical care among well-appearing term infants with concern for maternal chorioamnionitis; 11 and two sites used a published sepsis risk calculator and clinical observation alone, respectively. At 13 percent of the sites, the most common laboratory tests obtained and influencing duration of empirical antibiotics were complete blood cell count (94.8 percent) and C-reactive protein (36.4 percent). At 95 percent of centers, some degree of mother-infant separation was necessary for EOS evaluation; in 40 percent of the sites, separation was required for the entire duration of antibiotic therapy.

"Substantial variation exists in newborn EOS <u>risk assessment</u>, affecting the definition of risk, the level of medical intervention, and ultimately mother-infant separation," the authors write.

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