



Rate of Term NNU admissions in a DGH

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Introduction

Neonatal unit (NNU) admissions of full-term infants can lead to unnecessary mother–baby separation, increased parental anxiety, and additional resource utilisation. According to NHS England (NHSE), over 20% of full-term NNU admissions are avoidable. Nationally and regionally, a benchmark target of <6% for full-term neonatal admissions has been established. This audit aimed to evaluate whether our NHS Trust met this standard and to identify avoidable cases to develop targeted action plans for reduction

Objective

- Assess the full-term NNU admission rate at our District General Hospital.
- Identify the proportion of avoidable admissions.
- Analyse admission patterns and contributory factors (e.g., delivery mode, gestation, maternal conditions).
- Recommend strategies for reducing avoidable admissions and improving maternal–neonatal continuity.

Methodology

Neonatal admission records were compiled from ATTAIN meeting documentation covering a three-month period from October to December 2025. Each case was analyzed with regard to gestational age, pregnancy complications, mode of delivery, presence of meconium, administration of antenatal steroids, maternal ethnicity, and gestational age at birth. The reasons for admission were classified into categories, including respiratory distress syndrome (RDS), hypoglycemia, infection, jaundice, and other contributing factors. This systematic approach aims to identify recurring patterns and uncover opportunities for reducing potentially avoidable admissions.

Results

- Total Deliveries: 967
- Term NNU Admissions: 56 (5.8%)
- Avoidable Admissions: 18 (32%)

- ◆ Admissions by Mode of Delivery
 - Elective LSCS (ELCS): 10 admissions (17.8%)
 - 8 due to respiratory causes
 - 2 babies born before 39 weeks (maternal request, poorly controlled type 2 diabetes)
 - Emergency LSCS (EMCS): 22 admissions (39.2%)
 - 7 for respiratory distress
 - 2 for hypoglycaemia
 - 2 for jaundice
 - 2 for poor feeding
 - 1 for infection
 - 8 due to other causes (e.g., hypothermia, cardiac concerns)
 - Spontaneous Vaginal Deliveries (SVD): 18 admissions (32%)
 - 5 for respiratory distress
 - 3 for hypoglycaemia
 - 3 for infection
 - 1 for poor feeding
 - 6 for other causes
 - Assisted Vaginal Deliveries: 6 admissions (10.7%)
 - 3 for respiratory causes
 - 1 for infection

- ◆ Primary Admission Causes
 - Respiratory Distress Syndrome (RDS): 23 cases (41%)
 - Hypoglycaemia: 6 cases (10.7%)
 - Infection: 5 cases (8.9%)
 - Jaundice: 2 cases (3.6%)
 - Poor Feeding: 3 cases (5.4%)
 - Other (hypothermia, cardiac concerns): 17 cases (30.4%)

Conclusion

Our Trust's full-term NNU admission rate (5.8%) is within the national benchmark. However, one-third of admissions were deemed avoidable, primarily due to respiratory distress in elective caesareans <39 weeks, and hypoglycaemia in EMCS births around 38–39 weeks. These findings support the development of targeted interventions including:
Delaying ELCS to ≥39 weeks when safe
Enhanced glycaemic control in mothers
Early skin-to-skin and feeding support post-delivery
This data will inform future quality improvement efforts to reduce avoidable neonatal admissions and promote safe maternal–neonatal continuity of care.