Methods Prospective data analysis of all babies born between 25th April and 31st July 2020 with confirmed or suspected EONS who were referred to the Hospital at Home service. Data collected included demographic information such as gestation and birth weight, C-reactive protein measurements, blood and cerebrospinal fluid culture results, timing of discharge and the total number of intravenous antibiotic doses given at home. A post-treatment questionnaire was undertaken to assess parental feedback.

Results In total, 41 neonatal patients were referred to the Hospital at Home service over the study period. On average, babies received four doses of intravenous cefotaxime at home, resulting in a reduction of two inpatient treatment days per patient, and 85 inpatient treatment days across the study period. One patient required a trip to hospital for repeat cannulation. No patients required re-admission to hospital during the study period. A post-treatment questionnaire was universally positive with parents evaluating the service as ‘efficient, professional and so much easier being comfortable at home.’ There were no negative comments.

Conclusions A neonatal Hospital at Home service is effective in reducing the length of inpatient stay for babies undergoing treatment of EONS. With an average reduction of two inpatient days per patient, the service not only provides an improved maternal and family experience, but also reduces the inpatient workload on postnatal wards and is a significant cost-saving initiative. More research is required to formalise the referral criteria and assess whether additional neonatal services such as phototherapy could also be provided in the home setting.