Newborn Eye Prophylaxis Information

The newborn eye prophylaxis is a medication given to prevent newborn conjunctivitis. It is given within the first hour of birth to be considered effective. With this being said, it is best to wait until after the first period of activity when the newborn is looking for the faces of the parents.

Conjunctivitis is inflammation of the eye. Ophthalmia neonatorum is conjunctivitis with discharge from the eye in newborns. It is mostly associated with Chlamydia, gonorrhea, other bacteria and herpes infections. It can cause eye scarring, corneal infiltration, blindness, and could spread to the whole newborn system.

The antibiotic eye prophylaxis is effective at preventing gonorrheal infections, and possibility Chlamydia infections in the newborn. Treatment, if the baby gets an infection, for ophthalmia neonatorum includes frequent cleaning of the eyes with normal saline, antibiotics and/or other drugs.

Drugs used for prophylaxis: Tetracycline ophthalmic ointment, ophthalmic ointment, erythromycin, or silver nitrate. I use erythromycin ointment. The ointment is applied to the lower, inside eyelid, from the center to the outer. Then the eye is gently closed and rubbed to distribute the medicine.

The prevalence of newborn infected with bacterial conjunctivitis occurs in 2-4% of births. Of the 2-4% of births the breakdown is as follows:

- Chlamydial conjunctivitis: 30-50% of all conjunctivitis before 4 weeks of age is this kind. If you have an acute infection (high colonization, usually with symptoms) of Chlamydia, then the rate increases to 30-50% of newborns can develop this type of conjunctivitis or even pneumonia.
- Gonorrhea conjunctivitis happens in 2-3 per 10,000 births in the US.
- Other bacteria that may cause infection include Streptococcus pneumonia and Haemophilus influenza (15% of cases) or Staphylococcus aureus.

This is general information. Please speak to your health care provider about your unique health needs.
• Conjunctivitis can also be caused by the virus herpes simplex virus types 1 and 2.

Other factors to consider: If the newborn’s membranes are not ruptured, then the membranes possibly provide a protective barrier against potential infections. The sterile amniotic fluid also helps flush out the vaginal canal to prevent the newborn’s contact with organisms. Homeopathy can also be used to treat an infection in mom or babe, but may need to be used in conjunction with antibiotics.

Risks of erythromycin:
• Chemical conjunctivitis causing newborn discomfort and inability to focus on the parents faces.
• Side effects- edema (swelling of the eye), inflammation, redness, and eye discharge for 24-48 hours
• Allergic reaction

Signs, Symptoms and Treatments if you choose to waive eye prophylaxis:
• Signs and symptoms of infection may be any or all of these- thin or white discharge from the eyes, eyelid swelling, redness, heat, and inflammation of the eyes, or excessive drainage from the eyes.
• A culture will be taken to determine the type of infection
• Before the results of the test are provided treatment with Ceftriaxone, a broad spectrum antibiotic, may be given.
• Chlamydia conjunctivitis treatment includes oral antibiotics for 2 weeks. Treatment is about 80% effective so additional treatments may be needed.
• Gonorrheal conjunctivitis treatment usually requires hospitalization to observe for a systemic (internal; in the whole body) infection. Antibiotics will be given. Saline eye wash and other antibiotic topical treatments will likely be used.
• Other bacterial infections usually respond to topical ointments.
• Herpetic conjunctivitis will be treated with oral medication and topical medication

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Be sure to tell the care provider that your baby did not receive erythromycin at birth. This will help inform their plan of care.

Breastfeeding should be continued, even if a hospital stay is required. Your breastmilk provides many health building nutrients that your baby needs to overcome this infection!

Testing is available to determine whether or not you have Chlamydia or gonorrhea. The test involves a collection of mucous from the cervix or a urine culture. The specimen is set to a lab for results. This can be done at the midwife's office or your Gynecologist can do it. The risk of this procedure is that the cervix is slightly stimulated. Potentially this could cause the cervix to start and continue to dilate resulting in premature labor. This isn’t common. The treatment for Chlamydia and Gonorrhea, if found positive, is an antibiotic. There are several approved for use during pregnancy including: cephalosporin, spectinomycin, azithromycin, or amoxicillin. This would need to be prescribed by a medical doctor or Gynecologist. Your sexual partner would also need to be treated and sexual intercourse would need to be paused, or with barrier such as condoms, until you are both clear of the infection.

A note about Chlamydia and Gonorrhea: Chlamydia is the most common bacterial sexual transmitted infection and Gonorrhea is the second most common infection in the United States. It is transmitted through vaginal sex, although barrier methods like condoms can reduce this risk significantly. Having no symptoms (asymptomatic) is fairly common, but it can also cause frequent bladder infections, cervical issues, and ectopic pregnancies.

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References: