

What starting antibiotics means for your baby



Information for patients

Neonatology



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



Congratulations on the birth of your baby!

You have been given this leaflet because your baby is at risk of infection or may have an infection. Although infections in newborn babies can be very serious if not treated, the good news is that antibiotics can help prevent an infection from becoming serious.

This leaflet explains why we recommend antibiotics, and what will happen over the next few days.

Why does my baby need antibiotics?

There are two possible reasons:

Your baby is showing signs of possible infection, for example:

- Fast or noisy breathing (may make a grunting noise)
- High or low body temperature
- Not feeding well and not waking for feeds
- Jaundice requiring phototherapy (blue light treatment) in the first 24 hours of life

or

Your baby is at higher risk of infection compared to other newborns.

Risk factors for infection include:

- Serious infection in mum
- Infection in a baby's twin brother or sister
- Fever of over 38°C in mum, or two temperatures above 37.5°C, more than one hour apart
- Group B Streptococcus (a type of bacteria) has been present in mum's urine or vaginal swabs taken during this pregnancy
- An older sibling having a Group B Streptococcus infection when they were newborn
- Going into labour before 37 weeks' gestation (preterm or premature labour)
- Ruptured membranes (waters breaking) more than 24 hours before baby is born if after 37 weeks' gestation or more than 18 hours before baby is born if before 37 weeks' gestation. This is known as prolonged rupture of membranes

Sometimes, one sign or risk factor is enough for the doctors to recommend antibiotics; sometimes, there needs to be two. If you are unsure why your baby is being offered antibiotics, please ask a member of staff to explain.

Are antibiotics safe in newborn babies?

Many parents worry about the risk of antibiotics but there are usually no side effects and an allergic reaction is very rare. Many babies receive antibiotics without any problems. We know that if your baby might have an infection, it is much safer to give your baby antibiotics than not.

Will it interrupt breast-feeding?

You will be encouraged to hold your baby in skin-to-skin contact immediately after birth or as soon as possible. You will be supported to offer the first breastfeed whilst your baby is in skin-to-skin contact, as soon as your baby shows signs of wanting to feed.

How are the antibiotics given?

Because it is important that the antibiotics get to any infection quickly, they are given via a small plastic tube (cannula) into the baby's vein (see photo).

Will it hurt my baby?

You can help to soothe your baby during cannulation (insertion of the cannula) by giving some of your expressed colostrum (first breast milk), as colostrum has a pain relieving effect. You can do this whichever method of feeding you had chosen. This colostrum will also provide extra defence against infection.

Your midwife will show you how to hand express colostrum into a small container before the procedure. The colostrum can be given to your baby by a pipette or syringe. If you are unable or choose not to do this then we can give some sugar water instead. After the procedure you will be supported to recommence skin-to-skin contact and feed your baby.

What happens now?

We will put the tiny cannula (a small plastic tube - see photo) into your baby's hand or foot so that we can give the antibiotics directly into a vein (IV antibiotics).



When we do this, we will send some blood to the lab to look for evidence of infection.

The key blood tests we do are a CRP, an FBC and a blood culture.

CRP (C-reactive protein) is something our bodies produce if there is infection or inflammation. A high CRP increases the likelihood that your baby has an infection.

We will do two CRPs: one when we put your baby's cannula in, and one from a heel prick after 18 to 24 hours. We will get the result of this test after two to three hours.

FBC (full blood count) includes the number and type of white blood cells that are important in fighting infection. A very high or low white blood cell count also increases the likelihood that your baby has an infection.

A blood culture discovers if there are any bacteria growing in your baby's blood. It takes at least 36 hours to get this test result back.

Your baby will get antibiotics every 12 hours until it is safe to stop them.

You will need to remain in hospital with your baby for the duration of their antibiotic treatment. A member of the neonatal team will come to see you and your baby every day that your baby is on antibiotics. We do this so we can see how they are doing, answer your questions and update you on any outstanding test results.

A baby's veins are small and it may take more than one attempt to insert the cannula successfully. Also on occasions the cannula may become blocked or dislodged and may need replacing to complete the treatment. Should either of these happen, we will discuss our process with you.

How long does my baby need to take antibiotics for?

If your baby remains well, their CRP test result is not too high and their blood cultures don't grow any bacteria then we can stop antibiotics after 36 hours. If this is not the case, then your baby will need a longer course of antibiotics (often five to seven days and sometimes up to two weeks) and may need more tests. Both you and your baby will stay in hospital while your baby is on antibiotics.

When can we go home?

Once we stop antibiotics, a member of the neonatal team will come and review your baby to make sure they are well enough to go home.

Once you are at home

If you are worried that your baby is unwell after he/she is discharged then you should take your baby to see a doctor.

Signs that your baby is unwell commonly include:

- Fast breathing or pauses in breathing
- Not waking for feeds or feeding smaller amounts
- Being floppy
- Increased sleepiness
- Being too hot or too cold
- Prolonged inconsolable crying
- Looking pale or mottled

(This is not a complete list of symptoms)

If you are concerned seek medical advice from either:

- Your GP
- NHS 111
- Or your nearest Accident & Emergency Department.

You should tell the doctor that your baby was on antibiotics after birth.

Any questions?

We start babies on antibiotics on a regular basis and we see the anxiety it can cause for parents. We are here to help, so let us know if you have any questions. Your midwife or a member of the neonatal team will be more than happy to speak to you.

Some commonly asked questions:

My baby looks well. Does he/she really need antibiotics?

Early in an infection, babies can look very well but they can become sick very quickly. If your baby is at increased risk of infection, or is showing mild signs of infection, then we start antibiotics to try to prevent them from developing symptoms of serious illness.

Can't my baby have antibiotic medicine by mouth rather than through a cannula?

Babies do not absorb antibiotic medicine from their gut very well. In order to ensure they get an appropriate and effective dose, we have to give it directly into their blood stream.

Will the cannula bother my baby?

Putting a cannula into your baby will almost certainly bother you more than he/she. Your baby may cry, in the same way as when you change their nappy but he/she will usually settle very quickly. Your breast milk will help soothe your baby.

After the cannula is in, it doesn't seem to bother the babies and it isn't painful – they sometimes like to suck on them! Keep the cannula dry and be careful when dressing or undressing your baby. A sock or bandage over the cannula can help protect it from being knocked.

Where and who gives the antibiotics to my baby?

In most cases we will try to insert your baby's cannula in the birthing room where you are. This is so that we can keep you and your baby together. We know that the time after birth is very special for you and your baby and it is important to spend time together, get to know your baby and enjoy the first feed.

The first dose of antibiotics is given on the labour ward or the neonatal unit straight after we put the cannula in. After that the antibiotics are usually given by the midwives or nurses on your ward.

Useful website

Our care of babies who are at risk of infection is in accordance with government guidelines.

For more information see:

- www.nice.org.uk/guidance/cg149/informationforpublic

Please speak to your midwife if you have any queries.

Alternative formats can be available on request.

Please email: alternativeformats@sth.nhs.uk

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