



Newborn Eye Care or Prophylaxis

Medication is routinely put into the eyes of almost all newborn babies in the US today. This is called eye prophylaxis. The word “prophylaxis” means prevention or protection from disease. Eye prophylaxis is recommended by the American Academy of Pediatrics, the U.S. Centers for Disease Control and by law in all 50 states. Homebirth parents sometimes wonder if eye medicine is really necessary for all babies.

Will this treatment benefit MY baby?? This paper is to give you more information on the issue.

Why is eye medication given? The Georgia Department of Public Health regulations state “Prophylactic treatment” means the instillation of a one (1) percent aqueous silver nitrate solution in a single dose ampule, or an ophthalmic ointment or drops containing one (1) percent tetracycline or one-half (0.5) percent erythromycin in a single-use tube or ampule in the eyes of the live newborn immediately following birth.” “The person in attendance at any childbirth shall instill the prophylactic treatment in the eyes of the live newborn immediately following birth.” (290-5-20.01-.02 & .03)

This regulation was put into effect at a time when thousands of infants suffered permanent blindness as a result of severe eye infection due to gonorrhea acquired from their mothers. Giving eye medications shortly after birth prevents almost all of these infections.

In more recent years, the incidence of gonorrhea has dropped and another similar disease, chlamydia, has become more common. Chlamydia can also cause eye infection in newborn babies. However, chlamydial eye infections are much less likely to be associated with serious eye complications. This is fortunate because current evidence indicates that the eye medications commonly used for prophylaxis are not very effective in preventing transmission of chlamydia from mother to infant at birth. Testing mothers early in pregnancy and treating them then if necessary is recommended instead.

There are other germs that cause “goopy eyes” in newborns. Some of these milder eye infections are prevented in the early days of life by the eye medications given for gonorrhea. Garden variety “goopy eyes” can be treated with a drop or two of breast milk in the affected eye several times a day (Breast milk is a “living fluid” that includes many germ-killers). Discharge from an infant’s eye can also be related to a plugged tear duct rather than an infection.

Are all babies at equal risk for gonorrhea infection? The newborn eye medications prevent infection that is picked up from the mother’s cervix or vagina as the baby is born. If the mother is not infected with gonorrhea, the baby cannot get it from her. Gonorrhea is a sexually transmitted disease (STD), meaning that the mother gets it from an infected sexual partner. The partner has picked it up by having sex (vaginal, oral or anal) with someone else who has gonorrhea. Couples where neither partner has ever had sex with anyone else are not at risk for STDs, including gonorrhea. Risk level rises with the number of sexual partners and the presence of other STDs.

Wouldn’t a woman know if she were infected with gonorrhea? Maybe - maybe not. Some women experience a greenish-yellow, mildly odorous vaginal discharge, painful urination, or spotting/bleeding between periods. But a large percentage of infected persons have no symptoms of the disease. Testing the mother by taking a swab of the cervix is a better way of finding infection. This is commonly done in early pregnancy for women with risk factors. Some doctors and midwives test all pregnant women for gonorrhea and chlamydia. Please let me know if you have not been tested and would like to be. A referral will be made to a CNM or MD.

Would my baby have any symptoms if he/she became infected? Yes, babies with gonorrheal eye infections have obvious signs and symptoms. The eyes and eyelids become intensely red and swollen. There is pain and a

yellowish or green-yellow discharge, usually from both eyes. This generally appears on the second to fifth day of life, and rarely beyond day 10. Treatment requires antibiotic injections or IVs (soon!) to prevent blindness. If the infection appears in another part of the infant's body, it can cause death.

Is the eye medicine painful to the baby? The silver nitrate that was originally used to prevent eye infections in newborns was very caustic and painful. It made it so the babies had difficulty seeing at first and often caused redness and swelling. Today antibiotic ointments are more commonly used for eye prophylaxis. Although babies may object to having their eyes held open to put in the eye ointment, the medication itself does not seem to be irritating for most.

Does the medication have any side effects? Information on the Erythromycin ointment that most facilities use says that serious side effects are not expected, but that some stinging, irritation, itching, redness, blurred vision (lasting about 30 minutes) or sensitivity to light may occur. Theoretically, it could contribute to sensitivity to the medicine later in life. There is also the very small possibility that bacteria, viruses or yeast may be introduced into the eye while giving the medication.

Are there modern countries where newborn eye medications are not recommended? I understand that eye medications for newborns have not been used for years in England, and that their incidence of neonatal eye infections is no higher than ours. A midwife from Holland said that they do not use it there. They figure that if a mom does have undiscovered gonorrhea, it is better to find out about it because if it goes untreated, the results can be serious for the mom too. Seeing it in the baby tells them that the mom and her partner need treatment too. Of course, somebody has to be watching the baby for problems and symptoms so that if gonorrhea is present, it is not overlooked.

What if we want eye medicine for our baby? If you choose to have the treatment you will need to get a prescription from your pediatrician. The eye ointment should be on hand at the time of birth.

What if we don't want eye medicine for our baby? If you object to eye medications and would not give permission for your baby to have it, you will need to sign the statement below for your chart.

More questions? Please ask. You and your husband/partner should both sign and date the statement.

We have read the information and have chosen not to have prophylactic eye treatment instilled in our baby's eyes. We also acknowledge the following information:

1. We are aware of the risks of not giving the eye medicine.
2. My husband/partner and I are not at risk for gonorrhea.
3. We know what signs and symptoms to watch for in the baby.
4. We take responsibility for any problems that might result from not having the medicine.

Mother: _____ Date: _____

Father: _____ Date: _____