

Newborn Eye Prophylaxis for Ophthalmia Neonatorum Information

Most newborns in the United States, whether delivered by midwife or obstetrician, will receive prophylactic eye ointment shortly after birth. Many parents, however, are opting not to have this treatment administered to their newborns. While prophylactic eye ointment is required by law in many areas, parents are free to forbid the treatment (and most other medical interventions) if they so choose.

If the mother has been exposed to Chlamydia, syphilis, or gonorrhea, or if her status is unknown, prophylactic eye drops may be well-advised. The eye ointment can prevent infection from these bacteria that may be present in the birth canal. In instances where the mother has no sexually transmitted diseases and the risk of exposure is low, prophylactic eye ointment may be unnecessary. If you are unsure and would like to determine your risk, simple tests can determine whether or not there are any dangerous bacteria present in the birth canal.

Effectiveness: The effectiveness of erythromycin in the prevention of ophthalmia caused by penicillinase producing *N. gonorrhoeae* is not established. For infants born to mothers with clinically apparent gonorrhea, intravenous or intramuscular injections of aqueous crystalline penicillin G should be given; a single dose of 50,000 units for term infants or 20,000 units for infants of low birth weight. Topical prophylaxis alone is inadequate for these infants.

Adverse Reaction: Frequently reported adverse reactions are minor ocular irritations, redness and hypersensitivity reactions. Clogged tear ducts are the most common complaint, along with minor eye irritation.

Administration: For prophylaxis of neonatal gonococcal or chlamydial ophthalmia, a ribbon of ointment approximately 1 cm in length should be instilled into each lower conjunctival sac. The ointment should not be flushed from the eye following instillation. A new tube should be used for each infant. A physician, midwife or approved nurse attending the childbirth is to administer a 0.5% ophthalmic erythromycin solution or ointment in each eye within two hours of birth.

I have read Newborn Eye Prophylaxis for Ophthalmia Neonatorum Information and have had my questions answered. I am making my decision with full understanding of the potential risks and benefits. My signature in my chart proves both my understanding of this topic and my acceptance of my decision.