
INFORMATION FOR PARENTS ABOUT ADMINISTRATION OF INTRAVENOUS ANTIBIOTICS TO BABIES

Why does my baby need antibiotics?

There may be factors about your pregnancy, labour or birth which increase the risk of your baby developing an infection. Antibiotics may be advised as a precaution, until we can be confident that your baby doesn't have an infection.

Or, the midwife or doctor may be concerned that your baby appears unwell. This may be an early sign of infection which requires treatment with antibiotics.

How will the antibiotics be given?

Antibiotics are most effective if they are given directly into your baby's bloodstream. This is done through a small plastic tube called a *cannula*, usually inserted into a vein in your baby's hand or foot.

Will it hurt?

Having the cannula sited can be upsetting for babies (and parents!), but once it is in place it does not normally cause any distress. Sometimes giving them a little of your colostrum or milk helps to calm them during the procedure.

The cannula is protected with dressings and will normally stay in place until the course of antibiotics is complete. Sometimes, however, the cannula might stop working and a new one may be needed. Administering the antibiotics through the cannula won't hurt your baby.

How long will we need to stay in hospital?

When the cannula is inserted, a sample of blood will be taken to test for infection. These *blood culture* results are checked after 36 hours. If no bacteria have grown within this time, it is likely that there is no infection. If your baby appears well, we can consider stopping the antibiotic treatment.

However, if your baby still appears unwell, or if the blood culture shows signs of infection the antibiotic treatment may continue for up to 7 days (or sometimes longer).

What antibiotics will you give?

In our unit, babies are given two types of antibiotics – **benzylpenicillin** (usually given twice a day) and **gentamicin** (usually given once every 36 hours). These two antibiotics work well in combination to fight the most common types of bacteria in newborn babies.

Are they safe?

All medicines have risks and possible side-effects. However the antibiotics we use are considered to be safe for use with newborn babies and comply with national guidelines.

The most common side effect is a sensitivity to the benzylpenicillin, which can result in a rash.

Gentamicin has rare side-effects on kidneys or hearing (usually affecting balance). Although there are no reliable statistics available, the likelihood of hearing damage in newborn babies is very rare and is usually associated with use of high doses for a prolonged period of time, or with rare genetic conditions which increase the risk.

The benefits from treating a possible infection significantly outweigh the risks of not treating.

Will my baby need any other tests?

If antibiotics are continued after 36 hours, a blood test may be needed to monitor the level of antibiotics in the baby's bloodstream. This involves taking a small blood sample (usually from your baby's heel) to ensure that antibiotic levels are high enough to treat the infection, but low enough to reduce the risk of side-effects.

Additionally, blood samples will be taken to check that the infection is improving.

Will I need to be separated from my baby?

If your baby is well enough, they will remain with you on Pannal Ward. Usually the antibiotics can be administered by a midwife in just a few minutes, so your baby should be able to stay with you the whole time.

The midwife will keep a close eye on your baby and will monitor their temperature, heart rate and breathing according to our recommended protocols.

What about when I go home?

Your baby will be ready for discharge once the antibiotic treatment has been completed in hospital and your baby is well enough. However, after you go home you are advised to seek medical advice (for example, from NHS 111, your GP or the Emergency Department) if you have concerns that your baby is showing:

- abnormal behaviour (for example, inconsolable crying or listlessness), or is
- unusually floppy, or
- has developed difficulties with feeding or with tolerating feeds, or
- has an abnormal temperature not explained by environmental factors (lower than 36°C or higher than 38°C), or
- has rapid breathing, or
- has a change in skin colour.

Can I still breastfeed?

At Harrogate, breastfeeding is actively promoted and as long as your baby is well enough, you will be able to continue to breastfeed. Even if your baby needs to be monitored more closely on the Special Care Baby Unit (SCBU), it is usually possible to continue to breastfeed or express breast-milk, and staff will support you to do this.

What if I have more questions?

If you have more questions, please don't hesitate to ask. It can also be arranged for you to discuss your baby's management plan further with one of the Paediatric doctors.

Pannal Ward: 01423 553157

Special Care Baby Unit (SCBU): 01423 553188

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.