



What starting antibiotics means for your baby

Congratulations on the birth of your baby!

You have been given this leaflet because the medical team believe your baby is at risk of infection or may have an infection. Infections can occur when germs cross from mum into baby during labour. Infections in newborns can be very serious if left untreated. The good news is that antibiotics can help keep your baby well. This leaflet explains why we start antibiotics, and what will happen over the next few days.

Key points:

- Your baby is being started on antibiotics because they may have an infection.
- Antibiotics are a safe way of helping to prevent an infection becoming serious.
- Your baby will get a dose of antibiotics every 12 hours.
- Your baby will have another blood test 18-24 hours after starting antibiotics.
- Your baby will be on antibiotics for at least 36 hours. They may be on them for longer and need more tests.
- If your baby is unwell after you are discharged home, you should take them to see a doctor.

Why does my baby need antibiotics?

There are two possible reasons:

- Your baby is showing signs of possible infection. There are a variety of things that may alert the medical team to the fact that your baby could have an infection. These include:
 - Fast or laboured breathing (babies who are ill may make a grunting noise).
 - High or low temperatures.
 - Poor feeding or lethargy (sluggish); more than is normal for a newborn baby
 - Jaundice requiring light therapy in the first 24 hours of life.
- Your baby is at higher risk of infection compared to other newborns. Things that increase the likelihood of infection are called “risk factors”. Risk factors include:
 - Serious infection in mum*.
 - Infection in a baby’s twin brother or sister*.
 - Fever of over 38°C in mum.
 - Group B strep (a type of germ) has grown in mum’s urine or on swabs taken during this pregnancy or a previous pregnancy.
 - An older sibling having a Group B strep infection when they were newborn.
 - Going into labour before 37 weeks.
 - Waters going more than 24 hours before baby is born. This is known as prolonged rupture of membranes.

Sometimes, one risk factor (the ones with a star *) is enough for the medical team to start antibiotics; sometimes, there needs to be two.

If you are unsure why your baby is being started on antibiotics, please ask the medical team to explain.

Are antibiotics safe in newborns?

Many parents worry about the risk of antibiotics but there are normally no side effects or allergic reactions. Babies start antibiotics nearly every day in this unit and around the country without any problems. The bottom line is this: **if your baby might have an infection, it is much safer to give your baby antibiotics than not.**

What happens now?

We will put a tiny cannula (a small plastic tube – *see photo right*) 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 two key blood tests we do are a CRP and a blood culture.

- CRP (C-reactive protein) is something our bodies produce if there is infection or inflammation. A high CRP can indicate there is an infection but it will not tell us where the infection is. We do two CRPs; one when we put your baby's cannula in, and one from their heel after 18-24 hours. We get the result of this test after 2-3 hours.
- A blood culture looks to see if there are any bacteria growing in your baby's blood. It takes 36 hours to get this test back.



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

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.

How long does my baby need antibiotics for?

If your baby remains well, their CRP test result is not too high and their blood cultures don't grow any germs 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 5-7 days), and may need more tests. Both you and your baby will stay in hospital while your baby is on antibiotics, unless they need a longer course (over 7 days).

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 your baby is discharged then you should 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.
- Feeling floppy.
- Increased sleepiness.
- Being too hot or too cold.
- Prolonged inconsolable crying.
- Looking pale or mottled.

Again, this is not a complete list of symptoms. **If you are concerned, seek medical advice (from 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 oral antibiotic medicine rather than through a cannula?

Babies do not absorb antibiotic medicine from their guts 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 them. They may cry, in the same way they cry when they have their nappy changed but they usually settle very quickly. We can give them a drop of sugar water on their tongue to help distract them. After the cannula is in it doesn't seem to bother them and it isn't painful – they sometimes like to suck on them! Keep the cannula dry and be careful when dressing. A sock over the cannula can help protect it from being knocked.

Who gives the antibiotics to my baby?

The first dose is given on the neonatal unit straight after we put the cannula in. Thereafter the antibiotics are usually given by the midwives on your ward.

Useful websites

Our management 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

Contact us

If you need further advice, please contact the ward where your child was last cared for in hospital or ask to speak to your child's paediatric consultant on 0118 322 5111.

Buscot Ward 0118 322 7431

Marsh Ward 0118 322 7319 / 7288

Iffley Ward 0118 322 7323

Please ask if you need this information in another language or format.

Dr Ruth Drury, Paediatric ST3, RBFT Paediatric Department, May 2015

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