

INFORMATION FOR PARENTS/CARERS/GUARDIANS

What starting antibiotics means for 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. Infection in babies 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.

Why does my baby need antibiotics?

There are two possible reasons:

1. Your baby is showing signs of possible infection – these include:

- Fast or laboured breathing.
- A grunting noise.
- A high or low temperature.
- Poor feeding or lethargy (sluggish) - more than is normal for a newborn baby.
- Jaundice requiring light therapy in the first 24 hours of life.

2. Your baby is at higher risk of infection compared to other babies. Things that increase the likelihood of infection are called risk factors – these include:

- A serious infection in mum*.
- Infection in a baby's twin brother or sister*.

- A high temperature of over 38°C in mum.
- A type of germ called Group B Streptococci has grown in mum's urine or on swabs taken during this pregnancy or a previous pregnancy.
- An older brother or sister having a Group B Streptococci infection as a newborn baby.
- Giving birth before 37 weeks.
- Waters breaking 18-24 hours before baby is born - this is known as prolonged rupture of membranes.

*Sometimes, one risk 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 newborn babies?

Many parents worry about the risk of antibiotics but there are normally no side effects or allergic reactions.

Antibiotic use to prevent serious infection in newborn babies is very common in the UK and other countries.

If it appears your baby may have an infection, it is much safer to give antibiotics than not.

What happens now?

A doctor will put a 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), and take some blood to test for infection.



The two main blood tests we do are:

1. CRP (C-reactive protein), which 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 baby's cannula in, and one from their heel after 18-24 hours.

2. A blood culture to see if there are any bacteria growing in baby's blood.

Your baby's temperature, breathing rate and pulse rate will be checked regularly by the staff caring for your baby. We will ensure that you are not separated from your baby and most babies will stay with mum on the postnatal ward.

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 such as a chest x-ray and/or a lumbar puncture, which is a test used to rule out infection in the fluid surrounding the brain (meningitis). Though this is rare it is important to know about, and if it is necessary a doctor will speak to you about the procedure.

When can we go home?

Once we stop antibiotics, a member of the medical team will come and review your baby to make sure he/she is well enough to go home.

Once you are at home

If you are worried that your baby is unwell after your baby has been 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 and inconsolable crying.
- Looking pale or mottled.

More information is available in your baby's lilac booklet about important symptoms.

If you are concerned seek medical advice from your GP, ring NHS 111 or visit your nearest Emergency Department. You should tell the doctor or nurse that your baby was on antibiotics after birth.

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 your baby. They may cry, in the same way they cry when they have their nappy changed, but they usually settle very quickly. If necessary 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.

Sometimes the cannula has to be re-sited but it is important to finish the course of antibiotics.

Who gives the antibiotics to my baby?

Trained nurses will give the antibiotics after the cannula has been put in.

Can I still breastfeed my baby?

Yes – you won't be separated from your baby for long periods of time so you will be able to breastfeed as normal. We are proud to have Baby Friendly accreditation and fully support your feeding choices.

Will my baby need any follow up after going home?

Ongoing treatment and follow up is rarely required after antibiotics – any discharge arrangements will be discussed with you fully when your baby's antibiotics are discontinued.

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 medical team will be more than happy to speak to you.

Contact details

Maternity ward – telephone 01623 622515, extension 3054.

This leaflet

This information leaflet has been prepared by the Postnatal Governance Forum, a group of midwives and doctors who provide care for newborn babies on the maternity ward at King's Mill hospital.

Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: Telephone 01623 672222

Newark Hospital: Telephone 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know.

You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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