

## INFORMATION FOR PATIENTS

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# What starting antibiotics means for your baby

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You have been given this leaflet because the medical team believe your baby is at risk of or may have an infection.

Babies can get an infection before, during, or after birth. All newborn babies are born with bacteria, most of which are usually harmless and play an important part in keeping healthy. However, some bacteria can be harmful to babies and can lead to infection. This can make babies very ill if left untreated. Therefore, it is very important to treat infections with antibiotics.

### Why does my baby need antibiotics?

There are two possible reasons:

1. Your baby is showing signs of possible infection:
  - Fast or laboured breathing.
  - A grunting noise when breathing.
  - A high or low temperature.
  - Poor feeding.
  - Sleepy behaviour - more than is normal for a newborn baby.
  - Irritable behaviour.
  - Jaundice - requiring light therapy in the first 24 hours of life.
2. Your baby is at high risk of infection. Things that increase the likelihood of infection are called risk factors; these include:
  - A serious infection in the birthing parent.
  - Infection in a baby's twin.
  - A high temperature of over 38°C in birthing parent.
  - A type of bacteria called Group B Streptococcal (GBS) found in the birthing parent during this pregnancy or a previous pregnancy.
  - An older sibling having a GBS infection as a newborn baby.
  - Giving birth before 37 weeks gestation.
  - Waters breaking for more than 18-24 hours before baby is born; this is known as prolonged rupture of membranes.

If your baby has one or more risk of infection they will be reviewed by the medical team, and a decision will be made as to whether to start antibiotics.

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?

Babies with a bacterial infection can become very sick very quickly if left untreated. Giving antibiotic to prevent serious infections in babies is very common in the UK and other countries. There can be side effects to any medication, however, these are rare in babies.

The nursing and medical team will continue to monitor your baby very closely and please let them know if you have any concerns.

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

## What happens now?

Staff will put a tiny cannula (see photo) into your baby's hand, arm or foot so that we can give the antibiotics directly into a vein (IV antibiotics).

Staff will also take some blood to test for infections; blood taking can be taken from the cannula at insertion and from the baby's heel after the cannula insertion.



The two main blood tests are:

1. **CRP (C-reactive protein)**, which is something our bodies produce if there is infection or inflammation. A high CRP can show that there is an infection, but it will not tell us where the infection is. We will do two CRP blood tests, one when we first start antibiotics and one after 36 hours.

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

Your baby's temperature, oxygen levels, breathing and heart rate will be checked regularly by staff caring for you and your baby.

Most babies will have their antibiotics at the bedside on the birthing/maternity ward. Occasionally babies may need to visit the Neonatal Unit (NICU) for a doctor review, procedure, or to be given antibiotics. If this were to happen this will be communicated with yourself.

## How long does my baby need antibiotics for?

If your baby remains well, their CRP test result is within normal limits, and their blood cultures don't grow any bacteria then antibiotics can be stopped. All these results normally take 48 hours.

If your baby remains unwell or blood results are higher than normal, 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. A lumbar puncture 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 needed a doctor will speak to you about the procedure. In rarer situations some babies may need antibiotics for 14-21 days.

### When can we go home?

Once antibiotics are stopped, a member of the medical team will come and review your baby to make sure they are well enough to go home.

### Once you are at home

Often babies have no further complications once discharged home. However, it is important to recognise any signs of your baby becoming unwell. These may 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 on your Badgernet 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. Do they 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.

#### Could my baby have oral antibiotic medicine instead?

Your baby may be able to finish their antibiotics at home if they meet the following criteria:

- **Born at term:** Your baby was born at **37 weeks or later**.
- **Currently having IV antibiotics:** Your baby is receiving antibiotics through a drip for a possible infection.
- **Baby is well:** Your baby is clinically well and has no signs of an active infection.
- **Blood test results are reassuring.**
- **Cultures are negative:** Blood and spinal fluid (CSF) tests have not shown an infection.
- **Safe to go home:** There are no other medical or social concerns that would make going home unsafe. This includes having appropriate support at home and a plan for follow-up care.

## **If your baby can change to oral antibiotics**

If your baby meets the above criteria, their IV antibiotics may be changed to antibiotics taken by mouth:

- The IV antibiotics can be changed to **oral antibiotics after 36 hours**, if your baby is well and meets the criteria.
- Your baby will need a **total of 7 days of antibiotics**, including both IV and oral antibiotics.
- Once your baby has changed to oral antibiotics, they may be able to **finish their treatment at home** rather than staying in hospital.
- Your baby will receive their **first dose of oral antibiotics before going home** to make sure they tolerate the medicine well.
- The first oral antibiotic dose should be given **at least 8 hours after the last dose of IV benzylpenicillin**.
- Your baby will be **observed for at least 2 hours after the first oral dose** before going home.

Your baby's medical team will discuss this with you and make sure it is safe for your baby to continue their treatment at home.

## **Will the cannula bother my baby?**

When putting the cannula in you can give baby your breast/chest milk as a method to reduce pain and discomfort. Staff can support in doing this alongside yourself.

Once the cannula is in, it does not seem to bother babies and isn't painful. Staff will often cover the cannula with a small board and bandage to protect it. Covering the cannula will also make it easier for you to dress your baby, especially if the cannula is in your baby's hand.

Sometimes IV cannulas stop working and need to be re-sited, but it is important to finish the full course of antibiotics. On occasions IV cannulas can cause bruising to the skin, however, staff try to minimise this where possible.

## **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 are here to help, so please let us know if you have any further questions or concerns. Your midwife, nurse 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 reviewed by the Clinical Governance Forum, a group of healthcare professionals who provide care for newborn babies at King's Mill Hospital.

## Further sources of information

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://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:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto: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](mailto:sfh-tr.PET@nhs.net).

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