

CONGRATULATIONS ON THE BIRTH OF YOUR BABY.....

THIS LEAFLET HAS BEEN
DESIGNED TO GIVE YOU
SOME INFORMATION ABOUT
HOW WE LOOK AFTER
BABIES WHO MAY NEED
EXTRA OBSERVATIONS OR
TREATMENT FOR INFECTION
IN THE FIRST FEW DAYS OF
LIFE.

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INFORMATION
FOR PARENTS

Most babies are born fit and healthy; however, some babies can develop an infection during or shortly after birth. This is rare, occurring in approximately 1 in 2,000 babies but for these babies it can be serious or life threatening. When a baby develops an infection in the first 72 hours of life, this is known as the term 'early onset neonatal infection.'

This leaflet describes how we will monitor babies at risk of infection and how we will treat them.

HIGHER RISK BABIES

Healthcare professionals caring for you and your baby will have assessed whether your baby is at risk of an early onset neonatal infection prior to and following birth.

Risk factors include the following:

- If mum is carrying the Group B Streptococcus bacteria (found on vaginal swab or a urine sample in current pregnancy).
- If the waters break before labour starts or if they have been broken for more than 18 hours before the birth of baby.
- Premature birth (babies born under 37 completed weeks of pregnancy)
- Mum is suspected of having an infection around the time of birth.
- Mum had a previous baby who had early onset neonatal infection.

In some situations, antibiotics will be offered to mum in labour to reduce the chance of transmission to baby.

Even though we can identify which babies are classified as higher risk it can be difficult to interpret which babies actually have infection and will become unwell.

ENHANCED OBSERVATIONS

If babies appear well at birth it is most likely that they will have 24-36 hours of enhanced observations. This means you and your baby will stay together on a postnatal ward and the midwifery team will monitor your baby closely at regular intervals for early signs of infection.

If your baby remains well, observations will stop, and you will be discharged home. However, if your baby shows signs indicating early onset infection, a neonatal doctor will be asked to review your baby as your baby may need blood tests and/or antibiotic therapy. This will be discussed with you before any treatment is started.

Signs of infection we monitor for include:

- Difficulty breathing
- Too low or too high temperature
- Lethargic and/or floppy
- Poor feeding
- Poor colour
- Excessive crying

The most important treatment for infection in newborn babies is antibiotic therapy. These will need to be given into a vein using a small plastic tube (cannula). This may seem cruel and distressing to both you as a parent and your baby. However, we know babies spit out fluids, frequently vomit and their stomach may not absorb medicines well. Consequently, this is considered the best way to give them antibiotics.

Before giving the antibiotics, some blood will be obtained to perform relevant tests. The tests will guide us, the healthcare professionals, which type of infection your baby may have, if any. This information will indicate how long we may need to continue treating your baby with antibiotics. The team caring for your baby will keep you updated on the results and explain what they mean.

If your baby remains well and the blood tests are negative, the antibiotics will be stopped approximately 48 hours from when they started.

If the result indicates infection, then your baby will need to stay on antibiotics (usually 5-7 days). Should this happen, the neonatal doctor will discuss further the ongoing investigations and treatment.

After you are discharged home you should look out for any signs your baby is becoming unwell, including:

- Difficulty breathing
- Too low or too high temperature
- Lethargic and/or floppy
- Poor feeding
- Poor colour
- Excessive crying

You can also refer to the Lullaby Trust leaflet or app which can be downloaded at: <https://www.lullabytrust.org.uk/safer-sleep-advice/baby-check-app/>



