

Newborn Eye Prophylaxis – Informed Choice Agreement

The term “eye prophylaxis” refers to an antibiotic ointment used to prevent an eye infection called Ophthalmia Neonatorum. This infection can cause eye injury or blindness. Oregon law requires health care providers to administer eye prophylaxis to each baby they deliver, just in case the infant is at risk for developing an infection, unless the baby’s parents withhold permission. The law does not require parents to give permission.

A baby can become infected during childbirth as he/she passes through the birth canal. The two known causes of Ophthalmia Neonatorum are the sexually transmitted diseases **Gonorrhea** and **Chlamydia**. A vaginal culture can be taken during pregnancy to help determine if you carry either Gonorrhea or Chlamydia. However, a negative culture is no guarantee that you do not have one of the diseases, as they are often difficult to detect. If the baby does become infected with Gonorrhea or Chlamydia and is not treated, permanent eye damage and even blindness can result.

Of mothers that have Gonorrhea, 28% of babies will develop an eye infection. Of mothers with Chlamydia, 18-50% of babies will develop an eye infection. Silver nitrate used to be the common treatment but caused burning and redness in the baby’s eyes as a result. Most practitioners now use antibiotic ointments – either Erythromycin Ophthalmic Ointment 0.5% or Tetracycline 1% ointment. Both antibiotic ointments and silver nitrate are approved by the State of Oregon. Rosehip Midwifery only uses Erythromycin Ophthalmic Ointment 0.5% for eye prophylaxis treatment. The law requires the attendant to place a small amount of ointment in the baby’s eyes within two hours of the baby’s birth.

Disadvantages to using antibiotic ointment:

- Blurs the vision of the newborn, interfering with your baby’s ability to focus and see – some would argue that this may affect bonding and breastfeeding
- Possible allergic reaction
- Bacterial resistance due to use of an antibiotic

Benefits of using antibiotic ointment:

- Highly effective against both Chlamydia and Gonorrhea
- Does not sting or burn

Should your baby develop an eye infection, antibiotic ointment can also be used as treatment when symptoms develop, however, administration after development of symptoms does not guarantee full prevention of the infection and its possible effects.

Alternatives to using antibiotic ointment include:

- Irrigate baby’s eyes with sterile water and a sterile syringe
- Use of breastmilk and/or colostrum in baby’s eyes
- Eye wash with antimicrobial herbal infusion such as Echinacea

Advantages to alternative methods include:

- Does not blur baby’s vision
- Will not contribute to bacterial resistance

Disadvantage to alternative methods:

- Not as effective against both Chlamydia and Gonorrhea

Check out <http://evidencebasedbirth.com/is-erythromycin-eye-ointment-always-necessary-for-newborns/> for more information about newborn eye prophylaxis.

YOUR CHOICES. As a parent, you have the right to refuse permission for prophylactic treatment of your newborn. Your options include:

I give permission to treat the baby per Oregon health requirement.

I choose to have a vaginal culture for Gonorrhea and Chlamydia and to treat the baby if culture is positive.

I choose to treat the baby only if signs of infection are present: eye redness, swelling, discharge, crusting.

I decline permission to treat the baby.

I choose the following alternative management:

I have read and understand the information presented above regarding the use of Erythromycin Ophthalmic Ointment 0.5% as newborn eye prophylaxis and my questions/concerns have been addressed to my satisfaction. I understand the benefits and risks associated with newborn eye prophylaxis and take full responsibility for my decision.

Parent(s) _____ date _____

Midwife _____ date _____