



Newborn Eye Medication – Erythromycin Eye Ointment

Neonatal eye preventative treatment (prophylaxis) was introduced in the 1800s prior to the development of screening and treatment for gonorrhoea and chlamydia. At the time, the practice of putting silver nitrate drops in the eyes of newborns greatly reduced the incidence of blindness as a complication of eye infection (ophthalmia neonatorum) caused by the transmission of gonorrhoea and/or chlamydia to the baby at birth.

Now, improved laboratory testing and antibiotics to treat chlamydia and gonorrhoea, and the robust follow up care midwives and other health care professionals provide has led to very low rates of infection transmission.

Over the past number of years, the administration of erythromycin eye ointment to all newborns in Alberta has been the community standard of care. However, research evidence does not support mandatory neonatal eye prophylaxis since the agents used for eye prophylaxis show high rates of ineffectiveness.

The Canadian Pediatric Society no longer support routine preventative treatment and recommends:

- All pregnant women should be screened for N gonorrhoeae and C trachomatis infections at the first prenatal visit. - This is usually part of your initial blood requisition that was given to you at your initial appointment. If you are negative, you do not require antibiotics for your newborn.
- Those who are infected should be treated during pregnancy, retested after treatment to ensure therapeutic success and tested again in the third trimester or, failing that, at time of delivery. Their partners should also be treated as these are both sexually transmitted.
- Women who test negative but are at risk for acquiring infection later in pregnancy should be screened again in the third trimester.

Although this medication is recommended by Alberta Health services (AHS) due to the shortage of Erythromycin eye medications, AHS has reserved all erythromycin eye ointment for ophthalmia neonatorum prophylaxis of **high-risk newborns** (i.e. those newborns born to mothers with no antenatal care/screening and/or women at high risk for STIs) immediately following birth.

Alberta Health and their local committees is also reviewing Canadian Pediatric society new

recommendations of discontinuation of routine prophylaxis and looking at the guidelines regarding management of at risk babies.

It is also important to note that some redness and swelling on your baby's eyes is normal, especially in the first few days, and is not a cause of STI's especially if you are negative. If an infection, or a suspected infection occurs, cultures can be taken to determine which organism is responsible and appropriate treatment given.

Midwives supports the provision of informed choice in all aspects of care, including the administration of neonatal eye prophylaxis. We encourage you to read further and discuss any questions you have with us.

Reference:

Preventing ophthalmia neonatorum. Mar 6 2015, The Canadian Paediatric Society. www.cps.ca/en/documents/position/ophthalmia-neonatorum

Neonatal ocular prophylaxis: Shortage of erythromycin ophthalmic ointment for use in newborns. Feb 19 2019. The Canadian Paediatric Society. <https://www.cps.ca/en/media/neonatal-ocular-prophylaxis-shortage-of-erythromycin-ophthalmic-ointment-for-use-in-newborns>