



Erythromycin Eye Ointment

In Alberta, it is standard practice and technically public health law to give all newborns antibiotic eye ointment. The purpose of this antibiotic is to prevent newborns from having eye infections caused by chlamydia and/or gonorrhoea bacteria. Preventative treatment of newborns' eyes began in the 1800s before antibiotics existed and infections of chlamydia and gonorrhoea were not treatable. Eye infections in newborns are relatively common and often mild, however an eye infection caused by gonorrhoea can be severe. 30%-50% of untreated infants exposed to gonorrhoea during delivery get eye infections and these may cause permanent damage and blindness. Gonorrhoea now accounts for <1% of cases of newborn eye infections while infections from chlamydia are more common (2-40% of all cases) but much less severe. Infants at risk for this kind of infection are those whose mothers are at risk for sexually transmitted infections (STI).

Preventative treatment with erythromycin (currently the only antibiotic ointment available for newborn eyes) is not always effective at destroying the bacteria as strains of gonorrhoea have become increasingly resistant to the antibiotic. Erythromycin is not effective in preventing infections from chlamydia. The best practice in preventing newborn eye infections from chlamydia and/or gonorrhoea is to screen and treat mothers with these infections before delivery. The Canadian Paediatric Society no longer recommends routine eye antibiotics for newborns born to mothers at low-risk for STIs. There were no reported cases of neonatal gonococcal ophthalmia (newborn gonorrhoeae eye infection) in Alberta from 2005-2013.

Routine screening in pregnancy for both chlamydia and gonorrhoea is offered in pregnancy. You may choose to accept or decline eye ointment for your baby. This medication is given in the form of an ointment and is placed in your baby's eyes after birth. It does not hurt the baby, however may cause some blurred vision for several hours after being given. We try to give the baby time for bonding with parents before it is given but recommendations are for the baby to have received it in the first hour after birth.

It is normal for newborns to have blocked tear ducts and some swelling and redness around their eyes, especially in the first few days. There will probably also be some "crusty" discharge in your newborn's eyes that you may gently wipe away with a clean washcloth and this is not related to eye infections. If you are concerned your baby has an eye infection, please speak with your midwife. We encourage you to read more about this topic and to discuss any questions you may have about this topic with your midwife.

References:

Canadian Paediatric Society (CPS). (2015). Preventing ophthalmia neonatorum. *Paediatric Child Health* 2015;20(2):93-96. Retrieved from <http://www.cps.ca/en/documents/position/ophthalmia-neonatorum>