Newborn Eye Medication
Erythromycin

What is the newborn eye medication?
In Canada, it is standard practice to give preventative treatment to the newborn's eyes with an antibiotic ointment. The antibiotic most commonly used is erythromycin. In the past silver nitrate drops were used but this is no longer the case.

Why is this treatment done?
The purpose of this prophylactic treatment is to prevent eye infections caused by the sexually transmitted diseases Chlamydia and Gonorrhea. If these organisms are present in the mother's vagina during birth, they can be passed onto the baby and lead to infection. Eye infection due to Chlamydia is the leading cause of blindness in the developing world (where antibiotics are not readily available). In Canada, this result is extremely rare.

How and when is the medication given?
The ointment is similar in texture to petroleum jelly. It is squeezed from a tube directly into the baby's eyes within an hour after birth.

What are the downsides of treatment?
There is no method of treatment that is 100% effective in preventing infection. According to the American Centre for Disease Control, after antibiotic prophylaxis 15-25% of infants exposed to Chlamydia will still develop conjunctivitis (eye infection or irritation).

In some cases the treatment itself causes an irritation of the eyelids, also known as chemical conjunctivitis, which may create a route of entry for various infections.

Treatment will cause blurred vision for a few hours after being given. Because of this, some parents are concerned that the ointment may interfere with bonding by blurring vision or causing the baby to become fussy. To minimize any negative side effects, it is possible to delay application for the first hour of life, giving mom and baby time to bond and have their first feed. If the medication is given just before your baby falls asleep, the majority of it will be absorbed by the time your baby wakes up again.

Another concern is exposure to antibiotics, which can cause system imbalance: antibiotic-resistant, infection-causing bacteria continue to grow, while other normal and healthful bacteria are killed. Because of the minimal amount of antibiotics in this treatment, this is not considered a large concern.

What if I know I don't have a Sexually Transmitted Infection?
You were probably tested for Chlamydia and Gonorrhea earlier in your pregnancy. This could have been done either by vaginal swabs or a urine test. Check with your midwife if you are unsure or don't know the results. If you are confident that you have not acquired either of these infections since then, you may decide not to give your baby the eye medication. This includes being absolutely confident that your sexual partner(s) do not have these diseases, which they may have passed on to you. Since both of

these diseases can be “silent”, do not rely on being symptom-free as a sign that you or your partner(s) do not have an infection.

All that being said, tests for Gonorrhea and Chlamydia are only accurate about 85% of the time. If you know, or strongly suspect, that you have Gonorrhea, tell your midwife immediately. Your baby may need IV antibiotics and you will also need treatment.

Are there any alternative treatments?
Some mothers will express breastmilk, and apply this to their baby’s eyes. We know that breastmilk is full of antiviral, antibacterial and healing properties, but it has never actually been proven effective in preventing eye infections due to Chlamydia or Gonorrhea.

What do I do if I suspect infection in my baby?
Please note that some redness and swelling on your baby’s eyes is normal, especially in the first few days. Some babies can have a plugged tear duct and can even have a small amount of discharge from their eye, which can be normal.

Whether your baby had the eye medication or not, if you suspect infection, report this immediately to your midwife. Cultures can be taken to determine if there is an infection present and which organism is responsible so that appropriate treatment may be given.