

Patient information

Information for parents of babies at risk of infection

Infection in a new born baby can be dangerous. Infection that occurs in the first 72 hours of life is called 'early-onset neonatal infection'.

If a baby has an infection, delay in recognising that the baby is ill and starting treatment can lead to serious complications and may be life-threatening.

Risk factors for new born infection

Your baby may be at higher risk of bacterial infection if:

- You have previously had a baby who had a group B streptococcal (GBS) infection
- GBS has been found during your current pregnancy in your urine, vaginal or rectal swabs
- Your waters broke 18 hours or more before your baby was delivered
- Your baby was born prematurely (less than 37 weeks gestation), following spontaneous onset of labour
- During labour your temperature was higher than 38° C or you have a confirmed infection of the membranes or amniotic fluid called chorioamnionitis **[RED FLAG]**
- You have suspected or confirmed infection of the blood called septicaemia before birth, during labour or within 24 hours after birth **[RED FLAG]**
- You had a multiple birth (twins or more) and infection is suspected or confirmed in one of the babies

- Your baby starts to show signs of breathing difficulties more than four hours after they were born **[RED FLAG]**

If there are **NO red flags and ONE risk factor or sign**, your baby will be monitored for at least 12 hours from birth. If any concerns arise, your baby's healthcare team should carry out tests and start antibiotic treatment.

If there are **one or more red flags or two or more risk factors/signs**, the medical team will carry out tests and start your baby on antibiotic treatment.

Babies who show signs of being unwell due to infection will be admitted to the neonatal unit (NICU) for closer observation and support.

Well babies on antibiotics for risk factors, can normally be cared for on the ward with you.

Babies will normally be started on two antibiotics and have a cannula (or drip) inserted to enable the antibiotics to be given into the vein, as babies do not absorb antibiotics well given via the mouth. When the cannula is inserted, blood will be taken to check for signs of infections (white cell count, C-reactive protein, which can be raised if baby has an infection) and blood will be taken to see if there are any bacteria present in the blood stream (a blood culture). The blood culture takes at least 36 hours to allow the bacteria to multiply sufficiently to be detected.

Ongoing care

Your baby will have observations such as heart rate, breathing rate and temperature monitored. If there are any concerns, one of the neonatal team will be asked to review your baby.

While your baby is on antibiotics, a further blood test will be needed in 24-36 hours to monitor the C-reactive protein, and to monitor one of the antibiotic levels.

Often your baby will remain well, the infection markers remain low and the blood culture does not show signs of a bacterial infection. If this is the case, the doctors will decide whether antibiotics can be stopped at this point and your baby can be discharged.

However, if any of the blood tests suggest an infection, we may recommend a further test called a lumbar puncture to rule out meningitis, and/or suggest that your baby receives a longer duration of antibiotics, depending on the results and your baby's condition.

When to seek medical help once you are at home with your baby

If your baby received antibiotics, or was observed for 12 hours due to a risk factor for infection, it is important to be aware of signs that suggest your baby is becoming unwell after discharge home.

You should seek medical help from your midwife, GP, NHS 111 or the Emergency Department if you are concerned that your baby has any of the following:

- Is showing abnormal behaviour (for example, inconsolable crying or listlessness)
- Is unusually floppy
- Has developed difficulties with feeding or with keeping feeds down
- Has a temperature lower than 36°C or higher than 38°C
- Has rapid breathing
- Has a change in skin colour (for example, mottled/grey/blue)

Where to get further information

- National Institute of Clinical Excellence (NICE), <https://www.nice.org.uk/guidance/qs75/ifp/chapter/Antibiotics-for-neonatal-infection>
- Bliss, 0500 618140, www.bliss.org.uk, <http://www.bliss.org.uk/lumbar-puncture>
- Group B Strep Support, 01444 416176, www.gbss.org.uk
- National Childbirth Trust (NCT), 0300 330 0700, www.nct.org.uk
- NHS Choices Website: www.nhs.uk

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<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>