

## Newborn Eye Prophylaxis for Ophthalmia Neonatorum Information

Most newborns in the United States, whether delivered by midwife or obstetrician, will receive prophylactic eye ointment shortly after birth. Many parents, however, are opting not to have this treatment administered to their newborns. While prophylactic eye ointment is required by law in many areas, parents are free to forbid the treatment (and most other medical interventions) if they so choose.

If the mother has been exposed to Chlamydia, syphilis, or gonorrhea, or if her status is unknown, prophylactic eye drops may be well-advised. The eye ointment can prevent infection from these bacteria that may be present in the birth canal.

In instances where the mother has no sexually transmitted diseases and the risk of exposure is low, prophylactic eye ointment may be unnecessary. If you are unsure and would like to determine your risk, simple tests can determine whether or not there are any dangerous bacteria present in the birth canal.

**Effectiveness:** The effectiveness of erythromycin in the prevention of ophthalmia caused by penicillinase-producing *N. gonorrhoeae* is not established. For infants born to mothers with clinically apparent gonorrhea, intravenous or intramuscular injections of aqueous crystalline penicillin G should be given; a single dose of 50,000 units for term infants or 20,000 units for infants of low birth weight. Topical prophylaxis alone is inadequate for these infants.

**Adverse Reaction:** Frequently reported adverse reactions are minor ocular irritations, redness and hypersensitivity reactions. Clogged tear ducts are the most common complaint, along with minor eye irritation.

**Administration:** For prophylaxis of neonatal gonococcal or chlamydial ophthalmia, a ribbon of ointment approximately 1 cm in length should be instilled into each lower conjunctival sac. The ointment should not be flushed from the eye following instillation. A new tube should be used for each infant.

*Health and Safety Code, §81.091, requires a physician, nurse, midwife, or other person in attendance at childbirth to use or cause to be used prophylaxis approved by the Texas Board of Health (now the Executive Commissioner of HHSC) to prevent ophthalmia neonatorum. This law provides for medical care for newborns to prevent neonatal conjunctivitis and complications such as blindness that may arise in the newborn through birth to a mother with untreated gonorrhea (neisseria gonorrhoea) or chlamydia (chlamydia trachomatis) infection. The law provides that it is a criminal offense, a Class B misdemeanor, for a person to fail to perform a duty required under this law.*

*The approved prophylaxes are listed in the rule of the department at §97.136. Section 97.136 instructs persons attending the childbirth to administer 1.0% ophthalmic tetracycline solution or ointment, a 0.5% ophthalmic erythromycin solution or ointment, or two drops of 1.0% silver nitrate solution in each eye within two hours of birth. The rule does not allow for any alternates to these prophylaxes. Two of these medications, the 1.0% ophthalmic tetracycline and the 1.0% silver nitrate, are no longer available in the United States. The third prophylactic medication is 0.5% ophthalmic erythromycin.*

I have read **Newborn Eye Prophylaxis for Ophthalmia Neonatorum Information:**

I have chosen NOT to have Newborn Eye Prophylaxis for Ophthalmia Neonatorum administered to my child.

I have chosen to have Newborn Eye Prophylaxis for Ophthalmia Neonatorum administered to my child.

