

Parent Information

Your Baby is on Antibiotics.....

Congratulations on the birth of your baby.

This information leaflet is designed to explain Why your baby has been started on antibiotics and what to expect of the coming days.



Why does my baby need antibiotics?

Newborn babies are particularly susceptible to infection, as they do not have a mature immune system.

Some babies will need antibiotics due to risk factors prior to delivery, for example:-

- Known Group B Streptococcal (GBS) infection in mother or affecting a previous child
- Waters broken more than 24 hours before birth
- Signs of infection in mother
- Premature babies

Others will be put on antibiotics due to signs and symptoms after birth, such as:-

- Breathing difficulties
- Low blood sugars
- Jaundice (yellow/orange coloured skin)
- Abnormal temperature; can be too cold as well as hot.

If you do not understand why your baby needs antibiotics, please ask your midwife or the neonatal team.

What does this mean for me and my baby?

Fortunately, although your baby is being treated for an infection, he or she is well, and therefore can stay with you on the postnatal ward.



It is not possible to give these antibiotics by mouth, as babies do not reliably absorb them, so they have to be given into the vein.

Your baby will be brought to the neonatal unit to have a cannula (drip) inserted and blood tests.

Most antibiotics are given twice a day and the baby will need to attend the neonatal unit to have these. You are welcome to come with your baby.

Your baby will have his or her temperature, breathing rate and pulse checked by the neonatal nurses with each dose. If these are normal, the baby can stay with you on the postnatal ward.

All babies need repeat blood tests during the course of their antibiotics; the number and frequency will depend on each case.

How long will my baby need antibiotics?

All babies who are put on antibiotics will have blood tests to look for signs of infection.

The blood culture (a special test to look for bacteria in the blood) takes a **minimum of 48 hours** so all babies will receive antibiotics until this time.

Another infection marker is the C-reactive protein (CRP); if this is raised, your baby will need a longer course of antibiotics, usually **5-7 days**, but may be longer.

The length of the antibiotic course will depend on 3 things:-

1. How your baby is clinically: feeding, alertness and observations.
2. The blood culture result – some bacteria found in blood can need up to 3 weeks of IV antibiotics, but this is rare.
3. The CRP – we do not routinely stop antibiotics until the infection marker has returned to normal.

If you do not know how long your baby needs antibiotics, please ask your midwife or the neonatal team.

What should I be looking out for in my baby?

Signs of infection in newborns can be quite subtle. Ask your midwife if you have any concerns.

- Poor feeding
- Lethargy or not waking for feeds
- Not having wet nappies
- Fast or noisy breathing
- Pale colour/jaundice (yellow/orange coloured skin)

After discharge, we advise that you continue to monitor your baby for any of the signs above and seek help from your midwife, GP or A&E (in an emergency).

Your GP will receive a letter explaining why your baby needed antibiotics, please remember to register your baby with your GP practice as soon as possible.