

INFORMED CHOICE for NEWBORN ERYTHROMYCIN ADMINISTRATION

Erythromycin administration in the eyes of the newborn is standard of care as this greatly decreases the number of babies who become blind from exposure to gonorrhea and Chlamydia during the birthing process. Although most women are tested prenatally for sexually transmitted infections, the unfortunate reality is a number of women are not in monogamous relationships and have absolutely no awareness of the risk they may have for contracting gonorrhea or Chlamydia, and therefore passing this on to their newborn. Some states require the provider routinely administer antibiotics into the eyes of all newborns routinely, and typically parents are completely unaware that this has occurred until afterwards. Indiana does not have statute that addresses this issue.

What medications are used?

Erythromycin, a petroleum-based antibiotic ointment, is the most common medication used today as it causes much less irritation than previous medications, yet it still may cause burning, redness, swollen eyes, blurry vision (which can interfere with bonding), plugged tear ducts and because it wipes out all the good bacteria with the bad, a subsequent bacterial or chemical infection may also result. Irritation may be more severe in those with hypersensitivity. Erythromycin is effective against certain strains of staphylococcus, streptococcus, pneumonia, influenza, syphilis, gonorrhea, and Chlamydia; however does not provide complete protection against Chlamydia. Only IV antibiotics can prevent gonorrheal blindness in an active neonatal infection.

Are there alternatives?

A non-medicinal alternative is to squirt colostrum and/or breastmilk into your infant's eyes three times a day with their feedings, for a week. Many cultures have understood the medicinal benefits of human milk and continue to use this method routinely today, and are quite successful at preventing newborn eye infections. Breastmilk and colostrum, we know, has beneficial components for fighting foreign pathogens against a plethora of infections beyond gonorrhea and Chlamydia, by which your infant might also be exposed as they pass through the birth canal or become familiar to their new environment. Your antibodies will be specific to those germs your baby might be exposed. However, we are unaware of evidence that specifically demonstrates breastmilk's protection against gonorrhea and Chlamydia.

I have read and understand this information and have had an opportunity to ask questions. I am aware of the risks of using/refusing prophylactic eye ointment, and am responsible for and have freely chosen to take the following action:

- I have chosen to have eye ointment administered for my newborn.
- I decline eye treatment for my newborn.

Mother's signature Date _____