**Precious Pathways Midwifery**

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\*Maternity Care \* Breastfeeding Guidance \* Women's Health

Eye Prophylaxis for Opthalmaia Neonatorum

What is Ophthalmia neonatorum and how is it treated in the US and other countries?

"Ophthalmia neonatorum" is defined as conjunctivitis with eye discharge that occurs during the first month

of life. Various bacteria can cause this condition, including gonococcus and Chlamydia trachomatis.

Several agents have been used as drops in the eyes to prevent this condition in infants, including

erythromycin, silver nitrate, gentamicin, and povidone-iodine. Tetracycline and penicillin drops have also

been used. Although this condition is now uncommon in industrialized nations, it remains a problem in the

developing world with an incidence as high as 20-30% and cases of blindness reported in Africa each

year.

What is Eye prophylaxis?

Medication routinely put into the eyes of almost all newborn babies in the US today. The word

“prophylaxis” means prevention or protection from disease. Eye prophylaxis is recommended by the

American Academy of Pediatrics, the U.S. Centers for Disease Control and by law in all 50 states. In

California typically erythromycin ophthalmic ointment or solution is used.

Why is eye medication given? This regulation was put into effect at a time when thousands of infants

suffered permanent blindness as a result of severe eye infection due to gonorrhea acquired from their

mothers. Giving eye medications shortly after birth prevents almost all of these infections.

In more recent years, the incidence of gonorrhea has dropped and another similar disease, chlamydia,

has become more common. Chlamydia can also cause eye infection in newborn babies. However,

chlamydial eye infections are much less likely to be associated with serious eye complications. This is

fortunate because current evidence indicates that the eye medications commonly used for prophylaxis

are not very effective in preventing transmission of chlamydia from mother to infant at birth. Testing

mothers early in pregnancy and treating them then if necessary is recommended instead.

There are other germs that cause “goopy eyes” in newborns. Some of these milder eye infections are

prevented in the early days of life by the eye medications given for gonorrhea. Garden variety “goopy

eyes” can be treated with a drop or two of breast milk in the affected eye several times a day (Breast milk

is a “living fluid” that includes many germ-killers). Discharge from an infantʼs eye can also be related to a

plugged tear duct rather than an infection.

Are all babies at equal risk for gonorrhea infection? Newborn eye medications prevent infection that

is picked up from the motherʼs cervix or vagina as the baby is born. If the mother is not infected with

gonorrhea, the baby cannot get it from her. Gonorrhea is a sexually transmitted disease (STD), meaning

that the mother gets it from an infected sexual partner. The partner has picked it up by having sex

(vaginal, oral or anal) with someone else who has gonorrhea. Couples where neither partner has ever

had sex with anyone else are not at risk for STDs, including gonorrhea. Risk level rises with the number

of sexual partners and the presence of other STDs.

Wouldnʼt a woman know if she were infected with gonorrhea? Some women experience a greenish-

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yellow, mildly odorous vaginal discharge, painful urination, or spotting/bleeding between periods. But a

large percentage of infected persons have no symptoms of the disease. Testing the mother by taking a

swab of the cervix is a better way of finding infection. This is commonly done in early pregnancy for

women with risk factors. Some doctors and midwives test all pregnant women for gonorrhea and

chlamydia. Please let me know if you have not been tested and would like to be.

Would my baby have any symptoms if he/she became infected? Yes, babies with gonorrheal eye

infections have obvious signs and symptoms. The eyes and eyelids become intensely red and swollen.

There is pain and a yellowish or green-yellow discharge, usually from both eyes. This generally appears

on the second to fifth day of life, and rarely beyond day 10. Treatment requires antibiotic injections to

prevent blindness. If the infection appears in another part of the infantʼs body, it can cause death.

Is the eye medicine painful to the baby? The silver nitrate that was originally used to prevent eye

infections in newborns was very caustic and painful. It made it so the babies had difficulty seeing at first

and often caused redness and swelling. Today antibiotic ointments are more commonly used for eye

prophylaxis. Although babies may object to having their eyes held open to put in the eye ointment, the

medication itself does not seem to be irritating for most.

Is there a law requiring this treatment? Yes.

CA Law states Eye Prophylaxis against gonococcal opthalmia neonatorum is mandatory for all neonates.

A 1-2cm ribbon of sterile ophthalmic ointment containing 0.5% erythromycin should be administered within

1 hour of birth.

Is there a way to object or refuse this type of treatment? Yes. Although California state law mandates

neonatal eye prophylaxis, parents who refuse may sign a special waiver.

Does the medication have any side effects? Information on the Erythromycin ointment that most

facilities use says that serious side effects are not expected, but that some stinging, irritation, itching,

redness, blurred vision (lasting about 30 minutes) or sensitivity to light may occur. Theoretically, it could

contribute to sensitivity to the medicine later in life. There is also the very small possibility that bacteria,

viruses or yeast may be introduced into the eye while giving the medication.

Are there alternative treatments available?

Currently California mandates Erythromycin ointment be used. Povidone-iodine ophthalmic solution appears

to have broad-spectrum activity against bacteria and is less expensive than many antibiotics and is

widely available.

What if we choose Eye Prophylaxis for Ophthalmia Neonatorum for our baby?

If you choose to have the treatment your midwife will administer a 1-2cm ribbon of sterile ophthalmic ointment containing 0.5% erythromycin the day of the birth or at a follow up visit. The eye ointment will be on hand at

the time of birth.

What if we do not want eye medicine for our baby?

If you object to eye medications and would not give permission for your baby to have it, you will need to

sign the statement below for your chart.

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Informed Refusal:

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Informed Refusal

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mother)and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(father)

understand that is the law in California to administer an approved eye prophylaxis in the eyes of a newborn to prevent blindness and/or infection in the eye caused by Gonorrhea or Chlamydia from the mother's vaginal tract. I am aware of the risks involved and I refuse this prophylaxis treatment in my newborn's eyes and agree that this signed statement be placed in our client files.

I/We also acknowledge the following information:

• I have been informed of and are aware of the risks of Ophthalmia neonatorum

• I have been made aware of the current prophylactic treatments mandated by the State of California.

• I understand the signs and symptoms of Ophthalmia neonatorum

• I accept full responsibility for any problems or disabilities that come as a result of refusing Eye

Prophylaxis

Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Midwife:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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