

What Happens If There Is A Chance My Newborn Baby Will Have An Infection?

Information Leaflet

Most babies are born fit and healthy. However, some babies can develop an infection shortly after they are born or during birth. In a small number of babies, their infections can be serious, or even life-threatening. When a baby develops infection in their first 72 hours of life, this is called early onset neonatal infection.

This leaflet describes how we can quickly diagnose these infections and what can be done to prevent and treat them.

Before Your Baby Is Born – What Happens If My Baby Is Known To Be At Risk Of Early Onset Neonatal Infection?

Even before your baby is born, healthcare professionals will be frequently assessing whether your baby is at risk of an early onset infection.

Below we list the main risk factors which increase the chance that your baby may have an early onset infection and detail what the healthcare professionals do about this. Group B Streptococcus (also known as GBS or Strep B or group B Strep) is the most common cause of early onset infection in babies – it is a common type of bacteria found in approximately 25% of women. It usually causes no problems, but GBS can put your baby at increased risk of early onset infection.

What Are The Risk Factors For An Early Onset Infection In Your Baby?

The risk factors for early onset infection in your baby include:

- You have previously had a baby who had a GBS infection
- GBS has been found on a vaginal or rectal swab, or from a urine sample, taken from you during the current pregnancy
- Your waters (membranes) breaking before labour starts
- Your baby is born before 37 completed weeks of pregnancy (preterm) following labour that was not started artificially
- 2 • Your baby is born before 37 completed weeks of pregnancy (preterm) and your waters broke more than 18 hours before your baby was born
- You have a fever with a temperature of more than 38°C or you have a confirmed or suspected infection of the waters (Chorioamnionitis)

If one of these is relevant to you, the healthcare professionals looking after you can decide whether it is in your and your baby's best interests to give you antibiotics (usually penicillin) aimed at preventing early onset neonatal infection in your baby. Your baby will then be closely assessed when they are born. If you had GBS in a previous pregnancy and the baby did not have an infection, this will not affect the birth in this pregnancy.

Antibiotics In Labour

Once labour has started in women with risk factors (such as above) antibiotics have been shown to be very effective at preventing early onset infection in babies. Your health professionals may offer you these or advise you to have them.

The antibiotics (usually penicillin) should be started as soon as possible in labour once the decision has been made to give them. They are given by a drip directly into your blood (intravenously) and stopped once the baby has been born. Having these antibiotics should not affect your mobility during labour.

Antibiotics & Allergic Reactions

Serious allergic reactions to antibiotics are rare but, if you have ever had an allergic reaction to penicillin, it is very important that you tell your midwife and doctor. Other antibiotics can be used for those who are allergic to penicillin. Allergic reactions to antibiotics are extremely rare in babies. So, even if you are allergic to penicillin, your baby can receive penicillin. Please discuss with your health professional if you are concerned.

After your baby is born - What happens if my baby is known to be at risk of early onset neonatal infection?

Any healthcare professional who comes into contact with you and your baby in the first few days after birth (even if none of the above risk factors are present) will assess for any signs and symptoms of infection. If any of the above risk factors are relevant to you, your baby will be monitored for any signs and symptoms of infection when they are born for at least 12 hours after birth. This will be done by regularly monitoring your baby's temperature, breathing, pulse rate and looking for the signs and symptoms of infection listed below. If your baby remains well during this period of monitoring and there are no other issues, your baby can be discharged home.

Your baby might need antibiotics if:

- Two or more of the above risk factors are present or
- Your baby has any of the signs and symptoms of infection mentioned below or
- You receive antibiotics for a bacterial infection such as blood poisoning (septicaemia) 24 hours before the birth, or at any time during labour, or within 24 hours after the birth of your baby or
- You had twins or triplets and an infection is suspected or confirmed in one of the babies.

Some of the common signs and symptoms of infection include:

- Breathing problems such as irregular or rapid breathing or difficulty in breathing
- Altered behaviour such as excessive crying
- Floppiness
- Refusing to feed, vomiting
- Altered responsiveness or being unresponsive
- Abnormal temperature (below 36°C or above 38°C)
- Abnormal heart rate
- Jaundice within 24 hours of birth
- Pauses in breathing (apnoeas)

If you or the healthcare professionals notice one of these signs or symptoms in your baby, your baby might need further monitoring or tests (such as a blood test) and antibiotics.

If your baby does need antibiotics or tests, healthcare professionals will explain what will happen and why. Please have a look at another leaflet: My baby may have an infection – what does that mean?

Who Can I Talk To About This?

Please ask the healthcare professionals looking after you and your baby any questions you may have. In the hospital you can also talk to the Patient Advisory and Liaison Service (PALS). Outside the hospital you can talk to charities that help parents. These include:

Group B Strep Support

For information for families affected by group B Strep and their health professionals.

PO Box 203,

Haywards Heath RH16 1GF

Tel: 01444 416176 [Email: info@gbss.org.uk](mailto:info@gbss.org.uk) www.gbss.org.uk

Bliss

An organization that supports families that have had a sick or premature baby.

9, Holyrood Street, London SE1 2EL

Tel: 020 7378 1122

Freephone helpline: 0500 618140 [Email: Hello@bliss.org.uk](mailto:Hello@bliss.org.uk) www.bliss.org.uk

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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