King's College Hospital
NHS Foundation Trust

Why does my baby need antibiotics?

Information for parents and carers

This leaflet provides information about the reasons why we may start your baby on a course of antibiotics. If you have any other questions or concerns, please do not hesitate to speak to the team caring for your child.

Confirming your child's identity

Before they have a treatment or procedure, our staff will ask you your child's name and date of birth and check their ID band. If they do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your child's safety is our primary concern.

Why might my baby need antibiotics?

A newborn baby is more at risk of infections because its immune system is immature. There are several risk factors that increase the risk of a newborn becoming unwell with an infection:

- if the baby is premature (born before 37 full weeks of pregnancy)
- if there is prolonged rupture of membranes (if the waters broke more than 24 hours before labour started allowing infections to spread from vagina to womb)
- if the mother has a known history of carrying a bacteria called GBS (group B strep) and she had no antibiotics during labour
- if the mother has been unwell with a temperature more than 38°C during labour
- if the baby's older sibling had a serious infection as a newborn
- If the baby's twin is unwell with suspected or confirmed infection

If your baby has one or some of these risk factors, we start a course of antibiotics to treat possible infection in line with National Guidelines (NICE CG 195).

What if my baby did not have any of those risk factors but is still being started on antibiotics?

Sometimes the midwife or neonatal doctor may feel a baby shows warning signs of infection even if they did not have any risk factors. These signs can be subtle in a baby. The signs or risk factors include:

- unexpectedly needing resuscitation (help to start breathing) after birth
- having a high or low temperature
- feeding poorly or vomiting
- being lethargic, stiff or floppy
- being irritable or making a shrill or moaning cry
- making a grunting noise or breathing fast
- jaundice within 24 hours of birth.
- having unexplained persistent low sugars

Babies with one or more of these warning signs will need an urgent review and to be started on antibiotics.

What infection are the doctors treating?

The usual cause of infection in newborn babies is a bacteria called GBS (Group B Streptococcus).30% of people have GBS in their gut and 25% of women have GBS in their vagina; this is normal.

Having GBS does not cause any symptoms so you would not know if you were a 'carrier' unless the midwives have tested for it, usually by a high vaginal swab, or urine test.

However, because it can cause a serious infection in newborn babies, national recommendations are to treat babies with antibiotics if they have warning signs or risk factors.

How will the antibiotics be given?

The most effective way of treating potential infection is with intravenous antibiotics. A cannula (thin tube) will be put into a vein in your baby's hand or foot.

Blood tests looking for signs of infection will also be taken, including the C-reactive protein (CRP) test, full blood count (FBC), and the blood culture. A chest X-ray may also be done.

These tests will help us work out whether your baby has an infection, what type of infection it is and how long we need to continue the antibiotics for.

Antibiotics are given twice a day at either 6am/6pm or 12am/12pm for at least 36 to 48 hours. The antibiotics are given by the nurses on the transitional care or Neonatal Unit.

When will you get the results of the test?

By 36 hours we will have a good idea whether your baby has an infection. If the blood culture is negative, the CRP is normal and your baby is well, then we may be able to stop the antibiotics.

If your baby does have results indicating an infection, we will get more information between 3 and 5 days.

If the CRP blood test result is high, then in line with national policy, we will perform a lumbar puncture (spinal tap) to make sure that the infection has not spread.

If the CRP test high or the blood culture or lumbar puncture test shows that germs are growing (a positive culture) your baby will need a longer course of antibiotics.

Your baby will be reviewed by the neonatal doctor on the postnatal ward regularly and we will also review your baby before discharge.

Most babies born to women who carry GBS are healthy and do not get an infection.

If your baby does get an infection, antibiotics are usually very effective in successfully treating it.

If you have any concerns or questions about your baby's medical care, please ask the doctors, midwives or nurses caring for your baby.

Useful links and further information:

National Institute of Clinical Excellence (NICE) Guideline on Neonatal infection: antibiotics for prevention and treatment.

Sharing your information

King’s College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King’s Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King’s College Hospital and Guy’s and St Thomas’ NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS
Tel: 020 3299 3601
Email: kch-tr.palsdh@nhs.net

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND
Tel: 01689 863252
Email: kch-tr.palspruh@nhs.net

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net

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