

Antibiotics – why does my baby need them?

Intravenous antibiotic treatment for your baby following birth

Every person carries normal bacteria on their skin, in their mouth, throat and in their bowel. These bacteria are known as “normal flora” and while they may not cause any problems to you, in a newborn baby they can cause serious infection. As part of the birth process, all babies go from being in a sterile environment inside the uterus, to the outside world where they can encounter these bacteria.

The most common bacteria to cause infection in babies include:

Group B Streptococcus (Known as GBS)

GBS is the most common cause of early onset infection in newborn babies. Approx 25% of women have these bacteria in their vagina or bowel, without knowing it and without any health problems. Generally, it does not impact the baby but approximately 1 in 300 to 1 in 1000 births of babies born to a mother with GBS, will develop a serious infection that can cause septicaemia, pneumonia, meningitis, and death.

E coli

This is a common bacteria found in the bowel and can sometimes cause a serious infection in a mother or baby during or soon after birth.

Some babies will be at an increased risk of developing a serious infection and can become very sick very quickly.

It is important to note that babies may sometimes have a life-threatening infection without exhibiting signs and symptoms.

There are some things that increase the chance of your baby getting an infection. These are called “**risk factors**” and include –

- Preterm labour before 37 weeks
- Rupture of membranes more than 18 hours before baby is born
- Maternal temperature of more than 38 deg C during labour
- GBS present during this pregnancy
- Having a previous baby with GBS
- Chorioamnionitis (infection of the membranes and fluid that surround the baby)



Consumers contributed
to this information.

Your **baby** may also be showing signs of possible infection, even without the above risk factors, such as –

- Fast breathing or “tachypnoea”
- A grunting noise when they breath
- A high or low temperature
- Poor feeding
- Lethargy
- Jaundice needing phototherapy in the first 24 hours of life

If your baby appears to have an infection or has risk factors for infection, it is safer to give the antibiotics than to do nothing.

The use of antibiotics to prevent infection is common. There are normally no side effects or allergic reactions in babies.

Your baby will be examined by the paediatric doctor or Neonatal Nurse Practitioner (NNP) who will assess you and your baby for the risk factors mentioned. They will talk to you about the need for antibiotics and then arrange for your baby to have an intravenous cannula (also known as a “cannula”, “IV”, “drip”, “bung”) inserted into one of your baby’s veins. The doctor, NNP, or nurse will take the blood samples at the same time as inserting the cannula. These blood samples will look for signs of infection such as an increased White Blood Cell (WBC) count and will “grow” any bacteria that might be in the blood.



Once the cannula has been inserted, antibiotics will be given through the cannula every 12 hours for 36 hours. If your baby is otherwise well and does not need assistance or observation of breathing and blood sugars, they will go to the post-natal ward with you and the midwife will bring them to the nursery when their antibiotics are due.

If the blood tests are clear, then the drip will be taken out and the antibiotics ceased after 36 hours. If the blood tests show signs of infection, then the antibiotics may continue for up to 7 days and your baby may need some other tests. The medical/NNP team will discuss the results with you and any further treatment if needed.

Please don't hesitate to talk to your doctor, midwife, neonatal nurse practitioner, or nurse if you have any questions or concerns about your baby.