

Infection in the newborn baby

A guide for parents



Leeds children's
hospital

caring about children

Most babies are born fit and healthy, but some babies may develop infection during or shortly after birth.

Infection in a baby less than 72 hours old is called “early onset sepsis”. For a small number of babies, the infection can be serious or life-threatening. It is very important that these infections are prevented or treated early, usually in hospital. This leaflet describes how we monitor babies at risk of infection and how we treat them.



Why is my baby at risk for infection?

Healthcare professionals caring for your baby will assess whether your baby is at risk of an early onset sepsis prior to, and following birth.

Your baby can be at risk of infection for a variety of reasons:

- you have previously had a baby that had a Group B Streptococcus infection (see page 5 for information about Group B Streptococcus)
- you are carrying the Group B Streptococcus bacterium, or you have had a group B streptococcal infection (including a group B streptococcus urine infection) during this pregnancy
- your membranes broke before the start of labour
- your baby is born before 37 weeks (premature birth) following labour that was not started artificially
- your baby is born before 37 weeks and your membranes broke more than 18 hours before the birth
- you have a fever with a temperature higher than 38°C, or you have a confirmed or suspected infection of the membranes or amniotic fluid called chorioamnionitis
- you have antibiotics for a bacterial infection such as blood poisoning (septicaemia) 24 hours before the birth, at any time during labour, or within 24 hours of the birth
- you had twins or more and an infection is suspected or confirmed in one of the babies.

What is Group B Streptococcus infection?

Group B Streptococcus (GBS) is the most common bacterium that causes infection in newborn babies. About a quarter of women carry it in their birth canal and usually causes no problems. However, GBS can put your baby at increased risk of developing early onset sepsis. Women at high risk should be given antibiotics in labour and until delivery. **Your midwife will explain this to you.**

What about treatment?

If your baby has any signs or risk factors for infection, your midwife will ask a doctor to see your baby. The treatment plan may include regular observations, blood tests, and sometimes antibiotics.

Antibiotics are usually given for 36 hours through a drip. Your baby may need more than one drip during the antibiotic course. If your baby remains well and all the blood results are normal, then the antibiotics may be stopped. Sometimes antibiotics need to be continued for longer and babies may need further tests.

If your baby is well, then you will be able to continue caring and feeding for your baby. Sometimes if they are unwell we may need to transfer the baby to the special care baby unit.

What are the risks of the treatment?

The chances of side effects of the treatment are very low. The potential side effects can be swelling or redness at the area of the drip, rash or diarrhoea. Allergic reactions to antibiotics are incredibly rare in babies.

If you are advised by a doctor that your baby should receive antibiotics but you think you may not want your baby to have

the recommended treatment, you must discuss this with the doctor. If treatment is advised it is because there is a real risk of infection in your baby. Infection in a newborn baby can be extremely serious, rarely even causing long term problems or death. That is why we carefully risk assess each case, to determine the need for treatment and to minimise exposure to antibiotics. Please talk to your doctor or midwife if you have a concern.

What are the warning signs of infection to look for after discharge?

Very occasionally, even despite treatment in the days after birth, babies can develop later signs of infection. This is rare, but important to look out for. If you see any of the following signs contact your midwife or GP immediately.

- Poor feeding
- Fever
- Pale or blotchy skin
- Drowsy (not waking for feeds)
- Dislikes being handled
- Tense or bulging 'soft spot' on head (fontanelle)
- Floppy
- Jerky movements
- Altered breathing patterns or difficulty breathing
- Noisy breathing (grunting or moaning noises)

If your baby is unwell contact your midwife or GP

Your midwife: Tel.

Your GP: Tel.

NHS Direct: Tel: 111 (free from any landline or mobile)





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