

Why does my baby need intravenous antibiotics (IVAB's)?

The main reasons may be:

- If your membranes rupture over 18 hours before delivery of your baby and you were not able to have antibiotics, having IVAB's protects your child from catching an infection.
- Some mothers carry an infection known as Group B Streptococcus (GBS) in their vagina which can be transmitted to the baby during delivery. If you were not treated with antibiotics prior to the delivery of your baby, your baby may be at risk of developing this infection, therefore the doctors will advise a course of IVAB's for your baby.
- Your baby may need IVAB's if they show signs of being unwell after delivery. Symptoms may include high temperature, poor feeding, excessive sleepiness or noisy or rapid breathing.
- If you are unwell 24 hours before or after birth, your baby may need antibiotics due to an increased risk of transmission of infection.

How will my baby get the IVAB's?

- After delivery, the Paediatrician or the Advanced Neonatal Nurse Practitioner (ANNP) will see your baby and a cannula (a small, thin tube) will be inserted into a vein in your baby's hand or foot.

What tests will my baby require?

- Your baby will be examined to identify any signs of infection and blood tests will be taken for culture in the laboratory. This process will take a minimum of 36 hours from the time the blood is received in the laboratory.
- The blood tests also include a test called C-reactive protein (CRP); a high level can indicate a possible infection. This result is available within a few hours.
- Sometimes the doctor or ANNP may consider it necessary to do a lumbar puncture if the CRP result is high. (A medical procedure to collect a sample of fluid surrounding the brain or spinal cord). The Doctor or ANNP will explain how this is done at the time.

Care of the Cannula

- The cannula will stay in place by using a small soft board and some clear tapes. This allows us to give the IVAB's directly into the bloodstream without causing the baby too much discomfort.
- Occasionally, the cannula may need to be replaced if it comes out of the vein or becomes blocked.



Where will my baby receive their IVAB's?

- If you and your baby are admitted to ward 9, the midwife or neonatal nurse will come to your bedside and give your baby his/her antibiotics when they are due.
- Your baby will usually stay with you on the ward, **however, if your baby is unwell and needs close monitoring, your baby will be admitted to the NNU.**

Tell me about the IVAB Treatment

- The Paediatrician or ANNP will prescribe the appropriate IVAB's for your baby.
- The two IVAB's that are usually prescribed together are Benzylpenicillin and Gentamicin.
- Occasionally, another combination of IVAB's is used and the doctor will explain the reasons to you if this occurs.

Benzylpenicillin

This is usually given every 12 hours.

Gentamicin

This is usually given every 24 hours.

- It is important to make sure we are giving the correct dose for the gentamicin to work. Rarely, a high dose can have a negative effect on the kidneys & hearing of your baby.
- A blood sample is taken via a heel-prick 24 hours after the antibiotics have started to ensure your baby is receiving the correct dose of medication and also to check the infection marker in their blood - C-reactive protein (CRP).

Will my baby have any side effects from this treatment?

- Side effects of antibiotics to newborn babies are extremely rare.
- It is important for the nurses or midwives to observe that your baby has wet nappies within the first 24 hours while on this antibiotic.

See above for how we prevent the risk of Gentamicin side effects.

How long will my baby be on IVAB's?

The doctor or ANNP will recommend that your baby will be given the IVAB's until their blood culture results are available, which will be a minimum of 36 hours.

- The blood culture result will determine whether there is a growth of bacteria in the bloodstream and will also identify the specific bacteria involved.
- If the CRP, blood culture (& lumbar puncture) are negative, the doctor will stop the IVAB's as long as your baby is well.
- If the blood culture or lumbar puncture are positive and/ or if the CRP level in the blood result is high the IVAB's will be continued for at least 5-7 days. Occasionally longer may be required.
- Your baby will not be discharged until the antibiotic treatment is completed.
- You will be kept fully up to date by the medical staff.

- You may be required to stay for at least 24 hours after the antibiotics have been stopped, to make sure your baby remains well

What if I have any questions?

- If you have any questions at any time about the treatment your baby is receiving, please do not hesitate to speak to a member of staff who will do their best to answer your queries.
- **Further Information can be obtained from the Midwives / NNU staff**
- **NNU Telephone: 01908 997167**
- **Ward 10 Telephone: 01908 996406**

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Patient Information

**Women's and
Children's Health**

**Intravenous
Antibiotics
(IVAB's)**

**Treatment for Your
Baby in Maternity and
NNU**