

Common Newborn Procedures

Eye Medication

In British Columbia, prophylactic treatment of the newborn's eyes with antibiotic ointment is required by law. The purpose of this treatment is to prevent eye infections. The ointment is generally placed in the baby's eyes within the first few hours after birth. It does not hurt the baby, but may cause blurred vision.

The main causes of eye infections in the newborn are vaginal infections of either Chlamydia or Gonorrhea in the mother. Both of these infections may be asymptomatic in the mother (that is, she may have no symptoms, but still have the infection). If these organisms are present in the mother's vagina during birth, and they are passed on to the baby, they can lead to infection. If left untreated, these infections can lead to blindness, or more rarely to systemic infection and illness in the baby.

You may choose to accept eye medication for your newborn if you have, or suspect you have, either Chlamydia or Gonorrhea, or if you want to provide an extra margin of safety for your newborn. If you want your baby to have eye medication, but are concerned that the procedure will interfere with your first hours of contact with your baby, you can request that the procedure be delayed until you and your baby are ready. Most newborn babies are alert for an hour or two immediately after birth and then fall asleep. If the medication is placed in your baby's eyes just before he or she falls asleep, it will likely be gone by the time your baby wakes up again. Let your caregiver know your preferences about the timing of eye medication.

You may choose to refuse prophylactic eye medication for your newborn if neither you nor your partner have Chlamydia or Gonorrhea, or if you would rather wait and see if your baby develops symptoms of infection (redness, discharge, and swelling of the eyes). If you choose to refuse treatment, your caregiver will ask you to sign an informed refusal or waiver.

If you refuse eye medications for your newborn, watch for signs of infection. If symptoms occur, consult with your caregiver. Some redness and discharge from the baby's eyes can be normal. If infection occurs, cultures may be taken to determine if it is Chlamydia or Gonorrhea, and appropriate treatment given.



Prophylactic Vitamin K

In British Columbia, vitamin K is given to most newborns within the first few hours after birth. The purpose of this treatment is to prevent newborn hemorrhagic disease (excessive bleeding in the newborn). It is administered either as an intramuscular injection or an oral medication.

Vitamin K helps blood to clot. Normal newborns have lower levels of vitamin K in their blood than adults, although the reasons for this are yet unclear. This means that if bleeding occurs, the newborn's blood will take longer to clot than the adult's. Bleeding may occur in a newborn for a number of reasons. Newborns considered at higher risk for hemorrhagic disease include those who have had a traumatic birth, are premature or have low birth weight, or are born to mothers taking anti-convulsant, anti-coagulant, or tuberculosis medication. However most of the babies who develop hemorrhagic disease are otherwise healthy, breastfed babies who were born at term.

Humans manufacture vitamin K in their intestines. Babies begin to produce vitamin K within the first few days of ingesting milk. Although breastmilk contains less vitamin K than formula, the vitamin K in breastmilk is more easily assimilated. Nevertheless, research indicated that breastfed babies are more susceptible to newborn hemorrhagic disease than formula fed

babies. The incidence of newborn hemorrhagic disease in breastfed babies who do not receive vitamin K is 1 in 1200, while the incidence in formula fed babies who do not receive vitamin K is 1 in 20,000.

Some research has recently been done on vitamin K supplementation of pregnant and breastfeeding women. So far it has indicated that an insufficient amount of vitamin K is transmitted to the baby to prevent newborn hemorrhagic disease.

If you choose to accept an injection of vitamin K for your baby, an intramuscular injection of 1mg is given in the baby's thigh, shortly after birth (usually within 2 hours). The injection stings for a few seconds, but usually produces no other side effects. The incidence of newborn hemorrhagic disease in babies who receive an intramuscular injection of vitamin K is 0.25 in 100,000.

If you choose oral vitamin K for your baby, it must be given in two to three doses of 1 to 2 mg each. It is currently recommended that doses be given at birth, 1-2 weeks, and 4-6 weeks. This is because vitamin K is less effectively assimilated by the intestines, so the baby absorbs less of it than it does when it is injected into the bloodstream. In addition, the same formulation of vitamin K is used for both intramuscular injection and oral administration, although the formulation is made to be injected. Its actual efficacy when it is used orally is therefore unknown, but is thought to be poor to variable. If the baby spits up the vitamin K or develops diarrhea after receiving an oral dose, the baby should be given an intramuscular injection, as the absorption of the oral vitamin may have been compromised. The incidence of newborn hemorrhagic disease in babies who receive two doses of oral vitamin K is between 1 and 6.4 in 100,000. **Currently Campbell River does NOT have oral vitamin K available.**

If you choose to refuse prophylactic vitamin K for your baby, your caregiver may ask you to sign an informed refusal form. In addition, you should be aware of the symptoms of newborn hemorrhagic disease and call your caregiver if you observe any of them. They are as follows: excessive bruising or bleeding under the skin, bleeding from the nose, mouth, eyes, umbilicus, anus, etc.

Unfortunately, it is possible that internal bleeding, such as in the brain or lungs, may not be evident before it has caused permanent damage or death.



Circumcision

Circumcision involves an operation to cut away and remove the foreskin which covers the tip of the male infant's penis. It is no longer routinely performed in B.C. hospitals, and is not covered by Medical Services Plan. At this time, around 25% of male babies are circumcised in B.C.

There do not appear to be any medical or health reasons for circumcision. There is no conclusive evidence that uncircumcised males are any more likely than circumcised males to suffer from urinary tract infections, sexually transmitted diseases or cancer of the prostate or penis. The incidence of infection of the foreskin in uncircumcised males is about the same as the incidence of appendicitis. The Canadian Paediatric Society does not recommend circumcision, and complications of circumcision do occur occasionally.

The decision about whether or not to circumcise your male infant is a personal one and may be made for reasons other than health. If you want to have your baby circumcised, you will need to make arrangements with a Jewish Moyl, or a doctor to perform the operation, usually sometime in the first two weeks after the baby's birth. Ask your caregiver for more information.

