



**PEDIATRIC NEWBORN
MEDICINE CLINICAL
PRACTICE GUIDELINES**

**Erythromycin Eye Prophylaxis
Administration in Newborn
Infants**





Clinical Guideline Name	Clinical Practice Guideline
Effective Date	
Approved By	Department of Pediatric Newborn Medicine Clinical Practice Council _____ CWN PPG _____ BWH SPP Steering _____ Nurse Executive Board/CNO _____

Points of emphasis/Primary changes in practice:

1. To provide guidelines for erythromycin eye prophylaxis administration to newborn infants throughout the Center for Women and Newborns at Brigham and Women’s Hospital.
2. To provide guidelines to providers when parents refuse erythromycin eye prophylaxis for their newborn.

All CPGs will rely on the [NICU Nursing Standards of Care](#).

Background and Summary of the Evidence

- Erythromycin eye ointment administration is used for the prevention of neonatal conjunctivitis, also known as ophthalmia neonatorum, specifically for Neisseria gonorrhoeae infection prevention.
- Erythromycin ophthalmic ointment is the only approved agent available in the United States for prevention of ophthalmia neonatorum.
- Without preventive measures, gonococcal ophthalmia neonatorum will develop in approximately 28% of infants born to women with gonorrhoeal disease in the United States. Preventing this infection by administering erythromycin eye ointment is important because gonococcal neonatal conjunctivitis can result in corneal scarring, ocular perforation, and blindness. It can also lead to gonococcal septicemia, arthritis, and other forms of systemic disease.
- Massachusetts Department of Public Health (105 CMR 130.627) requires each maternal and newborn service to develop and implement written patient care policies and procedures regarding eye prophylaxis for ophthalmia neonatorum and to have written verification of eye prophylaxis.
- In 1996, the U.S. Preventive Services Task Force (USPSTF) recommended prophylactic ocular topical medication for the prevention of gonococcal ophthalmia neonatorum in all newborns as a grade A recommendation and have reaffirmed this recommendation in 2005 and 2009 stating that it is a well-established, evidence-based standard of practice in current medical practice.



Drug Administration

- Erythromycin eye ointment will be administered in the Center for Labor and Birth per the obstetrical care provider order and per the drug administration guideline.
- Erythromycin administration may be delayed up to 1 hour after birth. IF erythromycin is not administered in the CLB (e.g., parent refusal, transfer to NICU, etc.), it will be documented and verbally communicated during transfer of care.

Refusal of Erythromycin Eye Ointment Prophylaxis Administration

- When administration of erythromycin is refused, the Birth and Transition Service will be consulted. The Birth and Transition physician (resident, fellow, or attending) will meet with the family and discuss the risks of refusing erythromycin eye ointment prophylaxis. If the family still opts to refuse administration of erythromycin, the physician will have the family sign the Newborn Eye Prophylaxis refusal form, which is stocked in Labor and Birth, the NICU, and the Well-Baby Nursery, and can be found electronically on the Department of Pediatric Newborn Intranet site, as an appendix to this clinical practice guideline, and from a link within the Drug Administration Guideline. This form will then be included in the infant's medical record along with other consents.
- **Please note:** Two lines are included on the Newborn Nursery Eye Prophylaxis Refusal form. These two lines are provided to help ensure that both parents, if applicable, are present and part of the conversations regarding erythromycin administration. However, it should be noted that only one signature is required on each form.
- If a patient is at high risk of gonococcal infection (i.e. mother tests positive for gonorrhea or has high risk behaviors with unknown gonorrheal infection status) and the family refuses administration of erythromycin, consultation with risk management may occur at the physician's discretion.

References

1. American Academy of Pediatrics. Prevention of neonatal ophthalmia. In: Red Book: 2015 Report of the Committee on Infectious Diseases, 30th ed, Kimberlin DW, Brady MT, Jackson MA, Long SS (Eds), American Academy of Pediatrics, Elk Grove Village, IL 2015. p.972



2. AAP Committee on Fetus and Newborn, ACOG Committee on Obstetric Practice. Guidelines for Perinatal Care, 7th ed, Riley LE, Stark AR, Kilpatrick SJ, Papile LA (Eds), American Academy of Pediatrics, 2012. p.284
3. Workowski, K.A., Berman, S.M. and Centers for Disease Control and Prevention, 2006. Sexually transmitted diseases treatment guidelines, 2006. MMWR recomm Rep, 55(RR-11), p.1-94.
4. Massachusetts Department of Public Health (105 CMR 130.627)
5. U.S. Preventive Services Task Force. Final Evidence Review: Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication. October 2014.







Appendix B