

## What signs should I look out for indicating that my baby is becoming unwell at home?

Seek medical help (from NHS Direct, your GP surgery or a hospital accident and emergency department) if you are worried that your baby shows signs or changes in behaviour:-

- Inconsolable crying
- Less active than normal or unusually floppy
- Feeding less than usual
- With the exception of the hands and feet feels cold when dressed appropriately or feels hot to touch with a temperature higher than 38°C
- Breathing faster than normal or pauses in breathing
- Change in skin colour (pale, blue, mottled, rash)
- Blue lips



### HANDi App - free mobile app

This can be downloaded to smartphones and provides expert advice on common childhood illnesses. Select newborn pathways less than 1 month of age, for useful advice.

**Please tell the healthcare practitioner seeing you that your baby has been observed for infection or treated with antibiotics.**

Royal United Hospitals Bath NHS Foundation Trust  
Combe Park, Bath BA1 3NG  
01225 428331 [www.ruh.nhs.uk](http://www.ruh.nhs.uk)

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email [ruh-tr.pals@nhs.net](mailto:ruh-tr.pals@nhs.net) or telephone 01225 825656/826319.

# Infection in newborn babies

## Parent/ Carer information

### Congratulations on the birth of your baby!

This information leaflet is for parents whose babies are on the Neonatal Unit or being cared for under the Transitional Care Pathway on the post-natal ward Mary ward.

It is to help you to understand why your baby is being observed for infection or treated with antibiotics.

Please do not hesitate to ask questions, we are here to help.

# Infection in newborn babies

## Starting antibiotics or clinical observational monitoring.

The neonatal Doctor or Advanced Neonatal Nurse Practitioner [ANNP] has reviewed your baby today and identified that they have risk factors or clinical signs that put them at risk of infection and needs close observation by a neonatal nurse.

**Observations only:** All babies have observations of the heartrate, temperature and breathing rate. If your baby is felt to be at low risk of developing infection then they will receive observations only, but if the medical team have concerns that the baby is becoming unwell they will consider the need for antibiotics.

**Antibiotic treatment:** This involves a process called a partial infection screen, this is where your baby will be given 24% Sucrose for pain relief and comforted by a nurse. Your baby's arm or leg will be cleaned and a cannula (fine tube) will be inserted into a vein, blood samples will be taken and the cannula left in place so antibiotics can start to be given to baby.

Blood will be taken for a blood culture, this is used to detect infection in the bloodstream and to establish the type of bacteria (germ) responsible for causing infection. A C - reactive protein (CRP), this is a test that rises in response to inflammation.

Your baby is starting antibiotics as your baby is at a much higher risk or is showing signs of being unwell. Antibiotics are used to treat or prevent bacterial infections; they work by destroying the bacteria already in the body or prevent bacteria from reproducing.

- Repeat CRP at 18 – 24 hours after commencing antibiotics
- A Chest x- ray if baby has breathing difficulties.

- If CRP is elevated and no obvious source of infection (like a chest infection) a lumbar puncture may be undertaken.

Some babies may need to have a lumbar puncture, this is a specific test performed to exclude infection in the fluid surrounding the brain (Cerebral Spinal Fluid [CSF]). Babies are different to adults, as the membrane preventing infection in the blood entering the CSF is immature and can make a baby more at risk of developing infection in the CSF – this infection is known as meningitis. This is a rare but serious infection and it is important to understand that this is part of the management for newborn babies, to check infection is not in the CSF. Babies tolerate the procedure very well as they are used to being tightly tucked inside their mum's tummies, and the position required for a lumbar puncture is similar. If your baby needs a lumbar puncture an ANNP or doctor will come and discuss this with you.

## Daily review and plan of care

An ANNP or Doctor will review your baby's care each day with the neonatal nurse who is caring for you on the Transitional Care Pathway. You can ask us any questions at any time.

## How long will my baby need antibiotics for?

Your baby will receive antibiotics for a minimum of 36 - 48 hours. We will continue to observe baby and monitor observations and check the blood test results. If your baby finishes antibiotics within 48 hours, then we don't believe your baby had an infection. If your baby has continued a course of antibiotics this is because we believe infection was present, but we may not be able to say what was present.