

Early onset neonatal infection

Information for patients, parents and guardians

Newborn babies have a higher risk of getting an infection because their immune systems (defence against infections) are still developing. We have written this factsheet to give you more information about early onset neonatal infection. It includes details on how we monitor babies at risk and how we treat them. If you have any further questions or concerns, please speak to the staff member in charge of your care.

What is early onset neonatal infection?

Most babies are born fit and healthy. However, some babies may develop an infection before or during labour, or shortly after they are born. When a baby develops an infection in the first 72 hours of life, this is called 'early onset neonatal infection'. These infections are particularly serious if there are any delays in recognising that the baby is ill and starting treatment.

How do we assess the risk of early onset neonatal infection?

To assess the infection risk for your baby, we consider:

- gestational age (the number of weeks that a baby has been in the uterus)
- mother's temperature during labour
- how long the waters broke before birth
- group B Strep (GBS) status
- antibiotics given to the mother during labour
- if the baby seems well or unwell

Our hospital guidelines help us to decide if a baby has a high risk for infection and whether we should start intravenous (through the vein) antibiotics. If a baby has a high risk, they may require extra monitoring for the first 24 hours.

What are the signs and symptoms of a neonatal infection?

Common signs of an infection include:

- fast breathing
- floppiness
- poor feeding or vomiting
- abnormal temperature
- a fast heartbeat
- jaundice (within 24 hours of birth)
- altered behaviour (excessive crying or being very sleepy)

If you notice any of these signs, please tell your midwife who will contact the neonatal team to review your baby.

What tests will be done if an infection is suspected?

We will place a cannula (a thin, flexible tube) into one of your baby's veins to collect some blood to send for markers of infection (C-reactive protein) and the presence of bacteria (blood culture). The blood test results will be available in three to four hours and the blood culture results will take up to 48 hours.

What happens next?

Your baby might need a further period of observation or additional intravenous antibiotics. We usually give antibiotics twice a day at 9am and 7pm on the transitional care ward. The antibiotic we give is very safe for newborn babies and does not cause any short or long-term side effects. We will take further blood samples to monitor how your baby is progressing.

We may also discuss doing additional tests, such as an x-ray of your baby's chest or a lumbar puncture.

Chest x-ray

This is a test to look for signs of an infection in the lungs.

Lumbar puncture

This is a test to look for an infection in the fluid surrounding the brain and the spinal cord. We will take a sample of the fluid to test for infection. The first set of results will be available in a couple of hours and the final results will be ready within 72 hours.

How long will my baby need antibiotics?

If there is no evidence of infection, we will stop the antibiotics as soon as all the results are back. If there are signs of an infection, the treatment may last five or more days. We will check your baby regularly and we will update you about any changes.

Do I have to look out for signs of infection once I leave hospital?

We will only recommend leaving hospital with your baby once we have finished our observations and completed all treatment (if required) and we are happy that there is no longer a risk of infection.

Useful links

The following links can provide you with additional information about signs and symptoms of an unwell baby:

- Healthier Together website
www.what0-18.nhs.uk
- NHS website
www.nhs.uk/conditions/pregnancy-and-baby/spotting-signs-serious-illness

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