



Informed Choice: Erythromycin

What is it?

Erythromycin ophthalmic ointment is an antibiotic routinely given to newborns as a preventative for ophthalmia neonatorum. Ophthalmia neonatorum is a form of pink eye which if untreated can lead to blindness. The two main causes of ophthalmia neonatorum (ON) are gonorrhea and chlamydia. Most women will experience some kind of symptom with both of these infections, but gonorrhea and/or chlamydia may be present in the birthing woman's reproductive tract without her having any symptoms of infection. Risk factors such as multiple sexual partners can increase the chance of undiagnosed STIs. Testing early in pregnancy and in the third trimester for both gonorrhea and chlamydia is the most effective course to ensure protection from ON.

The only way for a newborn to contract ON is if the mother is infected with chlamydia or gonorrhea. If the mother does not have chlamydia or gonorrhea, then the newborn cannot catch it. (Medves 2002)

What are the benefits of treatment?

- Erythromycin can reduce the risk of chlamydial and gonorrheal ON
- Erythromycin prophylaxis may be helpful if the mother was not screened for chlamydia/gonorrhea or screening results were not correct, or if there is a sexual partner who may be re-infecting her
- Erythromycin prophylaxis may be especially helpful in geographic regions where rates of chlamydia and gonorrhea are very high
- Erythromycin ointment is inexpensive (Evidence Based Birth)

What are the risks of treatment?

There are studies that show that routine administration of eye ointment does not confer significant reduction of eye infections as opposed to no treatment. It also does not provide complete protection against chlamydia, and only IV antibiotics can prevent gonorrhea blindness in an active neonatal infection. Though the antibiotic is given as a preventive it is not 100% effective for preventing an infection. Erythromycin has a 20% failure rate.

Risks of use include:

- Redness, blurred vision, and plugged tear ducts.
- Wipes out all the good bacteria with the bad, in which case a subsequent bacterial or chemical infection could also result.
- Irritation may be more severe in those with hypersensitivity.

Resources: <https://evidencebasedbirth.com/is-erythromycin-eye-ointment-always-necessary-for-newborns/>



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I have been provided with written information about Erythromycin and have had the opportunity to ask questions.

I understand the benefits and risks of erythromycin administration as well as the benefits and risks of not administering erythromycin to help prevent blindness caused by an STI. I believe that my midwife has honored my right to make my own informed healthcare decision about my baby's care. I understand that erythromycin administration is not mandatory and I believe in my right to accept or decline any test or treatment for my child. I also understand I can change my mind at any time.

I take full responsibility for the health of my child and the choice to use or not use Erythromycin.

My choice for treatment is indicated below:

_____ I choose to have erythromycin administered to my baby shortly after birth.

_____ I choose to decline having erythromycin administered to my baby after birth.

_____ Other

_____ Signed (Mother)

_____ Signed (Partner)

_____ Signed (Midwife)