

Eye Infections in Newborns Caused by Gonorrhea and Chlamydia

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Gonorrhea (“gah-nuh-REE-uh”) and chlamydia (“kluh-MID-ee-uh”) are common sexually transmitted infections (STIs).

Gonorrhea and chlamydia are caused by bacteria. The bacteria can be passed from an infected pregnant person to their baby during birth. Gonorrhea and chlamydia can both cause eye infections in newborns.

- Newborn eye infections caused by gonorrhea can lead to eye damage or blindness that is **permanent**.
- Newborn eye infections caused by chlamydia are less dangerous for your newborns’ eyes, but they can lead to **pneumonia (lung infection)**.
- **An eye infection in a newborn may also be called:**
 - › neonatal ophthalmia
 - › ophthalmia neonatorum
 - › newborn conjunctivitis (“kon-junk-tih-VY-tis”). This is also called **pink eye**.
- Eye infections in newborns are not usually caused by gonorrhea or chlamydia. **Newborn eye infections caused by gonorrhea and chlamydia are rare, but they are serious. They must be treated quickly to avoid long-term complications.**

How can I prevent my newborn from getting an eye infection caused by gonorrhea or chlamydia?

Testing

- Testing for gonorrhea and chlamydia is a normal part of prenatal care for all pregnancies. You should be offered a test while you are pregnant.
- If you are at a higher risk of getting gonorrhea or chlamydia, you should be offered a retest during your pregnancy.
- Ask your primary health care provider (family doctor or nurse practitioner) if you think you are at a higher risk or if you are not sure.
- You can ask to be retested at any time during your pregnancy.
- If gonorrhea or chlamydia infection is found, you and your sexual partner(s) should be given a prescription for antibiotics.

- When you have finished the antibiotic treatment, wait 3 to 4 weeks and then get tested for gonorrhea and chlamydia again. This is to make sure the infection is gone.
- If you have **not been tested** during your pregnancy, **OR** if you have **been infected but have not had treatment (like antibiotics)**, your pregnancy care provider (primary health care provider, obstetrician, midwife) will offer you a test as soon as possible when you go into labour or after the birth of your baby.

Erythromycin eye ointment

- Erythromycin is an antibiotic. It can be applied to your newborn's eyes after birth to help prevent an eye infection caused by gonorrhea.
- Erythromycin is recommended for your newborn if:
 - › you were **not tested** for gonorrhea and chlamydia during pregnancy
 - › you tested positive for gonorrhea and/or chlamydia but **did not** have treatment or follow-up care
 - › you had a higher risk of getting these STIs during pregnancy
- If you tested positive for **gonorrhea** during your pregnancy and were not treated before your baby was born, it is a good idea for your newborn to get **one dose** of antibiotics before leaving the hospital. This can help prevent infection for your newborn. Talk with your pregnancy care provider about this, if needed.
- If you tested positive for **chlamydia** in pregnancy and were not treated before your baby was born, we recommend that your newborn be followed closely by your primary health care provider for signs of eye infection and pneumonia.

How will I know if my baby has an eye infection?

- Newborns' eyes make tears throughout the day. This keeps their eyes clean and wet
- The tears drain from their inner eye into their nose through **tear ducts**. These ducts can get clogged in the first few months after birth. This can cause a buildup of discharge (pus) in the eye.
- Normal newborn eye discharge may be white or yellow and may cause the eyelids or eyelashes to stick together. You can gently wipe it away with a clean, soft, wet washcloth. **Newborn eye discharge is very common. If there is no eye infection, this discharge is harmless.**
- If your newborn has an eye infection, there will be eye discharge **AND** signs of inflammation (swelling and/or puffiness). This inflammation looks like pink eye (conjunctivitis).

- With an eye infection, one or both eyes will have redness or pinkness in the white part of the eye, and the eyelid(s) will look red and irritated.
- If your newborn has an eye infection caused by gonorrhea or chlamydia, you will usually see signs **within the first or second week after birth**. These signs include:
 - › **LOTS** of eye discharge that looks like pus (a thick, yellowish or greenish liquid that is not clear/see-through)
 - › **VERY** swollen or irritated eyelid(s)
 - › **LOTS** of redness and irritation in the white part of the eye(s)

If you think your newborn may have an eye infection, call one of the following right away:

- › Your baby's primary health care provider
- › Your baby's public health nurse
- › Your local women and children's health unit
- › 811

Resources

Prenatal Clinics

- › www.nshealth.ca/service-details/Prenatal%20Clinics

Women & Children's Health Program

- › www.nshealth.ca/women-childrens-health

If your baby is at a higher risk of getting an eye infection caused by gonorrhea or chlamydia, your nurse may give you instructions for after you leave the hospital.

Instructions:

*Prepared by: Women and Children's Provincial Policy Working Group
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The information is not intended to be and does not constitute health care or medical advice.
If you have any questions, please ask your health care provider.