

Erythromycin Eye Prophylaxis

On the passage through the birth canal, the eyes of babies are exposed to any bacteria that are present. Babies who pick up bacteria in their eyes are at risk of developing eye infections known as ophthalmia neonatorum.

Chlamydia and gonorrhoea are the most common cause of eye infections in babies in North America. These infections can be severe and can cause blindness. Other bacteria such as Staphylococcus and Streptococcus can also cause eye infections that are less severe.

Historically, the high rates of blindness and severe infections resulted in a law requiring silver nitrate be instilled into the eyes of every baby after birth. This was very irritating to the eyes of babies. This public health law still exists in Ontario, but today, a 0.5% erythromycin eye ointment is used shortly after birth. Erythromycin antibiotic ointment causes some clouding of the vision for several minutes. A small number of babies (<10%) will have watery eyes and some redness after antibiotic ointment therapy. The midwives in our practice usually wait until your baby is ready to rest after an awake period following the birth before applying the ointment to minimize the impact of blurred vision on bonding.

Please ask your midwife any questions you have about eye prophylaxis.

References for eye prophylaxis informed choice

Thureen P, Deacon J, O'Neill P, Hernandez J. Assessment and care of the well newborn. WB Toronto: Saunders Co. 1999.

British Columbia Reproductive Care Program. Newborn care guideline 11: eye care and prevention of ophthalmia neonatorum. March 2001.

Goldbloom R. Prophylaxis for gonococcal and chlamydial ophthalmia neonatorum. Canadian Task Force of the Periodic Health Examination