Willow Midwives

For Your Newborn

When your baby is born, the first hour of life should be spent with you, bonding and getting to know one another. Your midwife will complete a head-to-toe exam of the baby, and at that time, is normally given Vitamin K intramuscular injection.

Around 24 hours of life your baby may have the Newborn Screening Test, a cardiac screen and bilirubin testing.

If you have questions or would like to know more, please ask your midwife.

Erythromycin Eye Ointment

A variety of bacteria can cause eye infections and most will go away with treatment, usually antibiotics. Gonorrhea (a sexually transmitted infection (STI) that people can have without having symptoms) can cause eye infections that lead to blindness. Infants at increased risk are those whose mothers are at high risk for STIs.

It used to be routine to put erythromycin antibiotic ointment in babies eyes at birth to prevent infection. The Canadian Pediatric Society released a statement in 2015 recommending that all women be screened for Chlamydia and Gonorrhea in pregnancy rather than routinely giving erythromycin to all babies, and acknowledging that erythromycin is not effective in preventing newborn eye infections. This procedure is no longer routine.

Many babies get “sticky eyes” in the first weeks after birth as their tear ducts develop. This is not an infection and your midwife can tell you how to care for your baby’s eyes in this case.

Vitamin K

Vitamin K is made by bacteria in the gut and is important in helping blood to clot when there is bleeding. When a baby is born, the whole gut is sterile until it becomes colonized with healthy flora or bacteria. During this period, some babies can develop a disorder called Vitamin K Deficiency Bleeding or VKDB. Babies that have this disorder cannot clot properly so if they have an injury, either internal or external, they won’t be able to stop bleeding. This can quickly become serious and babies can die from blood loss.

Vitamin K has been given to babies since the 1950’s in order to give them a supply of Vitamin K until they begin to make their own. It is given with a small needle into a muscle in the baby’s thigh. Formulations of Vitamin K to give orally to the baby are available by prescription. Vitamin K given orally is not as well absorbed as the injection, so it must be given three times for a total dose six times higher than the injection, and there is a chance that it won’t protect the baby as well. Therefore, the injection is the recommended way to give Vitamin K.

Without the Vitamin K injection a baby’s chance of developing VKDB in the first week of life is about 0.01-1.5% and about 1-10 per 100 000 between 2 weeks and 6 months.

Newborn Screening Test

The Newborn Screen is a blood test that looks for 24 different treatable disorders in your newborn baby that can be present from birth. The most common are hypothyroidism, cystic fibrosis, MCAD (medium-chain acyl-CoA dehydrogenase deficiency) and PKU (phenylketonuria). Each year in BC about 40 000 babies are tested and about 40 babies will be identified with one of the disorders. Once a disorder is identified, the goal is to start treatment right away in order to avoid long-term consequences such as permanent brain damage, growth problems, or sudden infant death.

The test involves using a lancet to poke the baby's heel and collecting four dots of blood on a sample card. The card is then sent to Children's Hospital in Vancouver for analysis. The midwife is contacted immediately if a result comes back positive. Otherwise, we expect results within two weeks.

This test is done after baby is 24 hours old. For those who have an out of hospital birth or early discharge from the hospital, your midwife will do the test at home. Others will have the testing done at the hospital by lab personnel. We encourage clients to hold the baby and to breastfeed during the sample collection. Most babies are more interested in feeding than crying! Lab techs will not always allow this – if you prefer to have your midwife collect the sample let them know.

For further information about Newborn Screening see www.newbornscreeningbc.ca . Information is available in multiple languages.

Newborn Bilirubin Testing

Bilirubin testing is usually offered as a skin test (at the hospital) or an additional blood test (at home or at a lab), and checks the level of jaundice or yellow pigment in the skin of your newborn. There is a normal amount of jaundice in about 50% of newborns as their cells change from fetal red blood cells to adult red blood cells. When their bodies break down the old cells bilirubin is produced. Bilirubin is stored in the fat under the skin and this is why some babies look yellow. Babies get rid of bilirubin in their stools and urine. If the bilirubin levels get too high there can be serious complications. Extra bruising or poor feeding can make levels higher. If testing shows levels are too high the baby may need treatment under special lights in the hospital until the jaundice gets better.

Circumcision

The Canadian Pediatric Society no longer recommends routine newborn circumcision, a surgery that is considered to be cosmetic. Currently, only about 30% of infant males have their foreskin removed. This is compared with 70-80% in the past. This procedure is not covered by BC Medical and costs approximately $275. In this surgical procedure, the foreskin is removed from the glans penis and is usually done by one month of age.

Some studies show benefits of foreskin removal, including reduced newborn bladder infection/UTI, HIV transmission, penile cancer and lower rates of cervical cancer and sexually transmitted infections among female partners. Most studies have been conducted in HIV-endemic countries and Sub-Saharan Africa, making results difficult to apply to Canadian populations.

The risks include pain during and afterwards, bleeding, infection, narrowing of the urethral opening requiring surgery, and unsatisfactory cosmetic result. Serious complications such as partial amputation of the penis, sepsis or hemorrhage causing death are rare but possible. Ask your midwife for more information regarding the referral process if you want to circumcise your son.

References

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