

Informed Consent or Refusal: Erythromycin Ophthalmic Ointment for the Newborn.

The decision to administer Erythromycin eye ointment should begin with the material received from the midwife and also includes but is not limited to discussion, research, knowledge and your personal opinion of the risks and benefits. This informed consent contains information that has already been provided to you and is a reiteration for you to make a *signed* and documented choice. You may withdraw your consent at any time prior to the procedure.

- A. Purpose of Procedure**
- B. Description of Procedure**
- C. Risks, benefits, and uncertainties of the procedure**
- D. Reasonable alternative procedures**
- E. Consequences of not accepting the proposed procedure**

A. Purpose of Procedure

In Washington recent history, erythromycin was legally mandated to be given to all babies at birth, there was very little choice in the matter and although this mandate has recently been lifted, it is still standard practice for all newborns born in the hospital to receive the ointment. Eye infection caused by gonorrhea and/or chlamydia can lead to blindness if left untreated, therefore, the CDC recommends that babies get prophylactic erythromycin ophthalmic ointment during the immediate postpartum period. Chlamydia is now the most frequent identifiable infectious cause of neonatal conjunctivitis in the United States, although the risk of infection associated with Chlamydia is minimal and infection due to maternal gonorrhea is more devastating.

Earlier studies from decades ago concluded that providing an antibiotic ointment to the newborn's eyes would decrease the transmission of diseases that could lead to blindness. In recent decades, many studies indicate that there may not be a significant reduction when babies are given erythromycin eye ointment, but the greatest reduction occurs thorough prenatal care that rules out maternal infection.

Erythromycin ointment is an antibiotic so it does also reduce colonization of other bacteria. Gonorrhea and Chlamydia are asymptomatic in 50% of cases.

B. Description of Procedure

If the client opts to have the midwife provide erythromycin ophthalmic eye ointment to the newborn, then a small ribbon is placed in the newborn's eyes. There is no evidence that the ointment causes pain, although can cause blurred vision until absorbed.

C. Risks, benefits, and uncertainties of the procedure

Risks: Adverse effects include eye irritation and blurred vision, which may interfere with bonding.

Widespread use may contribute to the development of antibiotic resistant bacteria. Erythromycin may not 100% effectively treat infections.

Benefits: Potential decreased risk of neonatal eye infections.

Uncertainties: There are always uncertainties or unforeseeable risks with any procedure. The purpose of this procedure is to prevent neonatal eye infections but it may not. Updated September 13

D. Reasonable alternative procedures

- o Testing and treating for maternal gonorrhea and chlamydial infections, as long as the client is in a mutually committed relationship.
- o Povidone-iodine drops in the eye has shown to be equally as effective as erythromycin eye ointment and even more effective than silver nitrate (a former medicine used). This approach is not considered standard of care so if the clients opt for this, it must be administered under their discretion.
- o Wait and see if the newborn develops an eye infection, treat based on symptoms.

E. Consequences of not accepting the proposed procedure

- o Potentially increased risk of neonatal eye infection.

I understand that the CDC, AAP, ACOG guidelines are that a erythromycin ophthalmic eye ointment be given to all neonates within the first hour of birth. I understand that there are no guarantees that the medication will prevent newborn eye infections.

I have read and understand the description of Erythromycin eye ointment and options that have been provided to me to help reduce risk to the newborn. I have had my questions answered to my satisfaction and can make an informed choice. I accept full responsibility for my decision.

Statement of Choice

_____ I have chosen to have an erythromycin ointment administered to my infant by the midwife during the immediate postpartum period.

_____ I have chosen to not have erythromycin eye ointment administered to my newborn.

Client's Signature

Client's Printed Name

Date

Partner's Signature

Midwife's Signature