


‘Ineffective, outdated and unethical’ – the case against antibiotic eye drops for newborns

 globalnews.ca/news/2370314/ineffective-outdated-and-unethical-the-case-against-antibiotic-eye-drops-for-newborns

When Laura and Curtis Hardy’s son, Phoenix, was born, antibiotic drops were put in his eyes.

“We were informed...that [it was] just going to happen,” said new mother Laura Hardy. “It doesn’t seem to make sense that it is a mandatory requirement.”

The practice has been around since the late 1800s, when silver nitrate drops were used to greatly reduce the incidence of blindness in infants whose mothers had chlamydia or gonorrhea. More than 120 years later the practice still exists. Now, within an hour of a baby being born, antibiotic eye drops or ointment is put into its eyes.

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In Canada erythromycin is administered. The prophylaxis drops are a preventative treatment and is still mandatory in some provinces – Alberta, Ontario, British Columbia, Prince Edward Island and Quebec. Pediatricians and midwives want the practice to be changed.

“The research shows this practice is ineffective, outdated and unethical,” said midwife Liza van de Hoef.



Baby Phoenix was given antibiotic eye drops within an hour of his birth. His parents think the treatment should not be mandatory. *Hardy Family*

Now there are better ways to screen pregnant women for sexually transmitted infections (STIs), and if the baby is infected there are more effective treatment options, and certain gonorrhea strains are now resistant to antibiotics – making the treatment ineffective and unnecessary – according to pediatricians and midwives.

As well, gonorrhea can result in a serious eye infection, but is responsible for less than one per cent of infant eye infection, say researchers.

“The risk of an individual baby suffering long-term consequences from an eye infection is extremely low, so again, mandatory eye prophylaxis cannot be justified based on our need to protect individual babies,” said Liz Darling, PhD and midwife researcher.

In some provinces, like Ontario, health care providers who do not follow the law are subject to fines, and parents who refuse can be visited by child protective services. In British Columbia the practice is under review.

There is also a concern of antibiotics being administered when they are not needed that could lead to increased antibiotic resistance, a growing global problem.

“The indiscriminate overuse of antibiotics needs to stop,” said van de Hoef.

The midwife took her concerns and “eye protest campaign” to Queen’s Park to convince the Ontario government to stop the mandatory practice. The Association of Ontario Midwives and the Canadian Paediatric Society agree it needs to change.

“The Canadian Paediatric Society (CPS) believes that physicians caring for newborns should advocate for the rescinding of these mandatory neonatal ocular prophylaxis laws. It would be more effective to screen all pregnant women for gonorrhoea and chlamydia infection and treat and follow-up those found to be infected,” said Dr. Dorothy Moore, an infectious diseases specialist at the Montreal Children’s Hospital.

Moore was one of the principal authors of a position statement, released in March, on eye prophylaxis published by the CPS.

The recommendation included:

- Neonatal ocular prophylaxis with erythromycin, the only agent currently available in Canada for this purpose, may no longer be useful and, therefore, should not be routinely recommended.
- Paediatricians and other physicians caring for newborns, along with midwives and other health care providers, should become familiar with local legal requirements concerning ocular prophylaxis.
- Paediatricians and other physicians caring for newborns should advocate to rescind ocular prophylaxis regulations in jurisdictions in which this is still legally mandated.
- Jurisdictions in which ocular prophylaxis is still mandated should assess their current rates of neonatal ophthalmia and consider other, more effective preventive strategies.

As for the Hardy’s, they feel it’s not fair that parents do not have a choice in some provinces, especially families like them who are considered low-risk and follow all the screening guidelines.

“It’s frustrating as a parent,” said Hardy.

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