INDICATIONS FOR PROPHYLACTIC ANTIBIOTICS /EMPIRICAL THERAPY FOR "AT RISK BABIES"

Prophylactic antibiotics should be considered in following circumstances which are risk factors for early onset sepsis

1. Foul smelling liquor or malodorous baby
2. When ≥ 2 following risk factors are present
   - Maternal pyrexia >38°C or other evidence of infection
   - Prolonged rupture of membranes (ROM >18hrs)
   - Fetal distress (tachycardia, bradycardia, abnormal CTG), passage of meconium in-utero with no other explanation)
   - Spontaneous preterm delivery (<37 weeks)
   - Low Apgar <7 at 5 min
   - Prolonged or difficult delivery with instrumentation or ≥3 vaginal examinations or presence / removal of cervical suture
   - Maternal UTI in the third trimester

3. Unclean delivery and cord separation

4. Previous baby affected with GBS *and* mother's recent GBS status unknown or not treated adequately

b) Suspected sepsis

If sepsis is clinically suspected antibiotics should be commenced as early as possible after obtaining relevant cultures.

Choice of antibiotics

Early onset sepsis

First line
- Benzyl Penicillin (or Ampicillin) and Gentamicin
- add Cefotaxime or replace Gentamicin with Cefotaxime if meningitis is suspected)

Second line *(Remember to choose antibiotic combination to cover Staph. and gramnegatives)*
- Should also consider the currently prevalent organism in the unit &it's antibiotic sensitivity
- Flucloxacillin/cloxacillin with Amikacin/ Cefotaxime.
- Include Cefotaxime with any of the combinations in suspected meningitis

Third line
Meropenum.+/- Vancomycin (Consider including Vancomycin if staph/MRSA is suspected specially if central lines are used).
Initial choice of antibiotics is judged by the clinical scenario and is therefore the responsibility of the medical team. Subsequently the antibiotic therapy should be adjusted according to blood culture reports and/or clinical response.

Empirical antibiotics for suspected neonatal sepsis

a) Neonates with signs of sepsis should be treated with ampicillin (or penicillin) and gentamicin as the first line antibiotic treatment for at least 10 days.

(Strong recommendation, low quality of evidence)

b) If a neonate with sepsis is at greater risk of staphylococcus infection (e.g. extensive skin pustules, abscess, or omphalitis in addition to signs of sepsis), they should be given Flucloxacillin and gentamicin instead of penicillin and gentamicin.

(Strong recommendation, expert opinion)

c) Where possible, blood cultures should be obtained before starting antibiotics. If an infant does not improve in 2–3 days, antibiotic treatment should be changed, or the infant should be referred for further management.

(Strong recommendation, expert opinion)