

Service:
NICU

What is an infection screen?

A guide for parents



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What is an infection screen?

An infection screen, also known as a septic screen, is the name for investigations carried out to look for possible infection.

These investigations involve blood tests and may also involve a chest x-ray. An infection screen is carried out on babies who are unwell or at risk of infection. This does not necessarily mean that your baby has sepsis or has an infection.

A small drip (also known as a cannula) is placed into baby's vein and blood is taken to look for a marker of infection. This marker of infection is called a CRP (C Reactive Protein). A separate sample of blood is also sent to the laboratory from which they see if they can grow bacteria, this is called a blood culture.

All babies are started on antibiotics which are given at the same time every 12 hours via the drip. Baby will also receive an oral medication called miconazole which prevents thrush developing in their mouth.

Why does my baby need an infection screen?

Newborn babies are at an increased risk of infection as their immune system is still developing and therefore they aren't as good at fighting off infection. As babies with infections can become unwell quickly, it is important that we identify those babies at risk and treat them with antibiotics early and before they become unwell.

Any newborn baby who appears unwell will have an infection screen and be commenced on antibiotics.

Infection screens may also be carried out on babies who appear well but who have potentially been exposed to infection. These may include the following babies:

- Where mum has an infection.
- Where mum has a fever greater than 38°C.
- Premature (born at less than 37 weeks).
- Where mum has bacteria in the birth canal such as group B Streptococcus (GBS).
- If waters break before labour begins.

My baby has had their infection screen, what happens next?

Babies commenced on antibiotics will usually stay with their parent(s) on the postnatal ward and will come to the Neonatal Intensive Care Unit (NICU) for their antibiotics every 12 hours. If there are concerns that baby is unwell, they may be admitted to NICU for observation. Whilst on the postnatal ward, the midwives will do regular observations on baby.

All babies started on antibiotics must continue them for a minimum of 36 hours. Around 24 hours after starting antibiotics a second blood test will be taken to look for the marker of infection (CRP). This test is done via a heel prick where blood is dropped from the baby's heel into a blood bottle.

The results of the second blood test will guide the doctors as to the length of the course of antibiotics. Antibiotics are able to be stopped after 36 hours if the marker of infection (CRP) is low and the blood culture doesn't grow any bacteria. However, if there are concerns that baby appears unwell, they may choose to continue antibiotics despite infection markers being low.

If infection markers are raised antibiotics will need to be continued for longer than 36 hours. The exact length of the course will be decided by the doctors.

Some babies with raised infection markers require a lumbar puncture (LP). This is where a sample of fluid is taken from the base of baby's spine to look for any evidence of infection. Any evidence of infection would require a change of antibiotics and a longer course of antibiotics. The doctor will discuss this further with you if it is required.

How do I know if my baby is unwell?

The following are possible signs and symptoms that your baby may be unwell:

- Breathing difficulties.
- Low blood sugar levels.
- High or low temperature.
- Jaundice (yellow skin).

If you are concerned about any of the above in your baby you should inform the staff looking after you.

What are the side effects of antibiotics?

The antibiotics we use are safe in newborn babies and have minimal side effects. They are given via a drip as we know babies do not absorb antibiotics as well when given by mouth.

What should I do when I go home?

Once discharged you should treat your baby the same as any other baby. However, if any test during your pregnancy showed that you carry group B streptococcus (GBS), there is a slightly increased risk of your baby developing an infection up to 6 weeks after they are born. This includes babies who have received antibiotics whilst in hospital.

Signs of infection in newborn babies include:

- Inconsolable crying.
- Either a high (greater than 38°C) or low temperature (lower than 36°C).
- Listlessness, floppiness.
- Difficulty in breathing.
- Change in feeding habit such as difficulty feeding or not waking up for feeds.
- Change in skin colour; including mottled skin and jaundice (yellow coloured skin).

If you notice any of the above, it is important you seek medical advice by contacting your midwife, GP or by going to the emergency department if it is an emergency.

For further information

NHS tips for new parents:

www.nhs.uk/conditions/pregnancy-and-baby/being-a-parent/

NICE guidelines on which we have based this leaflet:

www.nice.org.uk/Guidance/CG149

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If you or the individual you are caring for need support reading
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