



Going home after your baby has been monitored or treated for infection

Information for parents and carers

Why am I receiving this leaflet?

You are receiving this leaflet because of one of the three reasons listed below.

- You have carried Group B streptococcus (GBS) during this pregnancy or have had a previous baby with a GBS infection (see back page for more information)
- Your baby has been monitored (heart rate, breathing rate and temperature) by the midwives on the postnatal ward
- Your baby has received antibiotics for possible infection.

What is infection?

Most newborn babies are healthy at birth but a few may become unwell due to infection from germs (bacteria, viruses or fungi). Infections can be picked up by your baby in the womb, at the time of delivery or following delivery.

What causes infection?

Infection is more likely to develop when there has been:

- GBS carried by the mother
- A premature birth (before 37 weeks gestation)
- Premature rupture of membranes (the sac surrounding the baby has ruptured for some time before delivery)
- There is an infection in the uterus or placenta
- The mother has a fever around the time of delivery.

What happens if my baby is at increased risk of infection?

If your baby is at increased risk of infection they are monitored by the midwife who is also looking after you. The majority of the time we monitor babies for 12 hours. Occasionally, your midwife will ask a doctor to review whether your baby needs any extra tests and whether they need antibiotics.

When can we go home?

Whether your baby has only been monitored for infection or they have needed antibiotics, they are safe to go home when the team feels that they don't need any extra observation.

What should I look out for when I go home?

Although almost all babies don't have any more issues in the weeks ahead, a small number may develop late onset infection (infection after 3 days of life). Specific signs to look out for are listed below:

- Abnormal behaviour (for example, inconsolable crying or a lack of energy)
- Unusually floppy
- Abnormal temperature (less than 36°C or more than 38°C)
- Abnormal breathing (rapid breathing, difficulty in breathing or grunting)
- A change in skin colour (for example where the baby becomes very pale, blue/grey or dark yellow)
- Development of new difficulties with feeding
- Develops a new rash.

If you feel that your baby is developing any of the concerns listed above then please contact your GP, call NHS24 on 111, or go to the emergency department to get an urgent medical review.

What is Group B Streptococcus (GBS)?

GBS is one of many different types of bacteria that normally live in our bodies and do not cause us any harm. However, we know that GBS infection can cause serious harm to newborn babies.

During pregnancy GBS may be found in your urine, vagina, or rectum. If this is the case or if you have had a previous baby that has had a GBS infection then you will be offered antibiotics in labour to reduce the risk of your baby developing a GBS infection.

What happens after birth?

If there is any concern that your baby is showing any signs of infection then they will be treated with antibiotics immediately. However, if your baby is otherwise well they will be closely monitored by your midwife for at least 12 hours.

Late onset GBS infection

The majority of babies who develop a GBS infection become unwell in the first week of life (and usually within the first 12-24 hours). However, a small number of babies can develop a GBS infection until they are 3 months old. It is therefore important to look out for the signs of late infection developing (listed on the previous page) and seek urgent medical attention if you are concerned.