

# NEONATAL INFECTION



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# Risk factors :-

- Rupture of membrane >18 hrs
- Fever of mother at delivery time is >100.4°F
- LBW baby
- Prematurity
- Chorioamnionitis (acute inflammation of chorion membrane in placenta)
- Mother is having infection of group beta hemolytic streptococcal infection
- Often vaginal examination during labor
- Invasive procedure
- Male infant

# Mode of infections

- Antenatal period:
- STORCH :
- S -syphillus
- T- Toxoplasmosis
- O -others
- R- rubella
- H - herpes simplex virus
- Contaminated liquor amnii& amnionitis fetus having intrauterine infection

# Intranatal period

- Prolonged labor & early rupture of membrane
- Often vaginal examination
- Infected birth passage
- Lacke of use of antiseptic technique.

# Postnatal period

- Human contact
- Cross infection
- Contaminated Articles and clothes

# 1. Ophthalmia Neonatorum

- In 1 st month **conjunctiva inflammation** occurs is known as ophthalmia Neonatorum.

## Causes :

- Chlamydia trachomatis is common cause
- chemical silver nitrate
- virus herpes simplex type -2

## Mode of infection :-

Contaminated vaginal discharge, face or breech delivery.

- direct contamination.

# Clinical features:-

Watery ,muco purulent discharge in one or both eyes

Eyeids sticky or swollen

In severe case cornea involves.



**Investigation** : gram stain smear , culture & sensitivity

**Treatment:**

1. **Gonococcal** : 24 hr isolation, sterile isotonic saline , ceftriaxone 50mg/kg every 12 hrly IM/IV
2. **CHlamydia**: erythromycin suspension 40mg/kg daily oral dose for 14 days.
3. **herpes simplex**: isolation, topical 0.1% iododexoyuridine ointment

Systematic therapy - 20 mg/kg every 8 hrs for 2 wks

**Prevention :-**

Thank you