

Waiver for Opt-Out of Treatment for Newborn Eye Infection Prophylaxis

Waiver Date (yyyy/mm/dd) _____

The Canadian Paediatric Society no longer recommends routine prophylaxis with antibiotic eye ointment for all newborns.

Ophthalmia Neonatorum (ON) is a relatively common illness effecting the white part of the newborn's eyes and the inside part of the eyelids. In most cases, ON is mild and will go away on its own. However, it can be serious in a newborn baby if caused by certain sexually transmitted infections (STI) at the time of birth. This can happen if the person giving birth has an untreated sexually transmitted infection and the baby's eyes become infected at birth. The most severe form is caused by gonorrhoea. If a baby gets ON from gonorrhoea or chlamydia and it is not treated right away, they can develop permanent scarring and blindness.

Beginning January 1, 2019 a parent may request in writing that prophylactic eye drops not be instilled in the eyes of their newborn. Under Ontario law, a parent's opt-out request may only be granted by the healthcare professional attending at the birth of the child, and only if that healthcare professional is satisfied that:

1. The parent of the child making the request has received information on the benefits and risks of administration of the ophthalmic agent, as well as information on the likely consequences of non-administration of the ophthalmic agent; and
2. An assessment has been done to confirm there is no serious risk of transmission to the child of an infectious agent that might cause ON.
3. Current recommendations are to test during pregnancy for chlamydia and gonorrhoea and to treat anyone who tests positive before the baby is born. This helps the pregnant person as well as the baby. If you are at risk for having an STI, it is important that you tell your healthcare provider and your baby should receive this eye ointment.



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I, (print name) _____ the parent/legal guardian of the newborn, understand that under Ontario law, all newborns are offered eye ointment within one hour of birth unless a parent/legal guardian requests that the medication not be given.

I, (print name) _____ the parent/legal guardian of the newborn, have read and understood the attached information provided regarding the potential benefits and risks of giving my newborn antibiotic eye treatment and what might happen if my newborn is not given the treatment. I assume all responsibilities of any outcomes for my newborn related to declining this treatment.

My healthcare provider has reviewed all of my prenatal STI screening results with me. I do not believe I have been at high risk of contracting any sexually transmitted infections since this testing was completed.

As the newborn's parent, I ask that the proposed antibiotic eye ointment not be given to my newborn. If my child's eyes become red or irritated in the weeks following birth, I will seek medical assessment for them from their primary care provider.

Parent / Legal guardian:

Printed Name

Signature

Date (year / month / day)

Most Responsible Provider (MRP):

Printed Name

Signature & Designation

Date (year / month / day)

