

How to protect my baby from infection

Newborn babies' immune systems are immature while they're still in their first few weeks, particularly if they are born prematurely. At Mater Mothers' Neonatal Critical Care Unit (NCCU) we take infection control very seriously. Infection control is very important in the protection of your baby. We need your help in preventing babies from getting sick.

This information sheet will provide you with facts about infection control practices in NCCU and precautions to take if you or your family are exposed to or affected by an infectious disease, or a potentially contagious illness.

Occasionally a baby in the NCCU acquires an infection that needs additional precautions to stop the spread of the microorganism (germ) to other babies. These include antibiotic-resistant bacteria, respiratory infections such as the flu, and gastroenteritis (vomiting and diarrhoea).

The types of infection control precautions may include, placing the baby in a single room and staff wearing gowns, gloves and/or masks or keeping the baby in their incubator/cot in the pod and placing a sign in their cot area advising of the precautions that need to be taken.

It is usually not necessary for parents and visitors to take precautions with their baby, but NCCU staff will advise them if they need to do anything extra.

The time the baby needs to be under precautions will depend on the type of infection. In some instances, other babies may be tested (swabbed) to find out if they are carrying the germ.

Handwashing

While visiting your baby, it is important that you remove all jewellery (a single plain wedding band is fine), remove your watch or any wrist band, and roll up your sleeves as soon as you enter the ward. This ensures you are 'bare below the elbow'.

A 60-second hand wash is required upon entering the room for parents, visitors and siblings. Further hand washes should occur when your hands are visibly soiled, before feeding your baby and after nappy changes. Alcohol based hand spray or gel is available at your baby's cot side to use after touching things like your mobile phone, breast pumps, chairs, and before each time you touch your baby. This rub/gel should also be used prior to leaving your baby's cot space.

Immunisations

It is recommended that all parents, siblings and visitors receive all immunisations as per the National Immunisation Program Schedule. Annual influenza vaccination and a top up pertussis (whooping cough) vaccine are highly encouraged for all parents, extended family and visitors. If you require more information about immunisations, please ask your doctor or nurse.

When you or any visitor is unwell

Unfortunately, we are all prone to feeling unwell and this may occur while your baby is admitted to NCCU. Visitors who are unwell, including siblings or extended family, will not be permitted to enter NCCU. We strongly recommend that if you as a parent are unwell with a potentially infectious illness that you avoid visiting the NCCU and consult with your GP as soon as possible. It is important that you inform the nurse caring for your baby of your illness and refer to the table over page for specific precautions.

Illness	Recommendations to parents
Conjunctivitis (<i>pink-eye</i>)	Avoid visiting whilst symptoms are present, especially avoid any skin-to-skin contact and be vigilant with hand hygiene.
Varicella (<i>chicken pox</i>)	<p>This is a very serious illness and any person, including parents, who have chicken pox will not be allowed entry into the ward until the last blister has crusted over.</p> <p>If you or any family member have been exposed to a person with chicken pox and do not have immunity, you are likely to be contagious in the period between one and three weeks from exposure, before any symptoms appear. If you or any family member would like to visit your baby following an exposure, you will need to prove immunity through a blood test. If you have had chicken pox in the past or received the vaccination then this blood test will show that you are immune and therefore will not contract the illness. There will then be no limitations to visiting.</p>
Gastroenteritis (<i>gastro</i>)	Avoid visiting for at least two days after the last bout of vomiting and/or diarrhoea.
Herpes Simplex (<i>cold sores</i>)	Any exposed cold sore must be covered with a patch before visiting. Kissing your baby is not recommended while the sore is present. If the sore cannot be covered, parents should avoid visiting until the lesion is dry and crusted. Careful and frequent handwashing is very important.
Herpes Zoster/Varicella Zoster (<i>shingles</i>)	Affected parents are advised not to visit until the sores are crusted over.
Influenza A or Influenza B (<i>flu</i>)	Avoid visiting for at least seven days after the symptoms first started, and at least 24 hours after the fever AND initial symptoms (i.e. initial cough, runny nose, sore throat, muscle aches) are gone. We recommend all family members receive the annual influenza vaccination.
Measles	Do not visit from the start of any symptoms until the rash has gone (usually around four days after it first appears). If measles is suspected you must see your GP and get blood tests to confirm or exclude the diagnosis.

Mumps	Do not visit for nine days after onset of swelling. If mumps is suspected you must see your GP and get a blood test to confirm or exclude the diagnosis.
Pertussis (whooping cough)	Whooping cough is a very serious illness for babies who do not have immunity and so any person with suspected whooping cough will not be allowed to visit until a test has been performed to rule out this illness. If whooping cough is confirmed then you will not be permitted to visit the NCCU for at least 21 days from the onset of the cough. This can be reduced to 5-7 days if a full course of appropriate antibiotics is completed.
Rubella (<i>German measles</i>)	Do not visit from the start of any symptoms until the rash has gone (usually around 4 days after it first appears). If rubella is suspected you must see your GP and get blood tests to confirm or exclude the diagnosis.
Scabies (<i>lice</i>)	Do not visit for at least 24 hours after full treatment has occurred.
Staphylococcal or Streptococcal Skin Infection (<i>boils, impetigo, abscesses, school sores, golden staph</i>)	Avoid visiting until the infection has been treated with appropriate antibiotics and the sores have resolved. If the sores are able to be easily covered then parents may visit, but we would recommend avoiding skin-to-skin contact with baby until the sores have cleared up.
Tonsillitis	Do not visit for at least 24 hours after starting antibiotics AND 24 hours after the fever has gone away.
Tuberculosis (<i>TB</i>)	Parents will be unable to visit until full clearance has been given by the treating infectious diseases specialist.
Viral illness and respiratory tract infections (<i>cold, bronchitis, viral pneumonia</i>)	Do not visit whilst you still have the initial symptoms of a viral illness (i.e. fever, runny nose, sore throat, initial cough). We recommend not visiting for five to seven days after the illness started AND for at least 24 hours after the initial symptoms, particularly fever, have gone. We suggest you seek advice from your GP before returning to NCCU. In exceptional circumstances, you may be able to visit but asked to wear a mask and avoid skin-to-skin contact with your baby.

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