

NEWBORN SEPSIS

SAINT BARNABAS MEDICAL CENTER
NEONATAL INTENSIVE CARE UNIT

What is sepsis?

Sepsis is an infection in the blood that can spread and affect the whole body. Your baby may have been infected while still in your uterus, during delivery, or after birth.

What causes sepsis?

A bacteria, virus, or fungus causes the infections that lead to sepsis. Sepsis in a newborn is more likely if you have had:

- bleeding problems
- ruptured membranes (water breaks early)
- fever during pregnancy and/or delivery
- an infection of the uterus or placenta
- problems with delivery

Which babies are more likely to develop sepsis?

- infants with decreased immune system function, like preemies, and/or low birth-weight babies
- infants that have other serious illnesses
- infants that have liver or kidney disease
- infants in the newborn intensive care unit that have multiple IV's (intravenous), tubes, or catheters in place while in the hospital

What are some possible signs and symptoms of newborn sepsis?

- changes in body temperature (sometimes higher than normal and sometimes lower than normal)
- poor feeding
- trouble breathing or periods where the baby stops breathing (“apnea”)
- yellow color to the skin and eyes

How will the doctor (neonatologist) know if my baby has sepsis?

By doing a physical exam and the following tests:

- a *C-reactive protein (CRP)* is a blood test that is used to identify inflammation or infection in the body
- a *complete blood count (CBC) with white blood cell differential* is commonly ordered to help see if your baby is trying to fight an infection
- *blood cultures* are sent to the lab.
- a *lumbar puncture (spinal tap)* may be performed by the physician if the CRP is very high or the blood culture is positive. This is done to determine the extent of the sepsis. A lumbar puncture is done by inserting a needle into the spinal cord fluid that surrounds the spinal cord. This fluid is then sent to the lab to be tested for the presence of infection.

How will my baby's sepsis be treated?

Your baby will need to be in the neonatal intensive care unit for at least 48 hours for treatment with an antibiotic/antiviral medicine through an IV. Your baby may need to stay even longer depending on the extent of the infection.

If you have any further questions, please ask your nurse or doctor.