

# Understanding Sepsis in Newborns



## What is sepsis?

**Sepsis** is a term for a blood infection that can spread to other parts of the body. In newborns, there are two common types of sepsis.

## Early onset sepsis

Occurs within 7 days of birth. Risk factors include:

- Premature birth or low birth weight
- Mother's water broke more than 18 hours before birth (premature rupture of the membranes)
- Infection in the mother or in the placenta (**chorioamnionitis**)

## Late onset sepsis

Develops when the baby is at least 7 days old, and is usually due to exposure to germs after birth.

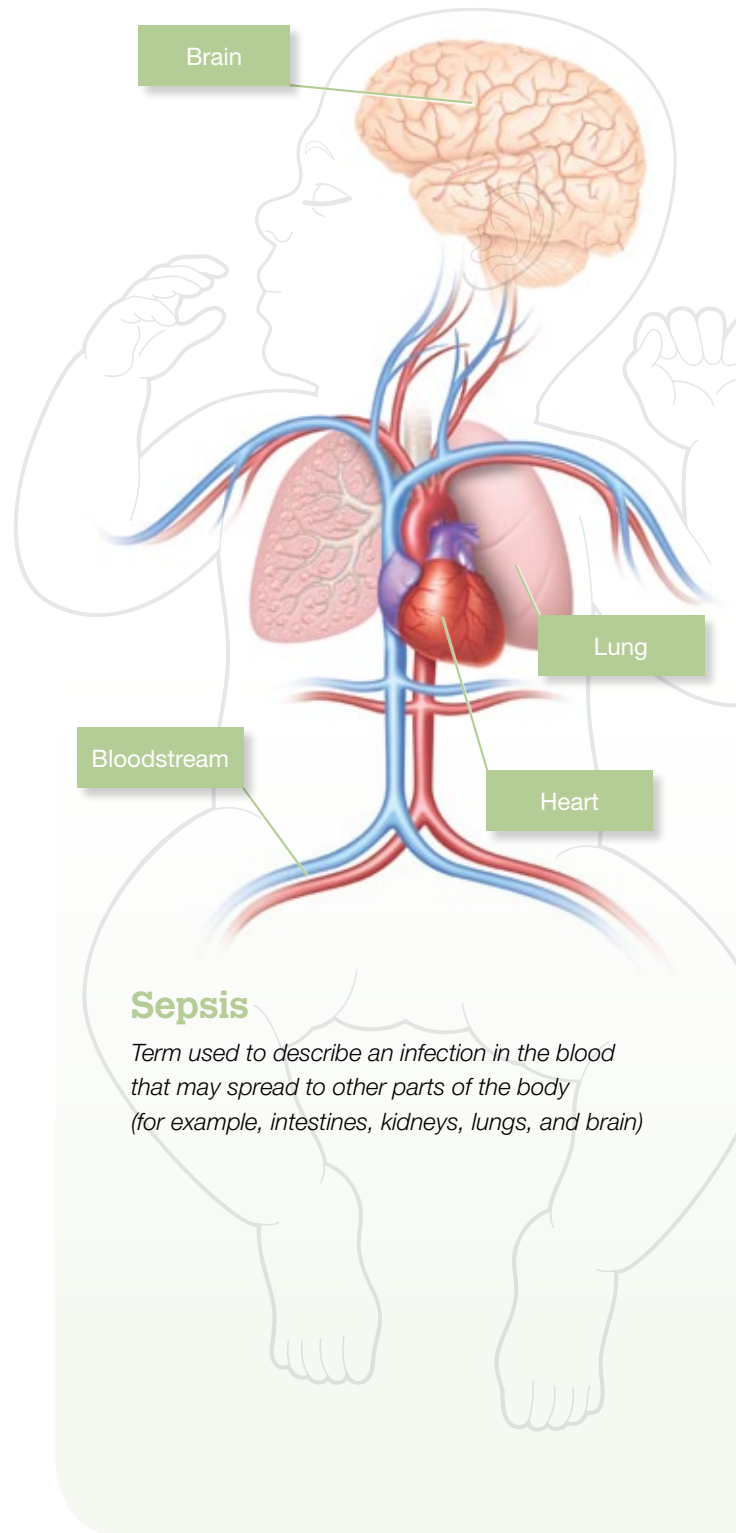
Risk factors include:

- Premature birth or low birth weight
- Baby treated for other health problems in the hospital

## What are the symptoms of sepsis?

Symptoms of sepsis in newborns can include:

- Low activity level
- Limited interest in eating or poor feeding from breast or bottle
- Abnormal body temperature (can be too low or too high)
- Pale skin colour
- Vomiting
- Bloating
- Yellow colour of the skin and the whites of the eyes (**jaundice**)
- Trouble breathing, or a brief stop in breathing (**apnoea**)
- Decreased heart rate (**bradycardia**)
- Tremors or seizures



# Treating Sepsis

## Does sepsis cause long-term problems?

When treated most newborns recover from sepsis. However, some babies develop complications such as **meningitis** (infection of the tissue around the brain and spinal cord) or **pneumonia**. These complications may result in longer hospital stays and a higher risk for long-term problems. The NICU team will watch your baby for signs of these problems. Early treatment of sepsis can help prevent these other infections.

## What treatment will my baby receive?

Newborns with sepsis are treated with **antibiotics**.

Sicker babies may also receive:

- Intravenous (IV) fluids
- Extra oxygen – usually given through a nose tube or a mask
- Mechanical ventilation – a machine that helps your baby breathe using a tube

## How will I know how my baby is doing?

Your healthcare team will keep you up to date on your baby's progress. They will watch the baby's vital signs (such as heart rate, breathing and temperature). They may also take blood samples to see if the infection is improving.

## What will happen next?

The majority of babies will do well however each baby responds differently to treatment. Talk to your baby's healthcare team. They can answer any questions you have about your baby.

## Glossary

### **Antibiotics**

*medicines that fight infections caused by bacteria*

### **Apnoea**

*brief stop in breathing*

### **Bradycardia**

*decreased heart rate*

### **Chorioamnionitis [kor-e-o-am-nee-o-ni-tis]**

*infection in the placenta and the fluid surrounding the baby*

### **Culture**

*a sample of blood, urine or other body fluid that is collected and tested for infection*

### **Jaundice**

*yellow colour of the skin and the whites of the eyes*

### **Meningitis [men-in-jahy-tis]**

*infection of the tissue around the brain and spinal cord*

### **Pneumonia [noo-mohn-yuh]**

*infection of the lungs*

### **Ventilator**

*a machine that helps your baby breathe by pushing air in and out of the lungs*

Ask the healthcare team  
when you have questions  
– they are there to help.

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