

## **Ophthalmia Neonatorum Update: Legislation change - Parents able to opt-out of prophylactic eye treatment to newborns; and Shortage of prophylactic erythromycin ophthalmic ointment**

**Attention:** Physicians, Midwives, Emergency Departments, Infection Control Practitioners, Nurse Practitioners, Walk-In Clinics/Urgent Care Clinics, Family Health Teams, Central LHIN, NSM LHIN

**Date:** January 17, 2019

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**Effective January 1, 2019, an amendment to the Health Protection and Promotion Act, Regulation 557 comes into effect allowing parents, under certain conditions, to opt-out of the mandatory prophylactic eye treatment administered to all infants at birth to prevent transmission of Ophthalmia Neonatorum (ON).** ON can be caused by chemical, viral, or bacterial processes including *Neisseria gonorrhoea* and *Chlamydia trachomatis* infections.

The amended regulation stipulates that an opt-out request, made by a parent in writing to their healthcare professional, may only be granted if the healthcare professional attending at the birth of the child is satisfied that:

- The parent of the child making the request has received information on the benefits and risks of administration of the ophthalmic agent as part of their routine prenatal care;
- The parent has received information on the likely consequences of non-administration of the ophthalmic agent as part of their routine prenatal care; and
- An assessment has been done, as part of their routine prenatal care, to confirm there is no serious risk of transmission to the child of an infectious agent that might cause ON.

Consistent with the amended regulation, prophylactic eye treatment for infants will remain the default for healthcare delivery at the time of birth.

**A national shortage of erythromycin ophthalmic ointment (indicated for the prophylaxis of ON) continues to impact Ontario. The shortage is expected to be resolved within the next three months.** The Ministry of Health and Long-Term Care is currently coordinating with other provinces and territories through the Provincial/Territorial Drug Shortages Task Team. More information on this shortage is available on the [Drug Shortages Canada website](#).

**If erythromycin ophthalmic ointment is unavailable for the newborn at birth, as per the Canadian Pediatric Society's "[Position statement on preventing ophthalmia neonatorum](#)", consider screening for *Neisseria gonorrhoea* and *Chlamydia trachomatis* at delivery in pregnant women:**

- who were not screened during pregnancy; or
- who screened negative during pregnancy but were at risk of becoming infected later during the pregnancy.

If you have any further questions please call the Simcoe Muskoka District Health Unit's Infectious Diseases Program at 705-721-7520 or 1-877-721-7520 ext. 8809, Monday to Friday between 8:30 am and 4:30 pm.



# Ophthalmia Neonatorum Information for Health Care Providers

This fact sheet provides basic information only. It must not take the place of medical advice, diagnosis or treatment.

## Key Facts:

- Administration of preventative eye drops is a mandatory treatment for all newborns in Ontario.
- Beginning January 1, 2019, parents may request to opt-out of this treatment, which may only be granted by healthcare professionals attending at the birth of the child under certain conditions.

## What is Ophthalmia Neonatorum?

Ophthalmia Neonatorum (ON) is an acute inflammation of the eyes and inner surface of the eyelids that occurs within the first four weeks of life. It is caused by chemical, bacterial, or viral processes. ON can be caused by untreated sexually transmitted infections such as gonorrhea or chlamydia transmitted from pregnant patients during birth.

## What are the consequences for newborns who acquire Ophthalmia Neonatorum?

Symptoms of ON can include eye discharge, pain and tenderness in the eye, and swollen eyelids. Complications to the newborn from ON can include corneal scarring, ocular perforation, and blindness.

Complications from ON caused by gonorrhea can be severe and can lead to scarring of the cornea, perforation and permanent vision loss. Chlamydia is a leading cause of ON and can lead to newborn pneumonia.

## Are healthcare professionals required to administer prophylactic eye drops to newborns?

Healthcare professionals attending at the birth of a child are legally required in Ontario to instill prophylactic antibiotic into the eyes of newborns within one hour after delivery (or as soon afterwards as is practicable) to destroy any infectious agent that might cause ON, without causing injury to the child. This requirement has been in place for many years.

## Is there an opt-out process for the mandatory administration of prophylactic eye drops to newborns?

Beginning January 1, 2019 a parent may request in writing to their healthcare professional that prophylactic eye drops not be instilled in the eyes of their newborn.

This opt out request may only be granted by the healthcare professional attending the birth of the child under certain conditions.

## What conditions must be met in order for a healthcare professional to grant an opt-out request?

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:

- 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
- An assessment has been done by a member of a health profession set out in Schedule 1 of the *Regulated Health Professions Act, 1991* to confirm there is no serious risk of transmission to the child of an infectious agent that might cause ophthalmia neonatorum.

These requirements are outlined in *Regulation 557 Communicable Diseases – General* under the *Health Protection and Promotion Act* available at: <https://www.ontario.ca/laws/statute/90h07>.

## What process should parents follow to request an opt-out?

At any point during the pregnancy, a parent may request in writing to their healthcare professional that the prophylactic eye drops not be instilled. This opt out request must be submitted in writing, and only one parent is required to submit the request.

## Can healthcare professionals deny a parent's request to opt-out?

Yes. The healthcare professional attending at the birth of the child may only grant the request if they are satisfied that all the conditions specified in the regulation have been met, including that a healthcare professional has done an assessment to confirm there is no serious risk of transmission to the child of an infectious agent that might cause ophthalmia neonatorum.

## What are some of the benefits and risks of prophylactic eye drops to prevent transmission of ON to newborns?

The application of prophylactic antibiotic eye drops significantly reduces the chances of a newborn contracting ON. The potential risks of this treatment are commonly mild and temporary when experienced and can include eye irritation, redness, itching, blurred vision, and sensitivity to light.

## What are some other considerations for the prevention of ON?

As an important part of routine prenatal care, screening and treatment for sexually transmitted infections (STIs) reduces the risk of transmission of ophthalmia neonatorum.

For further information, please contact your local public health unit <https://www.phdapps.health.gov.on.ca/phulocat/or/> or refer to the Ministry of Health and Long-Term Care website at [http://www.health.gov.on.ca/en/common/legislation/opth\\_neo/default.aspx](http://www.health.gov.on.ca/en/common/legislation/opth_neo/default.aspx)