

Standard:	Newborn Eye Prophylaxis
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	July 2015
Rescinded:	June 1, 2018
Effective date:	January 1, 2014
Attachments:	none



NEWBORN EYE PROPHYLAXIS

Purpose

The purpose of this position statement is to clarify how midwives should reconcile the conflict between the CMO *Informed Choice* Standard and the *Health Protection and Promotion Act* (HPPA) with respect to the mandatory administration of newborn eye prophylaxis.

Definition

Newborn eye prophylaxis refers to the administration of antibiotic ophthalmic ointment as a prophylactic agent into the eyes of all newborns to reduce the risk of ophthalmia neonatorum (neonatal conjunctivitis).

Background

The administration of antibiotic ophthalmic ointment as a prophylactic agent into the eyes of all newborns is a mandatory procedure under the Ontario *Health Protection and Promotion Act* (HPPA).

The HPPA requires midwives attending at the birth of a child to meet the prescribed requirements for newborn eye prophylaxis. The relevant sections of the HPPA and its regulation are set out here:

R.R.O. 1990, Reg. 557, s. 1.

Eyes of New-Born

1. The following are requirements that shall be complied with in respect of communicable diseases of the eyes of a new-born child for the purposes of section 33 of the Act:

1. Within one hour after delivery, or as soon thereafter as is practicable, there shall be instilled into each conjunctival sac of the new-born child such quantity of 1 per cent solution of silver nitrate or other effective ophthalmic agent as is necessary to destroy any infectious agent that might cause ophthalmia neonatorum without causing injury to the child.
2. Every physician, public health nurse or other health care professional person who attended at the birth of the child and who is aware that an eye of the new-born child has become reddened, inflamed or swollen, within two weeks after birth of the child shall report in writing to the medical officer of health,
 - i. the name, age and home address of the child,
 - ii. where the child is located, if not at home, and

Standard:	Newborn Eye Prophylaxis
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	July 2015
Rescinded:	June 1, 2018
Effective date:	January 1, 2014
Attachments:	none



iii. the conditions of the eye that have been observed.

R.R.O. 1990, Reg. 557, s. 33.

Communicable diseases of the eyes

33. (1) Every physician, public health nurse or other health care professional person attending at the birth of a child shall ensure that the requirements prescribed by the regulations in respect of communicable diseases of the eyes of the new-born child are complied with. R.S.O. 1990, c. H.7, s. 33.

Health Care Consent Act, 1996

33. (2) The *Health Care Consent Act, 1996* does not apply to the requirements prescribed by the regulations in respect of communicable diseases of the eyes of the new-born child. 1996, c. 2, s. 67 (2).

Subsection 33(2) of the HPPA above specifically provides that the obligation to comply with the regulation respecting newborn eye prophylaxis overrides the *Health Care Consent Act, 1996*. That is, whereas the *Health Care Consent Act, 1996* would normally require a midwife (or nurse or doctor) to obtain client consent before providing treatment, no consent is required before newborn eye prophylaxis must be carried out.

The CMO's *Informed Choice* Standard does not and cannot override what is the law in Ontario. Contravention of Regulation 557 is a provincial offence pursuant to subsection 100(4) of the HPPA, punishable by a \$5000 fine for every day on which the offence occurs.

CMO Position

While the College of Midwives understands that some clients do not wish to have a prophylactic agent administered to their newborns' eyes, the HPPA requires that midwives meet the requirements set out in the regulations.

The CMO has no authority to instruct midwives to contravene this law. Midwives should contact their regional Medical Officer of Health to determine an acceptable course of action when clients refuse prophylaxis.