

Commonly used medications in the maternity wards at Sahlgrenska Universitetssjukhuset Östra

Under the Patient Act in Sweden, everyone seeking healthcare has the right to be involved in decisions about their care. For expecting parents, this means that you will receive information about, for example, medicines and how they may affect you and your child, and decide whether or not you wish to receive the recommended preventive treatments. It can be difficult to take in information during labor. That's why this information is provided to you now so that you can read it before giving birth. We have made a list of the most commonly recommended preventive medicines for both expecting mothers and babies in connection with childbirth. If you have decided not to take any of the recommended medicines and later change your mind, you will always have the option to change your decision at any time. The texts are based on guidelines and recommendations by Sahlgrenska Universitetssjukhuset and FASS.

Antibiotics when there is a risk of a GBS infection

In the spring of 2008, the National Board of Health and Welfare published guidelines on group B streptococcus (GBS) in maternity care. When certain risks are present, the use of antibiotics during labor can reduce the risk of GBS infection in the newborn. The risk of postpartum infection of the newborn is increased in babies whose mothers either have identified GBS in their urine, a premature delivery (before 37+0 weeks), if they have a fever during delivery, or if their water has been broken for too long. GBS colonization is common and does not cause any symptoms. In a national Swedish study from 2005, 30% of all pregnant women were colonized with GBS at the start of labor, and 68% of their babies were infected during vaginal delivery, but only 0.04% suffered life-threatening infections.

It takes a large number of highly infectious bacteria for a child to become infected with GBS. A child can become infected through the airways, which can lead to infections in their lungs or in the blood. A GBS infection in a newborn baby can become serious. Premature babies are the most affected. However, the incidence of early-onset newborn sepsis (blood poisoning) due to GBS in Sweden is low, it only occurs in 0.4 cases out of 1000 births. The number of newborn deaths in Sweden due to GBS infection is 4–5 each year.

Preventive treatment with antibiotics for expecting mothers with risk factors for GBS infection is considered to protect the child against infection caused by GBS. If you choose not to use antibiotics when GBS is found in your urine, or if there is a prolonged water breaking, early delivery, or you have a fever during labor, we recommend that your baby stays under observation in the hospital for at least 36 hours to check their breathing. This is to detect a possible infection early on.

The preparations commonly used are Bensyl PC and Cefotaxime, and Dalacin is used in cases of penicillin allergy. Side effects of antibiotics can occur and are usually allergic reactions such as hives, redness and eczema. It has not yet been established whether the baby's gut flora is affected, research is still ongoing on this.

Oxytocin injection for women who have given birth

A standard part of care after birth is an oxytocin injection, which reduces bleeding and helps the placenta come out. The injection is given into the gluteal muscle, the buttock. Oxytocin is a synthetic drug that mimics a woman's natural Oxytocin hormone and aims to strengthen the body's own production. This is a preventive treatment. Oxytocin may also be used in different doses to improve contractions in cases when labor is not progressing.

The aim is to reduce the number of major bleeds to minimize complications. These complications include low blood counts, low blood pressure and fatigue, which all have a negative impact on the new mother's quality of life and ability to bond with her baby. Low blood counts can increase the risk of postpartum depression in the mother. The risk of a bleeding of more than 1,000 ml in the mother is about 7%.

If you do not wish to have a routine injection of Oxytocin after childbirth and a major bleeding happens, you can still receive the injection later.

Side effects of the medicine may occur but are rare. These include nausea, vomiting, headache and a fast or slow heartbeat.

For more information on these medicines, please visit fass.se. If you want to know more about the procedures, you can read about them here:

[Postpartum hemorrhage prevention \(vgregion.se, in Swedish\)](http://vgregion.se)

[Group B streptococcus during pregnancy and childbirth \(vgregion.se, in Swedish\)](http://vgregion.se)

You can also ask your midwife if you have more questions.

For parents who have concerns about vitamin K prophylaxis

Vitamin K is necessary for blood to clot and subsequently to prevent life-threatening bleeding (it helps with coagulation). Newborn babies have low levels of vitamin K, which makes them at risk for bleeding. Although bleeding caused by vitamin K deficiency is

rare, this condition is serious and can be life-threatening as it is often caused by a brain hemorrhage.

The general recommendation is therefore that all newborn babies in Sweden receive an injection of vitamin K immediately after birth to minimize the risk of severe bleeding.

There is no scientific evidence to suggest that injecting vitamin K into newborns would have any negative effects on the baby's health; on the contrary, it has been shown to be the safest way to prevent severe bleeding.

As a parent or guardian, you can decide whether your child should receive a vitamin K injection. It is important that you talk to your midwife or pediatrician before making a decision so that you are properly informed. Whether or not you decide that your child should receive a vitamin K injection, you should always contact a healthcare professional immediately if you notice unexplained bleeding or other symptoms in your child, such as:

- Seeping blood or minor bleeding from the umbilical stump that does not stop.
- Continued seeping blood from puncture sites after blood tests (such as after the newborn screening PKU)
- Bruises on the skin
- Nosebleed
- Presence of blood in the urine, stool or vomit
- Cramps or loss of consciousness that may be a sign of a brain hemorrhage

Also pay attention if your child has a visible jaundice lasting more than 2 weeks or if their stools are discolored (whitish) and their urine is dark. This can be a sign of liver problems, which in turn increases the risk of bleeding.

This is patient/parent information from Svenska Neonatalföreningen (Swedish Neonatal Association) based on the national guidelines for vitamin K prophylaxis for newborn babies.