

We, _____, parents of the _____ newborn under the care of _____ and it's staff, have done extensive research on the area of eye prophylaxis', both silver nitrate and erythromycin, and have made a joint decision to withhold this routine treatment from our newborn.

We understand that the bacteria that cause syphilis and gonorrhea can cause blindness in the infant; and also understand that the eradication of this incidence is the intent of routine application of eye ointment to newborns.

We have been in a monogamous relationship for _____. Attached, you will find documentation that _____ is free of any STD. There is no medical indication to administer eye ointment to our newborn.

According to the Patient's Bill of Rights from the USDHHS, we, as the parents of our child, have the federal legal right to refuse any treatment of our child. And, if this treatment is administered without our approval, it will be constituted as battery.

Below, you will find an outline of our reasons why we have chosen to withhold this routine antibiotic administration.

- A study published in the July 2002 issue of the *Archives of Pediatrics and Adolescent Medicine* confirms suspicions that erythromycin can cause a serious condition in very young infants, namely, Infantile hypertrophic pyloric stenosis (IHPS).
- In addition, erythromycin is eliminated from the body via the liver, so it is important to use very carefully in patients with impaired liver function and, as we are refusing Vitamin K injections, we are doubly intent upon reducing this risk by not applying said antibiotic.
- Erythromycin is a pregnancy category B, and as such, is not without risk for a neonate or newborn.

Resources:

Chen JY. Prophylaxis of ophthalmia neonatorum: comparison of silver nitrate, tetracycline, erythromycin and no prophylaxis. *Pediatr Infect Dis J* 1992 Dec;11(12):1026-30.

Krohn MA, Hillier SL, Bell TA, Kronmal RA, Grayston JT. The bacterial etiology of conjunctivitis in early infancy. 5: *Am J Epidemiol* 1993 Sep 1;138(5):326-32.

<http://www.hhs.gov/news/press/1999pres/990412.html>