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Eye Infection and Breastfeeding

The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals.

- Optimal treatment choice ; Wait for 3-5 days to determine if resolves without treatment
- If symptoms continue first line fusidic acid drops if clinically appropriate
- If unresponsive consider chloramphenicol drops

Infective conjunctivitis is inflammation of the conjunctiva due to infection. It can be caused by bacteria or viruses. Viral conjunctivitis will resolve by itself - it is often associated with a blocked nose during a cold. Recent studies estimate that between 33% and 78% of cases of conjunctivitis are bacterial. Acute bacterial conjunctivitis resolves spontaneously in most people (65%), without treatment, within 7 days (Rietveld 2005, Rose 2007). It is also possible to have allergic conjunctivitis - see information sheet on antihistamines and breastfeeding on the Breastfeeding Network website.

Symptoms of conjunctivitis include pink eye in one or both eyes, there may be a sticky or watery discharge particularly overnight. The eyes can feel gritty (patient.co.uk).

However if symptoms include eye pain or photophobia (sensitivity or pain on exposure light), blurred vision, or marked redness of the eye you should seek medical attention as soon as possible (patient.co.uk).

Remove contact lenses, if worn, until all symptoms and signs of infection have completely resolved and any treatment has been completed for 24 hours.

In addition wash hands regularly, particularly after touching eye and avoid sharing pillows and towels to minimise the risk of spreading the infection.

It is possible to clean away any infected secretions from eyelids and lashes with cotton wool soaked in water or breastmilk (KellyMom).

Purchased eye drops

To speak to a Breastfeeding Supporter call the National Breastfeeding Helpline 0300 100 0212

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package

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Lubricant eye drops e.g. hypromellose may reduce discomfort (CKS), Propamidine eye drops (Brolene[®], Golden Eye[®]) can be bought from pharmacies to treat minor eye infections of the eye, conjunctivitis or blepharitis. One or two drops should be administered into the infected eye up to four times a day (Rutter 2013).

Prescribed eye drops

Fusidic acid (Fucithalmic[®]) drops are viscous and are applied twice daily. If symptoms resolve within the first 5 days of treatment, continue for 48 hours afterward symptoms ease (CKS, SPS). Topical fusidic acid is active against Gram-positive bacteria, especially *Staphylococcus aureus* (CKS).

Chloramphenicol is an antibacterial eye drop which can also be purchased over the counter under the supervision of a pharmacist or may be prescribed. If symptoms resolve within the first 5 days of treatment, continue for 48 hours afterward symptoms ease (CKS, SPS). Topical chloramphenicol has a relatively broad spectrum of action against most Gram-positive and Gram-negative bacteria. If clinically appropriate fucidic acid drops are preferable in a breastfeeding mother although the risk of adverse effects is highly unlikely (SPS).

Patient Information Leaflet (PIL)

The PIL of chloramphenicol eye drops suggests that they should not be used by breastfeeding mother. The information is based on the theoretical risk of aplastic anaemia. This is predominantly associated with Chloramphenicol capsules which used to be given to patients but has largely been discontinued due to the incidence of serious blood dyscrasias (Walker 1998, Besamusca 1986).

HOWEVER THERE ARE NO REPORTS OF SIDE EFFECTS IN BREASTFED INFANTS WHOSE MOTHERS USED CHLORAMPHENICOL DROPS OR OINTMENT.

If chloramphenicol is considered the appropriate treatment it can be used as normal by breastfeeding mothers. To minimise the absorption of any drug into the blood stream you can apply naso-lachrymal occlusion (pressing over the tear duct to close it off) as you use the drops.



Do you need to stay away from work or have your infected child off school?

Public Health England advises that you do not need to stay away from work or school if you or your child has conjunctivitis, unless you are feeling particularly unwell. If there are a number of cases of conjunctivitis at one school or nursery, you may be advised to keep your child away from the school until their infection has cleared up.

Generally, adults who work in close contact with others, or share equipment such as phones and computers, should not return to work until the discharge has cleared up

A newborn with conjunctivitis needs to be seen by a doctor immediately (patient.co.uk)

References

- Besamusca FW, Bastiaensen LA. Blood dyscrasias and topically applied chloramphenicol in ophthalmology. *Doc Ophthalmol* 1986; 64:87-95.

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To find your nearest Breastfeeding Supporter call the **Supporterline 0300 100 0210**

- British National Formulary
- Clinical Knowledge Summary; Conjunctivitis Infective 2015 <https://cks.nice.org.uk/conjunctivitis-infective>
- Healing with Breastmilk. KellyMom. <http://kellymom.com/bf/can-i-breastfeed/illness-surgery/healing-breastmilk/>
- Leaflet on Infective Conjunctivitis. <http://www.patient.co.uk/health/infective-conjunctivitis-leaflet>
- Rietveld, R.P, ter Riet, G., Bindels, P.J.E. et al. (2005) The treatment of acute infectious conjunctivitis with fusidic acid: a randomised controlled trial. British Journal of General Practice 55(521), 924-930.
- Rose, P. Management strategies for acute infective conjunctivitis in primary care: a systematic review. Expert Opinion on Pharmacotherapy 2007;8(12), 1903-1921
- Rutter P. Community Pharmacy: Symptoms, Diagnosis and Treatment, 3e 2013
- Specialist Pharmacy Service Safety in Lactation: Anti-infective eye preparations 2016 www.sps.nhs.uk/articles/safety-in-lactation-anti-infective-eye-preparations/
- Walker, S., Diaper, C.J., Bowman, R. et al. Lack of evidence for systemic toxicity following topical chloramphenicol use. Eye 1998; 12(5), 875-879



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