If your baby / child is colonised (a carrier) with MRSA?

If your baby is colonised with MRSA he/she will be treated with nasal ointment for MRSA in the nose. The staff will explain if there is any other treatment necessary. Your baby/child is clear of MRSA when three sets of swabs are negative. Swabs must be taken at least one week apart if he/she is on treatment. If no treatment is required swabs can be taken three days apart.

Infection with MRSA

Your baby/child may have an infection due to some other bacteria (germ) and not MRSA. If your he/she has an infection due to MRSA, the doctors will decide what antibiotics to give. The antibiotics are usually given through a “drip” (into a vein).

Do I need to tell anyone?

If your baby/child needs to come back into hospital or visit another hospital or healthcare institution, please tell the nurse/midwife/doctor that he/she had MRSA when last in hospital. It will already be documented in the hospital notes. If you have other children attending school or child minding facilities there is no need to inform the person in charge that your baby/child has MRSA as there is no risk to the other children getting MRSA. Your Doctor/G.P. or Nurse/Midwife will advise you.

Will my baby / child’s visitors or I acquire MRSA?

Hand hygiene before and after caring for your baby/child will minimise the chances of you picking up MRSA. Most colonised babies, who are not patients in hospital, will lose MRSA in a short period of time. If you recently had an operation, for example a caesarean section, make sure you wash your hands before and after touching or cleaning the wound.

If I have any questions?

The nurse/midwife/doctor caring for your baby/child will answer any other questions you have.

References /Links

www.hpsc.ie
www.icna.uk
www.ich.ucl.ac.uk/factsheets/diseases.
Great Ormond Street Hospital England.
www.rcn.org.uk/mrsa

Developed by The Infection Control Team, MWRH’S in consultation with Staff and Patients
MRSA and other healthcare associated infections
Information for Parents

This leaflet is for parents of children in the Mid-Western Regional Maternity Hospital, Ennis Road, Limerick and the Paediatric Unit, Mid-Western Regional Hospital, Dooradoyle, Limerick.

General Information on MRSA

What is MRSA?

MRSA has recently received a lot of attention and the media often refer to it as the ‘hospital superbug’. MRSA stands for Meticillin-Resistant Staphylococcus Aureus.

MRSA is part of the Staphylococcus aureus (S.A.) bacteria family. MRSA first appeared in 1961 and is particularly associated with hospitals, nursing homes and generally other health care facilities.

Staphylococcus aureus (S.A.) is a type of bacteria (germ) which can live harmlessly on human skin, but can sometimes cause a number of common infections. It is found in the nose of 20-40% of normal healthy people and in skin creases. It does not cause a problem unless it gets into a skin break such as a surgical wound or a normally sterile body cavity, such as your (urine) bladder. MRSA is difficult to treat because there are only a few antibiotics that are effective.

What is the difference between MRSA colonisation (carrier) and MRSA infection?

It is important to understand the difference between MRSA colonisation (carrier) and MRSA infection. Babies who carry MRSA are said to be colonised and most babies who have MRSA are colonised which does not cause disease or any ill effects to themselves. In fact everybody (including babies) has microorganisms (bacteria/bugs/germs) living harmously on our skin and in our intestines (gut) and everyone is colonised by many kinds of bacteria all the time. The vast majority of babies who have MRSA are colonised and once discharged from hospital, it goes away. Babies who are colonised with MRSA look and feel well.

However in hospitals MRSA can cause serious infection to vulnerable babies such as those with serious illness and undergoing operations and procedures. MRSA infection occurs if the MRSA enters the blood stream or sterile area (known as septicaemia or “blood poisoning”) which can be treated by antibiotics (antimicrobials). Babies infected with MRSA are usually in hospital because they are quite ill. It is important to remember that some ill babies are at risk of getting MRSA infection (and other infections) because of the nature of their illness, despite taking precautions.

How do I know if my baby has MRSA?

All babies admitted to the Intensive Care and High Dependency in the Maternity Hospital, are routinely screened (swabs taken) and weekly thereafter to detect MRSA. This is done by taking a swab from your baby/child’s nose and umbilicus (belly button) and other skin areas. Screening (swabs taken) helps to prevent and control the spread of MRSA, which is recommended in high risk areas such as the Intensive Care unit. Babies in the wards of the Maternity Hospital are not routinely screened for MRSA. Screening will be carried out if it is indicated i.e. sticky eyes/umbilicus (belly button) etc. Children are not routinely screened for MRSA unless transferred from another hospital (institution) or it is indicated as part of the tests ordered by the doctor.

How else might this affect the care of my baby / child?

Whether your baby/child is colonised (carrier) or infected with MRSA, all staff attending your he/she will wear gloves and a plastic aprons or gown when in direct contact with your baby. She/he may be moved to a single room (isolation room)/cubicle. This is to prevent the spread of MRSA to other babies in the unit or the ward.