

Summary of Written Comments
Rule Proposal to WAC 246-100-202
 Prophylactic Treatment for Gonococcal Ophthalmia Neonatorum In Newborns
State Board of Health July 8, 2009

TOPIC	COMMENTS/QUESTIONS	PROPOSED RESPONSE
Overall Rule Language	Given the speed with which the gonococcus can develop resistance to antimicrobials, it would make sense to refer to the most recently published Centers for Disease Control and Prevention Sexually Transmitted Diseases Treatment Guidelines for the appropriate prophylactic regimens.	This would require providers to search and find the most recently published CDC guidelines. Provider input indicates that they prefer the medications listed inside the rule.
	I approve this language	N/A
	If it is mandatory to keep this eye prophylaxis in the WAC, I would make it less confusing. The way it is worded now does not make it clear who is accountable and responsible for carrying out the mandate (attendant? assistant?). Maybe say something more like: "Health care providers shall instill an approved prophylactic ophthalmic agent into the conjunctival sacs of the newborn as prophylaxis against gonococcal ophthalmia neonatorum within one hour of the birth, whether the birth occurred vaginally or by Cesarean section. Acceptable prophylactic regimens are"	This suggestion was used in revising the rule.
	Do the names of the medication need to be listed? This is troublesome as antibiotics come in and out of fashion depending on what bugs develop resistance, what is commercially available, etc. Just like when Silver Nitrate was	Providers would have to search for the most current treatment information if the names of the medications were removed from the rule. Providers indicate that they prefer to have all of the information listed inside the rule.

	<p>in the law but then everyone stopped using it so technically we were all breaking the law.</p>	
	<p>Since the WAC is specific about which antibiotic, should there not be some language to allow a new drug, if one is developed for use in the eyes?</p>	<p>The WAC will have to go to revision once a new drug becomes the standard of care. We do not anticipate frequent changes in the treatment protocol.</p>
<p>General</p>	<p>As a doula who works in all the local hospitals, the range of responses (and procedures) for refusing eye antibiotics is amazing. What I think it really boils down to is the exposure the particular nurse has had to other ideas/viewpoints/policies/parents, etc., her own opinion, and her energy that day. There should be a subjective element in what is presented to parents.</p>	<p>The rule does not stipulate how information about eye prophylaxis should be presented to parents.</p>
	<p>The decision to apply ophthalmic ointment or other related non-life saving procedures during or after the time of birth is the sole right and responsibility of the parent and health care provider to discuss and make an informed decision about. To maintain the sanctity of the birthing experience and the long-term health of mother and child, federal, state, or local codes must clearly reflect this opt-out option.</p>	<p>The rule does not provide an opt-out option but directs providers to document parent/ guardian refusal the treatment.</p>
	<p>It is of critical importance to me that an opt-out provision be included in this rule so that it is clear that providers can simply document parent's refusal of this treatment. The parents we work with are well researched and know that newborn gonococcal infections of</p>	<p>The rule does not provide an opt-out option but directs providers to document parent/guardian refusal of the treatment.</p>

	<p>the eye are no longer a public health risk.</p> <p>I would still like to see the evidence that any such procedures actually prevent disease in the newborn, and in particular, evidence that they do so for mothers who test negative for these diseases and are monogamous. How many such newborns do we have to treat to prevent one case of disease? If a mother is too dense to notice that her child has an eye infection before there is time to cause harm, she has no business being a mother.</p>	<p>Prior to the introduction of routine eye prophylaxis, Gonococcal Ophthalmia was a common cause of blindness in infancy. The Department Of Health uses Center for Disease Control guidelines which are evidence based as a basis for the treatments listed in this rule.</p>
<p>Letter to SBOH (see letter in Board packets from Jodilyn Owen)</p>	<p>Please include a clear opt-out or right to refuse statement in this revised WAC.</p>	<p>The rule does not provide an opt-out option but directs providers to document parent/guardian refusal of the treatment.</p>