This rule was filed as 7 NMAC 30.7.

**TITLE 7 HEALTH**

**CHAPTER 30 FAMILY AND CHILDREN HEALTH CARE SERVICES**

**PART 7 PREVENTION OF INFANT BLINDNESS**

**7.30.7.1 ISSUING AGENCY:** New Mexico Department of Health.

[1/31/98; Recompiled 10/31/01]

**7.30.7.2 SCOPE:** These regulations are intended to designate mandatory treatment to all newborns for the prevention ophthalmia neonatorum.

[1/31/98; Recompiled 10/31/01]

**7.30.7.3 STATUTORY AUTHORITY:** The statutory authority for these regulations is contained in Sections 9-7-6(E) and 24-1-3(F) NMSA 1978 authorizing the department of health to adopt regulations to prevent infant mortality, birth defects and morbidity.

[1/31/98; Recompiled 10/31/01]

**7.30.7.4 DURATION:** Permanent.

[1/31/98; Recompiled 10/31/01]

**7.30.7.5 EFFECTIVE DATE:** January 31, 1998, unless a later date is cited at the end of a section or paragraph.

[1/31/98; Recompiled 10/31/01]

[Compiler’s note: The words or paragraph, above, are no longer applicable. Later dates are now cited only at the end of sections, in the history notes appearing in brackets.]

**7.30.7.6 OBJECTIVE:** The purpose of these regulations is to establish mandatory guidelines which assure that the eyes of newborns are treated in a manner which ensures protection against Neisseria gonorrhea.

[1/31/98; Recompiled 10/31/01]

**7.30.7.7 DEFINITIONS:**

A. “Conjunctiva” is the mucous membrane covering the anterior portion of the globe of the eye, reflected upon the lids and extending to their free edges.

B. “Conjunctivitis” is inflammation of the conjunctiva of the eye.

C. “Gonococcal Ophthalmia Neonatorum” an acute or severe form of purulent conjunctivitis, caused by infection from Neisseria gonorrhea which may result in blindness if left untreated.

D. “Neisseria gonorrhea” A genus of gram-negative, aerobic diplococci of the family Neisseria; specifically the causative agent of gonorrhea and gonococcal ophthalmia neonatorum.

E. “Prophylaxis” the prevention of disease; use of measures or agents to prevent the development or spread of disease.

F. “1 percent Silver Nitrate” AGNO3; a colorless or white crystal, 1 gram of which is soluble in 0.4cc of water and in 30cc. of alcohol; a prophylactic agent used against gonococcal ophthalmia neonatorum.

G. “0.5 percent Erythromycin ophthalmic ointment” an antibiotic that is an effective and acceptable agent for prophylaxis of gonococcal ophthalmia neonatorum.

H. “1 percent Tetracycline ophthalmic ointment” an antibiotic that is an effective and acceptable agent for prophylaxis of gonococcal ophthalmia neonatorum.

[1/31/98; Recompiled 10/31/01]

**7.30.7.8 RESPONSIBILITY FOR ADMINISTRATION:**

A. Every physician, midwife, nurse or other person in professional attendance to a birth in this state shall be required to administer for prophylaxis of gonococcal ophthalmia neonatorum, a 1 percent silver nitrate solution in single-dose ampules or single use tubes of an ophthalmic ointment containing 0.5 percent erythromycin or 1 percent tetracycline into both eyes of a newborn infant as soon as possible after birth.
B. Prior to administration of local prophylaxis, each eyelid should be wiped gently with sterile cotton.

C. Two drops of a 1 percent silver nitrate solution or a one to two cm ribbon of either erythromycin or tetracycline ointment are placed in the lower conjunctival sac of each eye. The eyelids are then gently massaged to spread the medication.

D. After one minute, the excess drops or ointment can be wiped away with sterile cotton.

E. No attempts should be made to flush the eyes after installation of the medication because flushing will decrease the effectiveness of the treatment.

F. In cases where a parent specifically objects to the use of silver nitrate solution in the eyes of their newborn infant, the hospital, physician, midwife, or other professional person charged with the administration of prophylaxis, must administer an alternative ophthalmic ointment containing 0.5 percent erythromycin or 1 percent tetracycline. These compounds are the only compounds recognized by the New Mexico health department as safe and effective agents for prevention of gonococcal ophthalmia neonatorum.

G. Providers should use universal precautions in administering eye prophylaxis as with all medication administration.

H. Hospitals in which prophylaxis is delayed should establish a check system to ensure that all infants are treated.

I. Any residual medication instilled in the eyes of newborns for the prevention of gonococcal ophthalmia neonatorum is to be discarded and not sent home with the infant at the time of discharge.

[1/31/98; Recompiled 10/31/01]

HISTORY OF 7.30.7 NMAC: [RESERVED]