

# Common Issues in a Neonate

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# Common Neonatal Problems

Weight and Gestation

# Problems: Weight and Gestation



# Problems: Weight and Gestation

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- IDM babies
  - Look carefully for Malformations
  - Monitor blood sugars and hemoglobin
  - Evaluate for jaundice on day 2 and day3
  - Start feeding at 1 hour and every 2 hours
  - Formulas till mothers milk is adequate
  - BF before Formula feeding

# Problems: Weight and Gestation



# Problems: Weight and gestation

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- IUGR babies
  - Term with b.wt of 1800 to 2500gms
  - Carefully examine for CMF, IU markers
  - If asymptomatic, nurse with the mother
  - Early feeding at 1 hour and 2 hourly
  - Formula supplementation and BF before formula
  - Monitor RBS and HB and look for jaundice

# Problems: Weight and gestation



# Problems: Weight and gestation

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- Asymptomatic Preterm (35 to 37wks)
  - Early feeding and then 2 hourly
  - Antibiotics if risk factors (PROM, UTI, FSL, Maternal neutrophilia)
  - Extra warmth
  - Kangaroo mother care
  - Aseptic precautions more vigorous
  - Early detection of sepsis

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# Common Neonatal Problems

Skin and Mucus membrane

# Skin and mucus membrane

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- Cephalhematoma/sub-galeal: Evaluate for pallor and jaundice (day 3 and day 4)
- Sub-conjunctival H'mage: No treatment
- Eye discharge
  - If no redness or swelling and non purulent
  - Massage from angle of eye to the nose
  - Probing after 6 months

Nevus Flameus



# Raised Hemangiomas

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Strawberry hemangioma : Treatment only

- if the lesion is obstructing airway or the eyes or any other structure
- Or if the lesion is growing after one year of age
- Prednisolone 2mg/kg/day is the treatment of choice
- Laser or interferon are the other options

**Malaria Crystalina**



Avoid hot and humid atmosphere



Gynaecomastia



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# Common Neonatal Problems

Aberrations

# Sick Neonate: Decreased activity

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- Decreased activity/not feeding well
  - Cold stress ( cold hands and feet)
  - Hypoglycemia (RBS < 40mg/dl, give 2ml/kg bolus 10%Dextrose )
  - Give ampicillin (50mg/kg) and gentamicin (7.5mg/kg iv or im) : send for CRP and blood culture
  - Improved continue antibiotics and 10% dextrose and start feeds
  - If no dramatic improvement admit the baby

# Sick Neonate: Excessive crying

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- Excessive crying or irritable
  - Bulging AF, poor circulation, abdominal distension, vomiting, abnormal movements, asphyxiated at birth, poor weight gain
  - Dry the baby (soiled in urine, stool or feeling cold)
  - Nose block (naso-clear, saline nebulisation)
  - URI (Phenargan, nasoclear)
  - Peri-anal excoriation (keep the area dry, sailoderma, candid)

# Sick Neonate: Excessive crying

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- Excessive crying or irritability
  - No cause identified
  - Look for local irritants, bite marks, remove clothes
  - Swaddle the baby and lullaby
  - Rock the baby and provide Music
  - Sucking by inserting your finger
  - Phenargan / colic aid : Optional

# Sick Neonate: Yellow baby

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- Yellow baby
  - Start Phototherapy if baby is Preterm or Day 1 or Day 2
  - Term and > day 3 : PT if lower abdomen, limbs stained
  - Only blue lights : No sunlight
  - Palms and soles : refer immediately

# Intensive Phototherapy



# Prolonged Jaundice

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- Clinical jaundice for >2 wks in term and > 3 wks in Preterm
- Rule out cholestatis (diaper staining, acholic stools, Conjugated Bil)
- Hemolysis (Rh, ABO, G6PD), Hypothyroidism, UTI, Breast milk, CJ II
- TSB, conjugated fraction, TSH, CUE
- Phenobarbital 5mg/kg for 5 days most useful  $\pm$  PT

# Sick Neonate: Diarrhea

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- Transitional stools
  - 3 to 10 days, greenish, frothy, 10 to 20 times/day
- Gastrocolic reflex
  - After every feed, normal activity, good feeding
- Minimal Lactose intolerance
  - Frothy, greenish, perineal rash, explosive
- Maternal ampicillin
  - Stop or change the maternal drug
- GI infection
  - Unwell, poor feeding, poor perfusion
  - Start ampi and genta and continue feeding

# Sick Neonate: Vomiting

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- Amniotic fluid gastritis: day1, non-bilious, no abdominal distension, responds to stomach wash
- GER :
  - often a normal phenomenon, regurgitation of feeds, non projectile, non bilious, active and alert baby, feeding normal and appropriate weight gain
  - Avoid bottle feeding
  - Nurse in right lateral position after adequate burping
- Bilious vomiting or persistent vomiting : admit

# Sick Neonate: Constipation

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- Frequency can be as long as 3 to 7 days
- No abdominal distension or vomiting
- Look for Hirschsprung's and hypothyroidism
- Local inspection for fissures if stool is hard or blood stained
- A spoon of honey, a spoon of lactulose may be helpful for anxious parents

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# Common Neonatal Problems

Malformations and Surgical conditions



# Erb's Palsy

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- Avoid contractures by positioning and passive movements
- Surgical treatment essential if no improvement by 3 months
- Bilateral or phrenic nerve palsy : prognosis unfavorable

# Cleft lip and Cleft palate

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Feeding by Palade or bottle

Correction of cleft lip by 10 weeks and cleft palate by 10 months

As early as possible

Prognosis good but risk of recurrent ear infections



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# Cryptorchidism

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- Assess for scrotum, hypospadiasis, palpable mass
- Unilateral : most descent by 1 year
- Medical treatment and surgical options after 1 year only
- Hypospadiasis or bilateral cryptorchidism evaluate for ambiguous genitalia



# CTEV

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- Relatively favorable prognosis if correction started early
- Manipulation followed by plaster cast essential for first 6 to 8 weeks
- Casts changed weekly, no free movements allowed
- Wrong manipulation leads to permanent disability
- Soft tissue release only after 3 months
- Other procedures for recurrent or badly corrected CTEV

# Hernia and Hydrocele

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- Inguinal hernia : elective surgery
- Umbilical hernia : spontaneous resolution up-to 4 years, any increase in size after 1 year requires correction
- Hydrocele : no correction at-least till 1 year

# Markers for Malformations

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- Polyhydramnios: Upper GI, CDH
- Gastric aspirates >25ml: Upper GI, CDH
- DAO absence: Heart disease & CDH
- IDM : Heart, Gastric, CNS
- Spontaneous Pneumothorax , ear tags,  
Oligohydramnios : Renal
- Radial hypoplasia : Heart disease
- Single umbilical artery: Genitourinary
- TEF : VATER, VACTREL



# Medico-legal issues

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- Consent for tubectomy
- Inadequate facilities for resuscitation
- Unexplained death of a well baby
  - Aspiration
  - SIDS
- Birth asphyxia and long-term outcomes
  - Should one hide asphyxia
  - Can CP be attributed to asphyxia

# Respect the disadvantaged



**Thank you**