



RAMA
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MINOR DISORDERS IN NEWBORNS

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INTRODUCTION

Most mothers observe their babies carefully and are often worried by minor physical peculiarities, which may be of no consequence

1. Vomiting:

- Vomit on first day due to irritation of stomach by swallowed amniotic fluid.
- Vomiting soon after feed is due to faulty technique of feeding.
- The proper advice regarding feeding and burping must be imparted to all mothers.
- If vomiting persists for longer it leads to some other conditions.

2. Failure to pass meconium and urine:

- Healthy babies must void within 24 hours of age.
- The babies pass black stools during first 2-3 days of life, followed by greenish stools for next 1-2 days.
- The non passage of meconium, should be informed to the physician or other health care professionals.

3. Constipation:

- Babies on cow's milk formula are often constipated due to hard casein curds.
- Constipation is best managed by giving frequent breast feeding.
- The laxatives should be avoided.

4. Diarrhea:

- The breastfeed babies develop increases frequency of stools if the mother is taking Ampicillin, cephalosporin, tetracycline, certain laxatives and following excessive consumption of foods with high organic acid content such as oranges, cherries, tomatoes and chilies.
- The intake of large quantities of glucose water and honey by the baby may result in diarrhea.
- Diarrhea may also occur due to over feeding or serious under feeding.

5. Physiological jaundice:

- Physiological jaundice appears on the second day of birth, reaches peak on the 4th or 5th day and disappears by 8 to 10 days.
- The best management for physiological jaundice is exposing the baby to sunlight for about 10 to 20 minutes. If necessary phototherapy can be given.
- While exposing the baby to sunlight, baby's eyes and Perineal area should be covered.

6. Hiccups and Sneezing:

- Hiccups are produced by spasmodic contractions of diaphragm and the characterized by sudden, noisy and jerky retractions of suprasternal notch and xiphisternal region. It occurs usually immediately after a feed due to distension of stomach and irritation of diaphragm.
- Sneezing occurs due to irritation of the nostrils by secretions. It should be sucked out by mucus sucker or using catheter.

7. Fever:

- During summer months when environmental temperature goes above 39°C, some healthy newborn babies may develop fever on the second or third day of life.
- The baby should be dressed with light and loose cotton clothes and the environment kept cool in summer.

8. Excessive crying:

- The babies usually cry when they are hungry or discomfort.
- This may be due to unpleasant sensation of full bladder before passing urine, painful evacuation or hard stools or mere soiling by urine and stools.
- The insect bites should also be kept in mind as an important cause of night crying.

9. Oral thrush:

- The infection most commonly occurs during passage of the baby through infected birth canal.
- Infected feeding bottle, contaminated breast nipples and prolonged antibiotic therapy may also result in candidiasis.
- The oral lesions are characterized by discrete white patches or spots over the buccal mucosa and gums.
- The baby may be able to suck normally but swallowing may be difficult due to posterior oropharyngeal white patches.
- Oral application of 0.5% solution of gentian violet after each feed gives prompt response in most cases.

10. Excessive sleepiness:

- Some babies may keep their eyes closed most of the time during the first 48 hrs.
- During first few days many infants go to sleep after taking only few sucks on the bottle or breast.
- The baby should be kept arouse during feed by tickling on the soles and behind the ears.
- Heavy maternal sedation during labor may be associated with excessive sleepiness in the baby for the first 48 hrs.

11. Mastitis neonatorum:

- The enlargement of breasts occurs in full term babies of both sexes on 3rd or 4th day and may last for few days or even weeks.
- Lack of inactivation of progesterone and estrogen after birth due to immaturity of neonatal liver, leads to further rise in their levels thus resulting in hypertrophy of breasts.
- The local massage, fomentation should be curbed and mother reassured.

12. Vaginal bleeding:

- The development of menstrual like withdrawal bleeding may occur in above $\frac{1}{4}$ of female babies after 3 to 5 days of birth.
- The bleeding is mild and lasts for 2 to 4 days. The local aseptic cleaning of genitals is advised.

13. Caput Succedaneum:

- It is a boggy, diffuse, edematous swelling of soft tissues of scalp over the presenting part. The swelling is present at birth and its size and severity is related to the duration of labour.
- The swelling is pitting, non fluctuant and not limited by sutures unlike cephalohaematoma. It disappears spontaneously over next few days.

14. Cephalohaematoma:

- It is subperiosteal collection of blood secondary to injury during delivery. The swelling appears after 2-3 days of birth. It is a fluctuant swelling and does not cross the suture line.
- It resolves spontaneously after a few days or weeks. Incision or aspiration is contraindicated unless it gets infected.

15. Asymmetric head shape:

Occiput or one of the parietal areas may become flat and bald. If head size is normal, there is no cause for concern. Proper positioning of head with support of soft pillows, to ensure that the prominent part of the head touches the cot, leads to gradual rounding of the head shape.

16. Craniotabes:

Softening of skull bone which can be pressed like a table tennis ball is called craniotabes. Localized craniotabes may be normally seen due to in-utero pressure of the skull against mother's pubic bone.

17. Sore buttocks and Napkin Rashes:

- Use of nylon or water tight plastic napkins and delay in changing the napkins causes redness, induration and excoriation due to ammoniacal dermatitis.
- The bottom should be cleaned gently with wet cotton and kept dry and exposed to air.
- Application of soothing ointment or coconut oil provides relief.

18. Erythema toxicum:

- It is erythematous rash with central pallor (wheal-like) appearing on the second or third day in term babies.
- The rash starts on the face and spreads to the trunk and extremities in about 24 hours.
- It disappears spontaneously after 2 to 3 days without any specific treatment.

19. Harlequin color change:

- The baby suddenly becomes blanched and pale on one half of the body while the other half remains pink. The episodes of color change last for a few minutes and occur in normal babies due to unexplained vasomotor phenomenon.

23. Stork-bites (salmon patches or nevus simplex):

- These are discrete pinkish-gray sparse capillary hemangiomas commonly located at nape of the neck, upper eyelids, forehead and root of the nose. They invariably disappear after a few months.

24. Subconjunctival hemorrhage:

- Semilunar arcs of subconjunctival hemorrhage

located at the outer canthus is a common finding in normal babies. The blood gets resorbed after a few days without leaving any pigmentation.

20. Subcutaneous fat necrosis:

- During early newborn period some babies develop subcutaneous fat necrosis as localized areas of induration without any inflammatory signs over the buttocks, back, cheeks or limbs.
- There is no clinical significance and the condition resolves spontaneously.

26. Tongue tie:

- It may be either in the form of thin broad membrane or thick fibrous frenulum under the tongue with a notch at the tip of the tongue due to traction.
- Tongue tie interferes with sucking or delay the development of speech. The genuine tongue tie may be snipped after 3 months if it is a source of anxiety to the parents.

27. Acne neonatorum:

- Typical acne lesions may be seen over the forehead, nose and cheeks at birth in term babies.
- They occur due to transplacental passage of maternal androgens to the fetus. The skin lesions gradually diminish in size and disappear spontaneously within the next few days.

25. Congenital teeth:

- The eruption of one or more lower incisor teeth before or soon after birth is seen in one in 4000 babies.
- The teeth may become loose and interfere with breast feeding. There is a risk of spontaneous dislodgement with aspiration. It is advised to get the natal teeth extracted.

27. Congenital hydrocele:

- A small sac containing fluid may be noticed in one of the scrotal sacs at birth or during first week of life. It disappears spontaneously during first three months of life.

28. Bowed legs:

- In normal babies, when legs are extended, they form a concavity inwards due to genuvarus giving an appearance of bowed legs. It is not suggestive of rickets or bony deformity. After first birthday, bowing of legs is replaced by physiological knock knees.

29. Umbilical hernia:

- When the cord has fallen off, umbilical hernia may manifest after the age of two weeks or later. It may be associated with divarication of recti. Most of these disappear spontaneously by 6 months to one year.
- Application of coin and bandage over the hernia is not recommended, as it may further weaken the anterior abdominal wall.
- If there are any associated conditions like increase intra abdominal pressure like excessive crying, constipation, persistent cough, etc to be identified and managed appropriately.

**Thank
you**