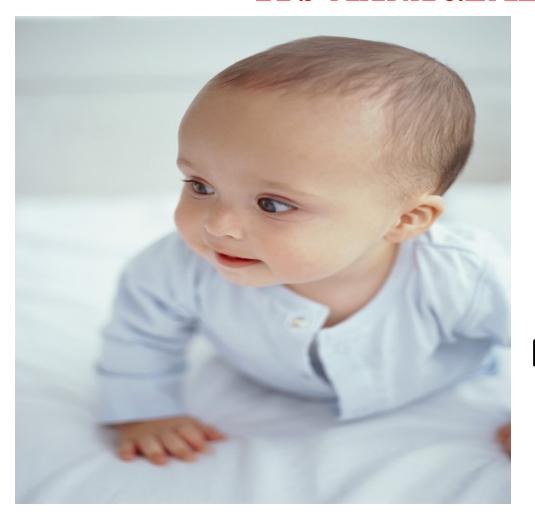


FACULTY OF NURSING

MINOR DISORDERS OF NEWBORN & ITS MANAGEMENT



Presented by:Ms. Preeti shukla
Lecturer, RCN,
Kanpur

OBJECTIVES

- At the end of the topic the student will be able to understand about-
- √ introduction
- ✓ definition of newborn
- ✓ minor disorders of newborn and its management
- ✓ nurses role for prevention of newborn problems

INTRODUCTION

 The minor disorders are most common among newborns, neglecting the minor health problem is one of the factor contributing to the newborn mortality rate. Most mothers observe their babies carefully and are often worried by minor physical peculiarities, which may be of no consequence.

DEFINITION

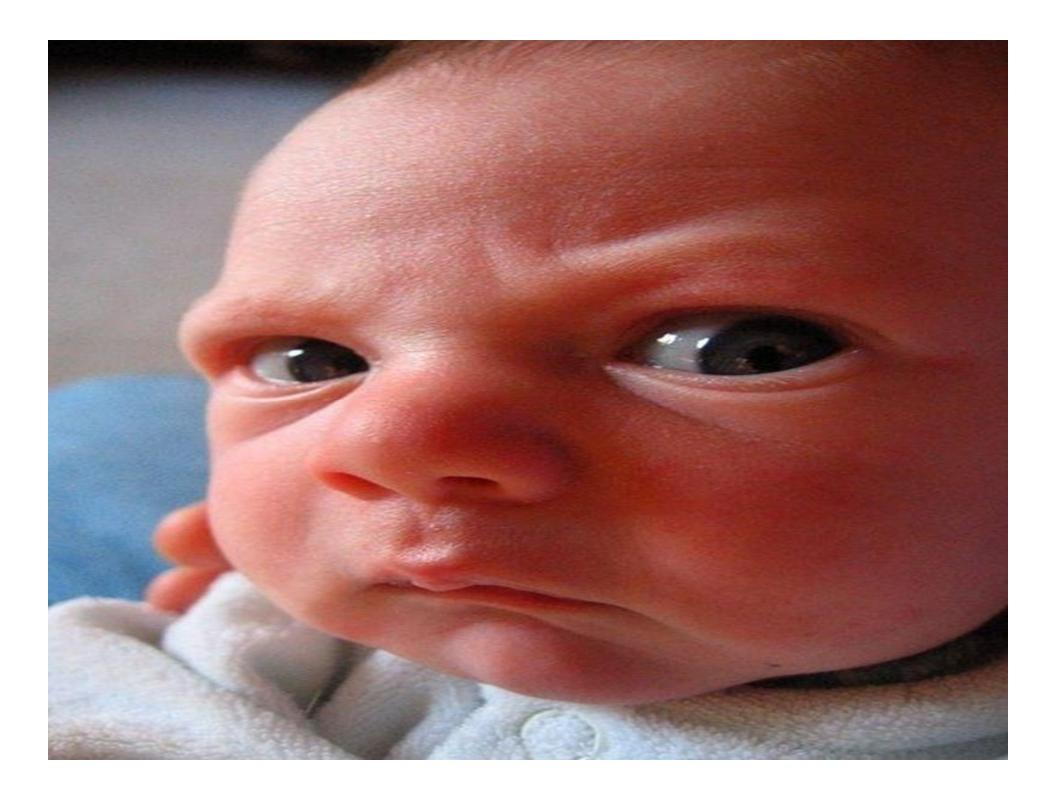
Newborn or Neonate

From birth to till 28 days the baby is called newborn or neonates.



MINOR DISORDERS OF NEWBORN

 Minor ailments/disorder are a physical condition in which there is a disturbances of normal functioning.





1. ORAL & PERIANAL THRUSH

- It is a fungal infection caused by candida albican.
- It is characterized by white patches in the mouth and tongue.
- Perianal thrush may cause soreness of the buttocks and is secondary to oral infection.
- The skin is extremely red and affected area may extend as far as the umbilicus.





- ➤ Topical application of Nystatin or Amphotericin cream, Miconazole suspension is swabbed inside the infants mouth three times a day for 4-5 days.
- ➤ Oral application of 0.5% solution of gentian violet after each feed.
- After each feed clean the baby's mouth and mothers nipple.

2. OPHTHALMIA NEONATRUM

- Any purulent discharge from the eyes of an infant within 21 days of birth.
- The baby's eyes are contaminated during passage through the birth canal from a mother infected with either Neisseria gonorrhea or chlamydia trachomatis.





- 1. The infected eyes are cleaned with sterile swabs, moistened with normal saline.
- chloramphenicol is commonly used but erythromycin or gentamycin (0.5%) ointments or 1% silver nitrate solution should be used for chlamydial infection and polymixin for pseudomonas aeruginosa.

3. OMPHALITIS

• Infection of umbilicus in the neonate, due to bacterial infection.

 Signs & symptoms include cellulitis around the umbilical stump (redness, warmth, pain, swelling), fever, poor feeding and offensive odor

from the umbilicus.



- A discharge from umbilical lesion should be sent for culture, to determine the organism and its sensitivity.
- 2. On the basis of the report, antibiotics are started, neomycin-bacitracin powder is applied locally.

4. NEONATAL MASTITIS

- The enlargement of breast 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 breast.



- 1. If an abscess forms incision and drainage are done.
- 2. Antibiotics therapy- clinadamycin and vancomycin, oxacillin (100-200 mg/kg/day in 4 divided doses)
- 3. Antiseptic compresses, local massage should be given and mother reassured.

5. NASOPHARYNGITIS

- It is an acute infection of the respiratory tract which is usually caused by air borne organisms transmitted by parents visitors or staff to the baby.
- Symptoms are running nose, excessive cry, coughing, sneezing.



 Signs & symptoms include sleep disturbance, swelling, enlargement, tenderness and nipple discharge.

- 1. Mother and baby should be nursed in a single room and the baby should be given extra fluid.
- 2. Nostrils cleaned by cotton wool soaked with normal saline and nasal spray or drops can use.

6. EXCESSIVE CRYING IN NEWBORN

- Newborn cry very often due to a number of reasons:
- ✓ due to hungry or discomfort due to soiled linen.
- ✓ May be due to full bladder before passing urine.
- ✓ Constipation.
- ✓ Insect bites.



- 1. Frequently feed the baby.
- 2. Check for urine and motion.
- 3. Cover the baby from insects.
- 4. The baby should not be left alone.

7. ABDOMINAL DISTENSION

- Baby with periodic distension should causes by complication of severe gastroenteritis, constipation with ineffective peristalsis, intestinal obstruction.
- Signs and symptoms include vomiting, increased respiration, refusal of feeds.

- 1. A flatus tube may be inserted to remove excessive gas, if present.
- 2. Dehydration should be treated.
- 3. In case of obstruction, nasogastric tube aspiration and continuous drainage may help to decompress the stomach.

8. CONSTIPATION

- Prolonged straining and forceful efforts at defecation with passage of hard stools is called constipation.
- Due to insufficient fluid or milk intake
- symptoms lack of sleep, irritability, abdominal pain.



- 1. Milk of magnesia one teaspoon twice a daily.
- 2. Apply lubricant over anal region.
- 3. Best managed by giving frequent breastfeeding.

9. DIARRHOEA

- Baby develop increases frequency
 of stools if the mother is taking
 ampicillin, tetracycline or
 certain laxatives.
- Intake of large quantities of glucose water and honey by the baby.
- Due to overfeeding.

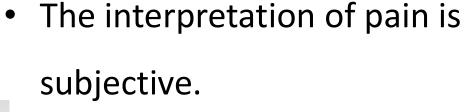


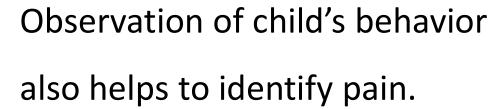




- 1. Avoid bottle feeding maintain hygiene,
- 2. Wash nipple after each feed.
- 3. Put on exclusive breastfeed.
- 4. Mothers who are breastfeeding might need to adjust their own diet to avoid any foods that could trigger diarrhea in their babies.
- 5. Keep the diaper changing area clean and discomfort.

10.PAIN IN NEONATES





The baby may be irritable,
anxious, show limitation of
movements, excessive crying
and adoption specific position.



- Mother's touch, soothing words and cuddling provides a sense of security and love to their baby.
- Local application of soothing lotions,
 application of heat & cold compress may be
 prescribed for superficial and peripheral pain.

11. VOMITING

- Vomiting is a forcible ejection of the gastric contents.
- There are several causes of vomiting like gastric irritation,

reflex vomiting, emotional disturbances, due to faulty techniques of feeding.





- 1. The proper advice regarding feeding and burping must be imparted to all mothers.
- 2. Proper techniques of breast feeding in proper position.
- 3. Avoid bottle feeding.
- 4. Fluid & electrolyte balance should be maintained by monitoring the intake and output.
- 5. Antiemetic medication should be administered as prescribed.

12. PHYSIOLOGICAL JAUNDICE

- It appears on the second day of birth, reaches peak on the 4th or 5th day and disappears by 8 to 10 days.
- It is a yellow colour of skin
 usually appearing on the face,
 chest, abdomen and legs, due
 to the excess bilirubin in
 blood.



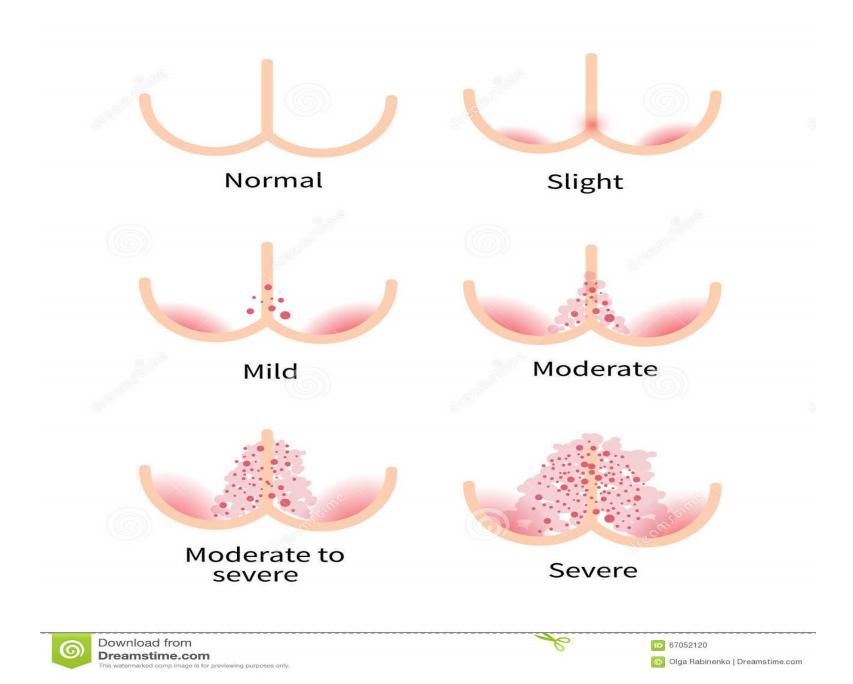


- Exposing the baby to sunlight for about 10 to
 20 minutes.
- 2. While exposing the baby to sunlight, baby's eyes and perineal area should be covered.
- 3. Usually correct itself in a few days. If not then baby should keep on phototherapy.

13. SORE BUTTOCKS & NAPKIN RASHES

- Use of nylon or water tight plastic napkins and delay in changing the napkins causes redness.
- Due to frequent loose stool or poor hygiene.





- 1. The bottom should be cleaned gently with wet cotton and kept dry and exposed to air.
- 2. Application of soothing ointment or coconut oil provides relief.

NURSES ROLE FOR PREVENTION OF NEONATAL DISOREDERS

- ☐ Screen out high risk babies.
- ☐ In normal delivery the nurses should check the following:-
- Continuous fetal monitoring
- Careful episiotomy
- ☐ The nurses who have upper respiratory tract infection should not conduct delivery.

- ☐ Immediate care of the newborn should be given to prevent from hypothermia/infection.
- ☐ Unnecessary exposure of the baby should be prevented.
- ☐ Reassurance the parents about the common problems of neonates and its prevention

SUMMARY

CONCLUSION

Newborn health problems are frequently found ranging from minor physical and physiological peculiarities to the serious life threatening illness. Minor problems should not be ignored lightly without adequate assessment of the conditions. Early diagnosis and management of the serious problem help to overcome life long disability and to reduce neonatal morbidity and mortality.

REFRENCES

- Datta. P.," Textbook of pediatric nursing", 2nd edition,2010, new delhi, japee brothers publication,p.p. 76-78.
- Sharma. R.," Essentials of pediatric nursing", 2nd edition,2013, new delhi, japee brothers publication,p.p. 230-239.
- Datta. D.C.," Textbook of Obstetrics", 8th edition,2015, new delhi, japee brothers publication,p.514.







ANSWER- ORAL THRUSH

Signs & symptoms of ???????

- redness
- warmth
- pain
- Swelling
- fever
- poor feeding
- offensive odor from the umbilicus.

ANSWER - OMPHALITIS



