



FIG 7-7 Head control in an infant. **A**, Inability to hold the head erect when pulled to sitting position. **B**, Ability to hold the head erect when placed in ventral suspension.

Eyes

Because newborns tend to have their eyes tightly closed, it is best to begin the examination of the eyes by observing the eyelids for edema, which is normally present for the first 2 days after delivery. The eyes are observed for symmetry. Tears may be present at birth, but purulent discharge from the eyes shortly after birth is abnormal. To visualize the surface structures of the eyes, the infant is held supine, and the head is gently lowered. The eyes will usually open, similar to the mechanism of a doll's eyes. The sclera should be white and clear.

The cornea is examined for the presence of any opacities or haziness. The corneal reflex is normally present at birth but may not be elicited unless neurologic or eye damage is suspected. The pupil will usually respond to light by constricting. The pupils are normally malaligned. A searching nystagmus is common. Strabismus is a normal finding because of the lack of binocularity. The color of the iris is noted. Most light-skinned newborns have slate gray or dark blue eyes, and dark-skinned infants have brown eyes.

A funduscopic examination may be difficult to perform because of the infant's tendency to keep the eyes tightly closed. However, a red reflex should be elicited. The absence of a red reflex in a newborn may indicate a cataract, glaucoma, retinal abnormalities, or retinoblastoma (see [Chapter 4](#)).