breakdown and therefore require meticulous care. Placing the infant on a special mattress or mattress overlay reduces pressure on the knees and ankles. Periodic cleansing, application of lotion, and gentle massage aid circulation.

Gentle range-of-motion exercises are carried out to prevent contractures, and stretching of contractures is performed when indicated. However, these exercises may be restricted to the foot, ankle, and knee joint. When the hip joints are unstable, stretching against tight hip flexors or adductor muscles, which act much like bowstrings, may aggravate a tendency toward subluxation. Consultation with a physical therapist is an important aspect of the short- and long-term management of infants with myelomeningocele.

Cuddling infants with unrepaired myelomeningocele is contraindicated. Their need for tactile stimulation is met by caressing, stroking, and other comfort measures. Individualized developmental care with age-appropriate stimulation is provided (see Developmental Outcome, Chapter 7).

Provide Postoperative Care

Postoperative care of the infant with myelomeningocele involves the same basic care as that of any postsurgical infant and includes monitoring vital signs, monitoring intake and output, providing nourishment, observing for signs of infection, and managing pain. Care of the operative site is carried out under the direction of the surgeon and includes close observation for signs of leakage of CSF. General care is done as preoperatively.

The prone position is maintained after surgical closure, although many neurosurgeons allow a side-lying or partial side-lying position unless it aggravates a coexisting hip dysplasia or permits undesirable hip flexion. This offers an opportunity for position changes, which reduces the risk of pressure sores and facilitates feeding. If permitted, the infant can be held upright against the body, with care taken to avoid pressure on the operative site. After the effects of anesthesia have subsided and the infant is alert, feedings may be resumed unless there are other anomalies or associated complications.

Support Family and Educate About Home Care