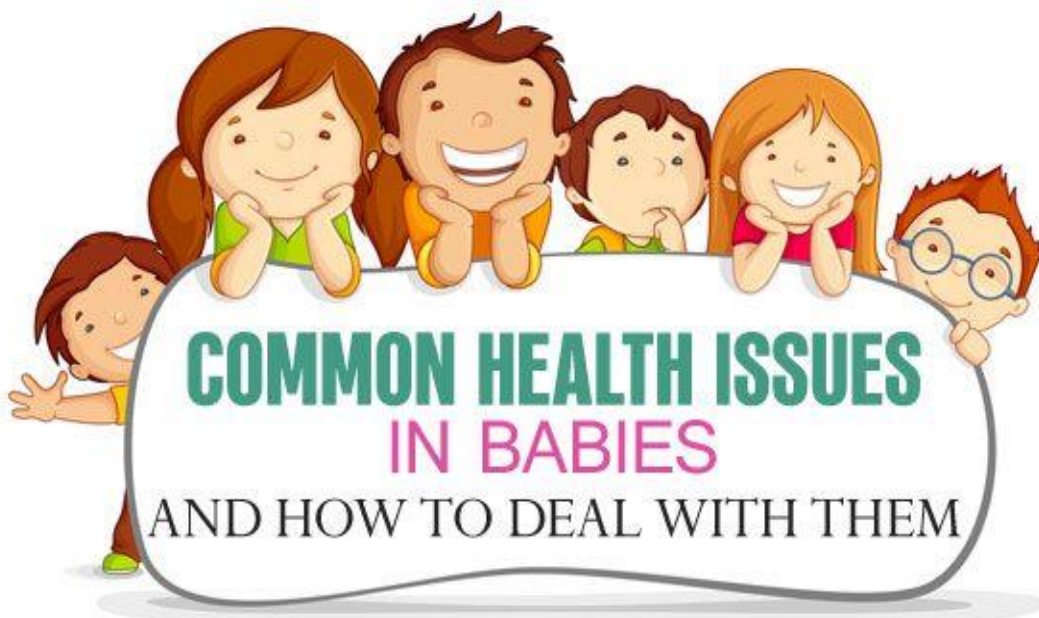


Colic



COMMON HEALTH ISSUES IN BABIES

AND HOW TO DEAL WITH THEM



Gastroesophageal
Reflux (GER)



Gas



Fever

Diaper Rash



Constipation



Common
Cold



Vomiting and
Diarrhea



Teething Pain




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Introduction

Neonatal health problems are frequently found ranging from minor physical or physiological peculiarities to the serious life threatening illnesses. Minor problems should not be ignored lightly without adequate assessment of the condition

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- ➡ **Early diagnosis and management of the serious problems help to overcome lifelong disability and to reduce neonatal morbidity and mortality.**
 - ➡ **Nurses are responsible to manage the minor problems and to detect the serious problems for early and**



Minor problems of neonates

- Neonates may have some physical and physiological peculiarities which are of no consequence. The conditions should be evaluated to detect any possible pathology.
- Mothers need adequate explanation and reassurance to remove her anxiety.
- Necessary advice to be given to overcome the minor problems.
- The common conditions which create anxiety to mothers are as follows:

VOMITING

**DUE TO FAULTY
TECHNIQUES OF FEEDING.**

**STENOSIS, INTESTINAL
OBSTRUCTIONS,
INFECTIONS LIKE UTI,**

**TREATMENT: PROPER
TECHNIQUES OF BREAST
FEEDING IN PROPER
POSITION.**

AVOID BOTTLE FEEDING.





Neonatal Constipation

DUE TO INSUFFICIENT FLUID OR MILK INTAKE.

MORE COMMON IN BOTTLE FED INFANT.

MANAGEMENT: MILK OF MAGNESIA ONE TEASPOON TWICE A DAILY.

APPLY LUBRICANT OVER ANAL REGION.



Diarrhea

The intake of large quantities of glucose water or honey by the baby may cause diarrhea.

Unhygienic feeding practices, overfeeding, bottle feeding and serious underfeeding also can cause diarrhea in the neonates.

Management

- Acute infective diarrheal disease in neonates should preferably be treated with IV fluid therapy and systemic antibiotics.
- Breastfeeding should be continued exclusively to provide adequate



EXCESSIVE CRYING

1. DUE TO HUNGRY OR DISCOMFORT.
2. MAY BE DUE TO FULL BLADDER BEFORE PASSING URINE.
3. CONSTIPATION.
4. INSECT BITES.

TREATMENT:

1. FREQUENTLY FEED THE BABY
2. CHECK FOR URINE AND MOTION
3. COVER THE BABY FROM INSECTS



Evening Colic

- The attack of sudden screaming with flexion of thighs and flushing of face with frowning may occur in neonate in the evening regularly after few days of birth.
- This spells may present for minutes or hours.

Management:

- Temporary relief may occur by holding the baby against skin, patting, kissing, prone position, etc.
- Home remedies can be used to



Colic can be extremely frustrating for parents and caregivers, since little can be done to comfort colicky babies. However, this condition often disappears without treatment when the baby reaches 3 to 5 months of age.

EXCESSIVE SLEEPINESS

- **DUE TO SEDATION GIVEN TO MOTHER AT TIME OF LABOUR.**
- **SOME BABY SLEEPS AFTER A FEW SUCK.**
- **THE BABY SHOULD KEPT AROUSE DURING FEED BY TICKLING ON THE SOLES AND BEHIND THE EARS.**



Dehydration fever

- Some healthy babies may develop fever on the 2nd or 3rd day of life
- Due to poor heat dissipation mechanisms ,higher rate of insensible losses ,inadequate intake of breast milk during the phase of physiologic lactational inadequacy.
- The baby remains active, alert and cries for feeds.
- The baby should be dressed with light and loose cotton clothes and his environment kept cool in summer.

FEVER



Stuffy Nose

- Stuffy nose occurs when tissues in the nose swell. Usually goes away within a week
- **Symptoms;** Snorting and sneezing
- **Causes;** Left over in-utero fluid, dry air, irritants like dust, smoke or perfume, viral disease like common cold
- **Management;** Cleaning with normal saline and cotton wool, infant nasal bulb suctioning, saline nasal drop and draining.



HICCUPS & SNEEZING

- **HICUPS OCCUR IMMEDIATELY AFTER A FEED DUE TO STOMACH DISTENSION AND IRRITATION OF DIAPHRAGM.**
- **SNEEZING OCCURS DUE TO IRRITATION OF NOSTRILS.**
- **IT SHOULD BE SUCKED OUT BY MUCOUS SUCKER.**



SORE BUTTOCK

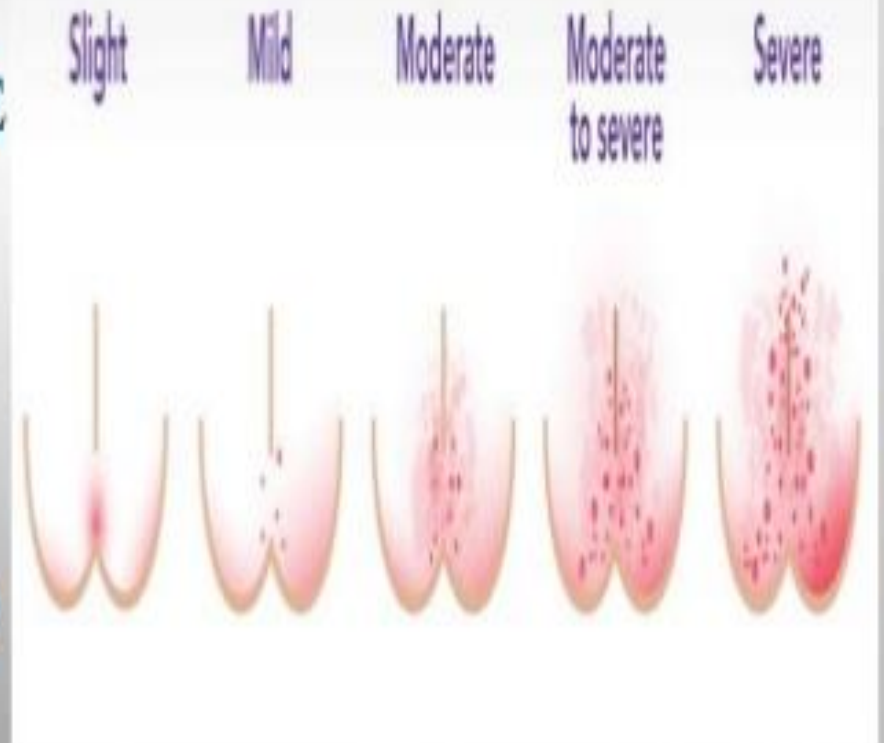
**DUE TO FREQUENT LOOSE
STOOLS.**

POOR HYGIENE.

**TREATMENT: CHANGE
POSITION FROM TIME TO
TIME .**

**PUT BABY IN LATERAL OR
PRONE POSITION.**

APPLY COCONUT OIL



Breath-Holding Spells

- A breath-holding spell is an episode in which the child **stops breathing and loses consciousness for a short period** immediately after a frightening or emotionally upsetting event or a painful experience.
- Breath-holding spells usually are triggered by physically painful or emotionally upsetting events.
- Typical symptoms include paleness, stoppage of breathing, loss of consciousness, and seizures.



Cradle cap

Cradle cap is a greasy, yellowish, scaly rash that appears in patches on the scalps of young infants. The condition is very common, and generally appears within the first 3 months of life. It is normally safe, and it rarely causes the infant any discomfort.

Treatment and prevention:

Cradle cap is normally nothing to worry about and clears up on its own. Because no one is too sure why cradle cap happens, it is not possible to prevent it.

However, if a case of cradle cap has been treated and the patches have gone,

Blocked tear ducts in babies

Blocked tear ducts, also called **nasolacrimal duct obstruction**, are relatively common in **newborn babies**. ... One of the most common causes of a **blocked tear duct** is that the membrane that covers the end of the **duct** doesn't open like it should. This causes the **duct** to become **blocked** by the tissue of the membrane.

Management:

Every few hours, when the drainage builds up, warm up a clean and soft washcloth or cotton ball with water and gently clean the eye.

Apply gentle pressure to the tear duct. Then, wipe from the inside of the duct to the outside so you don't wipe anything into the eye. The duct is located between the lower eyelid and the nose, and the main opening is on the part of the lower eyelid

UMBILICAL GRANULOMA

- **SIGN: AREA AROUND UMBILICAL CORD. BECOMES MOIST AND MAY SWELL, OOZING AND BLEEDING MAY OCCUR TOO.**
- **TREATMENT:**
- **TREAT WITH SILVER NITRATE**



MASTITIS NEONATORUM



Term baby, both sexes

- Engorgement of breast due to effect of transplacentally transferred progesterone and estrogens.
- This hypertrophy disappears spontaneously but local massage and fomentation and temptation to express milk leads to abscess formation
- Treatment with parenteral antibiotics and surgical drainage.

VAGINAL BLEEDING



- ❖ Menstrual like vaginal bleeding may due to withdrawal of maternal estrogen.
- ❖ occur in about $\frac{1}{4}$ female babies after 3-5 days of birth.
- ❖ The bleeding is mild and lasts for 2-4 days.
- ❖ The local aseptic cleaning of genitals is advised .
- ❖ If bleeding seems excessive, vitamin K deficient bleeding or other coagulopathy should be considered.

MUCOID VAGINAL SECRETION

Most female babies have thin grayish white mucoid vaginal secretions. These should not be mistaken for purulent discharge.

PHIMOSIS

- At birth the foreskin is adherent to the glans penis. These adhesions separate spontaneously with time, allowing the foreskin to become retractile.
- At 1 year of age about 50% of boys have a non-retractile foreskin.
- By 4 years of age this declined to 10% and by 16 years to just 1%
- Ballooning of the normal non-retractile foreskin may occur with micturition.



Caput Succedaneum

Caput succedaneum is the medical term for an area of **localized swelling** of edema present **on the head of a newborn baby** following vaginal delivery.

The cause of caput succedaneum is from **external pressures on the baby's head** during delivery. The primary source of pressure comes from the birth canal itself.

Symptoms & Treatment

The primary symptom of caput succedaneum is **swollen, puffy area on the head** just under the skin of the scalp. The area will be **soft to the touch** and may appear on one particular side or extend across the middle of the scalp.

Caput succedaneum is not a condition that requires any treatment. The swelling of the scalp will **almost always go away** after just a few days **without any treatment**.

Cephalhematoma

- Subperiosteal collection of blood between the skull and the periosteum.
- It may be unilateral or bilateral, and appears within hours of delivery as a soft, fluctuant swelling on the side of the head.
- A cephalhaematoma **never extends** beyond the edges of the bone or crosses suture lines



NEONATAL JAUNDICE

IT IS A YELLOW COLOR
OF SKIN USUALLY
APPEARING ON THE
FACE, CHEST, ABDOMEN,
AND LEGS.

TREATMENT. USUALLY
CORRECT ITSELF IN A
FEW DAYS. IF NOT THEN
BABY SHOULD KEEP ON
PHOTO THERAPY.



Minor Developmental peculiarities



MONGOLIAN SPOTS



- Blue-gray, poorly circumscribed, single or multiple, macular lesion of various sizes
- Entrapment of melanocytes in dermis of developing embryo, the cells fail to reach their proper location in the epidermis
- Usually present at birth or appears within the first weeks of life
- Most commonly over lumbosacral region
- Common in asian, black and hispanic infants
- Most fade during first two years of life
- Persist – Q switch laser, bleaching creams

MILIA



- Benign, keratinous cysts, which affect about 40-50% of newborn babies
- Small, firm, pearly- white papules, 1-2 mm in size predominantly occurring on the face of newborn babies
- Site - cheeks, nose, nasolabial fold and forehead
- **Treatment** - Usually disappear spontaneously during first 3-4 weeks.
- D/D molluscum contagiosum – does not usually appear in immediate neonatal period, Sebaceous gland hyperplasia-yellow rather than whitish

TOXIC ERYTHEMA OF NEWBORN (ERYTHEMA TOXICUM NEONATORUM)



- Benign, self-limiting disorder of unknown etiology
- Most commonly, the eruption initially takes the form of a blotchy, macular erythema
- Most commonly on the trunk, face and proximal parts of the limbs (palms and soles not involved)
- In more severe cases, urticarial papules arise within the erythematous areas, may be surmounted by small pustules

Dry skin



- A dry, flaky, peeling appearance of the skin is very common in newborns. Although this can be distressing to parents, it does not need treatment and will spontaneously resolve.

Harlequin color change

- Occurs when newborn lies on side
- Erythema of dependent side of body with simultaneous blanching of contralateral side.
- Develops suddenly and persists for 30 sec to 20 minutes
- Resolves with increased muscle activity or crying
- Affects up to 10% of full term infants but often goes unnoticed due to bundling.
- 2nd to 5th day until three weeks
- Thought to be caused by immaturity of hypothalamic center

SALMON PATCHES (Nevus Simplex)

- Reddish or pink patches on the forehead, nape of neck, eyelids, nose and upper lips.
- They are sometimes mistaken for bruising.
- Disappear after 2 years of age
- They cross the midline, if unilateral in the distribution of trigeminal nerve first branch (cranial nerve V1), need MRI at 6mo of age for R/O of Sturge Weber syndrome.





Epstein's pearls

- May be found on the mid – palatal raphe of the hard palate which occur along the mid palatine raphea at the junction of soft and hard palate.
- They are whitish yellow nodules found in the midline of your infant's palate.
- The nodules are around 1 to 3mm in size.
- they are just a result of epithelial tissues trapped during the fusion of the palate.
- There is no treatment needed , as they will disappear within 1 to 2 weeks of birth.
- Epstein's pearls are keratin-filled cystic lesions lined with stratified squamous epithelium. They appear as small, whitish lesions along the mid-palatine raphe and contain no mucous glands.

SUCKING CALLOSITIES

- Button like, cornified plaques over centre of upper lip
- no significance
- Friction of repeated sucking
- Resolves spontaneously



➤ *PRE-DECIDUOUS TEETH:*

- Appear in the oral cavity of the new born mainly on mandible .
- The fall off during the early weeks if not they should be removed to prevent discomfort to both mother and baby in breast feeding .
- It does not affect the deciduous teeth .
- It may happen that they will not be replaced till the permanent come out .



Ankyloglossia

Short Frenulum



- Ankyloglossia (tongue tie) is a congenital oral anomaly characterized by an abnormally short lingual frenulum
- Partial fusion or in rare cases total fusion of the tongue to the floor of the mouth due to an abnormality of the lingual frenulum (Kummer, A. 2005, Dec 27)
- Believed to limit the range of motion of the tongue, impairing the ability to fulfill its function

Subconjunctival hemorrhage

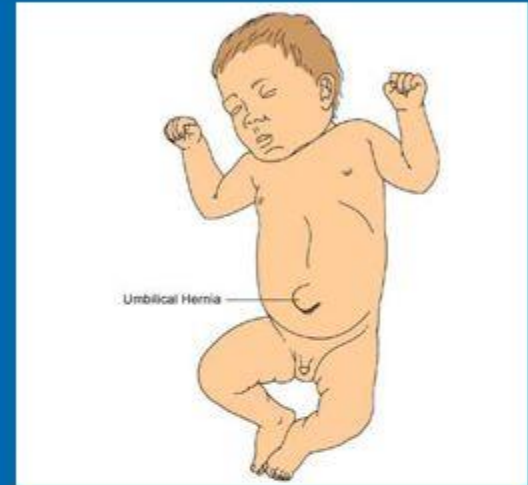
Breakage of small blood vessels in the eyes of a baby. One or both of the eyes may have a bright red band around the iris

This is very common and does not cause damage to the eyes. The redness is usually absorbed in a week to ten days



Umbilical Hernia

- 6 to 10 times higher in blacks than in whites.
- Most umbilical hernias close spontaneously within the first 3 years of life .
- Small-diameter umbilical hernias close earlier than large-diameter umbilical hernias.
- Claims that strapping helps cure umbilical hernia are not supported by available data.





*Thank
you*