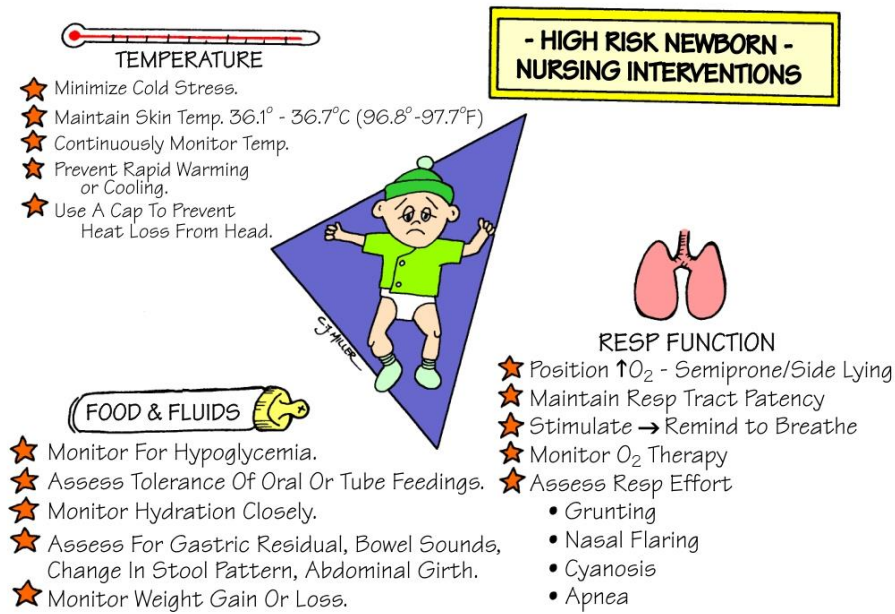


The Newborn with a Perinatal Injury or Congenital Malformation

Chapter 14

Niomi Quinteros, BSN, RN



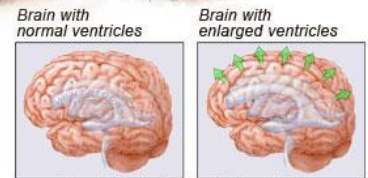


Setting Sun Eyes

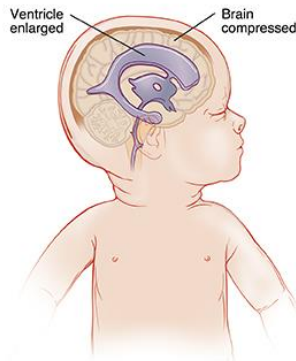
Hydrocephalus

Manifestations:

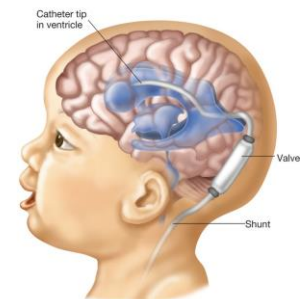
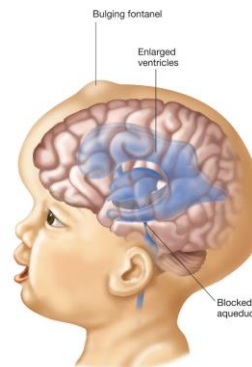
Large Head
Delayed Development
Lack of Appetite
Tendency to Vomit Easily
Poor resistance to infection



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Hydrocephalus



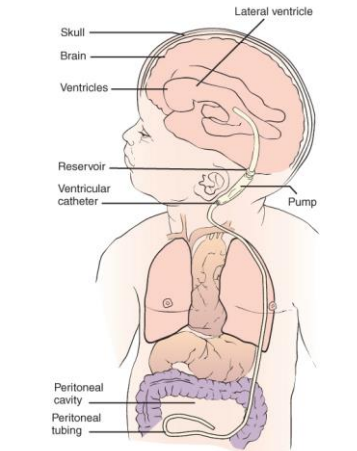
Nursing Care:

- Measure Head DAILY
- Frequent position changes supporting the head
- Skin breakdown: prevent and treat
- Feeding
 - Side -lying after feeding
- Record observations
- S/Sx Increased ICP: Increased B/P; Decreased HR & RR

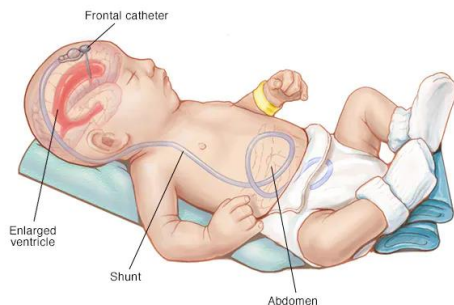
furosemide
acetazolamide

Pre-Op Nursing Care:

- Measure Head DAILY
- Frequent position changes supporting the head
- Skin breakdown: prevent and treat
- Feeding
- Record /report observations
 - Food taken
 - Vomiting
 - Skin condition
 - Motor abilities
 - Restless / irritability
 - Vital Sign Changes
 - S/Sx Increased ICP: Increased B/P; Decreased HR & RR
- Fontanelles / Head Circumference
- Report immediately signs of cold or infection

Hydrocephalus**Treatment Usually Surgical**

Elsevier items and derived items © 2015, 2011, 2007, 2006 by Saunders, an imprint of Elsevier Inc.

Hydrocephalus

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Post-Op Nursing Care:

- Routine care
- Monitor for S/Sx Increased ICP
- Monitor for S/Sx Infection
- Check operative area for inflammation
- Positioning dependent on fontanelle
- Skin assessment
- Head, chest, abdomen measurements
- Pain control
- Strict Intake and Output
- Observe for fluid overload
- Feeding when active bowel sounds auscultated
- Surgical Suture Line kept clean & dry
- NO diaper contamination
- Parent education, support, guidance
- Community resources: National Hydrocephalus Foundation

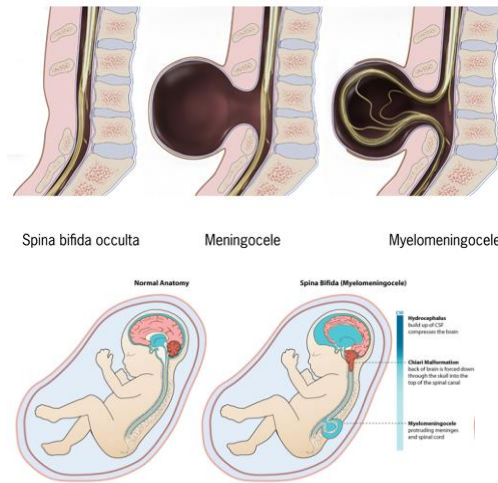
Prevention: Folic Acid

(Nursing Tip)

Nursing Care:

- Prevent injury / infection to sac
- Prevent development of contractures
- Good skin care
- Nutrition
- Observations: recording & reporting
- Educate parents
- Habilitation
- Continued medical supervision

Spina bifida



Surgery Required

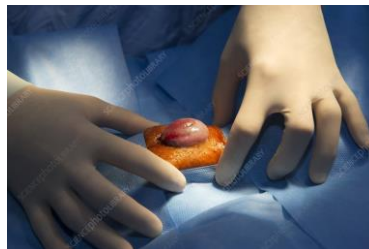
After surgery,
Legs paralyzed
Incontinent
(urine & feces)

Habilitation
goals / training

Pre-Op Nursing Care:

- Prevent injury / infection to sac
 - Cover with sterile dressing
 - Keep moist
- Routine NB care AND
- Record observations
- Positioning: Prone: prevent pressure on sac

Spina Bifida



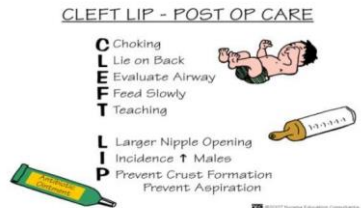
Post-Op Nursing Care:

- Neurological Assessments
- Prevent infection
- Urological monitoring
- Skin care
- Feeding
- Latex - free environment
- Bonding with parents
- Community Resource: Spina Bifida Association of America

Pre-Op Nursing Care:

- Monitor for signs of oral, respiratory, or systemic infection - report to RN
- Elbow restraints
- Feeding to avoid sucking motions

Cleft Lip



Cheiloplasty before 6 months

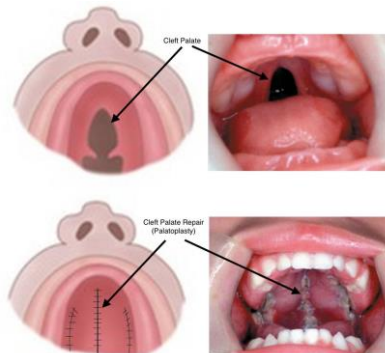
Post-Op Nursing Care:

- Prevent sucking / crying
- Positioning
- Prevent infection
- Prevent injury
- Emotional needs
- Pain relief / sedation

Goals of Care:

- Union of cleft
- Improved feeding
- Improved speech
- Improved dental development
- Nurturing positive self image
- Instruct parents to report s/s of infection

Cleft Palate

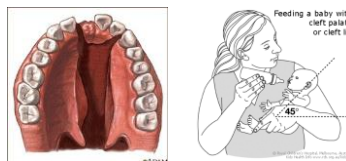


Post-Op Nursing Care:

- Nutrition
- Oral hygiene
- Speech
- Diversion
- Complications

Pre-Op Nursing Care:

- Multidisciplinary approach
- Issues / problems
- Safety Alert!





Club Foot

Nursing Care:

- Splinting / Casting starts early
- Passive stretching exercises
- Parent teaching / Anticipatory Guidance



From Bowden VR, Dickey SB, Greenberg SC: Children and their families: the continuum of care. Philadelphia, 1996, Saunders.



PKU: Phenylketonuria

Safety Alert!

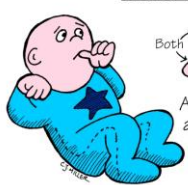
PHENYLKETONURIA (PKU) - Inherited Error In Metabolism

[Toxic levels of Phenylalanine (common protein amino acid) due to inability of body to convert]

Can Cause...

- Mental Retardation
- Convulsions
- Behavior Problems
- Skin Rash
- Musty Body Odor

Babies Are Tested...



Both Formula Fed
Breast Fed

A minimum of 24 hrs
after beginning milk.

Retest in
7-10 days to
catch earlier
false negatives.

NO

- Meat
- Dairy Products
- Dry Beans
- Nuts
- Eggs

* Cereals, Fruits & Vegetables in Moderation *

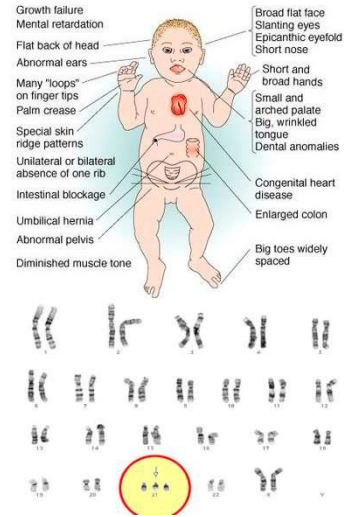
High Phenylalanine Foods:	Low Phenylalanine Foods:
Fish Meat Beans Dairy Diet Soda ASPARTAME High-Protein Foods	Most Vegetables Most Fruit Sugars Special Formula Special Breads Cookies Crackers Low-Protein Foods

Down Syndrome

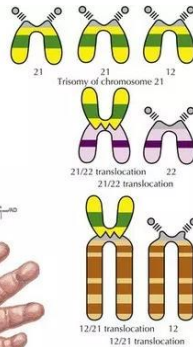
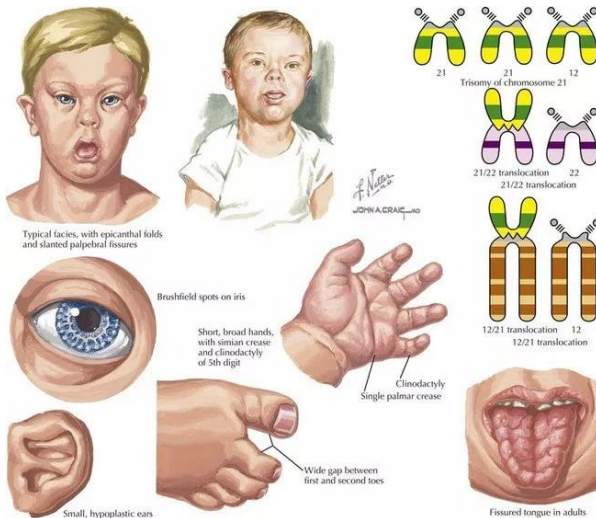
Common physical signs include:



- Decreased muscle tone at birth
- Excess skin at the nape of the neck
- Flattened nose
- Upward slanting eyes
- Small ears
- Small mouth
- Wide, short hands with short fingers
- Separated joints between the bones of the skull
- Single crease in the palm of the hand
- White spots on the colored part of the eye



Down Syndrome



Down Syndrome

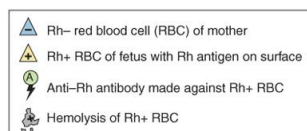
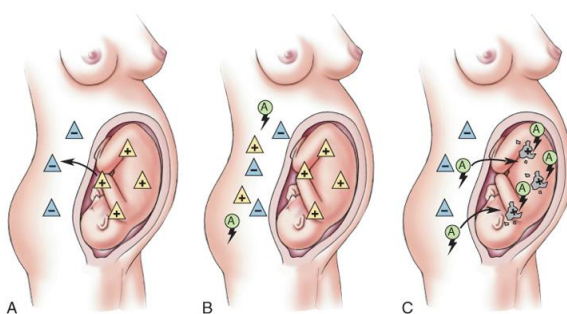
Nursing Care:

- **Counseling parents**
 - Grieve loss of “perfect child”
 - Involve parents in care
 - Involve parents in care planning
 - Warm concern
- **Counseling siblings**
 - Inform and include
 - Open communication
 - Social support
 - Support groups for family
 - National Association for Down Syndrome



October is
National **Down
Syndrome**
Awareness Month

Erythroblastosis Fetalis



From Herlitz B, Maebius NK: *The human body in health and illness*, ed 4, Philadelphia, 2011, Saunders.

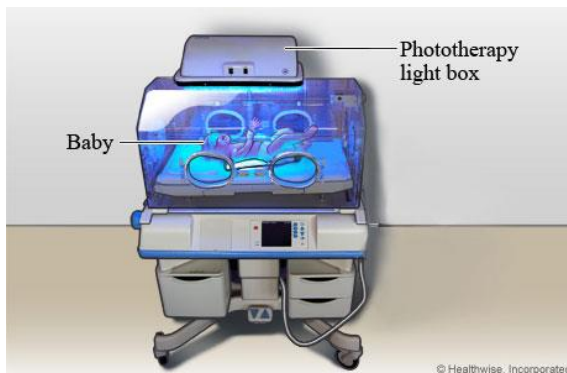
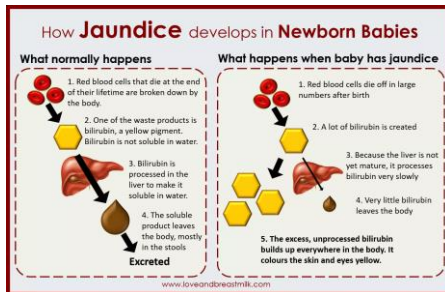
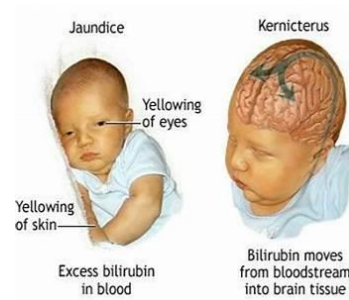
RhoGam administration has decreased incidence:

- 72 hrs after delivery of Rh + infant
- Administer at 28th week of pregnancy
- After spontaneous / therapeutic abortion, amniocentesis, etc.

Manifestations

- **Hyperbilirubinemia**
(results in jaundice)

Safety Alert!

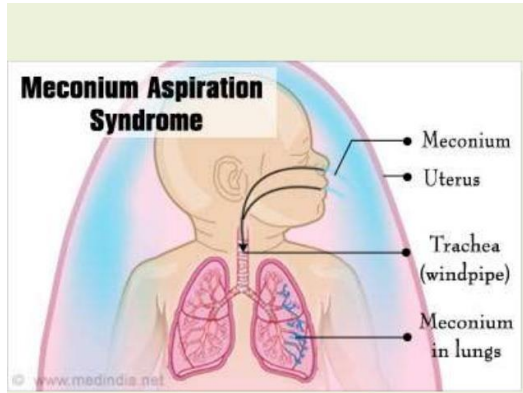


Care Plan

- Risk for Injury to eyes and gonads related to phototherapy
- Impaired skin integrity related to immature structure and function; immobility
- Risk for deficient fluid volume related to increased water loss through skin and loose stools
- Risk for hyperthermia or hypothermia
- Risk for injury (neurological) related to nature of hyperbilirubinemia
- Imbalanced nutrition: less than body requirements
- Parental anxiety related to deficient knowledge crisis of having an infant with jaundice

Nursing Tips: Assessing jaundice Phototherapy Tips

Meconium Aspiration Syndrome



MECONIUM ASPIRATION SYNDROME

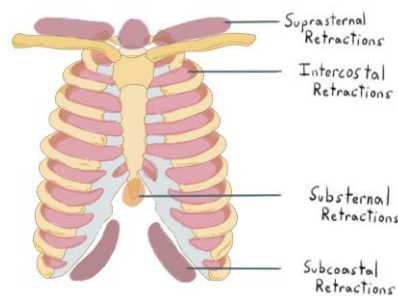
Meconium aspiration syndrome is a serious condition in which a newborn breathes a mixture of Meconium and amniotic fluid into the lungs around the time of delivery.



Meconium Aspiration Syndrome

Nursing Care:

- Assist with amnioinfusion
- Assess for respiratory distress
- Supportive care
 - Warmth
 - Supplemental oxygen
 - Energy conserving plan of care
 - NICU: intubation / mechanical ventilation



Infant of Diabetic Mother

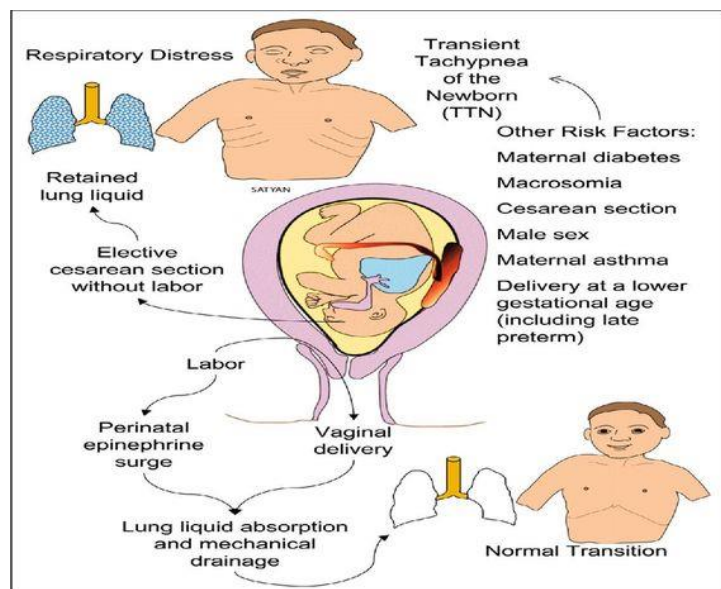


Nursing Care:

- Close monitoring of vital signs
- Early feeding
- Frequent assessment of blood glucose levels for first 2 days of life (must be above 40 mg/dl)
- Monitor for signs of irritability, tremors, and respiratory distress (hypoglycemia)

Transient Tachypnea TTN

- Respiratory Distress Syndrome Type II
- Resolves in 3 days
- Characteristics
 - Tachypnea
 - Chest retractions
 - Grunting
 - Cyanosis
- Treatment and Nursing Care
 - Close observation
 - O2



Neonatal Abstinence Syndrome NAS

- Nursing Care
- Swaddling
- Quiet environment/reduce external stimuli
- Observation for seizures



After birth, baby suffers from withdrawal



ADAM.

