

BIRTH DEFECTS/CONGENITAL ABNORMALITIES

DEFECT	IMMEDIATE MANAGEMENT
Neural tube defect/ spina bifida	<ul style="list-style-type: none"> • Cover the lesion with sterile Opsite or cling film. Do not cover with gauze. • Give antibiotics if sac ruptured. • Refer to a tertiary paediatric surgical centre. • Counsel the mother to take folic acid before next pregnancy.
Major gastro-intestinal abnormality	<ul style="list-style-type: none"> • Keep the baby nil per mouth • Commence IV fluids • Give antibiotics • Pass a nasogastric tube and leave it on open drainage • Cover the defect with a plastic bag and not gauze • Ensure that the baby is kept warm • Refer to a tertiary paediatric surgical centre
Hydrocephalus	<ul style="list-style-type: none"> • If the head is >97th centile, refer immediately to a tertiary health facility
Cleft lip and/or palate	<ul style="list-style-type: none"> • Examine carefully for other abnormalities, manage and refer accordingly • Counsel the parents/carers • Support with feeding: breastfeeding or expressed breast milk if possible. Different feeding positions or a bottle with a special teat may be required • Refer early to a cleft lip clinic/maxillofacial clinic at a tertiary hospital
Club foot / talipes equinovarus	<ul style="list-style-type: none"> • Examine carefully for other abnormalities and refer immediately if required • Provide treatment • Refer the baby immediately to the orthopaedic service
Ambiguous genitalia	<ul style="list-style-type: none"> • Advise the parents/carers that the gender of the baby is not clear • Check the Na, K and urea if possible • Refer the baby as soon as possible to a paediatrician for investigation
Microcephaly	<ul style="list-style-type: none"> • Examine carefully for other abnormalities and refer immediately if required • Refer to a paediatrician for investigation
Congenital dislocation of the hip (developmental dysplasia of the hip)	<ul style="list-style-type: none"> • In milder cases, keep the hip in flexion and abduction through double nappies or an abduction brace for 2–3 months. • Carrying the child on the back with the hip flexed and abducted • Refer all newborns with suspected congenital dislocation of hips, especially severe cases.

Follow national guidelines for surveillance and reporting.