

Better Care: The routine care of Babies Case studies

Case study 1

An infant is delivered to a prim gravid mother by spontaneous vertex delivery at term. Immediately after birth the infant cries well and appears normal. The infant is dried and then the cord is clamped. The infant has a lot of vernix and a blue mark is noticed over the lower back. The infant is placed in a cot and sent to the nursery for a bath. It is noticed that the child has a white vaginal discharge.

1. When should the infant be given to the mother?

As soon as the infant is dried, the cord cut, the Apgar score determined and a brief examination indicates that the infant is a normal, healthy term infant. The father should also be present to share this exciting moment. The infant should not have been sent to the nursery as the mother and infant should not be separated.

2. When should the mother be encouraged to put the infant to her breast?

As soon as she wants to. This is usually after she has had a chance to have a good look at her infant. She should be encouraged to use the kangaroo mother care position of nursing her infant, skin to skin, between her breasts. Many mothers put their infant to the breast before the placenta is delivered.

3. What is the blue mark over the infant's back?

This is common and normal. It is important to explain to the mother that it is not a bruise. It disappears over a few years.

4. Should the vernix be washed off immediately after delivery?

Infants should not be bathed straight after delivery, as they often get cold, while vernix should not be removed as it helps protect the infant's skin from infection. It would be better to bath the infant the following day, in the mother's presence, by which time most of the vernix will have cleared. She then has an opportunity to learn how to bath her infant.

5. Should the infant stay with the mother after delivery?

Yes, if possible the mother and her infant should be kept together after delivery.

6. Is a white vaginal discharge in a newborn infant a sign of infection?

No. This is normal and common.

Case study 2

A normal infant weighs 3000 g at birth. By day 4 the infant's weight has dropped to 2850 g. The infant has tongue tie and the mother thinks that this is preventing the infant from sucking well. The policy in the hospital is to keep all normal infants in the nursery where the mothers can visit at feeding time.

1. Is the weight loss of 150 g normal for this infant?

Yes. An infant may normally lose up to 10% of the birth weight in the first 5 days after delivery.

2. Does tongue tie prevent an infant from sucking normally?

Tongue tie does not prevent an infant from sucking normally. It usually causes no problems and improves spontaneously. It does not require treatment.

3. Why is it important to assess whether an infant sucks well if the weight gain after birth is poor?

If an infant sucks poorly and loses weight, it suggests that the infant is not normal.

4. What do you think of normal infants being kept in the nursery?

Normal infants should room-in with their mothers. This is safer than remaining in the nursery where the risk of infection is higher.

5. When should this infant be immunized?

BCG and polio drops should be given before the infant is discharged. Later it will receive the other routine immunizations at the well-baby clinic.

6. When can this infant be discharged home?

When the mother is ready for discharge. Usually a healthy mother and her normal infant can be discharged 6 hours after delivery. Some hospitals may keep both for 1 or 2 days.

Case study 3

Starch powder is sprinkled onto the umbilical cord of a newborn infant twice a day to hasten drying. The cord is then covered with a linen binder. The mother is worried that the infant has enlarged breasts. As the ward is cold at night, she puts the infant into her bed. The grandmother says this is dangerous as she may roll onto the infant during the night.

1. What do you think of the method of cord care in this infant?

The cord should be cleaned with chlorhexidine solution or surgical spirits and not covered with starch powder. Covering the umbilical cord with a binder is incorrect as it prevents the cord drying out.

2. What treatment is needed for the infant's enlarged breasts?

No treatment is needed and the mother must not squeeze the breasts. The mother must be reassured that breast enlargement resolves spontaneously in a few months.

3. What would you advise the mother about sleeping with her infant?

If the ward is cold and there is no simple way of keeping the infant warm, then the infant should sleep with the mother. It is important that infants do not get cold. The ideal is to give kangaroo mother care. It is not dangerous if the infant sleeps with the mother.

Case study 4

A mother delivers an active infant weighing 2400 g at a private hospital. Vitamin K is not given as the infant 'is too small'. The staff forget to give eye prophylaxis. The mother is not given the infant to hold after delivery and only visits her infant for the first time the following day. The hospital does not allow rooming-in so that the mothers can sleep well and have a rest. The mother is worried because the infant has a blocked nose at times and also has small cysts on the gums.

1. Is this infant too small to be given vitamin K?

No. All infants must be given vitamin K to prevent hemorrhagic disease. Vitamin K is best given by intramuscular injection into the side of the thigh.

2. Why is it important that 'eye prophylaxis' is not forgotten?

Chloromycetin ointment should be placed in both eyes after birth to prevent severe conjunctivitis due to Gonococcus.

3. Should the mother and infant be separated after delivery to give her a chance to rest?

No. Every effort must be made to keep the mother and her infant together. Most mothers want their infants to stay with them.

4. Do you think that private hospitals should practice rooming-in?

Yes. Rooming-in promotes bonding and breastfeeding and helps the mother become confident in caring for her infant. Many progressive private hospitals practice rooming-in because it is the best way of providing good care.

5. Should a doctor be called to examine the infant as it has a blocked nose?

No. Many normal infants have a blocked nose. Saline nose drops can be used if necessary. A blocked nose is only a problem if the infant cannot feed or breathe properly.

6. What is the correct management of gum cysts?

Do nothing. Gum cysts are common and disappear with time. Never attempt to open a gum cyst as you may introduce infection.