

Common minor problems

3-25 Can a vaginal discharge be normal in an infant?

Yes. Many female infants have a white, mucoid vaginal discharge at birth which may continue for a few weeks. Less commonly the discharge may be bloody. Both are normal and caused by the secretion of oestrogen by the infant before and after delivery.

3-26 May normal infants have enlarged breasts?

Yes. Many infants, both male and female, have enlarged breasts at birth due to oestrogen secreted by the fetus. The breasts may enlarge further after birth. Breast enlargement is normal and the breasts may remain enlarged for a few months after delivery. Some enlarged breasts may secrete milk. It is very important that these breasts are not squeezed as this may introduce infection resulting in mastitis or a breast abscess.

3-27 Are erections of the penis normal in infants?

Yes. All newborn, male infants have erections of the penis. They also have larger testes than older infants. These signs are due to the secretion of male hormones by the fetus and usually disappear within a few months.

3-28 Should the foreskin of an infant's penis be pulled back?

No. The foreskin is usually attached to the underlying skin and, therefore, should not be pulled back to clean the glans. There are no medical indications to routinely circumcise all male infants.

3-29 Which birth marks are normal?

1. A blue patch over the sacrum is very common and is called a 'mongolian spot'. It is seen in normal infants and is due to the delayed migration of pigment cells in the skin. It is not a sign of Down syndrome (mongolism). Sometimes similar patches are seen over the back, arms and legs and may look like bruises. They need no treatment and disappear during the first few years of life. Unlike bruises, these patches do not change colour after a few days.
2. It is common for an infant to have a few small pink or brown marks on the skin at birth. These are normal and do not fade if they are pressed gently for a few seconds. Some will disappear.
3. Many infants also have pink areas on the upper eyelid, the bridge of the nose and back of the neck that become more obvious when the infant cries. These marks are called 'angel's kisses', 'salmon patches' or 'stork bites'. They are also normal and usually disappear during the first few years.

3-30 Are cysts on the gum or palate normal?

Small cysts on the infant's gum or palate are common and almost always normal. They do not need treatment and disappear with time. They must *not* be opened with a pin or needle as this may introduce infection.

3-31 Can infants be born with teeth?

Yes, some infants are born with teeth. These are either primary teeth or extra teeth. Primary teeth are firmly attached and should not be removed. Extra teeth are very small and usually very loose. A tooth that is very loose, and is only attached by a thread of tissue, should be pulled out. It will be replaced later by a primary tooth.

3-32 Should 'tongue tie' be treated?

Many infants have a web of mucous membrane under the tongue that continues to the tip. As a result the infant is not able to stick the tongue out and, therefore, is said to have 'tongue tie'. This does not interfere with sucking and usually corrects itself with time. Do *not* cut the membrane as this may cause severe bleeding. Refer the child to a surgeon if the tongue does not appear normal by 2 years. It is very rare for tongue tie to interfere with speech development.

3-33 Does an umbilical hernia need treatment?

Infants commonly develop a small umbilical hernia after the cord has separated. This does not cause problems and usually disappears without treatment when the infant starts to walk. If the hernia is still present at 5 years the child should be referred for possible surgical correction.

3-34 What is a coccygeal dimple?

Many normal infants have a small dimple or sinus in the skin at the top of the cleft between the 2 buttocks. If you put your finger on the dimple or sinus you will feel the ridge of the coccyx underneath. Both a dimple and sinus are normal and do not need to be removed.

NOTE

A sacral dimple or sinus is situated in the midline over the sacrum. These infants must all be referred urgently to a neurosurgeon as they are at high risk of developing meningitis or abnormalities of the spinal column.

3-35 Do normal infants commonly have a blocked nose?

Yes, a blocked nose is common due to the small size of the nose in a newborn infant. Normal infants cannot blow their nose but can sneeze. Usually a blocked nose does not need treatment provided the infant appears generally well and can still breathe and feed normally. However, some infants may develop apnoea if both nostrils become completely blocked. Nose drops containing drugs can be dangerous as they are absorbed into the blood stream. Normal saline or 2% sodium bicarbonate nose drops can be used.

3-36 Are wide fontanelles and sutures common?

Many normal infants have wide fontanelles and sutures. This is particularly common in preterm and underweight for gestational age infants. The anterior fontanel may also pulsate. If the fontanelle feels full and the head circumference is above the 90th centile, the infant must be referred to a level 2 or 3 hospital as hydrocephaly is probably present.

3-37 Are extra fingers or toes normal?

Extra fingers that are attached by a thread of skin are common and occur in normal infants. There is often a family history of extra fingers. These extra fingers should be tied off as close to the hand as possible with a piece of surgical silk. If extra fingers or toes contain cartilage or bone and are well attached, they must not be tied off. These infants have a high risk of other abnormalities and, therefore, should be referred to a level 2 or 3 hospital. The extra digits are removed surgically.

3-39 Should an infant's nails be cut?

If an infant's finger nails become long they may scratch the face. Long nails should, therefore, be cut straight across with a sharp pair of scissors. Do not cut the nails too short. Never bite or tear the nails. Nail clippers are dangerous.