

Health problems of the Newborn:

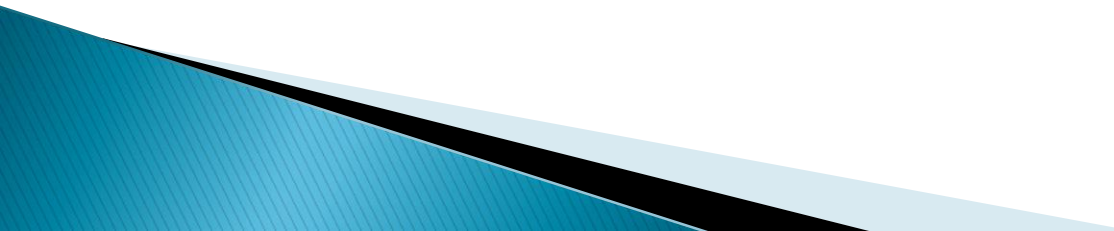
Birth injuries

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3rd lecture

Birth injuries are injuries that occur during the birth process. They are most likely to occur when the infant is :

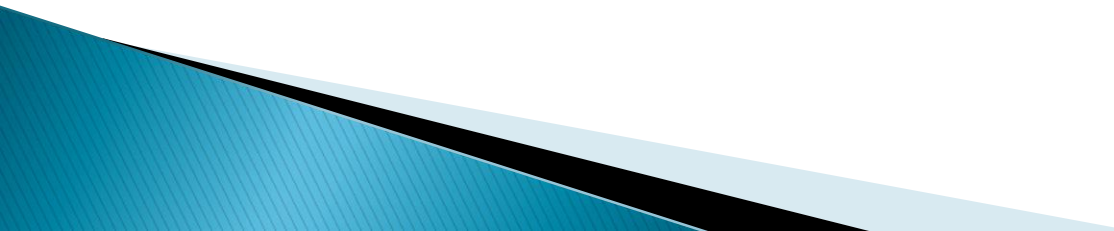
- ▶ large, the presentation is breech,
- ▶ forceful extraction is used, or
- ▶ Inexperienced practitioners manage the delivery.

- ▶ Many injuries are minor and resolve spontaneously in a few days; others, although minor, require some degree of intervention.
 - ▶ others can be serious and even fatal.
 - ▶ Part of the nurse's responsibility is to identify such injuries with appropriate intervention can be initiated as soon as possible.
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A: Soft tissue Injury

- ▶ Soft tissue injuries usually occurs when there is some degree of disproportion between the presenting part and the maternal pelvis (cephalopelvic disproportion).

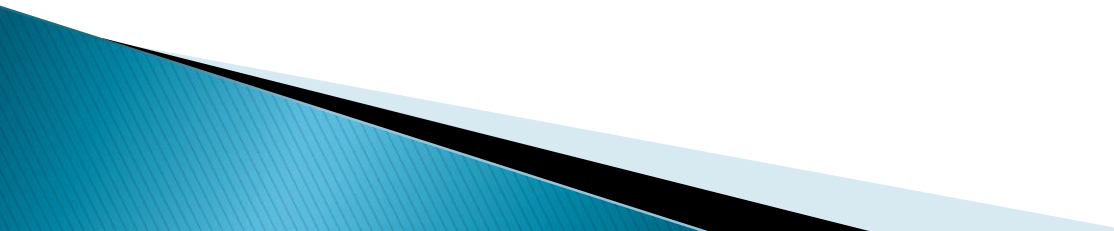
Causes of soft tissue injuries

- ▶ Dystocia (difficult birth)
 - ▶ Cephalopelvic disproportion
 - ▶ Forceps delivery
 - ▶ Vacuum delivery
 - ▶ Enlarged fetal size
 - ▶ Improper “epiziotomy” technique.
 - ▶ Cesarean section (rare)
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Signs, symptoms and features of soft tissue injuries in the newborn:

- ▶ Facial Abrasions: a minor wound in which a surface of the newborn's facial skin is worn specially with **dystochcia and forceps delivery**.
- ▶ Scleral hemorrhage specially with vertex presentation .
- ▶ Ecchymoses and petechiae in the newborn's face with brow (face) or breech (feet) presentation.

Nursing care for soft tissue injuries

- ▶ Assess the newborn for bleeding from injury site .
 - ▶ The nurse must know that these soft injuries usually fade (disappear) spontaneously within few days, without treatment .
 - ▶ Explain, reassure and provide health information to the parents about these injuries.
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Head Trauma

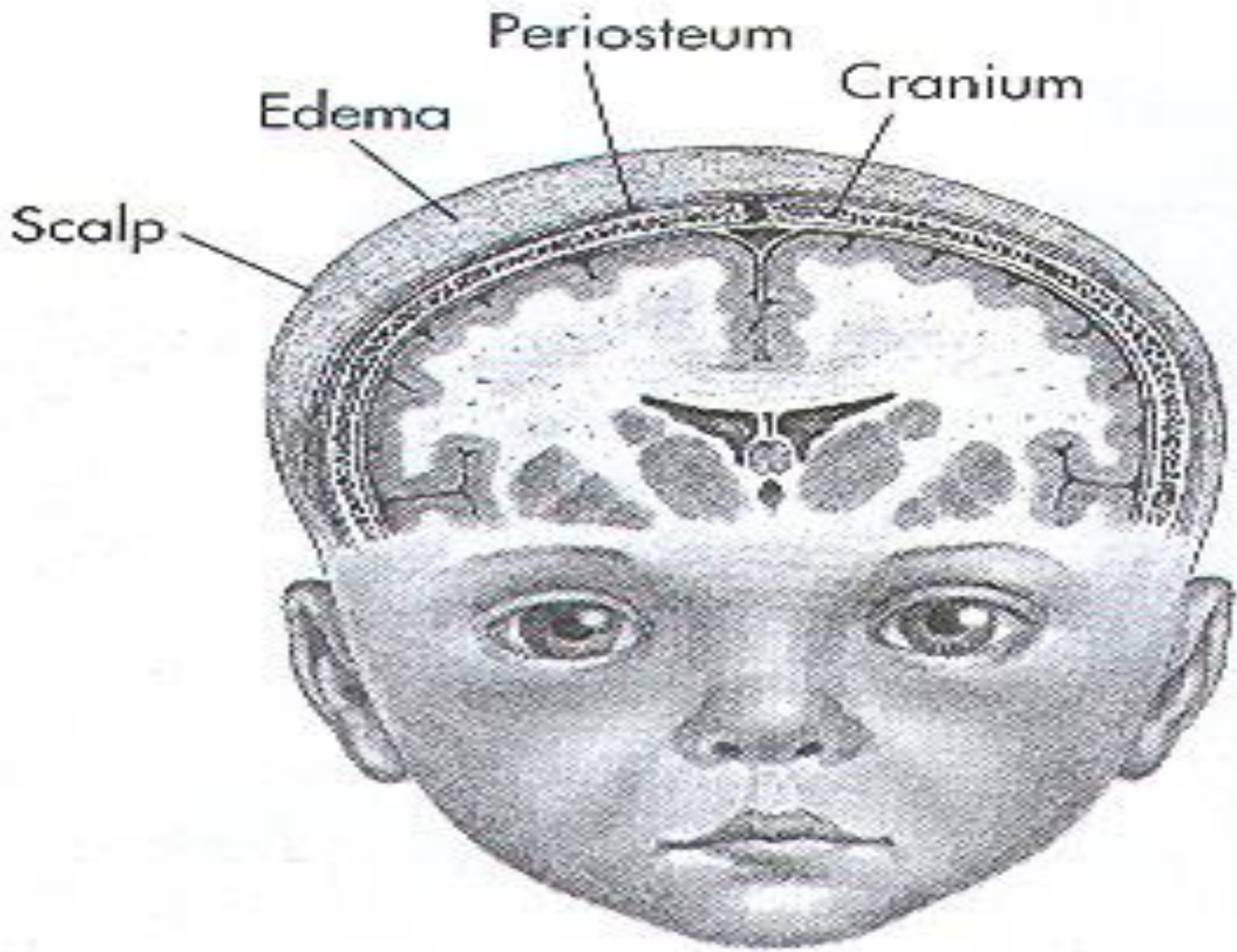
- ▶ Trauma to the head and scalp that occurs during the birth process is usually benign but occasionally results in more serious injuries.

There are three main types of extra-cranial (out of the cranium, brain) hemorrhage, which are :

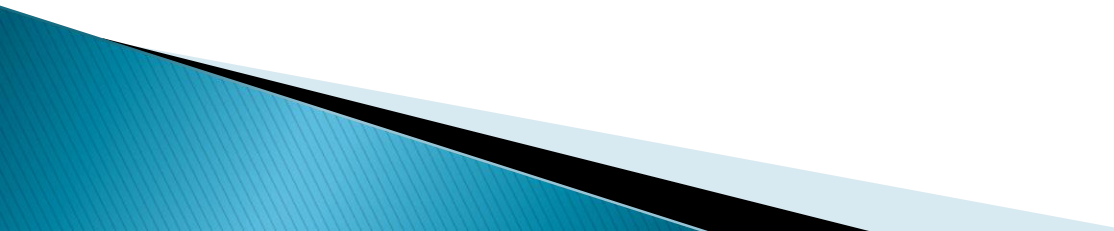
- ▶ Caput Succedaneum, Cephalhematoma, and sub-galeal hemorrhage.

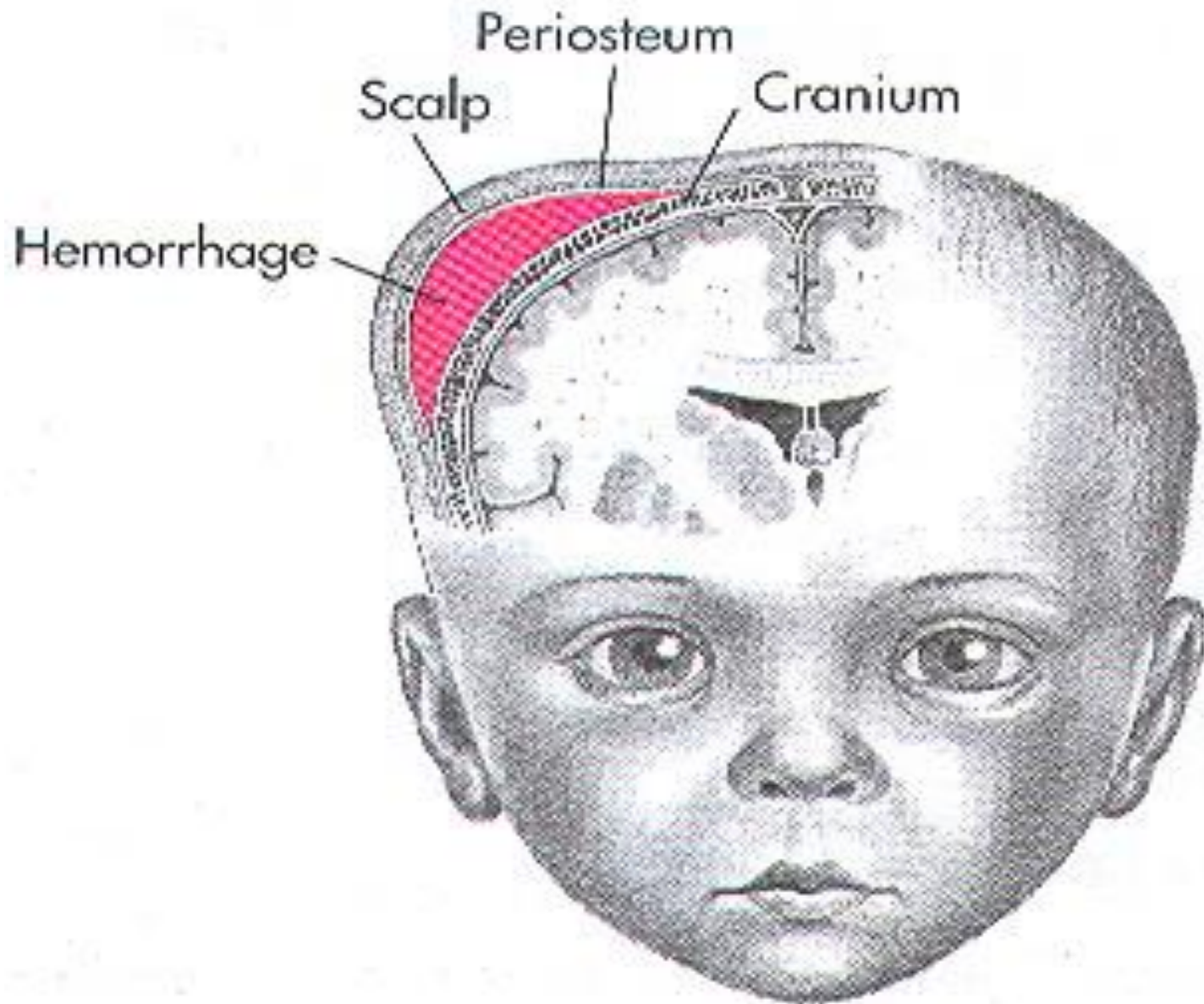
Caput succedaneum

- ▶ The most commonly observed scalp lesion.
 - ▶ Observed usually with vertex delivery.
 - ▶ Edematous area situated over the portion of the scalp .
 - ▶ The swelling is composed of blood or serum, or both
 - ▶ No specific treatment is required , the swelling is usually subsided within few days.
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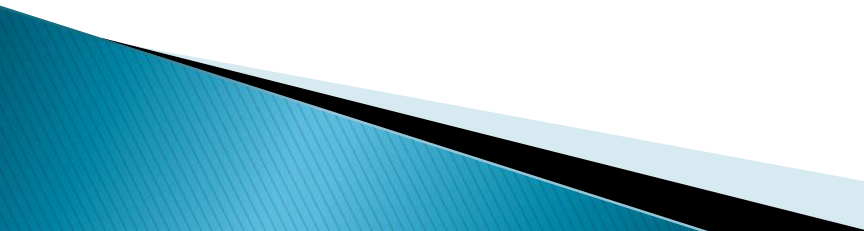


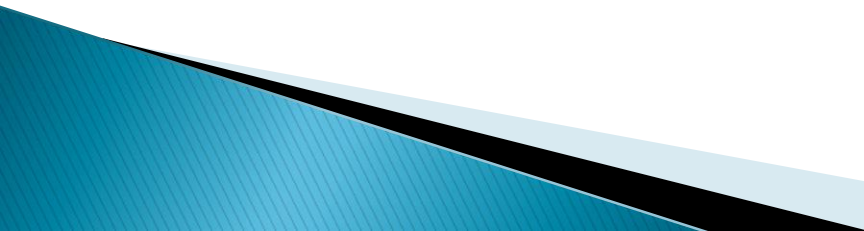
Cephalohematoma

- ▶ Cephalohematoma is formed when blood vessels ruptures during delivery to produce bleeding into area between the bone and its periosteum .
 - ▶ This injury is usually occurred with the primipara woman, and associated with vacuum and forceps delivery.
 - ▶ No treatment is required for the uncomplicated hematoma.
 - ▶ Hyperbilirubinemia may result if hematoma resolution due to blood lyses .
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Subgaleal hemorrhage

- ▶ Subgaleal hemorrhage is bleeding into the subgaleal compartment which is the tendinous sheath that connects the frontal and occipital muscles and forms the inner surface of the scalp.
 - ▶ .
 - ▶ This injury occurs as a result of pressure through the head (of the infant) into the pelvic outlet.
 - ▶ It is commonly occurred after vacuum delivery.
 - ▶ The early detection is so vital .
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- ▶ Serial head circumferences may detect any increase due to hemorrhage .
 - ▶ The bleeding may extend to the posterior aspect of the ear and neck.
 - ▶ Monitoring of the bleeding times and coagulation is important.
 - ▶ Assessment to the level of consciousness.
 - ▶ Assessment to the level of Hb and Hct.
 - ▶ Increase in bilirubin is expected due to blood lyses.
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Complications

such as

- ▶ Infection,
- ▶ Sub- Dural hematoma,
- ▶ Intraventricular hemorrhage.

