

[Newborn Care Manual: Contents](#)

**18-1 WHAT IS A NORMAL INFANT?**

A normal infant has the following characteristics:

1. Pregnancy, labour and delivery were normal.
2. The infant is born at term.
3. The one minute Apgar score is 7 or more and no resuscitation is needed after birth.
4. The infant weighs between 2500 g and 4000 g at birth.
5. The birth weight falls between the 10th and 90th centiles.
6. There is no soft tissue wasting.
7. On physical examination the infant appears healthy with no congenital abnormalities or abnormal clinical signs.
8. The infant feeds well.
9. There have been no problems with the infant since delivery.

Normal infants are at low risk of developing problems in the newborn period and, therefore, require primary care only. About 80% of all infants are normal.

**NORMAL NEWBORN INFANTS ARE AT LOW RISK OF DEVELOPING PROBLEMS AND, THEREFORE, REQUIRE ONLY PRIMARY CARE**

**18-2 WHAT CARE SHOULD YOU GIVE A NORMAL INFANT IMMEDIATELY AFTER DELIVERY?**

1. Dry the infant in a warm towel then transfer the infant to a second warm, dry towel. This will prevent hypothermia caused by evaporation after delivery. Drying also stimulates the infant to cry.
2. Assess the Apgar score at 1 minute. The normal infant will have an Apgar score of 7 or more and, therefore, does not need any resuscitation. It is not necessary to suction the nose and pharynx of a normal infant at birth. If the infant has a lot of secretions, turn the infant onto the side for a few minutes.
3. An initial, brief physical examination should be done to assess the infant for size, gross congenital abnormalities or other obvious clinical problems. This is usually carried out at the same time as the 1 minute Apgar score.

Gloves must be worn by the nurse or doctor who delivers the infant and assesses the infant immediately after birth.

**18-3 WHEN SHOULD YOU CLAMP THE UMBILICAL CORD?**

The cord is usually clamped with surgical forceps immediately after birth. However, it is preferable to allow the infant to cry well a few times before clamping the cord, as this allows the infant to receive some extra blood from the placenta. The extra blood may help prevent iron deficiency anaemia later in the first year of life. The umbilical cord must be clamped or tied about 3 to 4 cm from the infant's abdomen. Once the infant has been dried and assessed, the surgical forceps can be replaced with a sterile, disposable cord clamp or a sterile cord tie. Therefore, it is probably best to clamp the cord as soon as the infant has been well dried and before the 1 minute Apgar score is assessed.

**18-4 WHEN SHOULD YOU GIVE THE INFANT TO THE MOTHER?**

It is essential for the mother to see and hold her infant as soon as possible after delivery. If the infant appears to be normal and healthy, the infant can be given to the mother after the 1 minute Apgar score has been assessed and the initial examination made. After delivery, both the infant and mother are in an alert state. The infant's eyes are usually wide open and looking around.

The mother will usually hold the infant so that she can look at the face. She will talk to her infant and touch the face and hands. This initial contact between a mother and her infant is an important stage in BONDING. Bonding is the emotional attachment that develops between mother and child, and is an

important step towards good parenting later. Where possible, it is important that the father be present at the delivery so that he can also be part of this important phase of the bonding process.

**GIVE THE INFANT TO THE MOTHER AS SOON AS POSSIBLE AFTER THE DELIVERY**

**18-5 WHEN SHOULD THE NORMAL INFANT BE PUT TO THE BREAST?**

If possible the mother should put the infant to her breast as soon as the infant has been dried and assessed at 1 minute because:

1. Studies have shown that the sooner the infant is put to the breast, the greater is the chance that the mother will successfully breast feed.
2. Nipple stimulation by suckling may speed up the third stage of labour by stimulating the release of maternal oxytocin which causes the uterus to contract.
3. It reassures the mother that her infant is healthy.

Some women want to hold and look at their infants but do not want to breast feed immediately after delivery. Their wishes should be respected. Mothers should be encouraged to start kangaroo mother care when they are given their infant. During a complicated third stage or during the repair of an episiotomy some mothers would rather not hold their infants.

**18-6 WHEN DO YOU IDENTIFY THE INFANT?**

Once the parents have had a chance to meet and inspect their new infant, formal identification by the mother and staff must be done. Labels with the mother's name and folder number, together with the infant's sex, date and time of birth are then attached to the infant's wrist and ankle. Twins must be labeled "A" and "B". Once correctly identified, other routine care can then be given. Do not identify the infant before the mother has had a chance to meet her newborn infant.

**18-7 SHOULD ALL INFANTS BE GIVEN VITAMIN K?**

Yes. It is essential that all infants be given 1 mg of vitamin K1 (Konakion) by intramuscular injection into the anterolateral aspect (side) of the mid-thigh after delivery. NEVER give the Konakion into the buttock as it may damage nerves or blood vessels that are very superficial in infants. Konakion will prevent haemorrhagic disease of the newborn. Be very careful NOT to give the infant the mother's oxytocin (Syntocinon) in error. To avoid this mistake, some hospitals give Konakion in the nursery or postnatal ward and not in the labour ward. Do not use oral vitamin K as it has to be repeated to be effective.

*\*\*\* An injection of oxytocin or ergometrine into the infant by mistake results in severe apnoea after a few hours. As a result, the infant may require ventilation.*

**18-8 SHOULD ANTIBIOTIC OINTMENT BE PLACED IN THE EYES?**

Yes, it is advisable to place tetracycline, chloromycetin or erythromycin ointment or drops routinely into both eyes to prevent Gonococcal conjunctivitis. The use of erythromycin or tetracycline will also decrease the risk of conjunctivitis due to Chlamydia.

**18-9 SHOULD ALL INFANTS BE WEIGHED AND MEASURED?**

Yes, it is important to measure the infant's weight and head circumference after birth. The parents are usually anxious to know the infant's weight. An assessment of the gestational age should also be made, especially if the infant weighs less than 2500 g. In low birth weight infants (less than 2500 g), these measurements should be plotted on a size for gestational age chart. Usually head circumference is also measured and recorded. It is difficult to measure length accurately without a measuring board.

The routine management of the newborn infant (identification, vitamin K, eye prophylaxis and measurement) does not have to be done immediately after birth. The infant should be given to the mother to hold and put to the breast. Once the third stage is completed, these routines can be carried out.

**18-10 WHAT CARE AND MANAGEMENT SHOULD BE DOCUMENTED?**

Accurate notes should be made after the infant has been delivered. It is important to document the following observations and procedures:

1. Apgar score or scores.
2. Any action taken to resuscitate the infant.
3. Estimated gestational age, especially if the infant appears to be small.
4. Whether the infant looks healthy or sick.
5. Any abnormality or clinical problem noticed.
6. Identification of the infant.
7. Administration of Konakion.
8. Whether prophylactic eye ointment was given.
9. Birth weight and head circumference.

**18-11 SHOULD THE INFANT STAY WITH THE MOTHER AFTER DELIVERY?**

Yes. If the mother and infant are well, they should not be separated. The infant can stay with the mother in the labour ward and should be transferred with her to the postnatal ward. Kangaroo mother care should be encouraged. If the infant is cared for by the mother, the staff will be relieved of this additional duty. Most mothers want their infants to stay with them.

**IF AT ALL POSSIBLE, THE MOTHER AND HER INFANT SHOULD NOT BE SEPERATED**

Kangaroo mother care is fully discussed in Units 43 and 44 of the Mother and Baby Friendly Care manual of the Perinatal Education Programme.

**18-12 SHOULD ALL NORMAL INFANTS ROOM-IN?**

Yes, all normal infants should room-in. "Rooming-in" means that the infant stays with the mother and does not get cared for in the nursery. The infant is given KMC or nursed in a cot (bassinet) next to the mother's bed. The advantages of rooming-in are:

1. The mother can be close to her infant all the time and get used to caring for her infant. This strengthens bonding.
2. It encourages demand feeding and avoids all the complications of schedule feeding.
3. It promotes kangaroo mother care.
4. It prevents the infant being exposed to the infections commonly present in a nursery.
5. It reduces the number of staff needed to care for infants.
6. It builds up the mother's confidence in her ability to handle her infant.
7. Each infant will receive individual attention.

The disadvantages of rooming-in are that the infant may keep the mother awake and that the excessive crying of some infants may disturb other mothers. In practice this can be avoided by removing an occasional infant for a short while. However, this is seldom necessary. Rooming-in is the modern way of providing good care. It is not dangerous for the infant to sleep with the mother.

**18-13 WHEN SHOULD THE INFANT RECEIVE THE FIRST BATH?**

There is no need to routinely bath all infants after delivery to remove the vernix. Vernix will not harm the infant and disappears spontaneously after a day or two. Vernix protects the skin and kills bacteria. Many infants also get cold if they are bathed soon after delivery. The only indication for an infant to be washed or bathed soon after birth is severe meconium staining or contamination with blood or maternal stool. A sick or high risk infant should never be bathed soon after delivery.

It is, however, important that all primiparous mothers learn how to bath an infant before they are sent home. If these infants have to be bathed on the first day of life, it is preferable that this be delayed until they are a few hours old. A carbolic soap (e.g. Lifebouy) is suitable as it kills bacteria. Make sure the room is warm and the infant is well dried immediately after the bath.

**18-14 WHAT IS THE APPEARANCE OF A NEWBORN INFANT'S STOOL?**

For the first few days the infant will pass meconium, which is dark green and sticky. By day 5 the stools should change from green to yellow, and by the end of the first week the stools should be yellow with the appearance of scrambled egg. The stools of breast fed infants may also be soft and yellow-green but should not smell offensive.

Some infants will pass a stool after every feed while others may not pass a stool for a number of days. As long as the stool is not hard, the frequency of stools is not important.

**18-15 HOW MANY WET NAPPIES SHOULD AN INFANT HAVE A DAY?**

A normal infant has at least 6 wet nappies a day. If the infant has fewer than 6 wet nappies a day, you should suspect that the infant is not getting enough milk.

**18-16 SHOULD THE MOTHER BREAST FEED HER INFANT?**

Yes. There are many benefits to both the mother and her infant from breast feeding, especially exclusive breast feeding.

**18-17 WHAT ROUTINE CORD CARE IS NEEDED?**

The umbilical cord stump is soft and wet after delivery and this dead tissue is an ideal site for bacteria to grow. The cord should, therefore, be dehydrated as soon as possible by 6 hourly applications of surgical spirits. It is important to apply enough spirits to run into all the folds around the base of the cord. There is no need to use antibiotic powders. If the cord remains soft after 24 hours, or becomes wet or smells offensively, then the cord should be treated with surgical spirits every 3 hours. Do not cover the cord with a bandage. Usually the cord will come off at between 1 and 2 weeks after delivery.

**18-18 WHEN SHOULD THE NORMAL INFANT BE FULLY EXAMINED?**

It is an important part of primary care to carefully examine all normal infants within 24 hours of delivery. The examination should be done after the mother and infant have recovered from the delivery, which usually takes about 2 hours. The infant must be examined in front of the mother so that she is reassured that the infant is normal. It also gives her a chance to ask questions about her infant. A quick look to exclude major abnormalities is done when the infant is dried immediately after delivery.

The examination of the newborn infant is described in skills workshop 18 of this PEP manual.

**18-19 IS IT NORMAL FOR AN INFANT TO LOSE WEIGHT AFTER BIRTH?**

Yes. Most breast fed infants will lose weight for the first few days after birth due to the small volume of breast milk being produced. Colostrum, however, will meet the infant's nutritional needs. Once the breast milk "comes in", between days 3 and 5, the infant will start to gain weight. Most breast fed infants regain their birth weight by day 7. This weight loss is normal and does not cause the infant any harm. The normal infant does not lose more than 10% of the birth weight. Formula fed infants may not show this initial weight loss.

<b>IT IS NORMAL FOR AN INFANT TO LOSE SOME WEIGHT DURING THE FIRST FEW DAYS</b>
---

*\*\*\* To prevent dehydration during the first few days of life, when the mother's breast milk production is still limited, all infants have physiological oliguria.*

**18-20 IS IT NECESSARY TO WEIGH A NORMAL INFANT EVERY DAY?**

No. The normal infant should be weighed at delivery and again on days 3 and 5 if still in hospital. Weight at discharge must be recorded. At every clinic visit the infant's weight should be measured and recorded. Test weighing is not needed in normal infants. After the first week most infants gain about 25 g per day.

**18-21 HOW SHOULD THE INFANT BE DRESSED?**

It is important that the infant does not get too hot or too cold. Usually an infant wears a cotton vest and a gown that ties at the back. A disposable or washable nappy is worn. If the room is cold, a woollen cap should be worn. Woollen booties are sometimes also worn. It is important that the clothing is not too tight. Infants should be dressed so that they are comfortable and warm. Usually a single woollen blanket is adequate.

**18-22 SHOULD AN INFANT SLEEP IN THE MOTHER'S BED?**

If the room is cold then an infant can be kept warm by sleeping with the mother. Sharing a bed does not increase the risk of a "cot death". Low birth weight infants should be given kangaroo mother care.

**18-23 MUST THE BIRTH BE NOTIFIED?**

The birth of every infant must be notified by the hospital, clinic or midwife. The parents later must register the infant's name with the local authority.

**18-24 SHOULD ALL INFANTS RECEIVE A "ROAD TO HEALTH" CARD?**

Yes. All newborn infants must be given a "road to health" card as this is one of the most important advances in improving the health care of children. The relevant information must be entered at birth. Mothers should be instructed as to the importance of the card. Explain the idea of the "road to health" to her. She must present the card every time the infant is seen by a health care worker. It is essential that all immunizations are entered on the card. A record of the infant's weight gain is also very important as poor weight gain or weight loss indicates that a child is not thriving.

<b>ALL INFANTS MUST BE GIVEN A ROAD-TO-HEALTH CARD</b>
--

Completing the "road to health card" is discussed in skills workshop 18 of this PEP manual.

**18-25 SHOULD NEWBORN INFANTS BE IMMUNIZED?**

The schedule of immunizations varies slightly in different areas of southern Africa but most newborn infants are given B.C.G. and polio drops within 5 days of delivery. It is safe to give B.C.G. and polio drops to preterm infants and infants exposed to HIV. Sick and preterm infants are given B.C.G. and polio drops when they are ready to be discharged home.

**18-26 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.

**18-27 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.

**18-28 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.

**18-29 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.

**18-30 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 eye lid, 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" and "stork bites". They are also normal and usually disappear during the first few years.

**18-31 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.

**18-32 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.

**18-33 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.

**18-34 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.

**18-35 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.

*\*\*\* 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.*

**18-36 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.

**18-37 ARE WIDE FONTANELLES AND SUTURES COMMON?**

Many normal infants have wide fontanels 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.

**18-38 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 contains 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.

**18-39 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.

**18-40 WHEN CAN A NORMAL INFANT BE DISCHARGED FROM THE HOSPITAL OR CLINIC?**

Most normal newborn infants can be discharged after 6 hours.

Before discharging an infant from either a hospital or clinic, you should ask yourself the following questions:

1. Does the infant appear normal, active and healthy?
2. Does the infant feed well?
3. If the infant is more than 5 days old, is it gaining weight?
4. Can the mother feed and care for her infant?
5. Has the infant been immunized?
6. Does the infant weigh 2000 g or more.

**18-41 WHAT ADVICE SHOULD THE MOTHER BE GIVEN ABOUT A NORMAL INFANT AT DISCHARGE?**

Before discharge all mothers must be advised about:

1. Feeding their infant.
2. Bathing and dressing their infant.
3. Follow-up appointments and arrangements.
4. Reporting immediately if the infant appears ill or behaves abnormally (danger signs).
5. The importance of the "road to health" card.

The road to health card is discussed in skills workshop 18 of this PEP manual.

**18-42 SHOULD NORMAL INFANTS BE FOLLOWED UP AFTER DISCHARGE?**

If the infant is discharged before 7 days of age, the infant should be seen at home or at a clinic on days 2 and 5 to assess whether:

1. The infant appears healthy or sick.
2. The infant is feeding well and receiving enough milk.
3. The mother is managing to care for her infant.
4. The cord is clean and dry.
5. The infant is jaundiced.
6. The mother has any problems with her infant.

After the age of one week, the normal infant should be followed at the local "well baby" clinic to assess the infant's weight gain and general development, and to receive the required immunizations. These details must be noted on the road to health card( preschool health card).

**CASE PROBLEMS****CASE 1**

An infant is delivered to a primigravid mother by spontaneous vertex delivery at term. Immediately after birth the infant cries well and appears normal. The cord is clamped and cut and the infant is dried. 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?**

A "mongolian spot", which is 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. The then has an opportunity to learn how the bath her infant.

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

Yes, if possible the mother and her infant should not 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 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 one or two days.

**CASE 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 dried with 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 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 haemorrhagic 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?**

Tetracycline, chloromycetin or erythromycin 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 breast feeding 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 or 2% sodium bicarbonate 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.