

NEONATAL TETANUS

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OUTCOME:

- Manage a baby with Neonatal Tetanus

NEONATAL TETANUS



OBJECTIVES

- ◉ Define neonatal tetanus (case definition)
- ◉ Describe the features
- ◉ Outline the risk factors
- ◉ State the investigations
- ◉ Explain the treatment

NEONATAL TETANUS



NT

- His body is rigid.
- Infection can occur when the newly cut umbilical cord is exposed to dirt.
- Most newborns who get tetanus die

N. T

- Begins in neonatal period
- 3–10/7
- Is generalized type
- Follows contamination of umbilical stump during delivery, associated with high mortality

HISTORY

- ◉ H/O a newborn who was able to breast feed suddenly develops inability to breast feed, lock jaw, spasms, seizures & death
- ◉ h/o un sterile cutting of the cord or
- ◉ Rx of stamp with cow dung

PREVENTION

- Tetanus toxoid to all pregnant women
- Education on hygiene
- Appropriate cord care

MNX

- ◉ Sedate baby by
- ◉ Phenobarbitone 15mg/ kg start
- ◉ Diazepam 0.2mg/kg over 3 minutes. Repeat every 30 min x 3 doses
- ◉ Do not exceed 2mg/kg/24hrs
- ◉ Clean cord thoroughly
- ◉ Pass a NGT for feeding

SUBSEQUENT CARE

- ◉ Nurse the baby in a quiet dark room
- ◉ Avoid too much handling
- ◉ Keep umbilical cord clean & dry
- ◉ Paint cord with povidine iodine or spirit
- ◉ Feed EBM through NGT
- ◉ Phenobarbitone 5mg/ kg/ day in 2 doses

NT

- Antibiotics iv crystalline penicillin 100 000u/kg/day in 2 doses
- Monitor v/s - watch resp.
- Counsel the mother.
- Refer to ICU
- Immunize baby after recovery.