

# INTRODUCTION TO NEONATOLOGY

THE NEWBORN INFANT  
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# APGAR EVALUATION OF NEWBORN

SIGN	0	1	2
HEART RATE	ABSENT	BELOW 100	OVER 100
RESPIRATORY EFFORT	ABSENT	SLOW, IRREGULAR	GOOD, CRYING
MUSCLE TONE	LIMP	SOME FLEXION OF EXTREMITIES	ACTIVE MOTION
RESPONSE TO CATHETER IN NOSTRIL (TESTED AFTER OROPHARYNX IS CLEAR)	NO RESPONSE	GRIMACE	COUGH OR SNEEZE
COLOUR	BLUE, PALE	BODY PINK, EXTREMITIES BLUE	COMPLETELY PINK

# INFECTIONS OF THE NEONATE

- Neonate infections remain a frequent and important cause of neonatal and infant morbidity and mortality.
- As many as 2% of fetuses are infected in utero
- 10% of infants have infections in the 1st month of life
- Infectious agents can be transmitted from the mother to the fetus or newborn infant by diverse modes.

# INFECTIONS OF THE NEONATE..

- The fetus and newborn infant are less capable of responding to infection because of immunologic immaturity.
- Preterm infants are at particular risk.
- Coexisting conditions often complicate the diagnosis and management of neonatal infections.

# INFECTIONS OF THE NEONATE..

- The clinical manifestations of newborn infections vary and include
  - subclinical infection,
  - mild to severe manifestations of focal or systemic infection, and,
  - rarely, congenital syndromes resulting from in utero infection.
- The timing of exposure, inoculum size, immune status, and virulence of the etiologic agent influence the expression of disease.

# INFECTIONS OF THE NEONATE..

- Maternal infection, the source of trans-placental fetal infection,
  - is often undiagnosed during pregnancy because the mother was either asymptomatic or
  - had nonspecific signs and symptoms at the time of acute infection.
- A wide variety of etiologic agents infect the new born, including bacteria, viruses, fungi, protozoa, and mycoplasmas.