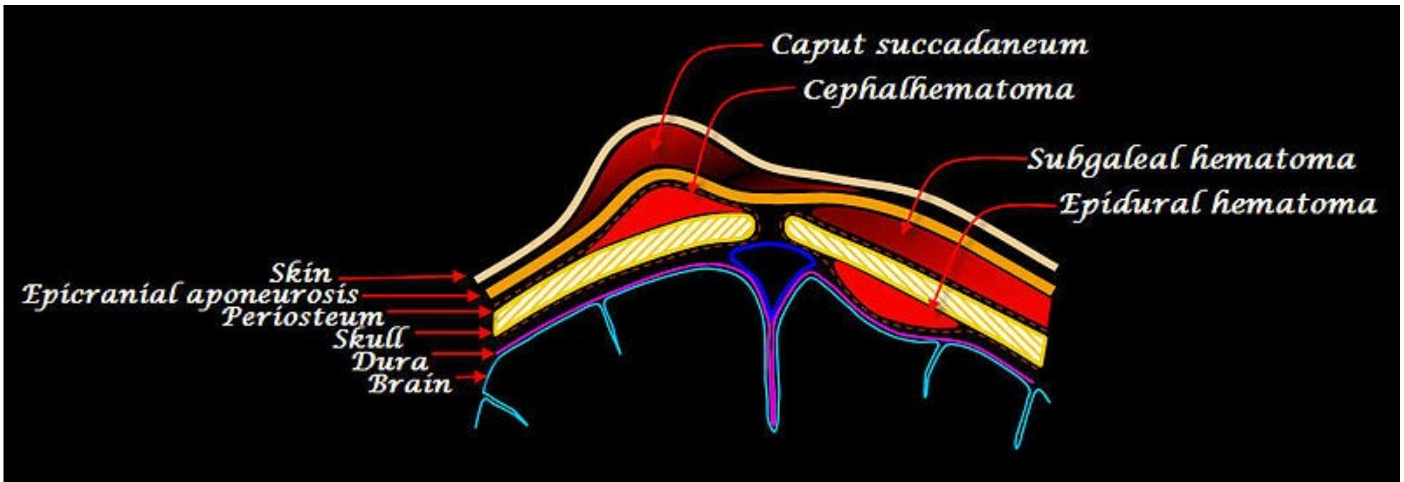
Baby check findings: head swellings

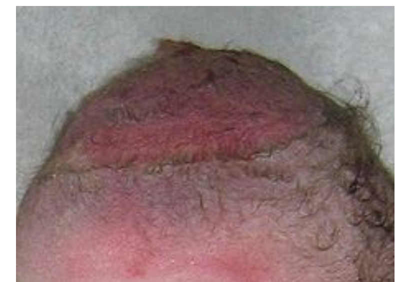


Caput succedaneum

This is a soft tissue swelling of the scalp secondary to compression of the head by the cervix. It is differentiated from the cephalhaematoma by the fact that it crosses suture lines and settles in 24 hours. It requires no therapy apart from parental reassurance.

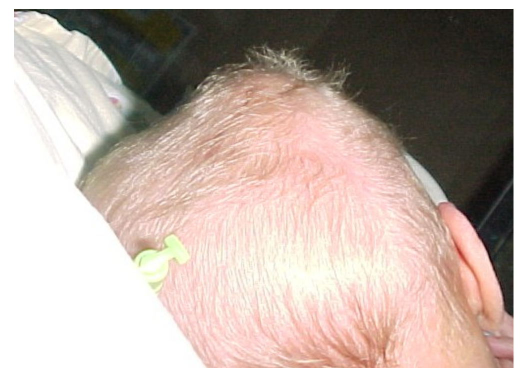
Moulding

Following delivery the head is often moulded into odd shapes and can be oedematous. This usually resolves quite quickly. Request Registrar review if uncertain.



Chignon

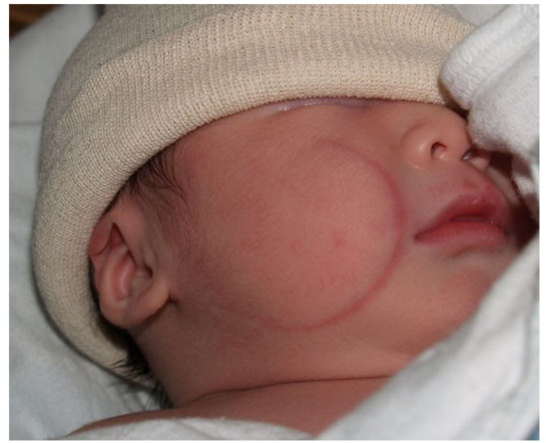
This is the bruising and swelling produced by a ventouse cup. Apart from the bruising it behaves much as a caput.



Cephalhaematoma

This is a collection of blood between the periosteum and the skull bone. It occurs in utero and can happen prior to delivery. It is very rarely associated with a skull fracture. It is distinguished by the fact that the swelling does not cross suture lines and settles slowly over the days and weeks. Again, parental reassurance is all that is required. Baby may become jaundiced.

Baby check findings: trauma

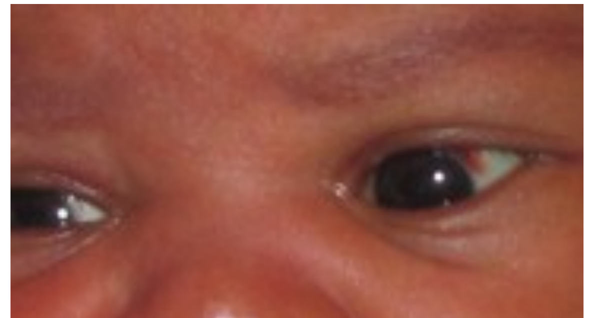


Forceps marks, grazes

Bruising from forceps and small grazes can occur. These resolve and require no specific therapy.

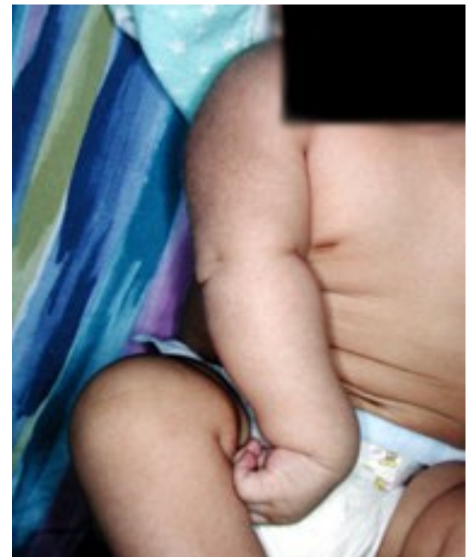
Cuts

Significant cuts occurring during delivery should be seen by a doctor (preferably the one making the cut) immediately after delivery and sutured or steri-stripped accordingly



Subconjuctival haemorrhage

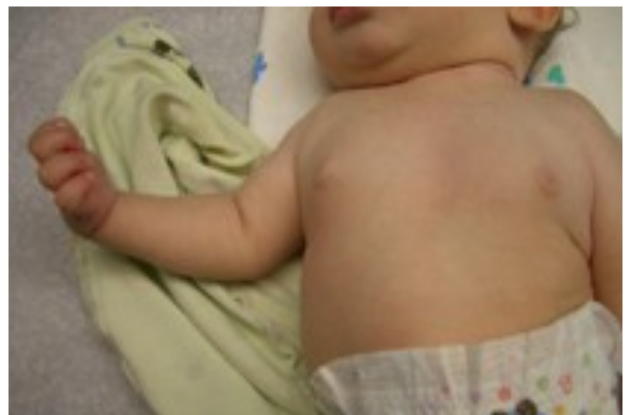
These are small haemorrhages into the white of the eye around the edge of the pupil. They are common after a normal or forceps delivery. No therapy is required.



Erbs Palsy

Following shoulder dystocia there is damage to the brachial plexus. The position of the limb is characteristic: the arm hangs by the side and is rotated medially; the forearm is extended and pronated. The arm cannot be raised from the side; all power of flexion of the elbow is lost, as is also supination of the forearm.

See brachial plexus injury clinical aid

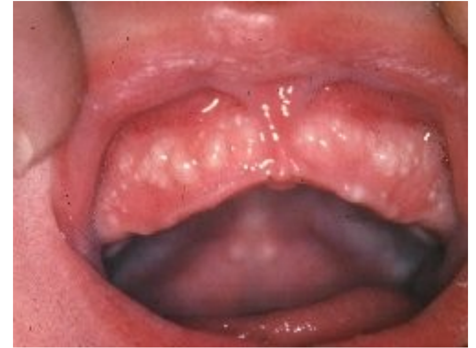


Klumpkes Palsy

This is another birth injury with damage to the brachial plexus. The appearance is of a claw hand where the forearm is supinated and the wrist and fingers are flexed. At birth these findings may not be apparent, and instead just weakness involving the affected hand is found.

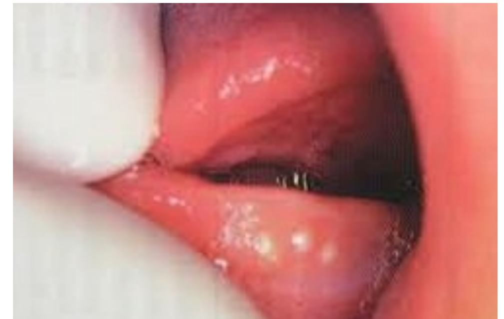
See brachial plexus injury clinical aid

Baby check findings: mouth



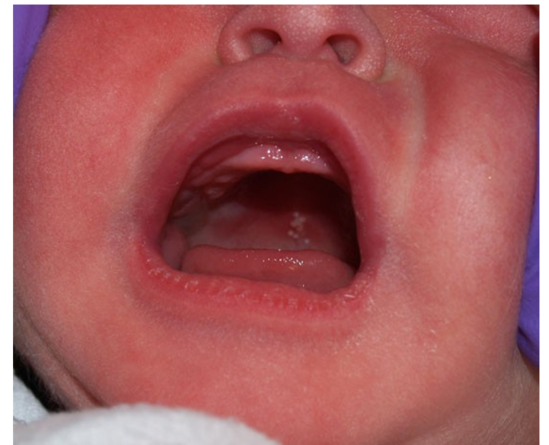
Bohn’s nodules

Epithelial inclusion cysts (remnants of salivary gland epithelium) that develop on the buccal or alveolar surface of the gums and appear as firm, white, irregularly shaped papules in isolation or small groups.



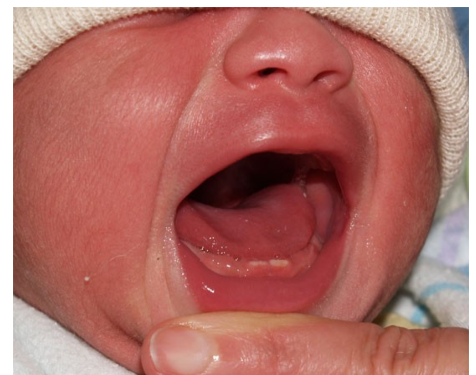
Dental Lamina Cysts

Remnants of dental lamina found on the crests of the dental ridges. Most commonly seen bilaterally in the region of the first primary molars.



Epstein Pearls

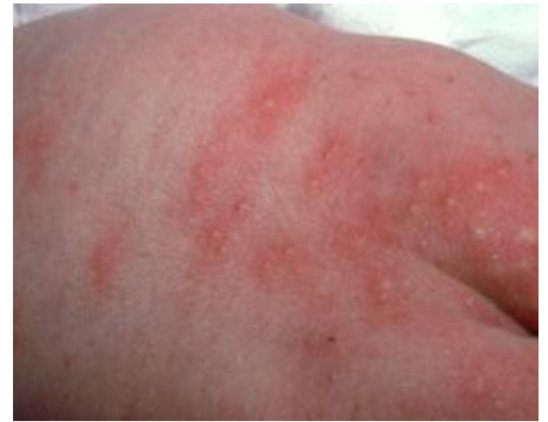
Epithelial inclusions that appear on the midline of the hard palate



Natal Teeth

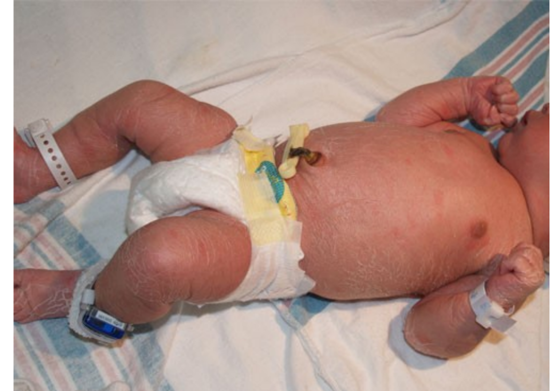
Natal teeth are teeth that are present at birth and are often wobbly. Natal teeth can rarely be associated with sydromes (Ellis–van Creveld syndrome, Hallermann–Streiff syndrome, Pierre Robin syndrome, Sotos syndrome)

Baby check findings: skin



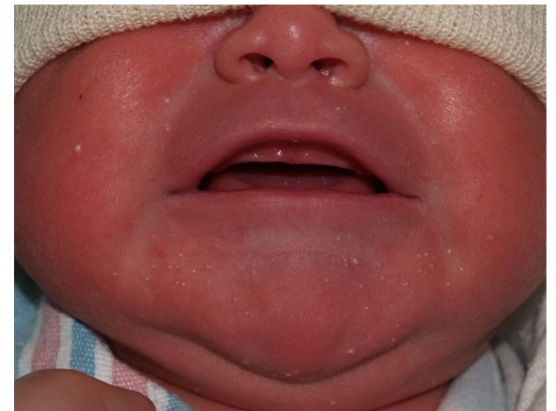
Erythema Neonatorum

This disorder, wrongly called “toxic erythema” occurs in up to 50% of term infants. It presents early in life and it can last for up to 2 weeks. It is a blotchy macular erythema surrounding a yellowish papule that is transient and migrates. The reason for this rash is not clear. It resolves spontaneously and has no long-term complications. There is no treatment.



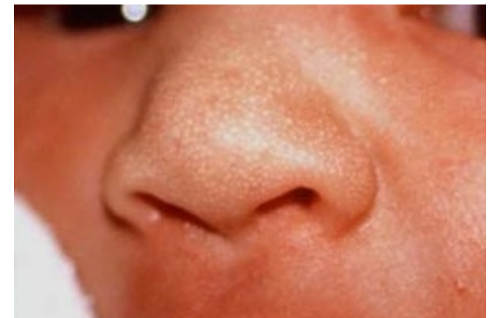
Dry Skin

Post mature or IUGR infants often have ”dry” skin, which tends to peel and may crack. This is normal. It requires no treatment but baby oil helps to alleviate everyone’s concerns.



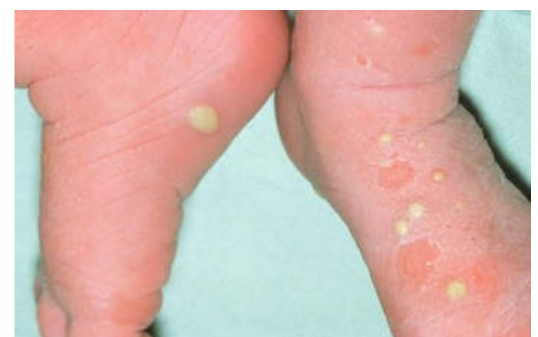
Milia

These are yellowish/white spots that can be seen on up to 50% of babies. They are especially common on the nose and face. They disappear on their own and require no treatment.



Sebaceous Hyperplasia

Overproduction of sebum during the first months of life under the influence of maternal androgens. Commonly found on the nose.

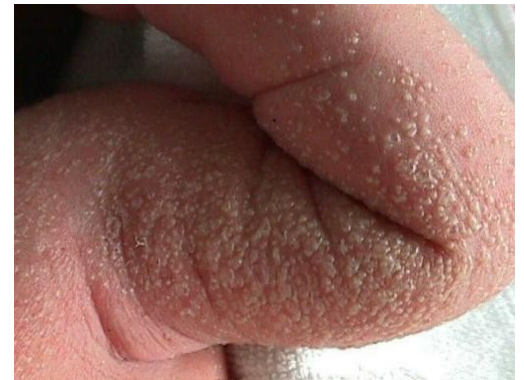


Transient neonatal pustular melanosis

Short lived eruption that may be present at birth as a fragile blister, the top of which easily wipes off; leaving a typical halo around the base and in infants of colour the base will be darker than adjacent skin.

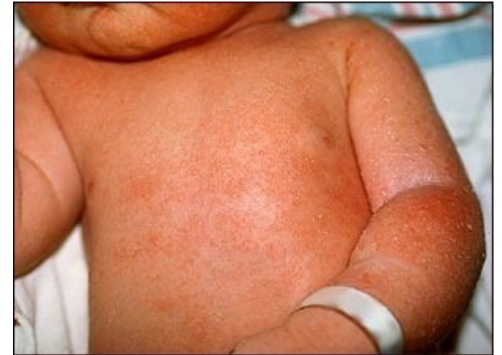
Request registrar review if concerns about sepsis.

Baby check findings: skin

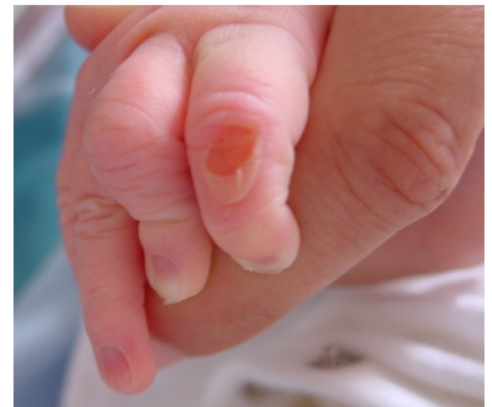


Miliaria

This is a sweat rash caused by the obstruction of the eccrine sweat ducts. The rash consists of tiny vesicles and small papules. They can occur anywhere but especially on the chest and areas of friction. The main treatment is to reduce sweating and humidity. If the obstruction is in the superficial stratum corneum, miliaria crystalline develops.

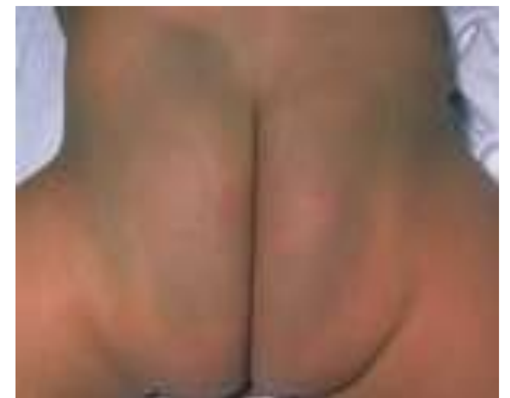


If the obstruction is deeper within the dermis, miliaria rubra develops.



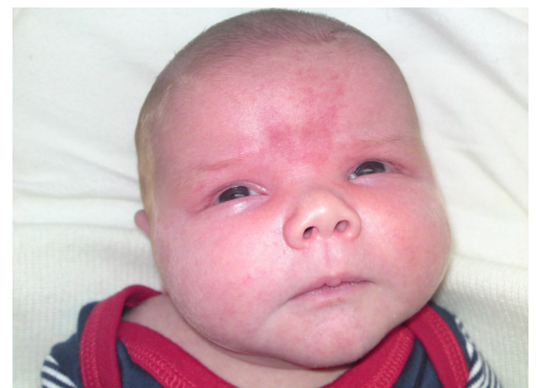
Sucking Blisters

Small blisters found on the lips, arms or feet of a baby.



Mongolian blue spot

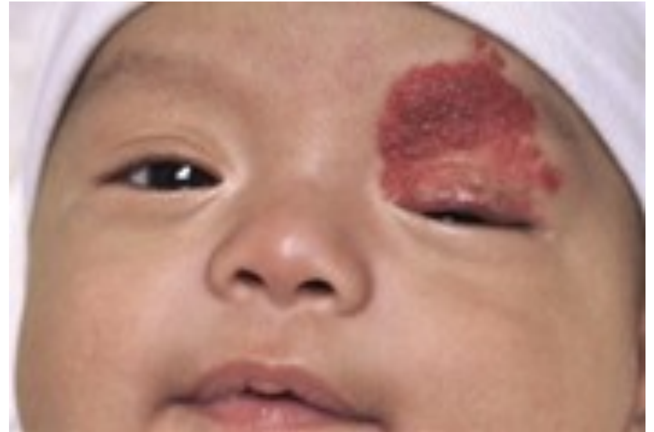
These are blue/grey irregular macules, which look similar to bruises. They are commoner in non – Caucasians. They are benign and require no treatment. They are worth noting to prevent accusations of NAI.



Salmon Patches (Stork bite, Angel Kisses, Nevus flammeous, Nevus simplex):

Dull pinkish, irregularly shaped, blanching macules with fine telangiectasia visible on close inspection. Occur most often on nape of neck, eyelids, glabella, forehead and upper lip.

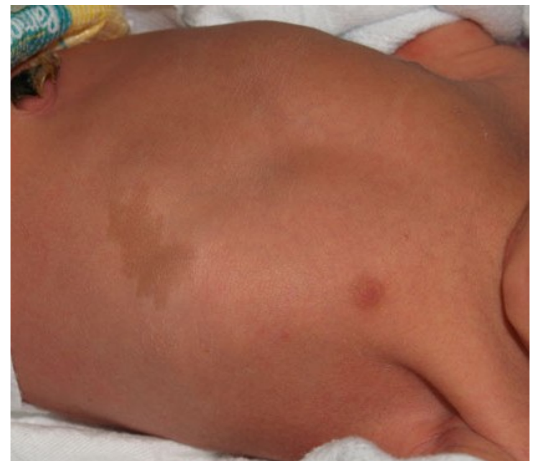
Baby check findings: skin



Capillary Haemangioma (Infantile hemangioma Strawberry hemangioma, and Strawberry nevus)

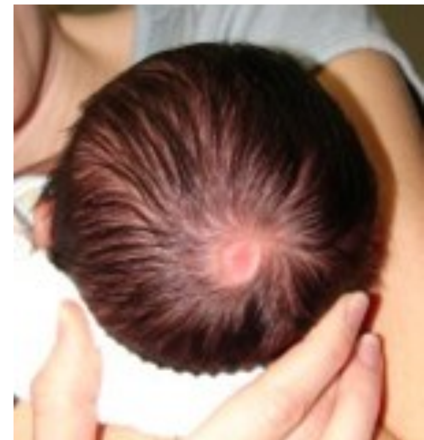
The most common variant of hemangioma which appears as a raised, red, lumpy area of flesh anywhere on the body, though 83% occur on the head or neck area. These marks occur in about 10% of all births, and usually appear between one and four weeks after birth. It may grow rapidly, before stopping and slowly fading. Some are gone by the age of 2, about 60% by 5 years, and 90–95% by 9 years.

If any haemangioma involves the orbit, ear, mouth, genital or perianal area, or if the lesion is raised or pulsatile, request registrar review.



Café au lait spots

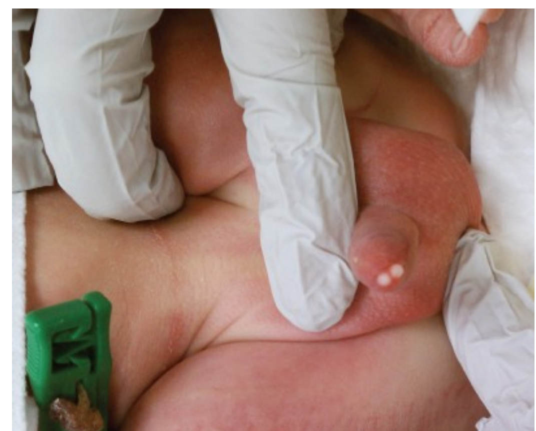
Regions of increased epidermal melanosis which are a lighter tan or brown than pigmented nevi. The presence of six or more
spots especially in the axillae and if >0.5cm is abnormal and may be associated with neurocutaneous disorders.



Cutis Aplasia

A congenital focal absence of epidermis with or without evidence of other layers of the skin. Can be associated with syndromes.

Registrar review.

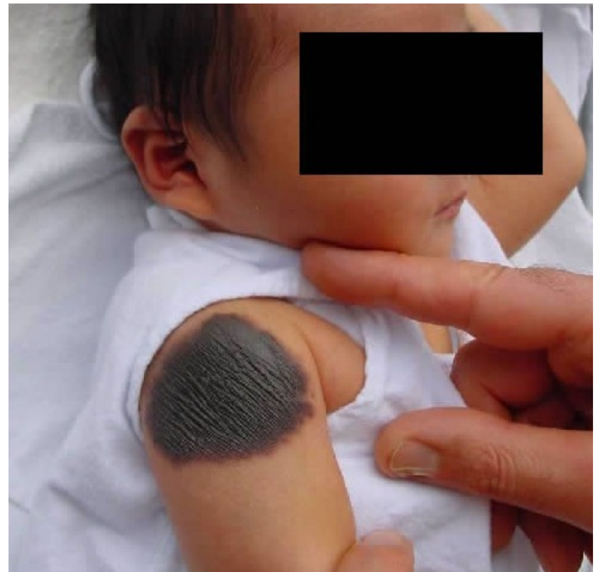


Penile Pearls

Large single lesion of milia usually found on the tip of the foreskin. May persist for several months.

Baby check findings: skin

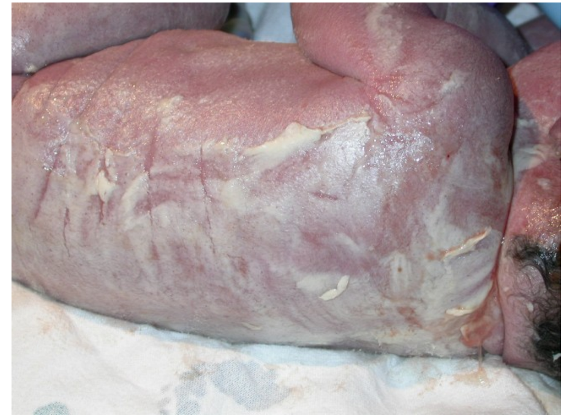
Congenital melanocytic naevi



The congenital melanocytic nevus appears as a circumscribed, light brown to black patch or plaque, potentially very heterogeneous in consistency, covering any size surface area and any part of the body.

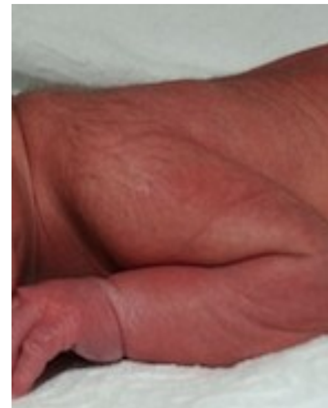
- Small-sized congenital nevocytic nevus is de fined as having a diameter less than 2 cm.
- Medium-sized congenital nevocytic nevus is defined as having a diameter more than 2 cm but less than 20 cm.
- Giant congenital melanocytic nevus is defined by one or more large, darkly pigmented and sometimes hairy patches.

Large congenital nevi are at high risk for degeneration into melanoma. Registrar review if concerned. May need dermatology referral.



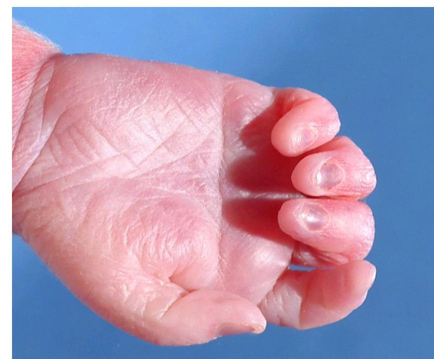
Vernix Caseosa

Creamy white substance, which coats the fetal skin until the 37th to 38th week of gestation when it begins to be shed into the amniotic fluid. May persist in creases.



Lanugo

Very fine, unpigmented hair found on the body.

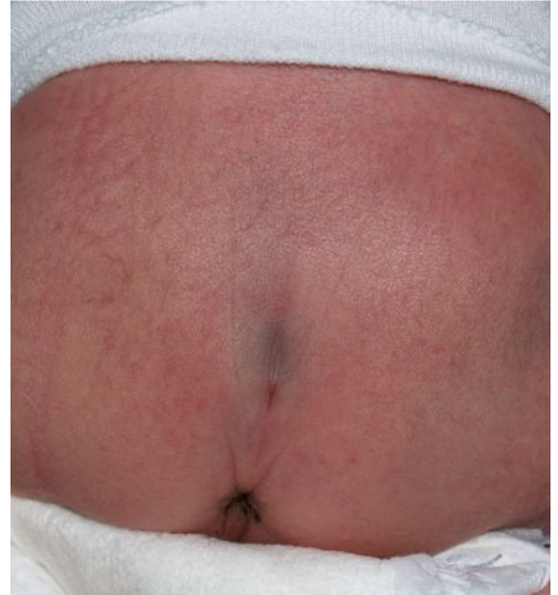


Single Palmar Crease

Occurs unilaterally in approximately 4% and bilaterally in 1% of newborn infants and in boys twice as frequently as in girls. Normal finding in the absence of any other congenital anomalies.

Baby check findings: skin

Sacral dimple

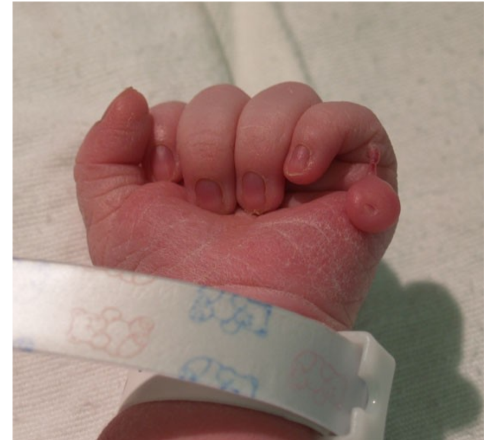


Sacral dimples are common, occurring in up to 4% of the population. The majority of these dimples are minor and do not represent any underlying disease, however the minority may be a sign of disease, notably spina bifida. Even so this is usually the spina bifida occulta form which is the least serious kind.

- Can the floor of the dimple be seen to be covered with skin? If not, it may be that the neural tube is not completely closed.
- Is there a tuft of hair in the dimple? This may also indicate problems.
- Are there any other problems in the examination of the baby, such as weak lower limbs.
- How close to the buttocks is the dimple? The lower, the better within 2.5cm.

See sacral dimple clinical aid

Extra digits



The extra digit is usually a small piece of soft tissue that can be removed. Occasionally it contains bone without joints; rarely it may be a complete, functioning digit. The extra digit is most common on the ulnar (little finger) side of the hand, less common on the radial (thumb) side, and very rarely within the middle three digits.

Will need plastics referral +/- xray.