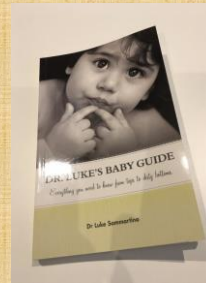


BABIES AND TEARS!
Some direction from the coal-face.

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The most commonly asked questions



- FOWCOE ...
- 10% loss of birthweight... and a relative dehydration 'til 12/7.
- 60- 75- 90- 120- 150-
- It is ok to comp feed rather than have mother and baby in tears. the c-section rate is approaching 20%. The let down may be delayed.
- Jaundice day4-5.



Beware of Dr Google (however always applaud a family's intent to self-educate)

- From the immortal Derek Zoolander when he was recently asked about the Iowa Presidential Caucus/es.

"I never eat it (cous cous) "!

Infant nutrition/ feeding

- Babies double their birthweight by 6m. They treble it by 12m. Aim for ~120g gain per week and of course watch the percentile charts.
- Breast is best. Nutritious, alive and with immunologic protection, portable, and palate-able. Formula companies then have extensively studied and they have attempted to replicate the make up of breast milk.
- Expressed breast milk is an effective Rx for infantile sticky eye.
- A multitude of factors ... physical and emotional can contribute to the let down and the production of breast milk. Pharmacologic agents can also assist (Maxalon/ Domperidone).
- The breast is not a tap. Rather it is a reservoir. Typically 8mins of continuous sucking will empty the breast with 12mins of interrupted sucking achieving the same.
- A slightly more contentious issue. Unless the wam-bam is present and repeatedly so, restriction of anything from the maternal diet is not helpful. Thus avoid the maternal cardboard diet.
- No St. Kilda stools be the baby breast fed or otherwise. A breast fed babe should never get constipated but it may stool many times a day or once every 10days.
- Vit D and breast feeding.

If formula feeding is required or desired

- The sky will not fall in. The same is a woman's and partner's right. No individual or organization has the right to cast aspersions or judgement.
For my part I wanted to swim like Thorpe but it did not quite work out for me.
- I seldom involve myself in the decision unless clear factual direction is required for the benefit of mother and child. That fact is usually self evident and the assent of a partner is vital.
- Formulas sourced locally through our major shop suppliers are universally of a very good quality. Is it any wonder that Asia/ China is going great guns for the product we stock on our shelves and the farms that produce them.
The counter. Beware those tins bought in to this place from seas in small quantities. The melamine disaster of China with its sequelae of renal disease and death still resonates.
- A wise/ perhaps Machiavellian person then once said "the end justifies the means". Providing the weight gain is adequate as is baby's global wellness, what is fed to baby is of little consequences.

- A sliding scale of formula-s. Essentially standard speaking to dairy (HA/ Comfort/). De-lact. Soy. Goats- Alfare/Pepti-junior, "synthetic" Neocate Elecare Alfamino. More processed = worse taste!
- "Gold " preparations. Dr Luke observed first hand the groundbreaking/ eloquent work of Prof Simmer and others (FMC Adelaide). Improved brain myelination and more impressive brain imaging.
To this day fish oils remain a first line Rx for ADHD and its volatility / other behavioral problems.
- Avoid the formula round-about. Undertake analysis in an organised systematic manner with consideration of FH ie. "the apple does not fall from the tree". Has a urine been performed? Reducing sugar? Skin prick allergy testing?
- Stage2 follow on preparations. Yes a role but if it aint broke don't fix it.
- Solids at 4-5m and look for the "look". Carton milk at 12m but the same is situational and advice, if necessary should be sought. For the more fragile start with an A2 like preparation.

Obesity

- An epidemic.
- Role for formula (protein content). Role for genetics and the body habitus of family members. Role for food quality/ quantity (portion and snacks). Role for sedentary lifestyle. Role of dismay.
- Generally speaking. Avoid dieting. Seek out a dietician.



- R Hill Uni of Qld. Study 1500 infants has shown that too much protein intake in early childhood (first 2y) leads to overweight and obesity.
- formula-s have much higher protein content than breast milk.
- Breast milk content is dynamic. Reduces by 50% by 10-12w.
- Consideration. Dairy formula /milk is meant for cows. It has a different a profile to breast milk hence we need a higher protein concentration in formula so we meet the a needs of the infant.

- Prof Ziegler Uni of Iowa. Infants fed high protein formula from 3-12 months show sig higher weight but not length at 1y.
- Increased adiposity persists at 2 and 6y.
- Consideration ... low prot formulas may compromise growth.
- Bottom line. Protein requirement of infants born at term is high during first 1-2m. It declines rapidly til 6m.
- Other groups incl. Weber et al. Am J Clin Nutr 2014 May; 99(5):1041-1051.

Constipation

- Has a newborn passed meconium within 2days of delivery (90% do)? A failure to do so could herald a neuro- muscular etiology.
- No St Kilda and the motions should not run out of the nappy. Green stools represent an xs of iron.
- Breast fed babies do not get constipated(ever) and infant formulas do not constipate!?? So an old examiner said... To the coalface, some preparations are clearly more coarse to the eye and to make up (although in the case that I am contemplating, taste better) than others.
- Times of transition can be associated with brief firm motions. If the firm stool is ongoing, recall it is an endpoint not the pathology. The primary etiology then = genetics.
- 5ml prune juice and 5ml water. Agarol/ Movical . Beware /seek advice before relying on these agents.
- Probiotics. A fascinating logical yet unknown quantity. Consternation still around efficacy (exception Chrons disease), delivery .

Allergy

- ASCIA literature is excellent.
- 9- 12% incidence of bone fide and increasing per current analysis of which dairy and or multiple sensitization presents the most frightening conundrums.
- Commonest = egg, peanut, tree nuts, environmental, and seafood.
- Theories. Bored immune system, Vit D, Maternal intake during pregnancy.
- "Window of opportune exposure" ...
- BCG administration may ameliorate allergy.
- SPAT (skin prick) is superior to RAST IgE blood analysis is superior to IgG blood profiling.



- SPAT ia a-traumatic and efficacious >5m.
- For. Elucidation of anaphylaxis risk (a clinical and historical call with consideration of the family situation) and for ?precipitating/ perpetuating role in atopy.
- SPAT should be manadated when script formulae are required.
- When there is smoke, there is fire.
- Epi-pen. Criteria for subsidy and use. 9.5kg and 20kg. First aide. Allergy and asthma = deadly!!

Skin prick allergy testing

At my place. Duotio2 Applicator/
Dipwell Kit (Lincoln Diagnostics)...



Ongoing irritability in a thriving child

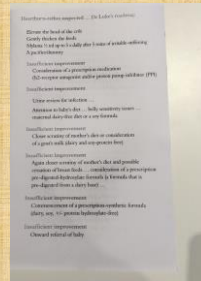
- The bad days outnumber the good.
- Consider UTI GOR and food/s intolerances.
- 6% or is 33%?

GOR

- = 42% (books say 20%) and $\frac{1}{2}$ req Rx .
- Back arch, back swallow , feeds related irritability +/- spilling. Pharmacologically Rx when the good days outnumber the bad.
- Severe GOR = weight stagnation.
- CMPI may exacerbate GOR.
- Zantac/ Losec/ Nexium. (Mylanta. Thickener. Cot head elevation.)

Putting it all together (the paediatrician)

- Cot head elevation, thicken feeds, Mylanta, dummy. Then
- Rx Ranitidine (4mg/kg) or PPI. Then
- Urine, reduced dairy to baby. Then
- ?goats or prescription extensively hydrolysed formula (dairy/ soy free). Then
- Prescription synthetic formula.
- Onward refer.



Some paediatric gems

- A baby that looks sick probably is.
- Normal growth and development for the most part = normal child. Don't go hunting for the scary monster, if it is there it will find you.
- Poor feeding, for parents is one of the soundest indicators of emerging un-wellness.
- Hips and Heads can get you into big trouble.
- More antibiotic is not better, it is just more.
- Being "natural" does not necessarily equal good. Tiger snake venom is natural.
- No (clinician (that I have ever known) sets out to ruin your day.
- The best way to know if a medicine/ intervention is working is to start it, the second best way is to stop it.
- Hug your children.

Take home messages

- Breast is best but not all can swim like Thorpie.
- Beware the cardboard diet for mother during and beyond pregnancy.
- The sky will not fall in if one formula feeds.
- Employ a structured roadmap for the resolving of infant irritability.
- Obesity in children is an individual, family, and societal issue with links to genetics, foods intake (quality and quantity), inactivity and smart everything from phones to smart blocks, (necessitated) close supervision of children, and a spirit of normalisation /acceptance.

APGAR SCORES

- A measure of how well an infant has coped with labour and delivery.
- Scored out of 10 at 1, 5, and at further intervals PRN.
- Consideration of HR, RR, Tone, Reflex Response, and Colour.
- 17minutes or thereabouts would appear, per the data, to be a defining time.
- The clinician receiving baby must anticipate a problematic birth.
- A more recent come sinister application is the readiness of negligence/ injury lawyers to trawl through APGAR scores and early sugars.

Jaundice

- 80% of newborns, day4-5.
- Occasioned by Hb transition-hemolysis, liver immaturity, dehydration.
- Lights \sim >300/ with hydrational support thereabouts but consideration of the whole picture (labs and clinical).
- Timing/ extent of jaundice speaks to pathology if present. Early/ late/ very late (minor group and biliary atresia (FTT and pale stools).

Colic

- Colic = windiness/irritability for \sim 6weeks primarily of an evening and a multitude of possible explanations ie swallowed air, maternal caffeine, gut immaturity. Nobel Prize for the fixer but conservative remedies for now camomile, Gripe Water ...

Perinatal clavicle fracture – the difficult shoulder dystocia delivery

- 2sayings and some comfort. *Better to have a broken bone than a busted brain* AND *if both ends of the broken collar-bone are in the same room, the healing shall be complete.*
- Imperative is not to dismiss the upset of parents. Words must be measured and explanations sensitive and transparent. If baby has been traumatized, assume that mother will have been too; both physically and psychologically.
- Watch for a possible Erb or Klumpke type nerve injury.
- Immobilize under the singlet (sounds great in theory)!!!



Migratory, benign, transient and for the first 3m. Consider "morph-ing" into eczema.

Cradle cap. Olive oil/ Moo Goo*.

Milara



Post-natal cone heads

- Are striking/ dramatic and unsettling.
- Baby's brain is okay (if the APGARS are okay).
- The skull of the infant is made up of plates of bones; these same bones are designed to be brilliantly malleable during the delivery process.
- Suggest cuddles for nearest and dearest for the first days.
- Suggest if a hematoma is present watch for the development of yellow jaundice.
- Suggest if the scalp is lacerated (forceps) watch for infection.

Plagiocephaly, a lop-sided head

- By 2 years of age, the malleable plates of bones (plural) that make up the skull should round up and there is hair growth also.
- It can go wrong = cranio-synostosis.
- The paediatrician watches then for the "big3". Head growth, development, and ridging of the cranial sutures. Have a low threshold for obtaining a head film. 11/12 is the pivotal time.
- Once a synostosis deformity is excluded, the issue is cosmetic and in the parental hands.
- Issues. Window of opportunity with helmets (a non rebate-able service at circa \$900), recent data (again the 11/12), and law-suits.

Is called syndactyly



Simple (the 4% rule) or complex. And a word about the management overlapping toes as well as in-grown nails.

Feet! This is ?



Talipes

- Positional or is it fixed? Fortunately most are the former.
- Be mindful of a more complex/wider issue possibly with the latter-fixed not to mention a long trying painful treatment course.
- Don't forget the hips.

Yes hips, hips, don't forget the hips!!!

- A disaster in the making.
- Hips and heads pose probably the greatest medico-legal risk for perinatal paediatricians.
- Find it early (5-6w). Probably prudent to image if the question is asked.
- When to ultrasound. When to X-ray. And consider the skill of the radiology staff (sonographer and radiologist).
- What about the thigh creases?
- How accurate is the clinical review? Surprisingly only 60-70%. Always always err on the side of caution.

- Estrogen/ Relaxin.
- Shoulders, knees, and ankles can click.
 - Dislocated/ Enlocated.
 - Immediately refer the former. Closely follow the latter.



DDH Risk Factors

- Female.
 - **Family History.**
 - Twins.
 - Uterine abnormality (bi-cornuate/fibroma).
 - Talipes.
 - Breech.
- Purchasing a property is about "position, position, position! "

What is wrong with this picture?

Put it all together, weigh up the risk, and act cautiously.



My son

Do his eyes look okay 'though? As clinicians look look look.

Strabismus v Pseudo-strabismus.



Sub-conjunctival hematoma. Rarely problematic for the eye. Is everything okay brain/lungs wise? Have gases been procured? An elevated sugar also represents a stress response.

Baby P. FDS RBG 6.7/
Lactate 9.9/ HCO3 9.9/
pH 7.22.



Toxic Erythema of the Newborn (TEN)

Arguably the stupidest name to be attributed to a completely benign process!

Beware wellness = Herpes/ Staph.



Telangiectatic Naevi, Flame Marks, or Salmon Patches

Also called stork-bites/ marks. Those about the back of the neck may be less likely to fade. 50% of newborns.



Sticky eyes

Tear duct obstruction or conjunctivitis? Chlorsig and grey-man syndrome.



Cone-heads again

... Forceps are ordinarily used in the delivery of c-section children.



Mongolian Blue Spots

... Asian, Turkish, Native American, and Eastern African. 5% persist. CPU?

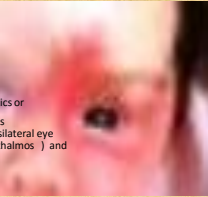


Strawberry spots-naevi/ Hemangiomas



... 80% disappear... I believe this to be a pessimistic figure. Problematic about the mucus membranes/eyes. Treatment oral-topical-laser.

Port-wine stain:
 Not so good... Cosmetics or
 Sturge-Weber. Seizures
 (contralateral) with ipsilateral eye
 issues (glaucoma/buphthalmos) and
 dev. Delay.



Cafe au lait lesions

... Usually innocent. But suspicion of a diagnosis of NF1 is aroused by how many such lesions. Also seen in Proteus syndrome, Fanconi syndrome and other rare etiologies.



And

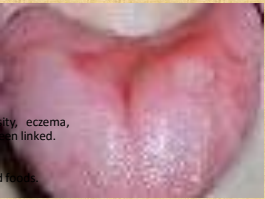


... Usually also innocent. Hypopigmented macules. consider the pathological CT disease, TS, nutritional issues.

What is this?

... A familial propensity, eczema, and asthma have been linked.

... Period-time and foetus.



And this is? And Hydrozole

