

Preface

Common Issues and Concerns in the Newborn Nursery, Part II



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Guest Editors

General pediatricians and family practice physicians frequently receive calls from the nursery about babies that “just aren’t right,” or on the routine newborn examination they discover some finding that needs further evaluation. With over 4 million babies born in the United States each year, these can be common occurrences. Occasionally the call is about something that needs urgent attention, such as dusky spells, tachypnea, a significant heart murmur, a seizure, or a physical anomaly. Sometimes it is an unusual rash or skin lesion or a low glucose level. It could be something in maternal history to make one consider further evaluation, such as HIV positivity, insulin-dependent diabetes mellitus, substance abuse, early delivery because of poor intrauterine growth, or postpartum depression, or a decision about which medication the mother can use that is compatible with breastfeeding.

Finding guidance, guidelines, or answers can be difficult, because neonatology texts are written for the complicated problems that occur in the neonatal intensive care unit, not for general pediatricians or the newborn nursery.

These two issues of the *Pediatric Clinics of North America* (“Common Issues and Concerns in the Newborn Nursery” parts I and II) are designed to address many of the concerns and diagnostic dilemmas that the physician is faced with in the care of a newborn. We have invited many authors to contribute their expertise and talents to delineate an evaluation scheme and treatment options, as well as the consideration of transport to facilities that offer a higher level of care, if necessary.

We consider general topics such as the APGAR scores, resuscitation, abnormal fetal growth, respiratory distress, cyanosis, cardiac murmurs and irregularities, blood disorders, infections, endocrine abnormalities, urogenital and umbilical abnormalities, drug exposure, seizures, metabolic screening, common skin disorders, birth injuries, hypoglycemia, infants of the diabetic mother, hyperbilirubinemia, abdominal masses, meconium-stained fluid, hearing screening, palliative care, infants at risk for or predictors of developmental delay, the baby-friendly delivery and nursery environment, and finally discharge criteria and postpartum depression. We have not addressed ophthalmologic or orthopedic concerns, because these have been addressed in other recent issues of the *Pediatric Clinics of North America*; likewise breastfeeding has been thoroughly covered in earlier issues.

Although not all-inclusive by any means, we anticipate that readers will find the topics covered in these articles helpful in the care of the miracles that are newborn babies.

We would like to thank the authors for their commitment to contribute their expertise to these articles; we appreciate the time and work involved. We also want to acknowledge the time and effort contributed by Carolyn Redman for the editing and proofreading of the articles. We are grateful to Carin Davis at Elsevier, who was so supportive throughout the process, from the title, table of contents, and list of authors through the final drafts of the manuscripts. Finally, thank you to Robert Kliegman, MD, for this opportunity, his encouragement, and his patience.

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