



**Kids Brain Doc**

Dr. Laila Mohammad

# Intraventricular Hemorrhage (IVH) of the Newborn

## Patient Packet



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# TYPES OF IVH



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## 01. GRADE 1

A small amount of bleeding next to the brain's fluid spaces. Most babies will recover without any long-term effects.

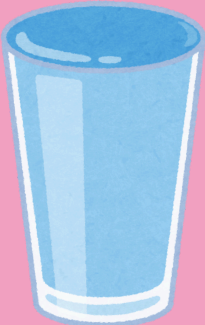
## 02. GRADE 2

The bleeding has moved into the brain's fluid spaces (*ventricles*) but has not caused them to get bigger. These babies usually do very well and often only need regular monitoring.



## 03. GRADE 3

There is more bleeding, and the ventricles have become larger from the extra fluid and blood. Some babies may develop fluid buildup (*hydrocephalus*) and need closer follow-up and treatment.



## 04. GRADE 4

The bleeding has spread into the brain tissue around the ventricles. This is the most serious type and can sometimes affect development. These babies are closely followed by a pediatric neurosurgeon.



# Diagnosis: IVH

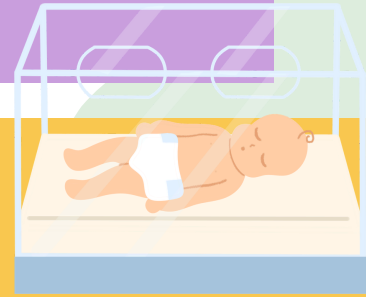


## What is it?

Bleeding can occur in the fluid-filled spaces of the brain, known as ventricles. "Intraventricular" means inside these ventricles, and "hemorrhage" refers to bleeding. This happens when small blood vessels in the brain burst and bleed.

## Who does it affect?

Babies born early, particularly before 32 weeks, often have delicate blood vessels in their brains. This can sometimes happen with full-term babies who are very ill at birth, though it's rare.

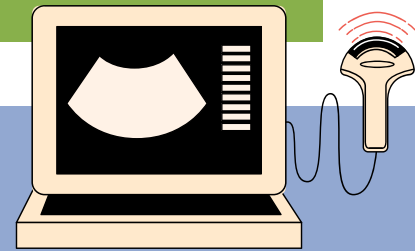


## How did my child get it?

A premature baby's brain is still growing and delicate, which is why bleeding can happen. If blood flow, oxygen levels, or blood pressure change, the blood vessels might break more easily.

## Is it Harmful?

Many babies with small bleeds recover fully. Larger bleeds might lead to fluid buildup (*hydrocephalus*) or affect development, so we'll keep a close eye on your baby with head ultrasounds, track their head size, and check how soft the soft spot (*anterior fontanelle*) is.



## What is the Treatment?

Most babies with IVH are treated with careful monitoring and supportive care in the NICU. If fluid builds up in the brain (*hydrocephalus*), your baby may need a procedure to drain the fluid by placing a temporary shunt (*reservoir*) or a permanent shunt (*VP shunt*) to relieve the pressure.



# Follow-Up (if no surgery needed)



## ACTIVITY RESTRICTIONS

- No special activity restrictions are needed once your baby is home and stable.
- Encourage normal development through tummy time and gentle play, as recommended by your pediatrician.

## HOME CARE

Feed your baby as usual and monitor for any changes in alertness, feeding, bulging of the soft spot, or rapidly increasing head size.

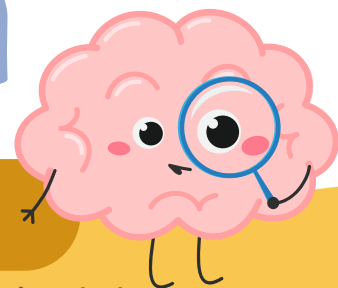
## FOLLOW-UP

Your doctor may recommend follow-up visits and, in some cases, repeat imaging to make sure there is no fluid build-up causing pressure on the brain.



## LONG-TERM CARE

- Some babies might benefit from early intervention or physical therapy to aid their development.
- Many infants with mild IVH grow and develop just fine, but regular developmental check-ups help catch and tackle any issues early.
- In more serious IVH cases, babies might face higher risks of developmental delays and cerebral palsy.
  - Regular visits with a pediatric neurologist can offer helpful therapies and resources.



# CEREBROSPINAL FLUID (CSF)



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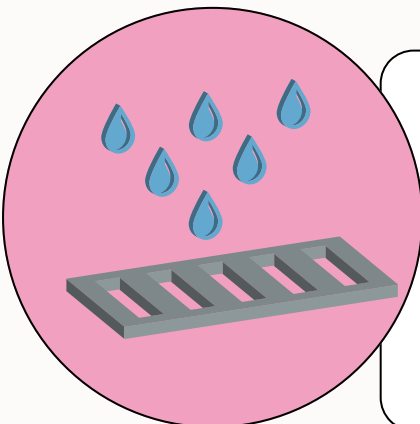
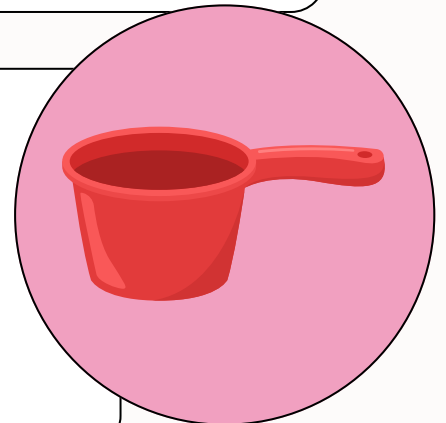


## 01. WHAT IS IT

A clear liquid that surrounds the brain and spinal cord. It cushions the brain, protects it from injury, and helps move nutrients and waste in and out.

## 02. HOW MUCH DO WE HAVE

You produce about 15-20 mL (1 tablespoon) every hour. Over a whole day, that's about 500 mL (or 2 cups). However, at any one time, there's only about 150 mL (or 1/2 cup) around the brain and spinal cord.

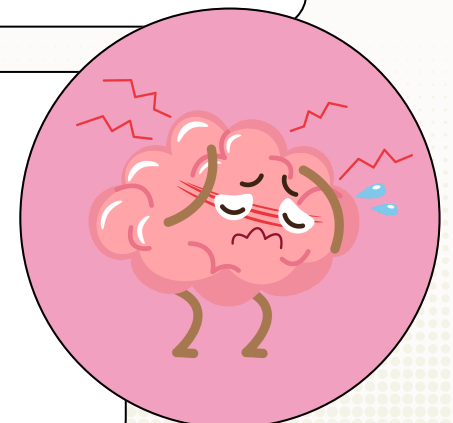


## 03. WHERE DOES THE EXTRA GO?

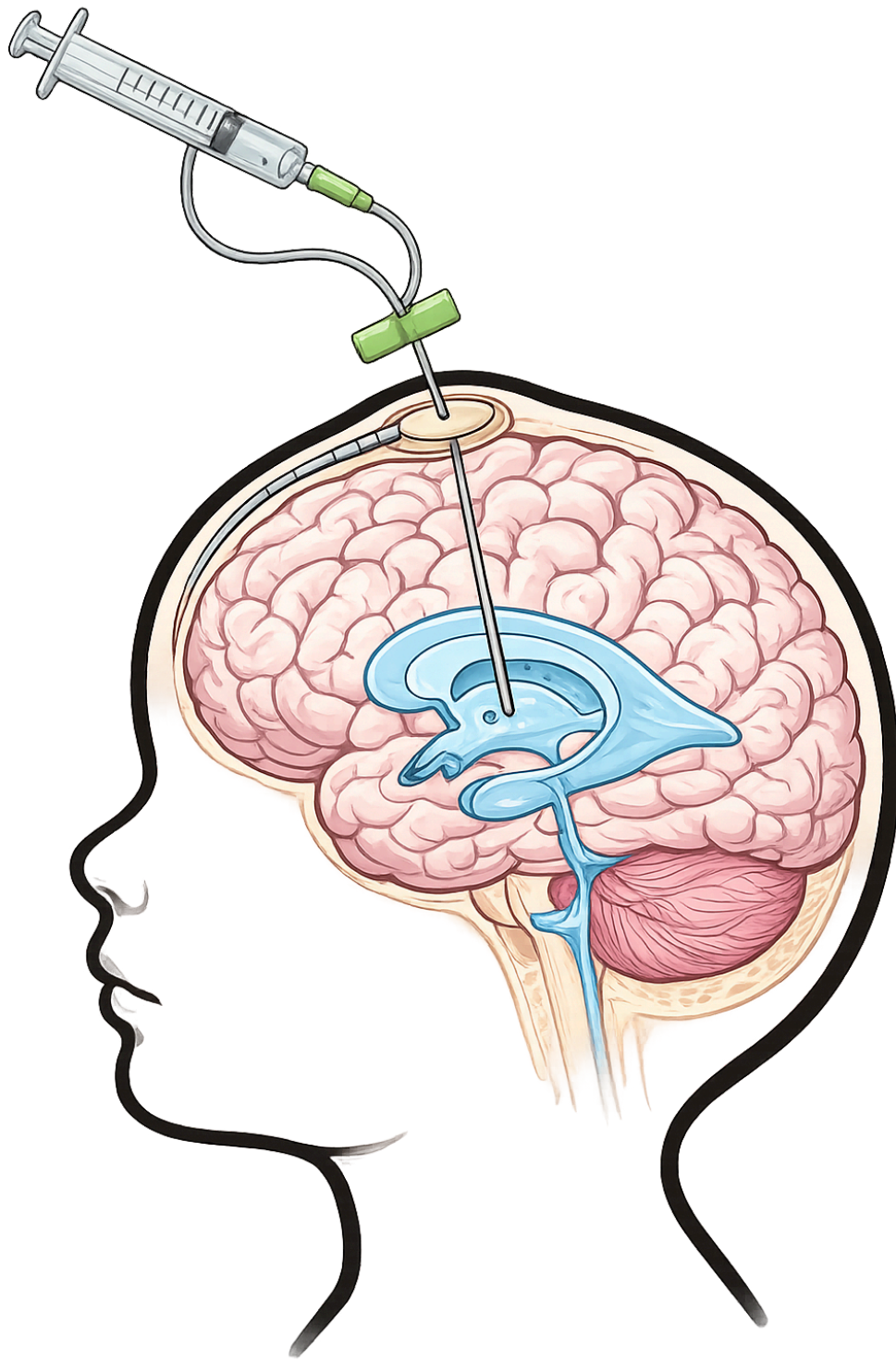
Since your body only needs a set amount, the "extra" drains away through the brain's natural gutters (arachnoid granulations), which carry the fluid back into the bloodstream to keep everything in balance.

## 04. WHY IS THIS IMPORTANT

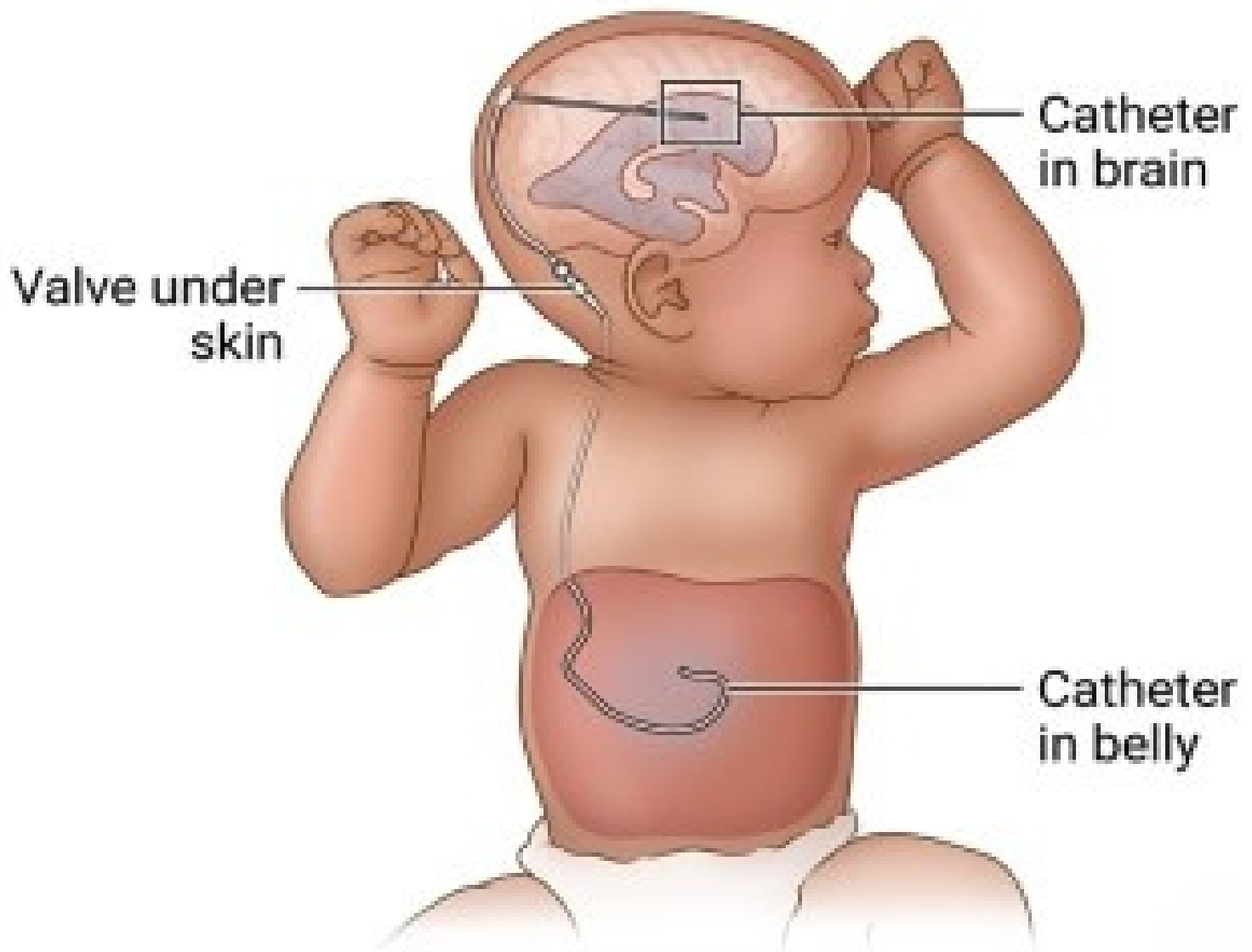
If too much CSF builds up or doesn't drain well, it can put pressure on the brain. This might show up as headaches, vomiting, sleepiness, irritability, a bulging soft spot, or a quickly growing head size. This would need treatment.



# Ventricular Access Device (VAD)



# Ventriculoperitoneal Shunt (VPS)



# Surgery: VPS Insertion

## 1 Goals of Surgery

- Relieve fluid buildup and pressure in the brain
- This is done by moving extra fluid to another part of the body, where it can be safely absorbed.



## 2 Risks of Surgery

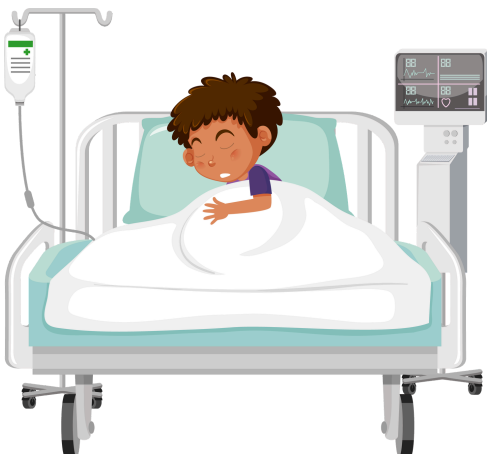
- Infection (give antibiotics before surgery), bleeding, headache, brain fluid leak, damage to the brain, injury to bowels
- Long-term: the VPS may need to be replaced over time, especially in children as they grow

## 3 Alternatives

- ETV - effectiveness depends on your child's anatomy and why there's fluid buildup (ETV Success Score).
- Observe - only if no signs of pressure

## 4 Right after Surgery

- Sitting with the head up to help the incision heal
- Pain medications: IV Tylenol, IV Toradol
- Antibiotics: 24 hours
- Check labs



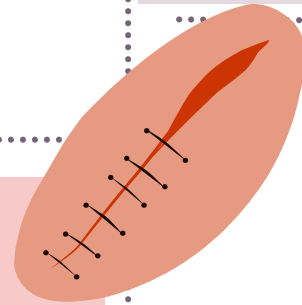
## 5 Hospital Recovery

- Once your child is taking all their medicine by mouth, eating/drinking, peeing, and moving okay, your child can go home.

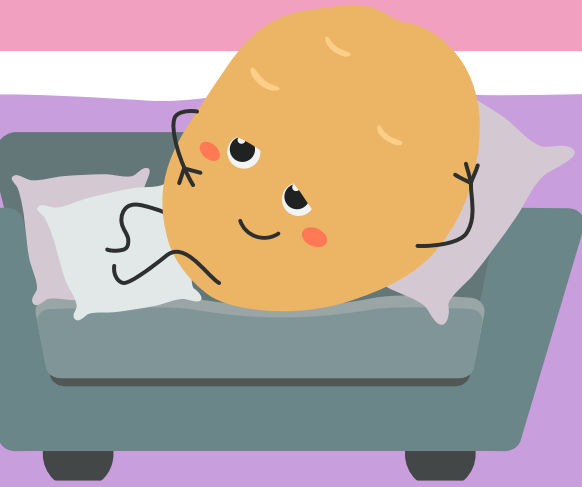


## 6 Incision Care

- Ok to shower 2 days after surgery. Wash daily.
- No bathing or soaking incision in tub for 4 weeks after surgery.
- Incision will fall off on its own in 3-4 weeks.
- No need to cover the incision.



# Recovery & Follow-Up



## ACTIVITY RESTRICTIONS

- Week 0-2: Couch potato
- Week 0-4: Light activity
- 1-3 months: Regular activity (keeping two feet on the ground - avoid jumping)
- At 3-months: Clear for all activities

## HOME CARE

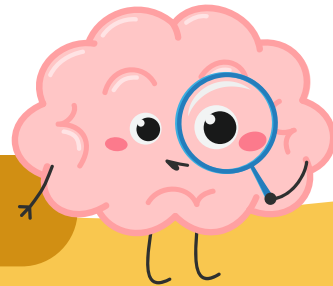
Will see in clinic for incision check at 2 weeks.  
Can return to school or daycare after this appointment.

## FOLLOW-UP

- 2-week: incision check
- 6-weeks
- 3 months
- Annual check-up



## LONG-TERM CARE



- Return to sports: After 3 months, it's okay to return to non-contact sports.
  - At 6 months, it's okay to return to contact sports.
- Schedule annual eye exams to rule out pressure buildup in the optic nerve (*papilledema*) that could indicate increased pressure in the brain.
- Most children will live normal, active lives once fully healed.