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## Guidelines for the examination of the newborn

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| Documents to read alongside this Policy , Procedure etc (delete as necessary) |  |
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### Disclaimer

When using this document please ensure that the version is the most up to date by checking the Obstetrics & Gynaecology Guidelines on the UHB Clinical Portal.

**PRINTED DOCUMENTS MUST NOT BE RELIED ON**

## Guidelines for the Examination of the Newborn

Almost immediately following delivery of the baby, a midwife attending the birth will perform an initial examination to ensure there are no gross physical abnormalities. This is followed by a further newborn physical examination by a suitably qualified practitioner.

### Professional requirements to undertake the newborn physical examination:

- Newborn physical examination may be performed by a suitably trained and competent health ~~professional~~ professional. (NMC 2008)
- Practitioners must maintain the appropriate level of ongoing clinical experience, which includes a minimum of 30 newborn physical examinations per year.
- Practitioners are required to access senior neonatal support in the event of any abnormality being detected or suspected.
- Practitioners will maintain records of their examinations and participate in periodic audit.

A suitably trained health professional can undertake the initial newborn physical examination on most babies. However, the health professional must use their clinical judgement to assess whether the newborn physical examination needs to be completed by a more senior health professional e.g. the neonatal Registrar.

### Aim

The newborn physical examination is a universal screening tool which aims to identify those neonates who may be at increased risk of a disease or condition. They can be offered information, further tests and appropriate treatment to reduce their risk and/or any complication arising from the disease or condition. In particular, it aims to detect less obvious adverse conditions or abnormalities. The newborn examination should be performed ideally after the baby is 6 hours old and within the first 24 hours of birth, The examination must be performed within 72 hours of the birth. (Hall and Elliman 2006). There is no optimal time to detect all abnormalities (Sherratt 2001).

The newborn physical examination also provides an opportunity to address any concerns or questions parents or healthcare professionals may have, provides an opportunity for health promotion and to arrange or complete investigations and referrals planned for the postnatal period. Effective partnership working between nursing, midwifery and neonatal teams can improve the service, facilitate continuity of carer and early discharge home or in the case of home delivery ensure mothers and babies are cared for in the community.

### Examination of the newborn procedure:

- Obtain parental consent where possible. If appropriate use an interpreter.
- Ensure warm, clean hands and consider thermal care of neonate throughout the procedure.
- All necessary equipment must be available and cleaned prior to the examination
- Review the maternal medical history including family history, maternal antenatal and perinatal history, infant, fetal and neonatal history.
- Obtain a feeding history.

- Discuss if the infant has passed meconium and urine.
- General morphological appearance, including colour, breathing, behaviour, activity and posture
- Head (including fontanelles), face, nose, mouth including thorough visualisation of hard and soft palate, ears, neck and general symmetry of head and facial features. Note head circumference
- Heart; check position, rate, rhythm and sounds, femoral pulses, pulse volume
- Eyes; check opacities and 'red reflex'.
- Neck and clavicles, limbs, hands, feet and digits, assess proportions and symmetry
- Lungs; check effort, rate and sounds
- Abdomen; check shape and palpate to identify and exclude organomegaly; also check umbilical cord
- Genitalia and anus; check completeness and patency and confirm presence of both testes in males.
- Spine; palpate bony structures and check integrity of skin.
- Skin; note colour and texture as well as birthmarks including Mongolian blue spots or rashes.
- Central nervous system; check tone, behaviour, movements and posture, elicit reflexes.
- Hips; check symmetry of limbs and skin folds; perform Barlow and Ortolani's manoeuvres.
- Cry; note sound.
- Weight.
- Timely referral to the neonatal Registrar in the event of any abnormalities being identified.

Communication with the parent is paramount and an interpreter must be used if required. Appropriate skills should be used, especially in the event of discovering an abnormality. Parents should be supported to ensure they understand the implications, do not become unduly alarmed and are given a timescale for the appropriate referral. Parents should also be informed of the limitations of the examination so as not to be falsely reassured about their baby, the need for continued observation by the parent and referral to healthcare professional in the future event of any concerns emphasised.

Document and sign all recordings in appropriate maternal and neonatal records

#### Audit:-

Periodic audits will take place to monitor compliance with this guidance.

#### References:-

Hall and Elliman (2006)

National Institute for Health and Clinical Excellence. Routine Postnatal Care of Women and their babies. NICE 2006.

NMC. The Code. 2008.

UK National Screening Committee newborn and Infant Physical Examination Standards and Competencies.

