

Routine newborn baby assessment

Preparation

Family centred care

- Consider cultural needs
- Discuss with parents: purpose, process, timing and limitations of assessments
- Ask about parental concerns
- Encourage participation

Timing

- Initial exam immediately after birth and any resuscitation
- Full and detailed assessment within 48 hours and always prior to discharge
- Follow-up 5–7 days and 6 weeks
- If unwell/premature—stage as clinically indicated

Review history

- Maternal medical/obstetric/social and family
- Current pregnancy
- Labour and birth
- Sex, gestational age, Apgar scores and resuscitation
- Since birth—medications, observations, feeding

Environment—consider:

- Warmth, lighting
- Correct identification
- Infection control precautions
- Privacy

Equipment—prepare:

- Overhead warmer if required
- Stethoscope
- Ophthalmoscope
- Tongue depressor & glove
- Pencil torch
- Tape measure, infant scales, growth charts
- Pulse oximeter
- Documentation
 - Infant Personal Health Record
 - Medical record
 - Neonatal clinical pathway

Discharge

Review discharge criteria

- Observations, feeding, output
- Vitamin K
- Hepatitis B vaccination

Discuss

- If < 24 hours of age, when to seek urgent medical assistance
- Routine screening (e.g. hearing, NBST, pulse oximetry)
- Childhood immunisation program
- Support agencies
- Newborn care
- Health promotion
- Medications as indicated
- Personal Health Record (red book)
- Referral and follow-up
 - Routine 5–7 days & 6 weeks

Assessment

General appearance

- Skin colour, integrity, perfusion
- State of alertness
- Activity, range of spontaneous movement
- Posture, muscle tone

Growth status

- Chart head circumference, length, weight on centile charts

Head, face, neck

- Head shape, size
- Scalp, fontanelles, sutures
- Eye size, position structure
- Nose, position, structure
- Ear position, structure
- Mouth, palate, teeth, gums tongue, frenulum
- Jaw size

Shoulders, arms, hands

- Length, proportions, symmetry
- Structure, number of digits

Chest

- Size, shape, symmetry, movement
- Breast tissue, nipples
- Heart sounds, rate, pulses
- Breath sounds, resp rate
- Pulse oximetry

Abdomen

- Size, shape, symmetry
- Palpate liver, spleen, kidneys
- Umbilicus

Genitourinary

- Male—penis, foreskin, testes
- Female—clitoris, labia, hymen
- Anal position, patency
- Passage of urine and stool

Hips, legs, feet

- Ortolani and Barlow's manoeuvres
- Leg length, proportions, symmetry and digits

Back

- Spinal column, skin
- Symmetry of scapulae, buttocks

Neurological

- Behaviour, posture
- Muscle tone, spontaneous movements
- Cry
- Reflexes—Moro, suck, grasp

Discuss Document Refer

- Discuss findings with parents
- Document in health record(s)
- Refer as indicated

Further investigation Urgent

Growth and appearance

- Dysmorphic features
- Excessive weight loss
- Jaundice < 24 hours of age**
- Central cyanosis**

Head and neck

- Petechiae new/unrelated to birth
- Pallor, haemangioma
- Enlarged/bulging/sunken fontanelle**
- Macro/microcephaly
- Subgaleal haemorrhage**
- Caput, cephalhaematoma
- Fused sutures
- Facial palsy/asymmetry on crying
- Hazy, dull cornea; congenital cataract
- Absent red eye reflex
- Pupils unequal/dilated/constricted
- Purulent conjunctivitis/yellow sclera
- Nasal obstruction**

Upper limbs

- Dacryocyst; cleft lip/palate
- Unresponsive to noise
- Absent ear canal or microtia
- Ear drainage
- Small receding chin/micrognathia
- Neck masses, swelling, webbing
- Swelling over or fractured clavicle

Chest

- Respiratory distress**
- Apnoeic episodes**
- Abnormal HR, rhythm, regularity
- Heart murmurs
- Weak or absent pulses**
- Positive pulse oximetry**

Abdomen

- Organomegaly**
- Gastrochisis/exomphalos**
- Bilateral undescended testes**
- Bilious vomiting**

- Inguinal hernia
- Signs of umbilical infection

Genitourinary

- No urine/meconium in 24 hours**
- Ambiguous genitalia**
- Testicular torsion**

- Hypospadias, penile chordee
- micropenis, hydrocele

Hips, legs and feet

- Risk factors for hip dysplasia
- Positive/abnormal Barlow's and/or Ortolani manoeuvres
- Contractures/hypotonia
- Talipes
- Developmental hip dysplasia

Back

- Curvature of spine
- Non-intact spine
- Tufts of hair/dimple along intact spine

Neurological

- Weak/irritable/absent cry
- Absent/exaggerated reflexes
- No response to consoling
- Seizures**
- Altered state of consciousness**

Indications for further investigation and/or urgent follow-up are not exhaustive. Use clinical judgement

Urgent follow-up; GP: general practitioner; HR: heart rate, NBST: newborn screening test, SUDI: sudden unexpected death in infancy, <: less than

Queensland Clinical Guideline. *Newborn assessment (routine)*. Flowchart: F21.4-1-V6-R26

