**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, scores and resuscitation

### 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 o Infant Personal Health Record o Medical record o 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 o Routine 5–7 days & 6 weeks

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

### Growth status
- **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**

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

### Genitourinary
- **Oortolani and Barlow’s manoeuvres**
- **Leg length, proportions, symmetry and digits**

### Hips, legs, feet
- **Spinal column, skin**
- **Symmetry of scapulae, buttocks**

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

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

### Further investigation

#### Urgent
- **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**
- **Microphallus, hydropene, hydromecele**

#### Hips, legs and feet
- **Risk factors for hip dysplasia**
- **Positive/abnormal Barlow’s and/or Oortolani 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**

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Queensland Clinical Guidelines

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