

SCOPE DEFINITION

Guideline Title: *Newborn assessment (routine)*

Scope framework	
Population	<i>Which group of people will the guideline be applicable to?</i> Well and healthy newborn babies greater than or equal to 34+0 weeks gestation
Purpose	<i>How will the guideline support evidence-based decision-making on the topic?</i> Identify relevant evidence related to: <ul style="list-style-type: none"> Examination and assessment of the newborn baby, and identification of any anomalies
Outcome	<i>What will be achieved if the guideline is followed?</i> <i>(This is not a statement about measurable changes / not SMART goals)</i> Support: <ul style="list-style-type: none"> Complete examination and assessment of the newborn baby Early identification of any minor and major anomalies Early referral when indicated
Exclusions	<i>What is not included/addressed within the guideline</i> <ul style="list-style-type: none"> Detailed educational information about normal and/or abnormal findings related to a newborn baby examination Additional or specialist examinations or assessment for newborn babies who have a known or suspected condition (e.g. cardiac disease) Specific management of any conditions or anomalies

Clinical questions

Question	Likely Content/Headings/Document Flow
Introduction	Communication
1. What are the clinical standards required for newborn baby assessment?	<ul style="list-style-type: none"> Facility and clinician responsibilities Initial examination and assessment Newborn observations
2. What are the best practice considerations before and during a newborn baby examination?	<ul style="list-style-type: none"> Preparation: <ul style="list-style-type: none"> Environment Equipment required Purpose History Physical examination
3. What are the recommended timeframes for performance of the initial and subsequent newborn examinations?	<ul style="list-style-type: none"> Initial Pre-hospital discharge Early discharge Post discharge
4. What routine screening tests are recommended for newborn babies?	<ul style="list-style-type: none"> Hearing (e.g. Healthy Hearing) Newborn screening test (NBST) Pulse oximetry for major congenital heart disease (CHD)
5. What anomalies require referral and/or follow up?	<ul style="list-style-type: none"> Anomalies based on anatomical and physiological systems (e.g. head, neurological) Levels of referral (e.g. urgent, routine)
6. What discharge planning is required?	<ul style="list-style-type: none"> Parent information and education Discharge criteria Specific documentation

Potential areas for audit focus (to be refined during development)

Audit items will relate to the desired outcomes and the clinical questions

- Proportion of babies who received an initial newborn baby examination within recommended timeframes
- Proportion of newborn babies who have NBST completed
- Proportion of newborn babies who have a routine hearing screen performed
- Proportion of newborn babies who have pulse oximetry screening for CHD performed