Routine assessment of your newborn baby

What is the newborn assessment?
The newborn assessment includes a physical check of your baby’s body to look at their development and it is also an opportunity to talk about your baby’s health with your health care provider.

When is a newborn assessment done?
The newborn assessment is usually done within 48 hours of birth.

If your baby is unwell or premature, your health care provider may do the assessment in stages over a period of hours or days.

A follow up assessment is usually offered in the first week after birth.

How is the newborn assessment different from the check they do just after birth?
A short check is usually done within the first few minutes after birth. Your health care provider will look for any major health conditions and measure your baby’s overall health. Your health care provider will measure your baby’s movement, heart rate, appearance and breathing (known as the APGAR score). This is not the newborn assessment.

Is there an ideal time in my baby’s daily routine to do this assessment?
Ideally, the assessment should be conducted when your baby is quiet, alert, not hungry and not crying. You and your health care provider can decide what time will be best for you and your baby.

Do I need to prepare my baby for the assessment?
You do not need to prepare your baby for the assessment. However, you may like to change your baby into a new nappy, have your baby fed and try to have him or her settled before the assessment begins.

What questions might my health care provider ask during the assessment?
Your health care provider might ask you questions about your family medical history and your baby’s medical history through pregnancy, labour and birth. They might also ask you questions about how your baby has been feeding since birth and if your baby has been making bowel movements and passing urine.

Will the assessment be painful or distressing for my baby?
Your baby should not be in any pain from the assessment. He or she may become upset at times from being moved around. Your health care provider will try to do most of the assessment by looking at your baby first before moving them to examine different parts of your baby’s body.

Who will be with my baby during the assessment?
Your health care provider will do the newborn assessment with you in the room. This way you can see what is being done and can help settle your baby if needed.

Culturally appropriate support, such as an Indigenous liaison officer, can be with you too. If you would like one of these services, speak with your health care provider before the assessment starts.

Where will the assessment be done?
The newborn assessment is usually done in a room at the hospital. It is usually done without others around so that you can discuss your baby’s health confidentially (in private) with your health care provider.

How long does the newborn assessment take?
The newborn assessment is similar to a regular doctor’s visit and may take about 15 minutes.
What does the newborn assessment involve?

Your health care provider will check the size, shape, colour and movement of different parts of your baby's body. They will usually look, feel, listen to and test different parts of your baby's body to check for anything that might be unusual. If you feel uncomfortable about the assessment ask your health care provider to explain what they are doing.

Your health care provider will look for anything unusual on your baby's:

- Skin
- Face
- Chest, arms and hands
- Hips, legs and feet
- Back and spine
- Genital region (external sex organs) & anus

Your health care provider will feel for anything unusual in your baby's:

- **Head and neck**: Your health care provider will feel your baby's head to examine their scalp, soft spots and joints of the skull bones.
- **Abdomen (stomach or tummy)**: Your health care provider will gently press down on areas of the abdomen to examine internal organs including liver, spleen and kidneys. He or she will also look at your baby's belly button to make sure it is healing well.
- **Hips, legs and feet**: Your health care provider will feel the movement of your baby's hips by bending their legs. Your baby may become upset because of some discomfort. Your health care provider will also feel for your baby's pulse in their groin, which is at the top of the leg.

Your health care provider will listen for anything unusual in your baby's:

- **Chest area**: A stethoscope is used to listen to your baby's heart for heart murmurs, which are extra sounds that are made when blood passes through the heart. The lungs are checked, to make sure air is passing in and out as it should be.

Your health care provider will test your baby's:

- **Growth**: Your health care provider will measure your baby's body length, weight and head circumference.
- **Eyes**: Your health care provider will do a “red light reflex test”. This test involves a light being shone into your baby's eyes to see if anything is unusual with the development of your baby's eyes.
- **Reflexes (automatic reactions)**:
  - Moro reflex (startle reflex): your health care provider will startle your baby to see if their arms and legs move.
  - Rooting reflex: your care provider will stroke your baby's cheek to see if they turn their head.
  - Suck reflex: your care provider will see if your baby sucks automatically when something touches the roof of their mouth.
  - Grasp reflex: your care provider will stroke your baby's palm to see if he or she will grasp (grab) it. Your care provider will also stroke the back of your baby's hand to see if it opens.
  - Stepping/walking reflex: your care provider will hold your baby's weight while getting their feet to touch a flat surface to see if your baby will attempt to walk.

What if something unusual is found during the newborn assessment?

If something unusual is found, your health care provider will speak with you about this during the assessment. If your baby needs treatment, your health care provider will discuss the options with you.

What other tests are done soon after birth?

Your health care provider will discuss other tests that may be offered to you soon after birth, including:

- The Neonatal Screening Test (NST or heel prick test)
- Healthy Hearing Test

Will my health care provider give me other information about my baby’s health and safety?

Your health care provider will also discuss:

- Your baby's six-week health check
- Sudden Infant Death Syndrome (SIDS)
- The use of baby capsules and child car seats
- Things that can injure your baby at home
- Visiting your GP, community midwife and / or child health nurse after birth
- The use of your baby's personal health record (“red book”)
- Your baby’s immunisations

Comfort, support & information

13 HEALTH (13 432584) is a phone line that provides health information, referral and services to the public.

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care.

Lifeline 13 11 14 Lifeline offers a telephone crisis support service to anyone.

beyondblue the national depression initiative 1300 22 4636. For general information on a range of mental health issues including Antenatal and Postnatal Depression and Anxiety www.beyondblue.org.au

Australian Breastfeeding Association 1800 mum 2 mum (1800 686 2 686) provides counselling and breastfeeding information to any person seeking help www.breastfeeding.asn.au