

# Routine newborn assessment

This information sheet aims to answer some commonly asked questions about assessment of your newborn baby.

**IMPORTANT:** This is general information only. Ask your doctor or midwife about what care is right for you.

## What is the newborn assessment?

The newborn assessment is a physical check of your baby's body. 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 assessment different from the check at 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 check your baby's overall health. They will measure your baby's movement, heart rate, appearance and breathing (known as the APGAR score). The newborn assessment is more detailed and thorough.

## Is there a best time in your baby's daily routine to do this assessment?

Ideally, the assessment should to 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 you need to prepare your baby?

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 you be asked during the assessment?

Your health care provider might ask you questions about your family medical history and about your pregnancy, labour and birth. They might also ask you questions about how your baby has been feeding and if your baby has been making bowel movements and passing urine.

## Will the assessment be painful or distressing for your 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.

## Can you stay with your baby during the assessment?

Yes. 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.

If you would like other support with you (for example an Aboriginal and Torres Strait Islander liaison officer, or a social worker) 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 in private with your health care provider.

## How long does the assessment take?

The newborn assessment is similar to a regular doctor's visit and may take about 15 minutes.



Photograph of baby lying quietly

## What does the 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 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 check 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) and anus

**Head and neck:** examine the scalp, soft spots and joins of the skull bones.

**Abdomen (stomach or tummy):** Gently feel areas of the abdomen to examine internal organs including liver, spleen and kidneys. Also look at the belly button to make sure it is healing well.

**Hips, legs and feet:** Check the movement of the hips by bending baby's legs. Your baby may become upset because of some discomfort. Your health care provider will also feel for a pulse in the groin, which is at the top of the leg.

**Chest area:** A stethoscope is used to listen to the 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.

**Growth:** Measure baby's body length, weight and head circumference.

**Eyes:** Shine a light into baby's eyes to see if anything is unusual with the development of the eyes (red light reflex test).

## Reflexes (automatic reactions):

- Moro reflex: (startle reflex) to see if baby's arms and legs move.
- Rooting reflex: stroke the cheek to see if baby turns their head.
- Suck reflex-see if baby sucks automatically when something touches the roof of their mouth
- Grasp reflex stroke 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 baby up while getting their feet to touch a flat surface to see if your baby will attempt to walk.

## What if something unusual is found?

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.

## Will you be given other information?

Your health care provider will also discuss:

- the Neonatal Screening Test (heel prick test)
- the Healthy Hearing Test
- 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
- your baby's personal health record ("red book")
- your baby's immunisations

## Support & Information

**13HEALTH** (13 432584) is a phone line that provides health information, referral and services to the public. [www.qld.gov.au/health/contacts/advice/13health](http://www.qld.gov.au/health/contacts/advice/13health)

**Child Health Service** Provides newborn drop-in services, early feeding and support, child health clinics. Refer to [www.childrens.health.qld.gov.au/community-health/child-health-service](http://www.childrens.health.qld.gov.au/community-health/child-health-service) for your nearest service

**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 [www.health.gov.au/pregnancyhelpline](http://www.health.gov.au/pregnancyhelpline)

**Women's Health Queensland Wide** 1800 017 676 (free call) offers health promotion, information and education service for women and health professionals throughout Queensland. [www.womhealth.org.au](http://www.womhealth.org.au)

**Australian Breastfeeding Association** 1800 686268 (breastfeeding helpline). Community based self-help group offers information, counselling, and support services, on breastfeeding issues [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

**Lifeline** 13 11 14 Lifeline offers a telephone crisis support service to anyone [www.lifeline.org.au](http://www.lifeline.org.au)

**beyondblue** (1300 22 4636) national depression initiative For general information on a range of mental health issues including Antenatal and Postnatal Depression and Anxiety [www.beyondblue.org.au](http://www.beyondblue.org.au)