What is a newborn assessment?
A newborn assessment is a physical check of your baby. It is also a chance to talk about your baby’s health with your healthcare provider.

What is the check at birth?
The ‘check at birth’ is a short check usually done within the first few minutes after birth. It looks for obvious physical problems. Your baby’s colour and breathing will be checked regularly for the first few hours after birth. This will not stop you having skin-to-skin contact with your baby.

The newborn assessment is more detailed and takes longer.

When is it done?
The newborn assessment is usually done within 48 hours of birth or prior to discharge from hospital. If your baby is unwell or premature (born early), your healthcare provider may do the assessment in stages over a few hours or days.

A follow up assessment is recommended when your baby is a week old, as not all conditions show up in the first couple of days after birth. If you have been discharged from hospital this can be done by your GP, midwife or child health nurse.

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

What is checked during the assessment?
Your baby’s colour, body position and movement, and breathing are checked. Their heart and lungs are listened to with a stethoscope.

Then, a head to toes examination of your baby is made to check their body parts and organs.

Your baby’s head size, body length and weight are also checked.

A check is also made of your baby’s developmental reflexes such as the suck, rooting, startle and grasp reflexes. These will be explained to you as they are being checked.

If your baby is preterm or unwell at birth, some of the assessment may need to be repeated or checked later at another time.

Are any tests done?
Screening tests are also recommended. These are to check your baby’s:

- hearing: headphones and soft sensor pads are placed on your baby to measure their response to soft clicking sounds
- heart: a sensor is put on your baby’s foot and their oxygen level measured. This is to screen for major heart problems
- blood: a heel prick blood test (newborn bloodspot screening test) done between 48 and 72 hours of age. This is to pick up rare but serious medical conditions that need to be treated early
- jaundice (yellowing of the skin): a light sensor is held on your baby’s forehead or chest to check for jaundice. A blood test may also be needed.

Ask for information sheets about the different screening tests.

When is the best time for the assessment?
Ideally, the assessment is done when your baby is awake and settled—not hungry and not crying. Talk to your healthcare provider about what time is 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 clean nappy, feed and try to settle them before the assessment begins.

What questions will you be asked during the assessment?
Your healthcare provider will ask you questions about your family medical history, and your pregnancy, labour and birth. They will also ask you how your baby has been feeding, and about their bowel movements (poop) and urine. You will also be asked if you are worried about anything or have questions about your baby.

Will the assessment be painful or distressing for your baby?
The assessment is not painful. Your baby may become unsettled at times from being undressed and moved around. They may have some pain or discomfort when the heel prick blood test is done. Your healthcare provider can show you some ways of settling and comforting your baby.

Where will the assessment be done?
The newborn baby assessment is usually done at your bedside or in a quiet area. This is so that you can discuss your baby’s health in private with your healthcare provider.

Can you stay with your baby during the assessment?
Yes. This way you can see what is being done, ask questions and help settle your baby if needed.

If you (or your partner) would like someone else at the assessment (for example an Aboriginal and Torres Strait Islander liaison officer, or a social worker) talk with your healthcare provider before the assessment starts.

What if something unusual is found?
Your healthcare provider will speak with you about anything unusual or unexpected that is found during the assessment. If your baby needs treatment or further assessment, your healthcare provider will discuss the options with you. Information will also be sent to your GP.

Will you be given other information?
Your healthcare provider will also discuss:

- your baby’s six week health check
- safe sleeping for your baby
- the use of baby capsules and car seats
- things that can harm your baby at home
- visiting your GP, community midwife and/or child health nurse when you go home
- 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. [https://www.qld.gov.au/health/contacts/advice/13health](https://www.qld.gov.au/health/contacts/advice/13health)


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


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

Parentline Queensland 1300 30 1300 Professional counselling and support for expecting and all parents 8am-10pm 7 days a week. [https://parentline.com.au](https://parentline.com.au)