

Newborn Check Examination

Introduction

- **W**ash hands, **I**ntroduce self to parents, ask **P**atient's name & DOB, **E**xplain examination and get consent
- Congratulate parents
- Undress baby completely

General inspection

- **Cry:** feeble, pitch
- **Colour:** cyanosis, pallor, jaundice (**haemolysis**), rashes/petechiae
- **Birth trauma:** caput succedaneum, subconjunctival haemorrhages (**pressure**), cephalohaematoma (**ventouse**), forceps marks
- **Dysmorphic features:** dysmorphia, cleft lip (**Downs**), small jaw/tongue (**Pierre-Robin syndrome**)
- **Posture, tone and movements:** hemiparesis, opisthotonos, hypertonicity, myoclonus

Top to toe

- **Cranium:** look for cephalohaematoma, cranium deformities, feel fontanelles and sutures (check fused)
- **Face:** dysmorphic features, cleft lip, ears (low set, pre-auricular skin tags, deformity (**Downs**)), feel with little finger inside mouth roof of mouth (**cleft palate**; **high arched palate = Marfans**) and determine presence of suck reflex
- **Eyes:** check red reflex using ophthalmoscope (**absent = congenital cataracts**; **white = retinoblastoma**)
- **Shoulders:** check aligned, feel clavicles
- **Arms:** extend, palmar creases (**Downs**), look for extra digits (**polydactyly**) or fused digits (**syndactyly**)
- **Chest**
 - Respiratory rate
 - Capillary refill
 - Look for signs of respiratory distress (in-drawing of intercostals muscles)
 - Auscultate chest and heart sounds
- **Abdomen**
 - Inspect for distension (**bowel obstruction**), scaphoid abdomen (**diaphragmatic hernia**) and comment on umbilical stump (any tracking, bleeding, discharge)
 - Palpate for masses, hepatosplenomegaly and ballot kidneys
- **Femoral pulses**
- **Genitalia:** boy – feel testes, check testes are descended, check for hypo/epispadias, foreskin; girls – check vulval susion, cysts/tags; check anus is patent
- **Hips:** for both tests grasp their **flexed** knees in your palms, with your thumbs over the medial aspects of their knees and your fingers over the lateral aspects. Hold both knees at the same time but test one side at a time.
 - **Ortolani's test:** detects hips which are already dislocated (**out**). Flex hips to 90°, then abduct hips (turn them **out**). On full abduction, apply anteriorly directed force to upper leg. Relocation is felt as a click.
 - **Barlow's test:** detects dislocatable hip. Adduct the hips and flex them to 90°, then push posteriorly in the line of the femoral shaft. Dislocation is felt as a click.
- **Legs:** extend, check same length, femoral creases (**Down's**), check feet for talipes ('club foot') and calcaneovalgus (abducted forefoot and dorsiflexed ankle) and do ROM at ankles, look for extra digits (**polydactyly**) or fused digits (**syndactyly**)
- **Back:** turn baby prone
 - Inspect for lipomas, tufts of hair (**spina bifida**), port wine stains and Mongolian blue spot
 - Palpate for spinal abnormalities (**spina bifida**) and natal cleft

Finally

- **Reflexes**
 - Grasp reflex: place finger in baby's palm. They should grasp it.
 - Startle (Moro) reflex: warn parents first. Hold baby up sitting on bottom with hand supporting the top of their back, neck and head, and drop their upper body backwards very slightly towards the bed (with your hand still below them) before catching them. Arms should abduct, adduct, then baby will usually cry.

To Complete exam

- Thank parents and redress baby

Questions to ask mum

Labour

- How long since delivery
- Type of delivery
- Problems in labour (inc breech, premature rupture of membranes)
- Medications in labour

Mother

- Any temperatures
- Overall health in pregnancy
- History of congenital hip dysplasia

Baby

- Pre-term/term/post-term
- Weight
- Feeding breast/bottle (latching OK?)
- Urine (within 12 hours)
- Meconium (sticky black stool within 48 hours)
- Breathing

- “To complete my exam, I would measure the head circumference, length and weigh the baby. I would fully document in the notes and the child’s Red Book”
- Summarise