GLoucestershire Hospitals
NHS Foundation Trust

TRUST POLICY

EXAMINATION OF THE NEWBORN

A1094
MatPaed 2

Any hard copy of this document is only assured to be accurate on the date printed. The most up to date version is available on the Trust Policy Site.

All document profile details are recorded on the last page.

All documents must be reviewed by the last day of the month shown under “review date”, or before this if changes occur in the meantime.

**FAST FIND:** routine examination, abnormalities, EXON, ENB, Newborn examination, first day check, baby check

**DOCUMENT OVERVIEW:**
Outline expected standards for professionals undertaking the routine examination of the newborn. Provides midwives who have completed the Examination of the Newborn course with guidance on their remit to practice within Gloucestershire Hospitals NHS Foundation Trust

This document may be made available to the public and persons outside the Trust as part of the Trust’s compliance with the Freedom of Information Act 2000
EXAMINATION OF THE NEWBORN
A1094

1. INTRODUCTION
1.1 The aim of this guideline is to outline expected standards for professionals undertaking the routine examination of the newborn (see Action Card AC1 Examination of the Newborn). It also provides midwives who have completed the Examination of the Newborn (EoN) course with guidance on their remit to practice within Gloucestershire Hospitals NHS Foundation Trust (GHNHST).

2. DEFINITIONS
2.1 The routine examination of the newborn refers to the examination that is carried out between 0 - 72 hours after birth by a specially trained health care professional, as outlined in 4.1. Throughout this document the term neonate, newborn and baby will be used interchangeably. They are all used to indicate the newborn baby unless specified otherwise.

3. PURPOSE
3.1 Routine physical examination of the neonate is an integral part of the Universal Child Health Programme (2008). Almost immediately a baby is born, they should have an initial examination to ensure that they have no gross physical abnormalities. This examination is normally carried out by one of the health professionals attending the birth. Later a comprehensive newborn examination should be performed within 72 hours. There is no optimal time to detect all abnormalities (NSC, 2008).

3.2 The purpose of the newborn physical examination is to detect less obvious adverse conditions or abnormalities. It includes screening for congenital cardiac defects, developmental dysplasia of the hip, some ocular disorders (including congenital cataract), and undescended testes as well as a general physical examination. This check should utilise the opportunity of health education and provide reassurance to the parents.

4. ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Details</th>
<th>Resources</th>
<th>Review/Monitoring</th>
<th>Implementation</th>
<th>Records</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>All groups named below</td>
<td>following this and associated policies/procedures&lt;br&gt;utilise the information within this guideline to provide the best evidence and practice&lt;br&gt;take reasonable care of self and others</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Named Midwife</td>
<td>Ultimately responsible for coordination of care for woman and newborn&lt;br&gt;communicate with the multi-professional team</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwives</td>
<td>To act as experts in the field of normal care and refer when deviation from the normal care pathway occurs&lt;br&gt;Midwives who have undertaken he extended skill of examination of the newborn will perform such on well babies as described within this policy</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatologists</td>
<td>To attend when there are concerns for the wellbeing of the baby during the examination of the newborn as identified by the initial examiner&lt;br&gt;To undertake examination of the newborn as described within this policy</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. **EXCLUSION CRITERIA FOR MIDWIVES EXAMINATION OF THE NEWBORN**

5.1 Within GHNHSFT, examination of the newborn can be carried out by Paediatricians, Advanced Neonatal Nurse Practitioners, Midwives and General Practitioners. All neonates can be examined and discharged by Midwife unless they are less than 37/40 gestation.

Midwives can choose to carry out an examination of the newborn for any neonate greater than 36+6/40 gestation. If they would like, the midwife can discuss the case before or after the examination is carried out with the paediatric team.

It is good practice to complete the examination of the newborn prior to discharge into the community setting (see point 7.1)

6. **UNWELL AND PREMATURE BABIES**

6.1 Although screening is performed universally on all babies the standards set out in this document apply to well babies only. This is because some babies may be ill at the time the examination is due and so some components may have to be deferred. Some babies will need additional specific examinations. For example, babies who have a birth weights less than 1500g or are less than 31 weeks gestational age will need more detailed examination of their eyes.

7. **PREPARATION FOR EXAMINATION AND LOCATION OF EXAMINATION**

7.1 It is preferable that the neonatal examination is carried out prior to discharge into the community. However, if the baby has been born without medical intervention, is well and has had its first feed, it can go home with its mother without a neonatal examination. See Action Card 6 for classification of a baby suitable for discharge without examination. Neonatal examination can be arranged at home or in the hospital, following flow chart in Action Card 1.

7.2 The neonatal examination may be carried out in the home or in an alternative clinical environment. However, resources for clinical locations at which the newborn examination is carried out must be fit for purpose. A warm temperature, a firm surface for examination of the hips and an area which provides some privacy is essential.

8. **INFORMATION AND DOCUMENTATION**

8.1 Information about the newborn physical examination should be given to the mother at around 28 weeks gestation and again prior to the newborn examination being offered. An opportunity for discussion should be made available. This discussion should be documented.

8.2 Verbal consent must be obtained and documented. Professionals have a duty of care to provide information to parents without which they are unable to make an informed choice. Non-consent of parent(s) to examination should be recorded. Notification of non-consent should be communicated to the Neonatal medical team and the child health information department according to the local policy.

8.3 The process of the examination and assessment is standardised, with clear referral pathways to be followed in the case of questionable or abnormal findings. Standards for timeliness of referral have been set out in the appendices. Any deviations from the agreed process should be recorded and the reasons documented in the paediatric notes.

8.4 Clear, concise records are mandatory (NMC, 2007).

8.5 The neonatal examination is to be documented in the paediatric notes and the Personal Child Health Record. This should include time and location of examination. The neonatal examiner should confirm that the weight and head circumference has been plotted in the Personal Child Health Record on the
WHO growth charts. The yellow sheet from the PCHR should be detached and returned for audit purposes. Additionally, the 'hips' field on the electronic system should be completed at discharge.

8.6 The outcome of the neonatal examination must be shared with the parents and the communication documented in the paediatric notes. Parents of babies who are referred should be given a full explanation of the reason and timescale of referral, all of which should be documented in the paediatric notes.

8.6 An interpreter will be provided in cases where hearing impairment or language is a barrier to communication.

9. STANDARDS FOR THE FIRST PHYSICAL EXAMINATION – COMPONENT

9.1 A review of the medical history including: family history, maternal, antenatal and perinatal history, infant, fetal and neonatal history. Any concerns discussed with neonatologist prior to undertaking the examination.

9.2 A review of parental concerns.

9.3 Feeding.

9.4 Whether the baby has passed meconium and urine (and the nature of the urine stream in a boy)

9.5 Observe the baby's appearance including colour, breathing, behaviour, activity and posture.

9.6 Examine fontanelles, face, nose, mouth including palate (to be visualised as well as felt, ideally using a tongue depressor and torch), ears, neck and general symmetry of head, vault, sutures, and facial features.

9.7 Examine eyes for the normal 'red reflex' or any abnormal opacities.

9.8 Examine the neck and clavicles, limbs, hands, feet and digits, assessing proportions and symmetry.

9.9 Cardiovascular system, heart rate, rhythm and sounds, murmurs and femoral pulse volume.

9.10 Respiratory system-effort rate and lung sounds.

9.11 Abdomen-shape and palpate to identify any organomegaly.

9.12 Genitalia and anus. Check anus for patency. Check genitalia for form and undescended testicles in males.

9.13 Spine - inspect and palpate bony structures.

9.14 Skin – note birthmarks or rashes.

9.15 Central nervous system, observe tone behaviour, movements and posture and elicit newborn reflexes if concerned.

9.16 Hips – check symmetry of the limbs and skin folds. Perform Barlow and Ortolani's manoeuvres.

9.17 Measurement of weight and head circumference.

10. PROCESS FOR TIMELY MANAGEMENT OF IDENTIFIED ABNORMALITIES

10.1 Eye Examinations: Within 72 hours, eyes to be examined by a trained health care professional. If abnormality suspected, there should be immediate referral to a senior paediatric trainee or consultant on call for neonatology. If concerns remain, baby must be reviewed by the ophthalmology team within 2 weeks of age. See Action Card AC4 Flowchart for Examination of the Eyes.

10.2 Testes Examinations: Within 72 hours testes to be examined by a trained health care professional. If
one testis is undescended then raise parental and professional awareness. Document in the Child Health Record and send letter to GP. If both testes are undescended then refer urgently to the paediatric team (within 24 hours). See Action Card AC2 Flowchart for Un-descended Testes Screening.

10.3 Newborn Developmental Dysplasia of the Hip examination: Within 72 hours, hips to be examined by a trained health care professional. For babies with one or more risk factor (treated developmental hip dysplasia in a first degree relative, breech presentation, fixed talipes) but no abnormality detected on examination, an ultrasound is to be performed by 6-8 weeks of age. For babies with a clinically dislocated hip an urgent referral to consultant orthopaedic surgeon is required within 72 hours. This can be organised by telephone communication and urgent written referral to the orthopaedic consultant. For babies with a dislocatable hip detected on examination, an ultrasound should be performed by 2-4 weeks of age. Babies with an abnormality detected on clinical examination and who have a positive ultrasound should be seen by a consultant orthopaedic surgeon with expertise in DDH by 4 weeks of age. Babies with positive risk factors, negative examination and a positive ultrasound should be seen by 8 weeks of age. See Action Card AC3 Flowchart for Developmental Dysplasia of the Hip Screening and also Management and Treatment of Children Presenting with Developmental Dysplasia of the Hip Guideline (GHNHSFT, 2011).

10.3.1 Pertinent Risk Factors are as follows:

10.3.1.1 Family history of congenital dislocation of the hip is defined by a positive reply to the following question “does the baby’s mother, father, brother or sister (1st degree relative) have a hip problem which required treatment when they were a baby or young child?”

10.3.1.2 Breech Presentation: defined as breech presentation at delivery or clinically diagnosed in pregnancy at or after 36/40, or a history of intervention for breech during pregnancy (e.g. External cephalic version) irrespective of gestational age at delivery or mode of delivery.(GHNHSFT 2008)

10.3.1.3 Fixed (Equinovarus) talipes

10.3.1.4 Process for obtaining authorisation to refer for hip ultrasound:- All midwives who wish to be able to refer the neonate for hip ultrasound must 1) familiarise themselves with the Examination of the Newborn Policy 2) Read and sign the addendum to the Developmental Dysplasia of the Hip Policy 2010. A signed copy of the addendum must then be sent to ‘The Secretaries’ Imaging 1 Gloucestershire Royal Hospital together with Name, contact email and phone number, profession and registration number, qualification, Base Department, Employing authority and finally consultant to whom clinically accountable.

10.4 Congenital Heart Defects: all babies should have a cardiovascular examination by a trained health care professional within 72 hours of birth. If abnormality is suspected the baby must be reviewed by a senior paediatrician and have undergone pulse oximetry within 24 hours of initial examination. Babies considered by the senior paediatrician to have significant congenital heart disease should be referred for a paediatric cardiology opinion. Babies who have a murmur but are not felt to have significant congenital heart disease should be reviewed in a paediatric outpatient clinic at 4 weeks of age. See Action Card AC5 Flowchart for Congenital Heart Defects Screening.

10.5 Common Abnormalities: - see Referral Pathways document for the following problems

- Absent femoral pulses
- Accessory auricles or skin tags
- Accessory or fused digits
- Antenatal hydronephrosis
- Erbs Palsy
- Fixed Talipes (Equinovarus)
- Hypospadias
- Lumbosacral pits/dimples
- Maternal Autoimmune thyroid disease
- Positional Talipes
- Tongue tie

10.6 Any other abnormality: If any abnormality suspected, referral to a senior paediatric trainee should be arranged within 24 hours, if condition of baby gives cause for concern, case should be discussed with on call senior paediatric trainee immediately.

10.7 Bacillus Calmette-Guerin (BCG)

10.7.1 Babies whose parents or grandparents were born in high prevalence countries or where there is a history of tuberculosis (TB) in a household member within the last 5 years should be referred to the BCG team for vaccination.

10.7.2 BCG should be delayed in infants whose mothers have human immunodeficiency virus (HIV) until the results of all polymerase chain reaction (PCR) tests are known.

11. EDUCATION AND TRAINING

11.1 Suitable training by all those carrying out the examination must be undertaken (Refer to Trust Maternity Mandatory Training Policy). Midwives must hold approved certification of competence in Examination of the Newborn (ENB N96, Scottish certification, Bournemouth course or equivalent).

11.1.1 When a midwife has undertaken and successfully completed a course of education pertaining to the Newborn Examination in line with the NIPE standards; the student examiner will then need to complete a period of practical elements including a minimum of 30 ‘practice’ examinations of the newborn, completing 3 formal assessments with confirmed assessors, with final assessment and sign off completed with a neonatal consultant.

- The ‘practice’ examinations must either repeat an examination already performed, or complete an initial examination, making it clear to clinicians that the examination is to be completed in full by an approved examiner of the newborn.
- Student Examiners must not complete the paperwork unless under direct supervision of their assessor during a formal assessment.
- The formal assessment is to be undertaken by an approved examination of the newborn assessor

11.2 The midwife is responsible for ensuring that her skills in EoN are maintained. It is expected that a minimum of 12 examinations are undertaken annually to maintain these skills. At the annual supervisory review evidence will show that these examinations have been discussed. Paediatricians receive training at induction into the department of Paediatrics and Child Health.

11.3 Should a midwife described in 11.1 not achieve the annual number of examinations, she/he can arrange to be assessed by a senior paediatric clinician or equivalent. If the midwife successfully completes this assessment, she/he will be deemed competent to continue practising. This principle also applies to midwives joining the Trust who have obtained the EoN qualifications and have been practising this skill in their previous Trust.

11.4 Maintaining Competence: the midwife is responsible for ensuring that her skills in EoN are maintained. It is central to midwifery practice that midwives acknowledge the limits of their own individual competence. The remit of the midwife is clearly stated in the code of conduct ‘Acknowledge limitations in your knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe and competent manner.

11.5 EoN Group: Midwives in GHNHSFT who carry out EoN are requested to attend the EoN Group meetings at least twice per year. The EoN group meetings will be held every other month.
11.6 Professional Accountability: it is the responsibility of GHNHSFT and the individual to ensure quality of clinical care through the implementation of risk management systems, evidence based practice, lifelong learning and the systematic audit of clinical performance.

12.0 FAILSAFE (SEE AC7)

12.1 On discharge from hospital the baby’s health records must be checked to ensure NIPE has taken place.

12.2 If NIPE has been completed then the ‘hips’ field on the electronic maternity system must be completed.

12.3 If NIPE has NOT taken place, then the ‘hips’ field on the electronic maternity system must be completed and this information MUST be passed onto the community staff using the relevant paperwork.

12.4 A monthly review of data to ensure babies have received a NIPE is undertaken.

13. POLICY AWARENESS

<table>
<thead>
<tr>
<th>*Level of training required</th>
<th>Staff Group / s</th>
<th>Division / Department</th>
<th>Frequency of training / update</th>
<th>Method of training delivery</th>
<th>Lead and department responsible for provision of training</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Midwives</td>
<td>Women and Children’s Division</td>
<td>Once</td>
<td>Policy cascade via newsletter</td>
<td>PDM</td>
</tr>
<tr>
<td>A</td>
<td>Neonatal staff</td>
<td>Women and Children’s Division</td>
<td>Once</td>
<td>Policy cascade</td>
<td>Maternity and Newborn forum</td>
</tr>
</tbody>
</table>

*Levels of Training

- **A** = Awareness (Micro-teach, drop in session, e-learning)
- **B** = ½ day (2.5 – 3 hours) (workshop, training event, e-learning)
- **C** = Full day (5-6 hours) (workshop, training event)
- **D** = Course (more than one day training)

14. MONITORING OF COMPLIANCE

14.1 This list is not exhaustive and additional criteria may be included at the Trust discretion

14.2 The audit will include the current audit quality standards and sample size if related

14.3 Sample sizes selected will be dependent on the cohort size. The data collection period will be identified by the Maternity Audit Lead

14.4 Action plans will be developed and reviewed as required by the instigating body

14.5 The audit will be carried out using the standardised audit tool and methodology as agreed by the maternity audit team and in line with the audit process.

14.6 The audit results will be presented to the multidisciplinary Obstetrics and Gynaecology Audit presentation meeting.

14.7 Where deficiencies are identified, an action plan will be developed by the Multidisciplinary Obstetrics and Gynaecology Audit presentation meeting.

15. REFERENCES


<table>
<thead>
<tr>
<th>DOCUMENT PROFILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFERENCE NUMBER</td>
</tr>
<tr>
<td>CATEGORY</td>
</tr>
<tr>
<td>VERSION</td>
</tr>
<tr>
<td>SPONSOR</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>AUTHOR</td>
</tr>
<tr>
<td>CO AUTHOR</td>
</tr>
<tr>
<td>ISSUE DATE</td>
</tr>
<tr>
<td>REVIEW DETAILS</td>
</tr>
<tr>
<td>ASSURING GROUP</td>
</tr>
<tr>
<td>APPROVING GROUP</td>
</tr>
<tr>
<td>APPROVAL DETAILS</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>COMPLIANCE INFORMATION</td>
</tr>
<tr>
<td>DISSEMINATION DETAILS</td>
</tr>
<tr>
<td>EQUALITY IMPACT ASSESSMENT</td>
</tr>
<tr>
<td>KEYWORDS</td>
</tr>
<tr>
<td>OTHER RELEVANT DOCUMENTS</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Authors</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Sarah Claridge Community Midwifery Manager</td>
</tr>
<tr>
<td>Sarah Claridge Community Midwifery Manager</td>
</tr>
<tr>
<td>Joanna Morris Practice Support Midwife Kirsty Davis Practice Development Midwife Russell Peek Consultant Neonatologist</td>
</tr>
<tr>
<td>Russell Peek Consultant Neonatologist Emily Beach PDM</td>
</tr>
</tbody>
</table>
Gloucestershire Hospitals
NHS Foundation Trust

EQUALITY IMPACT ASSESSMENT

INITIAL SCREENING

1. Lead Name : Hazel Williams
   Job Title: Lead midwife

2. Is this a new or existing policy, service strategy, procedure or function?
   - New
   - Existing ✓

3. Who is the policy/service strategy, procedure or function aimed at?
   - Patients
   - Carers
   - Staff ✓
   - Visitors
   - Any other Please specify:

4. Are any of the following groups adversely affected by this policy:
   - If yes is this high, medium or low impact (see attached notes):
     | Group                               | Yes | Medium | Low |
     |-------------------------------------|-----|--------|-----|
     | Disabled people:                    | No  | ☑      | Yes |
     | Race, ethnicity & nationality:      | No  | ☑      | Yes |
     | Male/Female/transgender:            | No  | ☑      | Yes |
     | Age, young or older people:         | No  | ☑      | Yes |
     | Sexual orientation:                 | No  | ☑      | Yes |
     | Religion, belief & faith:           | No  | ☑      | Yes |

   If the answer is yes to any of these proceed to full assessment.
   If the answer is no to all categories, the assessment is now complete.

   Date of assessment: 17.03.11
   Completed by: Hazel Williams
   Signature: Job title:
   Director: Signature:

This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIA’s are completed in accordance with this procedure.