

ROUTINE EXAMINATION OF NEWBORN INFANTS

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Key Amendments

Date	Amendments	Approved by

Introduction

The NHS Newborn and Infant Physical Examination (NIPE) Screening Programme aims to:

- Identify and refer all children born with congenital abnormalities of the heart, hips, eyes or testes, where these are detectable, within 72 hours of birth.
- Identify, investigate and refer if applicable all children with any other abnormality not stated above.

Objectives and expected Health outcomes

In order to reduce mortality and morbidity every baby should be offered a first (new-born) examination within 72 hours of birth. Newborn infant physical examinations will be carried out by any competent and trained health professional.

Eligible population

The eligible population for new born and infant physical examinations is derived from the completion of the birth registration process, for the NHS number. This will ensure that the automatic transfer of demographic information into NIPE SMART is complete and allow accurate and timely identification of the eligible screening population. These include:

- The total number of babies born in Worcestershire Acute Hospitals NHS Trust (WAHT) and are undergoing care at the time the new-born examination is required.
- All home births in the Worcestershire geographical area.
- All babies transferred into neonatal unit at WAHT who require a NIPE if condition and wellbeing allows.
- Any neonate transferred to another hospital should have their NIPE SMaRT entry transferred to the accepting unit if their NIPE has not been performed prior to transfer.
- For Hospitals without the NIPE SMaRT failsafe solution, this must be done either directly by the transferring clinician, screening coordinators or in the transferred documentation that the examination has not been performed.

Exclusions

All live babies are eligible for the screening, but it is acknowledged that screening may be delayed if a baby is preterm or they are too unwell to have the examination performed. Screening should be

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completed as and when the condition allows. These babies should be identified and accounted for on NIPE SMART.

NIPE SMART failsafe IT system

NIPE screening service works within nationally defined NIPE standards and follows screening and referral pathways. This enables WHAT to ensure that the new-born and infant examination is offered to every Newborn baby within 72 hours of birth excepting exclusions.

There is a NIPE clinical lead that oversees and assures the programme. The antenatal and new-born screening coordinators with assistance from the neonatal and postnatal ward managers monitor the failsafe system on a daily basis. All healthcare professionals who perform the NIPE examination should have completed a recommended level of NIPE training suitable for their professional role in accordance with national guidance. They should also have access to on-going training and development, including annual completion of the NIPE e-learning module.

WAHT can track, manage and report on the programme activity, and data collection to inform and improve clinical practice. The national IT system provides a robust failsafe system to support NIPE screening and referral pathways.

Delivery of the screening programme

Newborn physical examinations will be performed by a trained NIPE practitioner daily.

Newborn physical examinations can be performed during the first few hours of life if this will expedite discharge and be more convenient for the family. There is no need to wait for 6 hours and NIPes can be performed on Delivery suite.

There are several Community Midwives in most teams who are trained to perform the physical examination. If one of these Midwives is available to perform the Newborn physical examination within the first 72 hours of the baby's life, then the baby does not need an examination in hospital. However, these babies should have clearly passed a pulse oximetry screen prior to discharge home. The reason for this is to avoid sending any babies home who could have duct dependent heart disease.

Newborn physical examination process

- NIPE SMART should be used to identify those babies requiring a physical examination within the 72 hour timeframe and those who are being discharged home. (Appendix 1) This will ensure that all babies have their examination in a timely manner and that delays at discharge are kept to a minimum.
- Any maternal antenatal or family history of importance should be recorded on the neonatal record by midwifery staff but please clarify details with the mother.
- An antenatal paediatric alert with a postnatal management plan may have been initiated copies of this plan are filed in maternal notes and in folders on the postnatal ward, Delivery suite and the neonatal unit.
- A verbal consent for the Physical examination should be obtained and documented into the NIPE SMaRT screening page. Written information about the NIPE screen is provided to parents using the NHS Screening programmes booklet "Screening tests for you and your baby." This booklet is given by the community midwives at the beginning of the pregnancy as part of the booking process and on the postnatal on admission.
- Pulse oxygen saturation levels should be checked by midwifery staff prior to the newborn examination check.

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Neonatal Key Documents

- A check of whether the baby has passed meconium and urine and documentation of failure to do so for follow up by midwifery staff.
- Observation of the baby's general condition including colour, breathing, behaviour, activity and posture.
- Ascertainment of whether parents or carers have anxieties and an opportunity to observe mother-infant interaction.
- Enquiring about method of infant feeding, and if mother or staff have any concerns about feeding to date. If necessary breastfeeding should be observed, and mother assisted with this, provided the healthcare professional is competent to do so.
- Examination of the exposed parts of the baby first: scalp, head (including fontanelles), face, nose, mouth including palate (using a tongue depressor and torch), ears, neck and general symmetry of head and facial features.
- Examination of the baby's eyes (size, position, absence of discharge) including with an ophthalmoscope and test for the 'red reflex'
- If exposed, examination of the baby's neck and clavicles, limbs, hands, feet and digits, assessing proportions and symmetry. Undress baby to complete the exam.
- Assessment of the baby's cardiovascular system – colour, heart rate, rhythm and femoral pulse volume as well as listening to the heart for a murmur, and checking laterality disturbance of heart.
- Respiratory effort and rate can be assessed simultaneously with the cardiovascular assessment and listening to air entry.
- Observation of the baby's abdomen – colour, shape and palpate to identify any organomegaly, and examination of the condition of the umbilical cord
- Observation of the baby's genitalia and anus, to check completeness and patency. The presence of meconium does not indicate normal anal position or patency. It is important therefore to remove of all visible meconium prior to examination. Check for undescended testes in male infants.
- Inspection of the bony structures and skin of the baby's spine, with the baby prone, noting the colour and texture of the skin as well as any birthmarks or rashes.
- Observation of the tone, behaviour, movements, and posture to complete the assessment of the central nervous system (CNS)
- If concerned, undertake more detailed neurological examination e.g. eliciting Newborn reflexes.
- Regarding hips, check symmetry of the limbs and skin folds. Perform Barlow and Ortolani's manoeuvres on a firm flat surface. The baby should be calm when the examination is performed.
- Noting sound of baby's cry.
- Consideration of any specific known risks in the baby's home, eg parent with epilepsy, and alerting appropriate professionals to parents who may have problems in caring for their baby
- Ensuring that parents know how to assess their baby's general condition and to contact a midwife, health visitor, doctor or emergency services if required.
- All NIPE examinations should be inputted onto the NIPE failsafe system and the accompanying documents printed. The copies include:
 1. A copy for the parents
 2. A copy for the child health record (red book)
 3. A copy for the General practitioner
 4. A copy for the Hospital records.

[The Red Book is supplied by the Midwives on delivery suite, the community midwife following a home birth or NNU nursing staff.](#)

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Home Births

Babies born at home will require a physical examination. This will be performed by a trained midwife in the patient's own home. The community midwife should then input the physical examination as soon as possible onto the NIPE failsafe system.

What to do if there is a positive screening outcome

It is the responsibility of the person undertaking the newborn examination to ensure that any problems/anomalies identified are acted upon. The health professional must document their discussions with the parents fully in either the neonatal records or the pregnancy records. Staff will inform parents of relevant support groups or information leaflets available as required. The following trust guidelines provide useful information:

WAHT-PAE-119 Pulse oximetry Guideline

WAHT-PAE-017 Common problems in well term neonates on the postnatal ward

WAHT-NEO-005 Downs syndrome in babies

WAHT-PAE-012 Hepatitis B infected mothers

WAHT-NEO-020 Hip examination in the newborn

WAHT-NEO-041 and WAHT- NEO-007 Neonatal BCG Guideline

WAHT-PAE-030 Phototherapy for jaundice on the neonatal unit

WAHT-PAE-026 Skin tags in newborn

WAHT-PAE-017 Investigation and management of asymptomatic heart murmurs

WAHT-PAE-016 Investigation of lumbosacral skin lesions

WAHT –PAE-071 Common problems on the postnatal ward.

WAHT- PAE -080 Renal pelvis dilatation.

Appendix 1 Service Operational Policy for NIPE failsafe

HOW TO GENERATE A NIPE WORKLIST.

- LOGIN
- SELECT FACILITY-RWP WORCESTERSHIRE
- CLICK - PATIENTS ON THE LEFT OF THE SCREEN (PAGE 1)
- CLICK - NOT STARTED ON NEWBORN SCREENING (PAGE 2)
- CLICK - SUBMIT SEARCH CRITERIA (PAGE 2)
- CLICK – BIRTH DATE (DROP DOWN BOX) SELECT ACENDING.

THIS GIVES YOU A LIST OF ALL THE BABIES WHO ARE EITHER

RED – MISSED THE TIMEFRAME OF NIPE (72 HOURS) AND NEED A NIPE IMMEDIATELY (NICU BABIES EXCEMPT)

AMBER – CLOSE TO THE 72 HOUR CUT OFF AGAIN NIPE NEEDS DOING ASAP.

WHITE – OK BUT COULD HAVE THEIR NIPE PERFORMED EARLY.

N – DENOTES THAT THE BABY IS IN NICU THEREFORE EXEMPT.

C- DENOTES A NOTE THAT HAS BEEN ADDED.

MONITORING TOOL

How will monitoring be carried out? Clinical Audit

Who will monitor compliance with the guideline? Obstetric/Paediatrics Clinical Governance Committees

STANDARDS	%	CLINICAL EXCEPTIONS
All babies should be examined within 72 hours of birth	100%	Preterm babies or babies who condition deems that a NIPE is not appropriate.
An incident form will be completed when it is found that a baby examination has not been performed	100%	See exemptions page 4
<u>All abnormalities identified following a newborn physical examination should be clearly documented in the hospital records.</u>	<u>100%</u>	<u>None</u>

REFERENCES

1. NHS Quality Improvement Scotland 2004 Best Practice Statement. Routine Examination of the Newborn
2. NICE Guideline on postnatal care. 2006
3. NHS public health function agreement 2015-2016 -|Service specification no 21
4. NHS Newborn and Infant Physical Examination Screening Programme Standards
5. 2016-2017
6. NIPE SMART quick reference guide- practitioners

CONTRIBUTION LIST

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