Screening for abnormalities in the newborn. It should be performed within the first 24 hours of birth. It is an extensive examination that requires practice.

- Wash hands
- Expose the baby - naked
- Reposition baby lying down

Assess size
- Weigh baby
- Measure
  1. Head to toe length
  2. Head circumference

Take observations
- Heart Rate
- Respiratory Rate
- Temperature
- General appearance
- Colour, breathing pattern, tone

Assess skin
- Usually red, but may have blue colour at extremities, birthmarks or rashes
- Jaundice is pathological if seen in first day of life
- Erythema toxicum is benign. 50% children affected. Red lesions with yellow central papules are seen

Assess head and face
- Sutures and fontanelles - palpate
- Size
- Shape
  - Caput – crosses suture lines, resolves in several days
  - Haematoma – never crosses suture lines, caused by a Subpereostial haemorrhage. 5% associated with underlying fractures
- Eyes
  - Discharge?
  - Appearance
  - Cataract
  - Assess for the red reflex with an ophthalmoscope
- Ears
  - Position
  - Skin tags
- Mouth
  - For a cleft palate
  - Symmetry
  - Size
- Neck
  - Palpate for thyroglossal cysts
  - Lymphadenopathy present in 33%

Assess torso
- Inspect
  - Pectus excavatum common and benign
  - Respiratory rate (should be 40-60 per minute)
- Palpate
  - Heart rate (should be 120-160 per minute)
  - For thrills
Femoral pulses
  • Auscultate
    o Heart murmurs
    o Breath sounds

Assess abdomen
  • Inspect
    o Shape
    o Size
    o Distended?
    o Hernia
    o Umbilical cord appearance
    o For an umbilical hernia – normal finding in neonates
    o Umbilicus – 3 vessels? (if only 1 artery, think of renal problems)
  • Palpate for size of internal organs – should be able to feel 1-2cm liver

Assess genitals
  • Palpate for inguinal herniae
  • Examine urethra position (?Hypospadias)
  • Males: feel for testes in scrotum
  • Female: assess if labia present (usually are swollen for first few weeks)
  • Ensure anus is open

Assess limbs
  • Length – proportionate?
  • Hands and feet

Assess hips
  • For dislocation
    o Ortolani test: Flex hips and knees to 90 degrees. Place thumbs on inner side of baby's knee, with index finger on greater trochanter. Adduct hips whilst applying forwards pressure. Can feel a click if dislocation occurs
    o Barlow test: Hips and knees flexed to 90 degrees, abduct the hip while applying backward pressure on the knee - you will feel a click if dislocation occurs

Assess spine
  • Inspect and palpate spinal column. Are there any openings suggestive of spina bifida?

Assess nervous system
  • Tone – pick up baby
    o Reflexes
      o Moro - startle newborn, so their legs and arms swing out and forward, with fingers outstretched
      o Rooting - baby turns mouth to face stimulus
      o Suckling - when nipple/object put into mouth, baby sucks
  • Thank the mother and dress baby.