

The Newborn Examination (NIPE)

Introduction

A Doctor, Advanced Neonatal Nurse Practitioner (ANNP) and/or a Midwife examine all newborn babies after birth.

This examination allows us to look at your baby and it is also a good time to ask any questions you might have about your baby.

This leaflet tells you about what we will be looking for when your baby is examined. It also provides some useful information about what happens in the first few days and weeks after birth.

When will my baby be examined?

Newborn babies are usually examined sometime during the first day after birth, but the formal full examination should be performed by 72 hours of age.

Who will examine my baby?

A midwife will check your baby over soon after he or she is born. A children's doctor (called a Paediatrician), an Advanced Neonatal Nurse Practitioner (ANNP) or a midwife will do the newborn examination of your baby when you are both on the postnatal ward or MLU (Midwife Led Unit).

What will the doctor or midwife look for?

They will look at your entire baby, but in particular will examine his or her skin, head, heart, hips, eyes and genitalia.

What do I need to tell the person examining my baby?

The person examining your baby will need to know if:

- Anyone in your immediate family (parents and any siblings of your baby) has had problems with their hips as a child – including any who may have required treatment with a splint, harness, or operation
- Anyone in your immediate family has been born with heart conditions, requiring treatment / surgery in childhood or any visual impairments

- If you were fit and well during pregnancy, and if you have been taking any medications
- If you have ever suffered from any medical conditions which have involved your thyroid gland
- There were any problems found during your antenatal ultrasound scans
- Your baby had been lying in a breech position
- Anybody from your family has had treatment for TB. Anybody in your family or household (including parents and grandparents of your baby) has come to UK from an area of the world where TB is common (the country / area of the world will be compared with the most up to date information on how common TB is in that area by the person performing the examination)

What if I am worried about my baby?

Tell the midwife, doctor or ANNP who comes to examine your baby. Explain the concerns that you have.

Exactly what is done will depend on what has been found.

What happens if a problem is found?

About 1 baby in 10 will have a problem found during the newborn examination. Usually this is a minor problem, which may not need treatment. Some babies will either need further tests or need to be seen again in outpatient clinic after they have been discharged from hospital.

Common problems

Bruises and birthmarks

It is very common for newborn babies to have some bruising (and swelling) on the head after birth. This is just the result of the pushing and squeezing that is part of being born and will soon disappear. Babies often have other marks or spots on their skin. Most of these will also go away eventually, although this may take weeks or months. They are sometimes known as 'stork marks' or 'strawberry marks'.

Jaundice

Jaundice is the name for the yellow colour of skin and eyes that develops in many newborn babies. It is usually completely normal and disappears within a few days. The midwife, doctor or ANNP may decide to check the level of jaundice in your baby by doing a heel prick blood test. If a baby has severe jaundice, he or she may need light treatment called phototherapy.

Heart murmurs

A murmur is the noise made by blood as it passes through the chambers, valves and blood vessels of the heart. Murmurs may be normal ('innocent' murmurs) and are often heard in newborn babies. In others, it may be a sign that there is a problem with the heart. If your baby has a heart murmur, the midwife, doctor or ANNP may decide to recheck the heart before your baby goes home and will arrange further follow up or tests as required.

Hips

Checking your baby's hips is an important part of the newborn examination. Some babies are born with hips that are not properly formed in their joints. This condition is more common in babies who have been lying in a breech position or where someone else in the family has

had a similar problem. If the midwife, doctor or ANNP finds any problem with your baby's hips, or if there is any reason why your baby may be at risk of hip problems, he or she will arrange for a scan of the hips. An appointment will also be made for them to be seen by a specialist to check the hips again after discharge from the hospital, which is usually done at Alder Hey in the first 6 weeks of life.

Genitalia

During the newborn examination the midwife, doctor or ANNP will check your baby's genitalia. This is especially important in boys to make sure the testicles are in the right place. In some boys the testicles are not in the scrotum (undescended testes). These boys will need to be seen by a specialist who will decide if a small operation is needed to bring the testicles down.

Cataracts

A cataract is rare but important problem in newborn babies. It happens when the lens of the eye is cloudy and may affect a baby's vision. A doctor will examine your baby's eyes with a special torch to check for cataracts.

If no problem is found, can I be sure that my baby is all right?

The newborn examination only allows us to pick up problems that are obvious at birth. Just because everything appears normal when they are first seen, it does not mean that there can't be anything wrong with the baby. There are some conditions that may show themselves only after a baby goes home. For example, some babies may not have had a heart murmur at birth but develop a heart problem which only shows itself at a later date.

There are also some babies that do not appear to have a problem with their hips at birth but develop problems over the next few months. Health visitors and/or GPs regularly see babies in the first year of life and this will help to pick up any problems that develop.

Will my baby need any medicines whilst in hospital?

Vitamin K

Doctors recommend that all newborn babies should be given vitamin K at birth to prevent a rare (but serious) condition, which causes severe bleeding. This is called "Haemorrhagic Disease of the Newborn". Vitamin K is usually given by injection shortly after birth. If not given by injection, multiple oral doses are required at day 7 and, for breastfed infants, again at day 28.

Immunisations

Parents of babies who are at risk of developing Tuberculosis or Hepatitis B are offered immunisation for their baby at birth. For Hepatitis B, two more injections will be needed to complete a full course, at about 1 month and again at 12 months of age. If a BCG immunisation is required, an appointment will be made for baby to return to LWH to have this administered.

When will a midwife or doctor see my baby again?

All babies are seen after they go home firstly by a community midwife and then by a health visitor. They will check that your baby is feeding well and putting on weight. At about one week of age, a heel prick blood test is done on all newborn babies. This test will help to make sure that the baby has not got one of two important conditions, Hypothyroidism and Phenylketonuria. Your baby will also be examined at by your GP at 6-8 weeks of age.

Reducing the risk of cot death

Sadly, some babies die each year for no apparent reason from what is called 'cot death' or 'sudden infant death syndrome' (SIDS). Although we do not know exactly why this is, we do know that placing a baby to sleep on his or her back reduces the risk of it happening. Exposing your baby to cigarette smoke and/or overheating a baby increases the chances of cot death.

The safest place for your baby to sleep is in a cot in your room for the first six months. There is increased risk of SIDS if baby shares parent's bed especially if they smoke, have taken medication, consumed alcohol or are very tired, particularly if the baby is less than 11 weeks old.

Your doctor or midwife will be able to give you more advice about reducing the risk of cot death in your baby.

After I take my baby home, how will I know if my baby is ill?

It is important for parents to be aware of the sort of things that may be a sign of illness in their baby. This is a list of things to look for.

A baby that:

- Is not feeding well or keeps vomiting
- Is not putting on weight
- Is unusually hot or cold
- Is jaundiced (yellow) after 2 weeks of age
- Is unusually quiet or miserable
- Is 'just not right'

Seek urgent medical advice if:

- Your baby turns blue or very pale
- Your baby has difficulty with breathing or has pauses between breaths of over 20 seconds
- Your baby is difficult to wake or is unusually sleepy

Sometimes it is difficult to tell if a baby is ill. If you are worried about your baby, contact your health visitor or visit your GP.

For further information contact your midwife or Paediatrician.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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