

Postnatal Assessment

This component links to:

- Newborn Baby Hearing
- Newborn Baby Vision and Eye
- all components of Section Four.

Age(s) of child

Day 2-7, preferably day 5

Purpose

- To reassure parents through health surveillance and clinical assessment that their child is developing normally, and if necessary ensure any health or developmental concerns are referred appropriately, and addressed in a timely way
- To ensure breastfeeding is establishing
- To promote attachment and positive parenting skills
- To work with families/whānau to identify their needs for support, and either provide this support or facilitate access to support from other health or community services, especially for those children of families/whānau at risk of adverse outcomes
- To detect clinical illness or congenital abnormalities

Personnel

The Lead Maternity Carer (obstetrician, midwife or general practitioner) is responsible for ensuring this assessment is undertaken.

Recommended procedure

- Gain informed consent of parents/caregivers
- Provide care in a culturally appropriate manner and consult where indicated.
- Record family history and obstetric history including:
 - hepatitis B, tuberculosis, other infective illness in particular *in utero* illness
 - congenital renal, cardiac, hearing or hip pathology
 - assessment of psycho-social and environmental risk factors including support systems, history of postnatal depression, family violence, Child Youth & Family involvement
- Undertake systematic and thorough clinical assessment which includes: colour, length, respiration, weight, tone, head circumference, Moro reflex, Grasp reflex, movements, skin, head, fontanelles, eyes – red reflex and risk indicators (see 'Newborn baby vision and eye' component), ears (see 'Newborn baby hearing' component), mouth, lungs, heart – cardiac assessment, abdomen, umbilicus, genitalia, anus, spine, limbs, hip joints (see 'Hip screening' component), femoral pulses. Also ability to breastfeed

- Provide the following immunisation if applicable:
 - Hepatitis B and immunoglobulin for infants of hepatitis B positive mother within 12 hours
 - BCG for infants in high tuberculosis-risk situations within 24 hours (see TB working party guidelines)
- Ensure metabolic screen has been completed
- Assess parent-child interaction – early bonding, initial (positive) parenting response
- Listen attentively and communicate effectively with parents/caregivers
- Discuss significance of findings with parents/caregivers
- Provide relevant information and anticipatory guidance to parents/caregivers including:
 - recognising a sick child and when to seek medical help
 - recognising postpartum abnormalities for mother
 - making an informed choice and accessing a well child provider and a general practice team
- Document findings fully and accurately including in the *Well Child-Tamariki Ora Health Book*
- Use appropriate referral pathways.

Educational preparation needs to include:

- the normal neonate, and normal variation
- anatomy of the baby
- perinatal physiology
- attachment theory
- development of infants
- nutrition of infants including breastfeeding
- common neonatal pathology
- neonatal assessment techniques including instrumented examination
- referral pathways for hip, renal, cardiac, respiratory, eye and hearing problems
- response to history of hepatitis B and tuberculosis
- vitamin K usage
- documenting procedure.

Resources

Stethoscope, ophthalmoscope, tape measure, scales.

Referral pathway

If abnormal assessment or risk of clinical illness, consult paediatrician or paediatric resident medical staff promptly. Specialist breastfeeding advice may be sought from a lactation consultant or midwife with additional expertise in breastfeeding.

Rationale

A complete assessment of every neonate is now accepted as good practice in New Zealand. The postnatal screening assessment is a safety net, to ensure identification of all infants with risk factors and abnormalities. The assessment is a screening procedure with a number of individual components. The yield is not as high as for the neonatal assessment in terms of identification of new problems.

Issues for resolution

Validity of the postnatal assessment elements.