Neonatal Assessment

This component links to:

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

Age(s) of child

Preferably within 2 hours of birth but certainly within 24 hours

Purpose

- To reassure parents through health screening and clinical assessment that their child has developed in utero normally, is satisfactory following birth, and if necessary ensure any health or developmental concerns are referred appropriately, and addressed in a timely way
- To detect early any significant clinical illness or congenital abnormalities, or risk of this.

Personnel

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

Recommended procedure

- Gain 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

- Provide the following immunisation if applicable:
  - Hepatitis B vaccination and immunoglobulin for infants of hepatitis B positive mothers within 12 hours
  - BCG for infants in high tuberculosis-risk situations within 24 hours (see TB working party guidelines)
  - Ensure Vitamin K given, and if not, discuss requirements and options with parent
- 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
- 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 re:
  - anatomy
  - perinatal physiology
  - development
  - nutrition
- common neonatal pathology
- rare but important neonatal pathology – eg, early jaundice
- neonatal assessment techniques
- referral pathway for hip, renal, eye, hearing and genital problems
- response to history of hepatitis B and tuberculosis
- primary prevention including vitamin K usage, immunisation
- documentation procedures.

Resources

Stethoscope, ophthalmoscope, tape measure, scales.

Referral pathway

Consultation and/or referral to appropriate health professional if abnormal examination, or at risk of clinical illness.

Rationale

A complete initial examination of every neonate is now accepted as good practice in New Zealand. The assessment is a screening procedure with a number of individual components and has a high yield. Parents expect this assessment to be provided and they value the reassurance it gives them. A number of elements have yet to be validated.

Issues for resolution

For many aspects of the neonatal assessment there is little information justifying the procedures as a routine screening tool, although it seems intuitively sound. At present we are assuming that the assessment is justified and are awaiting validation.