Guideline for the

Newborn and Infant Physical Examination (NIPE)

Lead Author (s)	Lauren Kearney, Wendy Scrimgeour (Clinical Supervisors for Midwives)
Lead Executive	Ms Jennifer Winslade
Division/Department	Family & Therapies/ Maternity
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Policy on a Page: Key Messages

Aim:

- To provide standardised, evidence-based guidance for midwives undertaking the NIPEC.
- To identify congenital abnormalities of the eyes, heart, hips and testes (in male infants) within the first 72 hours of life.
- To ensure appropriate referrals are made where risk factors or abnormalities are identified.
- To ensure examination findings are accurately documented.
- To ensure parents are informed of examination findings and any referrals made.
- To support the early detection and management of abnormalities, reducing associated morbidity and mortality.

Summary of key changes (for revised documents only)

Update to Table 3 detailing inclusion and exclusion criteria for midwife-led NIPEC to include the following column '***Suitable for examination by midwife AND for neonatal review if any concerns identified.***

NIPEC MUST be completed prior to discharge to community'

Key Requirements:

- Complete the NIPE examination between 6 and 72 hours of age.
- Identify and refer infants with suspected congenital abnormalities of the eyes, heart, hips, and testes (male infants).
- Accurately document all examination findings and referrals on BadgerNet.

Target Audience:

This guideline is intended for all midwifery staff.

Training:

- Complete a minimum of 15 NIPE examinations per year (or 30 over 2 years), evidenced via BadgerNet reports and available for CSfM review.
- Attend one NIPE forum annually.
- Complete one NIPE reflection annually (verbal or written).
- Maintain knowledge and skills through ongoing CPD (e.g. Y Ty Dysgu).
- Participate in one peer review annually (Appendix 1).
- Adhere to established referral pathways for urgent and routine senior neonatal review.

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Introduction/Summary

Routine physical examination of the newborn is an essential component of the Universal Child Health Promotion Programme. Guidance on routine postnatal care is provided within the NICE guideline *Postnatal Care* (2021). This guideline aligns with the standards and competency requirements established by the UK National Screening Committee (UK NSC) in the *Standards for the Newborn and Infant Physical Examination (NIPE)* (Department of Health, 2024) and the *Health Education and Improvement Wales (HEIW) NIPE Cymru Education and Training Framework* (HEIW, 2023a).

The NIPE screening programme focuses on the identification of congenital abnormalities affecting the eyes, heart, hips, and testes (in male infants). Early detection supports timely referral, investigation, and intervention where required.

Throughout this document, the term Newborn and Infant Physical Examination Cymru (NIPEC) will be used to describe the examination. The NIPEC is a comprehensive physical examination undertaken with parental or legal guardian consent between 6 and 72 hours after birth. This timeframe is based on current evidence and best practice recommendations and is intended to facilitate the prompt identification of abnormalities and timely referral for further clinical assessment where necessary.

Parents should be advised that not all congenital abnormalities or health conditions are detectable at birth; therefore, a further physical examination is offered at 6 to 8 weeks of age as part of the screening pathway. In addition to screening for abnormalities, the NIPEC provides an opportunity to promote infant health and wellbeing, and to discuss any concerns regarding the baby's health and care with parents during the early postnatal period.

The NIPEC may be undertaken by a Neonatologist, Advanced Neonatal Nurse Practitioner (ANNP), or a Midwife who has completed the appropriate education and competency requirements. For midwives, this may be achieved through pre-registration training as part of a BSc (Hons) Midwifery programme or through successful completion of an approved post-registration NIPEC training programme.

1. Scope

This guideline provides guidance for medical, midwifery and nursing professionals undertaking the Newborn and Infant Physical Examination Cymru (NIPEC). It is intended to support, rather than replace, clinical judgement, and should be applied in conjunction with the individual needs of the infant and family.

Clear referral pathways are in place to facilitate timely senior neonatal review, whether an immediate or urgent assessment is required or a routine outpatient referral is more appropriate.

2. Statement/ Background

If you have difficulty understanding any part of this guideline- including due to learning, sensory, or communication needs- please speak with your Line Manager or contact the authors of this guideline for support or clarification.

Staff must take a proactive approach to identifying and meeting the accessibility and communication needs of people with disabilities and/or language barriers, including offering information in alternative formats, arranging interpretation or communication support as required, and not relying solely on individuals to request adjustments.

The term “woman/ women” will be used throughout this document however, it is recognised that this refers to all pregnant, birthing and postnatal people regardless of gender identification.

This guideline supports the requirements of the Welsh Language Standards. Individuals will be offered the opportunity to communicate in Welsh, and reasonable steps will be taken to ensure that Welsh language needs are identified and accommodated where required.

This guideline should be read in conjunction with the current Newborn and Infant Physical Examination Cymru (NIPEC) standards, handbook and examination-specific guidance documents. These documents provide the professional, educational and clinical standards that underpin NIPEC practice in Wales and should be used alongside this guideline when undertaking the examination.

The following documents are available as live hyperlinks:

Standards for Neonatal Examination (NIPEC Standards)

NIPEC Handbook

NIPEC Examination of the Eyes

NIPEC Examination of the Hips

NIPEC Examination of the Heart

NIPEC Examination of the Testes

3. Aim

- To provide standardised, evidence-based guidance for practitioners undertaking the Newborn and Infant Physical Examination Cymru (NIPEC).
- To identify congenital abnormalities of the eyes, heart, hips and testes (in male infants) within 72 hours of birth.
- To ensure appropriate referrals are made where risk factors, abnormalities or concerns are identified.
- To ensure all examination findings, outcomes and referrals are accurately documented on BadgerNet and the CWS e-Discharge.

- To ensure parents are informed of the examination findings and any referrals arising from the assessment.
- To support the early identification and management of congenital abnormalities, thereby reducing associated morbidity and mortality.

4. Main Body

Suitability Criteria for Midwife NIPEC

Babies SUITABLE for examination by Midwives	Suitable for examination by midwife AND for neonatal review if any concerns identified. NIPEC MUST be completed prior to discharge to community	Babies NOT SUITABLE for examination by Midwife
• Infants born at ≥37 weeks' gestation, regardless of mode of birth (including vaginal birth, instrumental birth, elective caesarean section, and emergency caesarean section). • No known fetal abnormalities, except where a clear and established follow-up pathway exists (e.g. maternal hyperthyroidism, renal pelvic	• Infants who required positive end-expiratory pressure (PEEP) or other neonatal stabilisation measures at birth and are now clinically well. • Infants undergoing, or who have completed, SRC observations, including those who have triggered a NEWTT2 score. • Infants born following shoulder dystocia. • Infants with fixed talipes or positional	• Infants born at <37 weeks' gestation. • Infants with antenatally diagnosed abnormalities, unless a clear and established follow-up pathway is in place (e.g. pelvicalyceal dilatation). • Infants admitted to the Neonatal Unit for more than 24 hours.

dilatation/pelvicalyceal dilatation, or risk factors for developmental dysplasia of the hip).	talipes requiring further assessment or follow-up.
	• Infants admitted to the Neonatal Unit for less than 24
	  ○ hours.
	• Infants with a first-degree relative with a significant family history of congenital or inherited cardiac disease.
	• Infants with a birthweight at or below the 5th centile, based on the RCPCH UK-WHO growth chart reference values shown in the table below.
	  ○ Using the RCPCH UK-WHO girls' growth chart (Table 2), the birthweight reference arrows for term gestations show that the 5th centile for girls is approximately:
	Gestation (weeks) | 5th centile	

	birth weight
37 weeks	2.40 kg (2400 g)
38 weeks	2.50 kg (2500 g)
39 weeks	2.60 kg (2600 g)
40 weeks	2.70 kg (2700 g)
41 weeks	2.75 kg (2750 g)
42 weeks	2.80kgs (2800g)

Table 1 RCPCH UK-WHO girls' growth chart

- Using the RCPCH UK-WHO Boys 0-4 Years Growth Chart, the birthweight reference arrows for term gestations show that the approximate 5th centile birthweights for boys are:

Gestation (weeks)	5th centile birth weight
37 weeks	2.50 kg (2500 g)
38 weeks	2.60 kg (2600 g)
39 weeks	2.75 kg (2750 g)
40 weeks	2.85 kg (2850 g)
41 weeks	2.95 kg (2950 g)
42 weeks	3.00 kg (3000 g)

Table 2 RCPCH-UK WHO boys' growth chart

Table 1 Suitability for Midwife NIPEC

Please Note-

- All infants with a birthweight below 2.5 kg require vitamin supplementation prescribed by the Neonatal Team prior to discharge.
- All infants with a birthweight below the 2nd centile on the RCPCH UK-WHO growth chart require blood glucose monitoring in accordance with the All-Wales Hypoglycaemia Guideline and must be reviewed by the Neonatal Team prior to discharge.

- A low threshold should be maintained for obtaining a transcutaneous bilirubin (TcB) measurement in all newborn infants aged over 24 hours, particularly those with darker skin tones, where visual assessment of jaundice may be less reliable (NHS Race and Health Observatory, 2025). Please refer to the *'Ten Steps to Spot Jaundice in Black and Brown Babies'* resource (NHS Race and Health Observatory, 2025).
- Head circumference measurement should be completed and documented as part of the NIPEC examination.
- For infants born to mothers taking psychotropic medication during pregnancy, practitioners should refer to the All-Wales guideline: *Management of Babies Born to Mothers Requiring Psychotropic Medication During Pregnancy* (Wales Maternity & Neonatal Network, 2019).

Community Midwife Referral Pathway

- Community Midwives referral Pathways

  See *Appendix 2*.
- Contact information for Community Midwives:
  - Neonatal unit Office: 01633493541
  - Mouse room Number: 01633 493547
  - Neonatal Nurse in Charge: 07890422538

Findings that Require Explanation/ Reassurance and GP Follow-Up

Some findings identified during the newborn examination may not be harmful or require immediate intervention but may warrant explanation, reassurance and/or routine follow-up (for example, a small birthmark). Where such findings are identified, the practitioner undertaking the examination should provide an appropriate explanation to the parents, addressing any questions or concerns sensitively and clearly.

Where GP follow-up is required, the finding should be documented in the infant's CWS electronic discharge summary via the *'Well Baby Ward'* and

recorded within BadgerNet, including any recommendations for ongoing review.

Clinical photographs may be obtained, where appropriate and with parental consent, using the WABA App in accordance with local information governance requirements.

Guidance for Specific Conditions/ Concerns

Heart Murmurs

If a heart murmur is identified during the NIPEC examination, assess for the presence of any associated signs or symptoms, including:

- Murmur characteristics (timing, intensity and quality)
- Cyanosis
- Respiratory distress
- Absent or weak femoral pulses
- Poor feeding or lethargy
- Dysmorphic features
- Abnormal oxygen saturations

Any infant with a heart murmur should be discussed with the Neonatal Team at GUH. Transfer should be arranged, where indicated, in accordance with the All Wales Guideline for Maternity Transfers from Community and Freestanding Midwifery Units (Wales Maternity and Neonatal Network, 2023).

Developmental Dysplasia of the Hip (DDH) Screening Policy

In accordance with national guidance, all infants with the following risk factors should be referred for hip ultrasound:

- First-degree family history of DDH requiring treatment (parent or sibling)

- Breech presentation from 32 weeks' gestation onwards

Abnormal Hip Examination

Any infant with a positive Barlow or Ortolani test, regardless of the presence of risk factors, requires urgent neonatal review.

Where an unstable hip (dislocated or dislocatable) is confirmed:

- Discuss with the Neonatal Registrar at GUH.
- Complete a referral on BadgerNet and send it to the postnatal neonatal mailbox.
- The Neonatal Team will arrange hospital review and urgent orthopaedic referral where required.
- Parents should be informed of the findings and planned management and reassured that their baby is unlikely to experience discomfort.

Clicky Hips

An isolated clicky hip without hip instability is not diagnostic of DDH.

- Infants identified with clicky hips in hospital should be referred to the Neonatal Team for review.
- Infants identified in the community should undergo reassessment at the 6-8 week NIPE examination by the GP, unless additional concerns are present.

Talipes

Positional Talipes and Metatarsus Adductus

Positional talipes and metatarsus adductus are commonly caused by intrauterine positioning.

A positional deformity is characterised by:

- Good foot mobility
- Easy correction to a neutral position
- Absence of a fixed bony abnormality

These deformities usually resolve spontaneously without treatment.

Fixed Talipes

Fixed talipes (Talipes Equinovarus) is a congenital abnormality that may require orthopaedic intervention.

Where talipes is suspected:

- Assess for associated congenital abnormalities.
- Discuss moderate, severe or fixed deformities with the Neonatal Registrar.
- Arrange neonatal review within 24-48 hours where indicated.
- The Neonatal Team will arrange physiotherapy and/or orthopaedic referral as required.
- Infants with fixed talipes should undergo hip ultrasound screening because of the association with DDH.

Parents may be advised to gently mobilise flexible positional deformities during routine care and nappy changes.

Hypospadias

Assessment should include:

- Position of the urethral opening
- Presence of chordee (penile curvature)
- Foreskin appearance
- Presence and position of both testes
- Scrotal development
- Confirmation that the infant is passing urine normally

Management:

- Arrange Neonatal Team review prior to discharge or shortly afterwards if identified in the community.
- Inform parents of the findings and proposed follow-up.

Advise parents that circumcision should be avoided until paediatric assessment has taken place, as the foreskin may be required for surgical reconstruction.

Undescended Testes

Unilateral Undescended Testis

- Document findings and inform parents.
- Reassessment should occur at the routine 6- 8-week GP examination.
- If the testis remains undescended, further review at 4-5 months should be arranged with consideration of paediatric referral.

Bilateral Undescended Testes

Bilateral undescended testes require urgent neonatal review.

Discuss with the Neonatal Team as soon as the finding is identified.

Jaundice

Most newborn infants experience a transient rise in bilirubin concentration, although not all will appear visibly jaundiced.

Factors influencing assessment include:

- Gestational age
- Clinical condition of the infant
- Presence of risk factors for hyperbilirubinaemia

Risk Factors for Significant Jaundice

- Gestation less than 38 weeks
- Previous sibling requiring phototherapy
- Exclusive breastfeeding
- Visible jaundice within the first 24 hours of life

Assessment

A bilirubin measurement (TcB or SBR) should be obtained in any infant with:

- Visible jaundice
- Clinical concern regarding jaundice

Practitioners should be aware that jaundice may be more difficult to recognise visually in infants with darker skin tones.

Jaundice Within the First 24 Hours

Jaundice presenting within the first 24 hours should be considered pathological until proven otherwise.

- Discuss immediately with the Neonatal Team.
- Arrange transfer to GUH for assessment and investigation if the infant is in the community.

Jaundice After 24 Hours in a Well Infant

- Assess for risk factors.
- Support adequate hydration and effective feeding.
- Advise parents to seek urgent review if the infant becomes lethargic, feeds poorly or appears unwell.
- If an SBR is taken, parents should be informed that neonatal admission for phototherapy may be required depending on the result.
- Ongoing review should continue until jaundice is clearly resolving.

Unwell Infant with Jaundice

If jaundice is associated with:

- Poor feeding
- Lethargy
- Clinical instability
- Any other signs of illness

an urgent neonatal assessment is required.

Discuss with the Neonatal Registrar at GUH and arrange further investigation as indicated.

Practice Point: Maintain a low threshold for obtaining a TcB measurement in all newborn infants, particularly those with darker skin tones, where visual assessment of jaundice may be less reliable. Please refer to the RCPCH Webinar *'Assessment of Jaundice in Black, Asian and ethnic minority babies'* (RCPCH, 2026).

BCG Vaccination

National policy recommends that Bacillus Calmette-Guérin (BCG) vaccination is offered to infants considered to be at increased risk of tuberculosis (TB). This includes infants with one or both parents, or grandparents, originating from a country with a TB incidence of 40 cases per 100,000 population per year or greater, as defined by the World Health Organization (WHO). The current list of high-incidence countries can be accessed via the following hyperlink- https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&tab=%22charts%22&lan=%22_EN%22

The BCG vaccine should also be offered in instances listed below:

- Babies born to parents born in the UK but from ethnic groups originating from high-risk countries.
- Babies born to parents who reside in/ travel to areas for periods of 1 month or longer, where the risk of contracting Tuberculosis is thought to be high.
- Babies who have someone in their close family with TB.

The midwife must refer the infant for a BCG vaccine with consent via BadgerNet. If the parents decline the vaccination, this should be

documented in the notes. Parents should be counselled on the risks of disease to ensure fully informed consent/ non- consent. Please refer to the TB, BCG vaccine and your baby (UK Health Security Agency, 2026) patient information.

Miscellaneous

It is not possible for this guideline to provide a referral pathway for every condition or minor abnormality that may be identified during the neonatal period. Where any aspect of the NIPEC examination deviates from normal findings, or if there is uncertainty regarding the appropriate management or referral pathway, advice should be sought from the Neonatal Team.

WABA Medical Photo App

The WMP WABA App is available for use on Health Board-issued Apple and Android devices across both hospital and community settings. The application is intended to support clinical practice when the Clinical Photography Department is unavailable, including out-of-hours periods, and should be used in accordance with ABUHB policy. The WMP WABA App does not replace the Clinical Photography Department.

Access to the WMP WABA App

Staff requiring access to the WMP WABA App should contact the Clinical Photography Department on extension 44185 or via email at ABB.clinicalphotography@wales.nhs.uk.

5. Accountability /Training

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical/ educational supervision.

Midwives undertaking the Newborn and Infant Physical Examination Cymru (NIPEC) must maintain their competence through ongoing clinical practice, education, reflection and peer review. Evidence of compliance with these

requirements must be provided to the Clinical Supervision for Midwives (CSfM) team upon request. The CSfM team will undertake periodic audit of NIPEC standards and compliance.

Midwives performing NIPEC examinations must:

- Complete a minimum of 15 examinations per year, or 30 examinations over a two-year period.
- Attend a minimum of one NIPEC forum per year.
- Undertake annual NIPEC reflection (verbal or written).
- Maintain up-to-date knowledge and skills through continuing professional development, including resources such as Y Ty Dysgu.
- Participate in one peer review activity per year.
- Provide evidence of ongoing learning, professional development and peer review using the standardised competency form (Appendix 1).

6. Audit and Review

Midwives undertaking the Newborn and Infant Physical Examination Cymru (NIPEC) must maintain their competence through ongoing clinical practice, education, reflection and peer review. Evidence of compliance with these requirements must be provided to the Clinical Supervision for Midwives (CSfM) team upon request. The CSfM team will undertake periodic audit of NIPEC standards and compliance.

This policy will be reviewed on a 3-yearly basis, unless significant changes to clinical practice/ national policy arise.

Maternal/ neonatal outcomes will be monitored via the local maternity dashboard. Patient experience will be gauged through CIVICA and Listening to People procedures.

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8. Appendix

Appendix 1: NHS Wales Newborn & Infant Physical Examination Cymru (NIPEC) in ABUHB



NHS Wales Newborn &

Infant Physical Examination

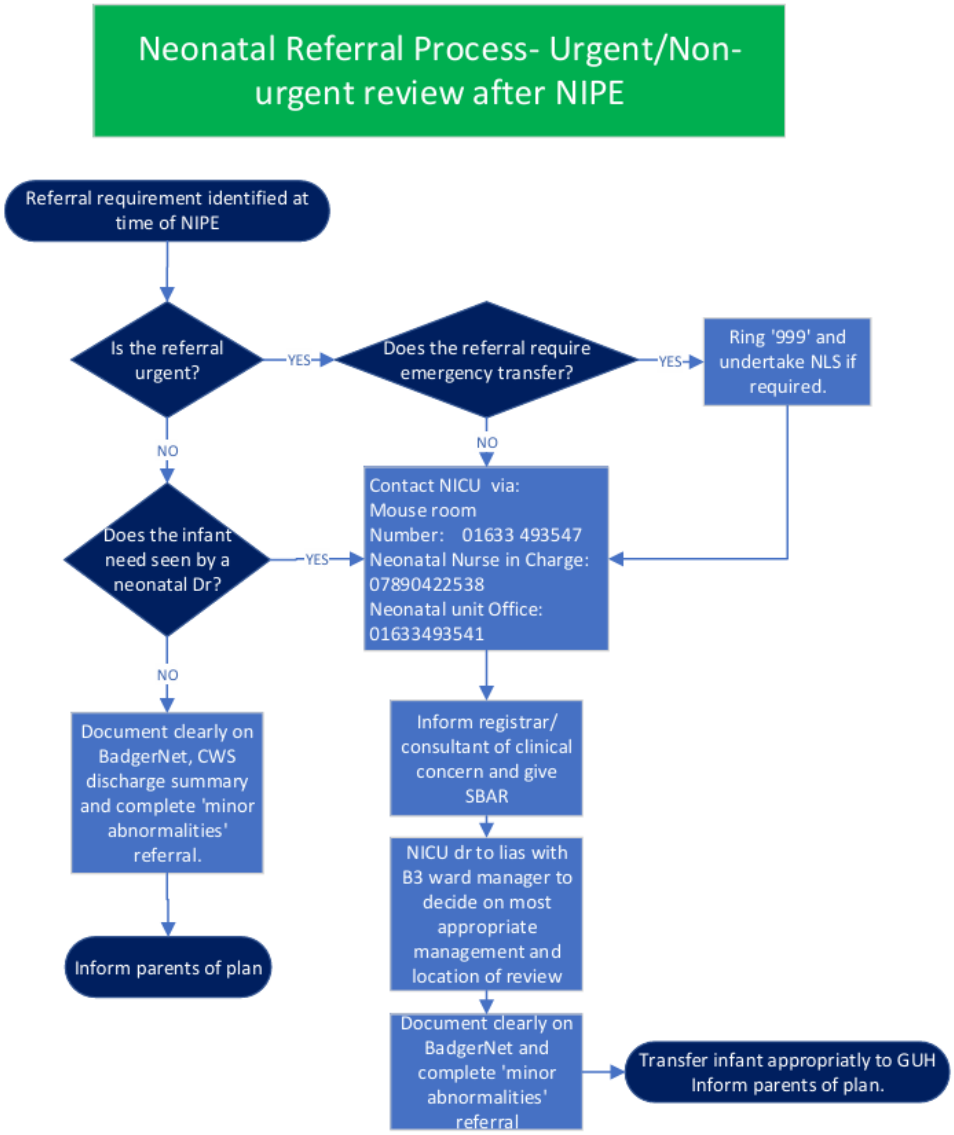
Cymru (NIPEC) in ABUHB

Name:

Date:

	Standards	Date & Evidence
1	**E-Learning and knowledge update:** www.heiw.nhs.wales/our-work/the-newborn-and-infant-physical-examination-cymru-nipec	
2	**NIPEC examination:** • Understanding of NIPEC standards, national guidance and local guidance • Undertakes minimum 15 NIPEC per annum or 30 biannually	
3	**Attendance at a minimum of one local NIPEC forum per annum**	
4	**NIPEC reflection (verbal or written):** • Describe a recent NIPEC experience • What did you do well? • What could have been better? • Would you do anything differently in future?	
5	**Peer review:** 1. Communicates professionally and effectively with parents/carers using appropriate language to explain the process and gain informed consent. 2. Undertakes a health history using case notes and verbally. 3. Completes a full systematic physical examination in line with the NIPEC clinical guidance Welsh Government 2023 including the eyes/heart/hips/testes. 4. Undertakes appropriate referrals/ understands local referral processes. 5. Documents examination on BadgerNet 6. Identifies any areas of learning or development?	**Peer reviewer name:** ..... **Peer reviewer signature:** ..... **Peer review date:** .....

Appendix 2: Neonatal Referral Process- Urgent/Non-urgent review after NIPE



Appendix 3: RCPCH UK- WHO Growth Chart 5th Centile Birth-Weight Arrows

Using the RCPCH UK-WHO girls' growth chart, the birthweight reference arrows for term gestations show that the 5th centile for girls is approximately:

Gestation (weeks)	5th centile birth weight
37 weeks	**2.40 kg** (2400 g)
38 weeks	**2.50 kg** (2500 g)
39 weeks	**2.60 kg** (2600 g)
40 weeks	**2.70 kg** (2700 g)
41 weeks	**2.75 kg** (2750 g)
42 weeks	**2.80kgs** (2800g)

Using the RCPCH UK-WHO Boys 0-4 Years Growth Chart, the birthweight reference arrows for term gestations show that the approximate 5th centile birthweights for boys are:

Gestation (weeks)	5th centile birth weight
37 weeks	**2.50 kg** (2500 g)
38 weeks	**2.60 kg** (2600 g)
39 weeks	**2.75 kg** (2750 g)
40 weeks	**2.85 kg** (2850 g)
41 weeks	**2.95 kg** (2950 g)
42 weeks	**3.00 kg** (3000 g)

Appendix 4: NIPEC Proforma (to be used in the event of Badgernet outage/ downtime)

THE GRANGE HOSPITAL NEONATAL UNIT

NEWBORN EXAMINATION

Head circumference.....

Weight.....

Screening examination – place a √ or X against each heading. Comment on any abnormality and action required.

GENERAL

Colour	
Skin	
Body shape	

RESPIRATORY

Auscultation	
Saturations	

ABDOMEN

Spleen	
Liver	
Kidneys	
Umbilicus	
Anus	
Genitalia	

NEUROLOGY

Red reflex	
Eyes	
Ears	
Nose	
Palate	
Mouth	

Muscle tone	
Posture	
Movement	
Cry	
Grasp	
Moro	

HEAD & NECK

Sutures	
Fontanelles	
Head	
Neck	

CARDIOVASCULAR

Heart sounds	
Murmurs	
Femoral pulses	

LIMBS

Arms	
Hands	
Spine	
Legs	
Feet	
Hips L	
Hips R	

Diagnoses 1..... Action.....

2..... .....

3..... .....

Screening exam completed by:.....Signature.....Date.....