

Reference Number: UHBOBS048 Version Number: 5	Date of Next Review: 7th Aug 2029 Previous Trust/LHB Reference Number: N/A
Newborn Physical Examination Guideline	
Introduction and Aim: <i>The Newborn Physical Examination is a universal screening tool which aims to identify those neonates who may be at increased risk of a disease, condition or abnormality and subsequently require a timely referral for further tests and appropriate specialist review.</i>	
Objectives: <i>To promote early detection and referral of all babies born with congenital abnormalities and improve health outcomes for that population of neonates.</i>	
Scope: <i>This policy applies to all healthcare professionals in all locations including those with honorary contracts.</i>	
Equality Health Impact Assessment	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>
Documents to read alongside this Procedure	• <i>Newborn and Infant Physical Examination Cymru (NIPEC) Guidance</i> • <i>Pulse Oximetry Guideline</i> • <i>Postnatal Orthopaedic Guideline</i> • <i>Postnatal Handbook (*update June 2026)</i>
Approved by	<i>Maternity Professional Forum</i>

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Disclaimer If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.	

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	Aug 2006	Aug 2006	
2	July 2009	Aug 2009	Reviewed and amended by Delyth Bebb
3	May 2012	Sept 2012	Reviewed and amended by Elizabeth Baraz / Anne Morgans / Sybil Barr
4	17/05/2019	04/06/2019	Reviewed and amended by Jayne Frank
5	7 August 2026	28 Sept 2026	Reviewed and amended by Jessica Case-Stevens

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2 Introduction

The Newborn physical examination is a systematic examination of the newborn baby and is an integral part of universal Child Health Promotion Programme (NSC 2016 a) and in Wales ‘The Healthy Child Wales’s program of universal scheduled contacts (Welsh Government 2024). The timing of the examination should reflect the physiological adaptations the neonate makes to extra uterine life. It is undertaken in addition to an initial general examination carried out by the midwife or neonatal team immediately following birth to ensure the absence of abnormalities (NMC 2018). Please note that it may also be in addition to any specialist examinations for fetal medical concerns raised during the antenatal period and/or medical concerns raised following birth.

The examination should be completed by a suitably qualified and proficient practitioner within 72 hours of the baby’s birth (Hall and Elliman 2019; NMC 2018; Welsh Government, 2023). The examination may be delayed if a baby is too young or too ill for it to be completed (for example if it is not the clinical priority where a baby’s condition is considered too unstable), however the examination should be completed as and when the baby is deemed old enough and well enough (NHS Wales, 2023).

For the purpose of this guideline the term parent(s) is used throughout however this term also includes non-parental legal carer(s) or guardian(s) of the baby.

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3 Professional Requirements

Professional requirements to undertake the newborn physical examination:

- The Newborn Physical Examination can be performed by a suitably trained and competent health professional (NMC 2018; NMC, 2019).
- Practitioners must maintain the skills and knowledge required to undertake the examination; this should be evidenced through the Annual Learning Framework, in their annual Values Based Appraisal and for revalidation of professional registration.
- The practitioner should attend a minimum of two 'Newborn Physical Examination Forums' annually. A record of attendance is stored.
- Each practitioner is responsible for maintaining evidenced based practice and their own competence to carry out the examination to the highest standard and for the identification and resolution of gaps in knowledge, training needs and continuing education (Hall and Elliman 2019; NMC 2018). The NIPEC peer review framework is recommended (Welsh Government, 2023) as part of quality assurance.
- Mandatory annual training is required by completing the NIPEC e learning module <https://nhswalesytydysgu.heiw.wales/> confirmation of ongoing CPD is reviewed at their annual Values Based Appraisal and three yearly revalidation (NMC 2018).
- Practitioners are required to access senior neonatal support in the event of any abnormality suspected or detected, by way of a referral to a suitably qualified professional as may reasonably be expected to have the necessary skills and experience (NMC 2018). 24hr advice and referral are achieved via NNU for an inpatient and for outpatient's Paediatric Same Day Emergency Care (PSDEC) dependant on urgency.
- Practitioners should maintain records of their examinations including body maps on digital systems and participate in periodic audit.

A suitably trained practitioner can undertake the newborn physical examination on most neonates. All practitioners must work in collaboration with the

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multidisciplinary team, using their clinical judgement to seek support or assess whether the newborn physical examination needs to be completed by a more senior health professional e.g. the neonatal Registrar ST4.



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4 Newborn Physical Examination Procedure

The examination is an overall physical and behavioural assessment of the baby which includes specific screening for babies who may have problems with their eyes, heart, hips and in boys the testes (NHS Wales 2023):

1. Eyes: approximately 2 to 3 in 10,000 babies are born with cataracts, some babies have problems with their eyes that require treatment or a referral on the basis of risk factors.
2. Heart: approximately 8 in 1,000 babies have a heart problem, this can range in significance and severity.
3. Hips: approximately 1 or 2 in 1,000 babies have hip problems that require treatment.
4. Testes: approximately 2-6% of male babies born at term have unilateral or bilateral undescended testes (Cryptorchidism).

The above incidence rates are derived from best estimates of national and regional historical data (Welsh Government 2023).

The examination also provides an opportunity to address any concerns or questions parents or healthcare professionals may have whilst providing an opportunity for further health education and promotion and parental reassurance. Effective professional collaborative working between nursing, midwifery and neonatal teams can improve the service, facilitate continuity of carer and early discharge home or in the case of home delivery ensure mothers and babies are cared for holistically within the community setting.

The parent(s) should have received written / digital information in the antenatal period. However, it is good practice to explain the components of the examination, its limitations and further sources of information (NHS Wales 2024 [Your Pregnancy and Birth](#)).

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4.1 A systematic approach to the examination

This is not an exhaustive list:

- Obtain verbal parental informed consent, if a parent(s) decline all or part of the Newborn Physical Examination with informed choice it must be clearly documented in written and digital records. The rationale for the examination including its benefits and the risks of not identifying abnormalities at the earliest opportunity should be highlighted and clearly documented. Parents should be given information on what to do and who to contact if they change their mind.
- Communication with the parent(s) is paramount and consideration given to communication requirements such as pace, medium and an independent interpreter must be used if required, for example where there is hearing loss / impairment or a language barrier.
- The examination should be completed in the presence of the parent(s) where possible; in a warm, well-lit, safe and appropriate environment; note a firm surface is required for the hip examination.
- Ensure warm, clean hands and note the baby should be fully undressed during the examination, however you should consider the thermal care and wellbeing of the neonate throughout. A baseline set of observations should be recorded including heart rate over 60 seconds, respiratory rate for 60 seconds and axillary temperature.
- All necessary equipment must be available and cleaned prior to the examination.
- Review the social, lifestyle and medical history both verbally with the parent(s) and utilising all available medical records (paper and electronic). This should include family history maternal, paternal and siblings; maternal antenatal (including screening test and USS results) and perinatal history; fetal and neonatal history including mode of birth, support and transition at birth requiring resuscitation, medications, observations and baby's postnatal behaviour etc.
- Ascertain any parental anxieties and observe their interaction with the baby.

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- Obtain a robust feeding history, including history of excessive or bilious vomiting.
- Identify whether the baby has passed meconium and urine (the nature of the urine stream in boys).
- General morphological appearance, including activity, posture, behaviour, tone and symmetry etc.
- Skin; observe mucous membranes for cyanosis, note skin integrity, perfusion via blanching or CRT and texture, abrasions, trauma, petechia, birthmarks including Dermal Melanocytosis, spots or rashes, signs of jaundice etc. and documented on a **body map**.
- Head; occipital head circumference, scalp and shape (including caput, cephalohaematoma, moulding, FSE marks and trauma), fontanelles.
- Face; nose width of bridge and patency of nostrils any flaring, lips, philtrum, mouth including thorough visualisation of the hard and soft palate and the uvula using a light source and tongue depressor, sucking reflex, teeth, tongue size, frenulum restriction of movement and palpate gums for any clefts, cysts or neonatal teeth.
- Ears (position, placement etc.) ask about hearing screen completion.
- Neck; webbing, range of movement, torticollis, and masses.
- Eyes; check presence of eyes, general appearance, spontaneous opening, size, symmetry, squints, conjunctivitis, discharge, scleral haemorrhage, shape and position. Presence of symmetrical fundal reflex, opacities and integrity of the iris observing for colobomata, aniridia. Symmetry in pupils PEARL.
- Skeletal system; palpate clavicles, examine the thorax, limbs, hands, feet and digits (talipes, palmar creases, webbed fingers or toes, syndactyly/polydactyly etc.), assess proportions and symmetry, range of movement in limbs and joints.
- Lungs and chest; check effort and symmetry in movement, rate and listen to air entry across chest fields (observing for crackles, stridor, tachypnoea at rest, retraction, grunting, nasal flaring etc.) breast tissue, nipples, chest size, shape and symmetry etc.

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- Cardiac (Cardiovascular system) check position, heaves & thrills, rate, rhythm and auscultate heart sounds over 5 areas, assess perfusion by capillary refill time, palpate brachial and femoral pulse volumes and pulse oximetry.
- Abdomen; check shape and palpate to identify and exclude organomegaly, masses, hernia, tense or distended abdomen etc; also check the umbilical cord.
- Hips; check symmetry of limbs including length and buttock skin folds; check any restriction of movement by abduction, perform Galeazzi, Barlow and Ortolani's manoeuvres to exclude dislocation.
- Genitalia - Male infants; penis, foreskin, both testes present (Cryptorchidism - bilateral undescended testes may also be associated with disorders of sex development or an underlying endocrine disorder), hypospadias/epispadias, chordee, hydrocele, torsion etc. Female infants; check for clitoromegaly and rugae on labia. Check that there is no passage of meconium exiting the genitalia.
- Anus; position, size, shape, completeness and patency.
- Spine; palpate bony structures with the baby prone, symmetry of scapulae and buttocks, integrity of skin, dimples, hair tufts, naevus, abnormal skin patches etc.
- Central nervous system (CNS); check tone, behaviour, spontaneous movements and posture, elicit newborn reflexes (Moro, Palmer, Planter, Rooting, Suck, Grasp, Step etc.)
- Cry; note sound and pitch.
- Weight.

The practitioner should allow sufficient time for an unhurried thorough examination which includes discussing parental concerns and answering any questions they have. This is an opportunity to provide health promotion advice regarding safe sleeping and environment, overlay, key signs to observe for particularly around heart, eye and hip health and when and how to seek advice (see NIPEC guidance). Ensure a timely referral to the Neonatal Registrar /ST 4 in the event of any abnormalities being identified. All examinations should be documented using a body map even where no

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markings or concerns are found. Where birth trauma is observed the use of medical photography should be discussed with medical colleagues and a Datix completed.

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4.2 Communication and documentation

Following the newborn physical examination all results should be recorded on the digital system Badgernet with the designated examiner identified. A body map must be completed. If the baby is discharged to an area or carer that does not have access to the Badgernet system then a signed printout of the examination must be provided to take home. The parent(s) should be informed of the outcome of the examination and encouraged to attend the infant examination at 6 weeks. If a deviation from normal (abnormality suspected) result or risk factor is identified, the parents should be informed of any plan for referral and further investigation, treatment and/or care planning including expected appointment timescales and where relevant/available patient information leaflets provided.

Any deviation from normal must be referred to the supporting neonatal team. For an inpatient this is usually the neonatal registrar over the telephone for a (nonemergency) urgent problem or via the agreed non-urgent routine referral pathways. In the community setting referral for an outpatient (nonemergency) urgent problem, please follow the referral process as indicated on the Neonatal transfer from community SBAR form:

<http://nww.cardiffandvale.wales.nhs.uk/pls/portal/url/ITEM/F96D678B0A6D2020E0400489923C7334>

Refer to the PSDEC, first floor - West or via the agreed pathways for non-urgent routine referrals.

Examination outcome including referrals, investigations, treatment and/or care plans should be documented on Badgernet or a written documentation proforma for NIPEC and stored within the neonatal notes with a summary in the postnatal notes. All referrals should be completed with parental informed consent at the time of the

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examination, these include non-urgent routine referrals, for example risk factor Hip referrals and BCG vaccination referrals.

Appropriate skills should be utilised, especially in the event of suspecting or discovering an abnormality, the parent(s) should be supported to ensure they understand the implications and do not become unduly alarmed. They should also be informed of the limitations of the examination so as not to be falsely reassured about their baby. Ensure that parents know how to assess their baby's general condition, health and wellbeing and how to access help at any time in the event of any future concerns. The parent(s) should also be informed that the examination will be repeated at 6 to 8 weeks of age as some conditions can develop or become apparent later.

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5 Audit

Periodic audits will take place to monitor compliance with this guidance.

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National Screening Committee (NSC 2016) Newborn and Infant Physical Examination Screening Programme Handbook 2016/17. National Screening Committee.

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<https://111.wales.nhs.uk/LiveWell/Pregnancy/newbornphysicalexamination/>

NHS Wales HEIW (2023) Newborn and Infant Examination Cymru (NIPEC) Handbook. Available at <https://heiw.nhs.wales/files/nipec-handbook/>

Nursing and Midwifery Council (NMC 2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. Nursing and Midwifery Council [The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council](#)

Nursing and Midwifery Council (2019) Standards of Proficiency for Midwives
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Public Health Wales (2024) Your pregnancy and birth: Pob Plentyn Every Child
Available at <https://111.wales.nhs.uk/LiveWell/Pregnancy/Download>
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Welsh Gov. (2023) Newborn and Infant Physical Examination Cymru. [New-born and Infant Physical Examination Standards 2023](#)

[The New born and examination Programme Cymru - Examination of Eyes](#)

[The New born and examination Cymru - Examination of the Hips](#)

[The New born and examination Programme Cymru Examination of the Heart](#)

[New-born and Infant Examination Cymru \(NIPEC\) 2023 - Examination of the Testes](#)

<https://heiw.nhs.wales/education-training/a-z/nursing-midwifery/professional-development-for-nurses-and-midwives/nipec1/>

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7 Resources

UHW Postnatal Handbook (June 2026):

This guideline is to be used in conjunction with specific neonatal referral guidelines and patient information leaflets

Cardiac - Pulse Oxymetry Guideline:

<http://nww.cardiffandvale.wales.nhs.uk/pls/portal/url/ITEM/853B8FA6C5782169E0500489923C1497>

Postnatal Orthopaedic Guideline:

<http://nww.cardiffandvale.wales.nhs.uk/pls/portal/url/ITEM/2ACA37E1D313BC40E0500489923C4906>

Race Health Observatory 2023 [Review of Neonatal Assessment and Practice in Black, Asian and Minority Ethnic Newborns: Exploring the Apgar Score, the Detection of Cyanosis, and Jaundice - NHS – Race and Health Observatory](#)

[Ten Steps to Spot Jaundice in Black and Brown Babies - NHS – Race and Health Observatory](#)

A parent's guide to recognising Jaundice in Black and Brown babies [Jaundice in Black and Brown babies - NHS – Race and Health Observatory](#)

- DDH Patient Information leaflet:
<http://nww.cardiffandvale.wales.nhs.uk/pls/portal/url/ITEM/47798872918083C8E0500489923C7279>
- DDH 'STEPS Charity' Patient information leaflet:
<https://www.steps-charity.org.uk/wp-content/uploads/2018/08/Baby-Hip-Health.pdf>
- UHW Talipes leaflets:
<http://nww.cardiffandvale.wales.nhs.uk/pls/portal/url/ITEM/0D9EB4C009C898B7E0500489923C7775>

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[2BE0500489923C7790](http://nww.cardiffandvale.wales.nhs.uk/pls/portal/url/ITEM/0D9EC92F6AC8B7)

- Talipes 'STEPS Charity' Patient information leaflets:

<https://www.steps-charity.org.uk/wp-content/uploads/2016/11/Parent-to-Parent-information-guide.pdf>

https://www.steps-charity.org.uk/wp-content/uploads/2016/11/Talipes_Clubfoot.pdf

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