

# Newborn and Infant Physical Examination (NIPE) Guideline

<b>Document Type:</b>	Clinical Guidelines
<b>Ref:</b>	(For Non-Clinical References – Contact: <a href="mailto:CTM_Corporate_Governance@wales.nhs.uk">CTM Corporate Governance@wales.nhs.uk</a> For Clinical References – Contact: <a href="mailto:CTM_ClinicalPolicies@wales.nhs.uk">CTM ClinicalPolicies@wales.nhs.uk</a>
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<b>Approved By:</b>	Clinical Policy Group (Clinical Procedures, Guidelines Only)
<b>Approval / Effective Date:</b>	December 2025
<b>Review Date:</b>	December 2028
<b>Version:</b>	1

## Target Audience:

<b>People who need to know about this document in detail</b>	All Midwives and neonatal/paediatric staff who undertake the newborn and infant physical examination of the newborn
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<b>People who need to have a broad understanding of this document</b>	<i>As above</i>
<b>People who need to know that this document exists</b>	<i>As above</i>

**Integrated Impact Assessment:**

<b>Equality Impact Assessment Date &amp; Outcome</b>	Date: November 2025
	Outcome: No negative impact
<b>Welsh Language Standard</b>	Choose an item.
<b>Date of approval by Equality Team:</b>	(00/00/0000)
<b>Aligns to the following Wellbeing of Future Generation Act Objective</b>	Choose an item.



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## Amendment Record

If a change has been made to the document, the changes must be noted and circulated to the appropriate colleagues.

Detail of change	Why change made?	Page number	Date of change	Version	Name of Policy Author

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## 1. Introduction

The Newborn and Infant Physical Examination (NIPE) is a systematic clinical assessment of newborn infants and a core component of the universal Child Health Promotion Programme, as outlined by the UK National Screening Committee (NSC, 2016a) and Welsh Government guidance (WHC/2023/040) [1, 2]. The examination is timed to align with the newborn's physiological adaptation to extrauterine life.

NIPE complements the immediate postnatal assessment conducted by midwives or neonatal teams to identify urgent abnormalities (Nursing and Midwifery Council [NMC], 2018) [3]. It may also follow or be in addition to specialist assessments prompted by antenatal or postnatal clinical concerns.

According to Welsh Government standards (WHC/2023/040), the NIPE must be completed by a suitably trained and competent practitioner within **72 hours of birth** to facilitate timely diagnosis and intervention for congenital abnormalities (Hall & Elliman, 2006; NHS Direct Wales, 2018) [4, 5]. If the infant is clinically unstable (e.g., premature, seriously ill), the examination may be deferred but should be conducted as soon as the condition permits.

The term **parent(s)** throughout this document refers inclusively to legal guardians or carers responsible for the infant.

## 2. Aim

The aim of this guideline is to provide midwives with a clear, evidence-based framework for performing the Newborn and Infant Physical Examination (NIPE) in accordance with Welsh Government standards (WHC/2023/040) and national best practice. It seeks to ensure that all eligible newborns receive a timely, thorough, and systematic physical examination within 72 hours of birth by a competent practitioner.

This guideline supports the early identification and appropriate referral of congenital abnormalities and other clinical concerns, thereby contributing to improved neonatal health outcomes. It also clarifies the roles and responsibilities of midwives in delivering NIPE, promotes consistent documentation, and facilitates effective communication with parents and multidisciplinary teams.

## 3. Scope

This guideline applies to all midwives within Cwm Taf Morgannwg UHB who are trained and deemed competent to perform the Newborn and Infant Physical Examination (NIPE). It covers the assessment of all term and selected high-risk newborn infants eligible for midwife-led examination in accordance with Welsh Government standards (WHC/2023/040).

The guideline excludes infants who require examination solely by medical practitioners due to clinical instability, prematurity, major congenital

anomalies, or other specified high-risk conditions as outlined in the Welsh Government NIPE policy.

Additionally, this guideline applies to the communication of findings, documentation, referral pathways, and follow-up care coordination necessary to ensure safe and effective neonatal assessment.

#### **4. Definition**

- **Newborn and Infant Physical Examination (NIPE):**  
A systematic clinical assessment of a newborn infant, performed to identify congenital abnormalities or other clinical conditions requiring further investigation or intervention, typically completed within 72 hours of birth.
- **Term Infant:**  
A baby born at or after 37 completed weeks of gestation.
- **High-Risk Infant:**  
A newborn with clinical or antenatal factors that increase the likelihood of complications or abnormalities, such as small for gestational age (SGA), infants of diabetic mothers, or those with risk of neonatal abstinence syndrome.
- **Parent(s):**  
The legal parent(s), guardian(s), or carer(s) responsible for the infant's care.
- **Competent Practitioner:**  
A healthcare professional who has completed appropriate NIPE training, demonstrated required skills, and maintains ongoing competency through regular practice and assessment.
- **Clinical Instability:**  
A state in which the newborn exhibits signs of significant illness or physiological compromise, such as prematurity, respiratory distress, or other medical conditions that contraindicate immediate NIPE.

#### **5. Professional Standards and Competency Requirements**

- The Newborn and Infant Physical Examination (NIPE) must be carried out by a suitably trained and competent healthcare professional, in accordance with the standards set by the Nursing and Midwifery Council (NMC, 2018).
- Practitioners are professionally accountable for maintaining their competence and delivering care in line with current evidence-based practice. This includes proactively identifying and addressing any gaps in knowledge, training needs, or skill development through ongoing continuing professional development (CPD), as recommended by Hall and Elliman (2006) and the NMC (2018).
- Mandatory annual training is required to maintain competence. This includes successful completion of:
  - The NIPE e-learning module via the elfh platform.

- The NIPEC Annual Learning Framework (NIPEC Cymru). Evidence of engagement in CPD and Development Review (PADR)\*\* and as part of the three-year NMC revalidation process.
- In the event of any suspected or confirmed abnormality during the examination, practitioners must promptly escalate to a senior neonatal clinician. Referrals must be directed to a healthcare professional with the appropriate expertise and clinical authority. A 24-hour referral and advice pathway is available via the Neonatal Unit (NNU) for inpatient concerns and either the NNU or Paediatric Assessment Unit (PAU) for outpatient follow-up, depending on the clinical urgency.
- Practitioners are required to maintain **accurate, contemporaneous records** of all newborn physical examinations and must participate in **regular audits** to ensure compliance with quality standards and service expectations.
- While trained midwives and other healthcare professionals may perform the NIPE on most neonates, they are expected to exercise clinical judgment and escalate where appropriate. In cases of complexity or uncertainty, the examination should be deferred to a **more senior healthcare professional**, such as a **neonatal registrar**.

#### Exclusion Criteria for Midwife Practitioner-Led NIPE (NIPE, 2014):

Midwives should not undertake the NIPE if any of the following apply:

- The infant is **born before 37 weeks gestation** (preterm).
- The infant has been **admitted to intensive care or transitional care**, or requires neonatal follow-up.
- There is a **suspected or confirmed abnormality** identified during the **antenatal period** or **initial postnatal assessment**.

## 6. Newborn Physical Examination Procedure

The Newborn and Infant Physical Examination (NIPE) is a comprehensive and systematic physical assessment designed to identify a range of congenital conditions that may benefit from early detection and intervention. The examination includes a general review of the infant's physical health, with a specific focus on four key areas: the **eyes, heart, hips**, and **testes** (in male infants), as highlighted in national screening guidance (NHS Direct Wales, 2018; Welsh Government, 2023).

#### Key Components and Estimated Incidence Rates

##### 1. Eyes

The examination assesses for structural abnormalities and the presence of a red reflex.

- **Incidence:** Approximately **2 to 3 in every 10,000 infants** are born with serious eye conditions such as congenital cataracts that

require treatment.

(Public Health England, 2018; NHS Screening Programmes, 2023)

## 2. Heart

The practitioner auscultates the heart and observes for signs of congenital heart disease.

- **Incidence:** Around **4 to 10 in every 1,000 live births** are affected by congenital heart defects, including serious conditions such as coarctation of the aorta or transposition of the great arteries.

(NHS England, 2023; British Heart Foundation, 2024)

## 3. Hips

The hips are assessed using the Barlow and Ortolani manoeuvres to detect developmental dysplasia of the hip (DD2 in every 1,000 infants\*\* will require treatment for DDH).

(Public Health England, 2018; NIPE Cymru, 2023)

## 4. Testes (male infants only)

The examination checks for the presence and descent of both testes.

- **Incidence:** Around **1 in every 100 boys** is born with undescended testes requiring ongoing monitoring or treatment.

(British Association of Paediatric Surgeons, 2023; NHS Direct Wales, 2018)

# 7. Newborn Physical Examination: Key Considerations

## • Parental Consent & Communication

Obtain *verbal informed consent* prior to the examination. If any part is declined, document the decision and complete notes accordingly. Clearly explain the purpose, benefits, and risks of non-participation. Provide information on who to contact should parents change their mind.

Ensure effective communication; use an independent interpreter where required (e.g. for language barriers or hearing impairment).

## • Environment & Preparation

Conduct the examination:

- In a warm, well-lit, safe environment, at bedside where possible
- In the presence of parents, where possible
- On a firm surface (essential for hip assessment)

Practitioners must have warm, clean hands and ensure the infant is fully undressed, maintaining appropriate thermal care.

All equipment should be clean, prepared, and available prior to commencement.

## • History Review

Review:

- **Family history** (maternal, paternal, siblings)
- **Antenatal and perinatal history** (including screening results, scans, delivery method, medications, resuscitation)
- **Feeding history**, including any bilious or excessive vomiting
- **Parental concerns** -identify whether the baby has passed meconium and urine\*\* (note urine stream in males).

## Systematic Examination Checklist

1. **General Appearance**
  - Activity, posture, tone, symmetry, behaviour
2. **Skin**
  - Colour, integrity, texture, trauma, petechiae, rashes, birthmarks
3. **Head & Face**
  - Shape, fontanelles, caput, cephalhaematoma, trauma
  - Mouth: inspect palate, gums, tongue, sucking reflex
  - Ears: position and symmetry
4. **Eyes**
  - Size, symmetry, discharge, red reflex, opacity, squint
5. **Neck, Clavicles & Limbs**
  - Movement, symmetry, digits, talipes, webbing, polydactyly
6. **Chest & Lungs**
  - Respiratory effort, rate, air entry, retractions, grunting, nasal flaring
7. **Cardiovascular**
  - Heart sounds, rhythm, rate, colour, capillary refill, brachial/femoral pulses, pulse oximetry
8. **Abdomen**
  - Shape, organomegaly, masses, hernia, umbilical cord
9. **Hips**
  - Limb length, skin folds, perform **Barlow and Ortolani manoeuvres**
10. **Genitalia**
  - Male: penis, foreskin, testicular presence, hypospadias, hydrocele
  - Female: labia, clitoris; exclude abnormal meconium passage
11. **Anus**
  - Patency, position, shape
12. **Spine**
  - Palpate spine, check for dimples, hair tufts, skin lesions
13. **Neurological**
  - Tone, posture, spontaneous movements
  - Assess **primitive reflexes**: Moro, Palmar, Plantar, Rooting, Suck, Grasp
14. **Cry & Weight**
  - Note quality of cry (sound, pitch)
  - Record weight

## 8. Post-Examination Actions

- Allow time for discussion of parental questions and concerns
- Refer promptly to the Neonatal Registrar for any abnormal findings
- Ensure thorough documentation and update digital records accordingly

### Additional Opportunities During the Examination

The NIPE also provides an important opportunity to:

- Address parental concerns or questions.

- Promote health education and reassurance about normal newborn development.
- Discuss safe sleeping, feeding, and newborn care advice.
- Facilitate early identification of non-congenital concerns (e.g., jaundice, feeding difficulties).

### **Collaborative Care**

Effective interprofessional collaboration between midwifery, neonatal, and paediatric teams enhance the delivery of NIPE by:

- Promoting **continuity of carer**.
- Supporting **timely discharge** from hospital or ensuring robust follow-up in community settings.
- Enhancing the quality of **postnatal care** for mothers and babies, especially following home births or early discharge.

As endorsed by the Royal College of Midwives (RCM, 2012), integrated team approaches and family-centred communication are essential for delivering safe, responsive, and high-quality newborn screening services.

## **9. Communication, Documentation, and Referral**

Following the newborn physical examination, all findings must be accurately recorded on the MITS system, with a signed printout completed for the neonatal record. The parent(s) should be informed of the examination outcome and provided with a second signed copy for the Child Health Record (Red Book).

If any abnormality or risk factor is identified (screen positive result), parents must be informed of the referral plan, further investigations, treatment or care arrangements, including expected appointment timescales. Relevant patient information leaflets should be provided where available.

Any deviation from normal must be promptly referred to the supporting neonatal team. For inpatients, this usually involves contacting the neonatal registrar by telephone for urgent (non-emergency) concerns, or using established non-urgent referral pathways for routine issues.

## 10. Reference List

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