

Newborn Infant Physical Examination Cymru (NIPEC) Guideline

Guideline information

Guideline number: 1413

Classification: Clinical

Supersedes: New Guideline

Clinical documents only:

Local Safety Standard for Invasive Procedures (LOCSSIP) reference: N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards: N/A

Version number: 1.0

Date of Equality Impact Assessment:

13/08/2025

Approval information

Approved by: Maternity Working Document Control Group

Date of approval:

07/10/2025

Date made active:

15/10/2025

Review date:

07/10/2028

Summary of document:

The Newborn and Infant Physical Examination Cymru (NIPEC) 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. The NIPEC is performed by suitably trained, and practicing NIPEC practitioners.

Scope:

This policy applies to all healthcare professionals in all locations including those with honorary contracts who undertake the Newborn and Infant Physical Examination Cymru (NIPEC)

The guidance uses the term “woman” (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth.

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.

To be read in conjunction with:

<https://heiw.nhs.wales/files/nipec-handbook-31-01-24/> - opens in new tab

<https://heiw.nhs.wales/files/48946-nipec-eyes-final-web-pdf/> - opens in new tab

<https://heiw.nhs.wales/files/48946-nipec-hips-final-web-pdf/> - opens in new tab

<https://heiw.nhs.wales/files/48946-heart-english-final-web-pdf/> - opens in new tab

<https://heiw.nhs.wales/files/48946-nipec-testes-final-web-pdf/> - opens in new tab

<https://heiw.nhs.wales/education-and-training/nursing-and-midwifery/professional-development-for-nurses-and-midwives/nipec1> - opens in new tab

[1223 - Substance Misuse in Pregnancy Guideline](#) – opens in new tab

[1064 - Management of Babies Born to a Person requiring Psychotropic Medication during Pregnancy Guideline](#) – opens in new tab

[714 - Management and Reporting of Female Genital Mutilation \(for Health Professionals\) Procedure](#) – opens in new tab

[The All Wales Female Genital Mutilation Clinical Pathway and Assessment Tool](#) –
opens in new tab

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Maternity Guideline, Audit and Research Group
07/10/2025

Executive Director job title:

Andrew Carruthers, Chief Operating Officer.

Reviews and updates:

1.0 – New Guideline – 07.10.2025

Glossary of terms

| | |
|-------|---|
| PCHR | Personal Child Health Record (AKA the “Red Book”) |
| NIPEC | Newborn and Infant Physical Examination Cymru |
| SEN | Systematic examination of the newborn |

Scope

This policy applies to all healthcare professionals in all locations including those with honorary contracts who undertake the Newborn and Infant Physical Examination Cymru (NIPEC).

Introduction

The Newborn Infant Physical Examination Cymru is a systematic examination of the newborn baby and is an integral part of universal Child Health Promotion Programme.

The NHS newborn and infant physical examination Cymru (NIPEC) main aims are to:

- Identify and refer all children born with congenital abnormalities of the eyes, heart, hips and (in males) testes, where these are detectable, within 72 hours of birth

The NIPEC is in addition to the initial systematic examination of the newborn (SEN) routinely carried out by the midwife or neonatal team immediately following birth and in addition to examinations for any medical concerns at birth.

The NIPEC should be performed within 72 hours, by a Paediatrician or a qualified Midwife or Nurse. (Hall and Elliman 2006; NMC 2018; NHS Direct Wales 2018) with the notable exception of babies who have been exposed to psychotropic medication in-utero, who undergo a full newborn and infant physical examination (baby check) in the first 24 hours of birth.

The timing of the examination should reflect the physiological adaptations the neonate makes to extra uterine life.

Newborn Infant Physical Examination Procedure

The examination is an overall physical assessment of the baby which includes specific key components to check if the baby has any problems with their eyes, heart, hips and in boys the testes (NHS Direct Wales 2018).

Professional Requirements of the Midwifery Practitioner performing to undertake the NIPEC

- The Newborn Physical Examination must be performed by a suitably trained, and practicing NIPEC practitioner (as defined in section 12 of the NIPEC handbook).
- NIPEC Practitioners should be active in a clinic role and must feel competent and confident to undertake the examination. It is essential to promote consistency in practice across all professions.

- NIPEC practitioners undertaking the NIPEC newborn examination, must record CPD and maintain their knowledge, understanding and skills in NIPEC examination
- Evidence of ongoing clinical practice and confirmation of ongoing CPD must be available for review at the NIPEC trained midwives three yearly revalidation (NMC 2018).
- This should include
 - Completion of the learning framework (See [Appendix 1](#))
 - Evidence of continuing professional development (CPD)
 - Kept up to date with national NIPEC standards, clinical guidance, and changes.
 - PEER review assessments as deemed appropriate

The All-Wales Peer Review assessment

Peer review could also be used in the following scenarios (this list is not exhaustive, and below are examples only):

- As requested by an individual NIPEC practitioner for their personal CPD or support.
- As part of a development programme.
- In response to an incident.
- On commencement of employment in Hywel Dda Health Board.
- After a period of absence from work.

If significant concerns are identified during peer review regarding the practice of a NIPEC newborn practitioner, the peer reviewer should contact support and advice of the line manager.

It is recommended that practitioners consider the value of seeking peer review as part of their revalidation cycle or appraisal process.

The focus should not be on a minimum number of examinations, but on the quality of the examination performed. However, if any practitioner has not completed an examination for a period of time it is recommended that they repeat the All-Wales Peer Review assessment and the online learning to update their knowledge and skills.

Criteria defining who should examine which baby.

A suitably trained Midwifery practitioner can undertake the newborn physical examination on most neonates.

However, the practitioner must always use their clinical judgement to assess whether it is appropriate to undertake the newborn physical examination or whether it needs to be completed by the Neonatal team (or by a more senior health professional e.g. the neonatal Registrar/Consultant)

| Neonatal team to perform NIPEC when: | NIPEC Trained midwife can do NIPEC on all '<u>Well babies</u>' term i.e. >37 weeks, in addition to babies where: |
|--|---|
| Baby \leq 36+6 weeks gestation: | Mothers have GBS or sepsis risk factors, and baby is clinically well. |
| Admitted to SCBU, Transitional care or requiring neonatal follow up | Mothers have diabetes (includes Type 1/ 2 and GDM) |
| Suspected or confirmed abnormality identified during the antenatal or initial postnatal period. | Having blood sugar monitoring for any reason, and are clinically well |
| Babies currently having a treatment course of antibiotics | Currently having 48 hours prophylactic iv antibiotics for maternal risk factors. |
| History of maternal Graves' Disease | Born through meconium (clinically well) Note Midwives can perform NIPEC during observation period providing baby is well e.g. In cases of meconium or GBS etc. |
| Neonatal Abstinence Syndrome (NAS) | Born where the ruptured membrane interval exceeds 24 hrs (is clinically well). |
| With a sibling or parent with a cardiac anomaly who requires a fetal echocardiogram (ECG) | With a sibling or parent with a cardiac anomaly if current anomaly scan normal and fetal echocardiogram is not requested. |
| Weight <2.5kg or Birth weight centile \leq 5 th centile | Babies having PNAS observation and who require NIPEC within 24 hours of life |
| Any baby where there are clinical concerns. | NOTE: NIPEC trained midwives can do the examination during the clinical observation period providing baby is well e.g.in cases of meconium or GBS etc. |

Effective professional collaborative working between nursing, midwifery and neonatal teams can improve the NIPEC service, facilitate continuity of carer and early discharge home or in the case of home birth ensure mothers and babies are cared for holistically within the community setting.

Arranging the NIPEC Examination

The examination should be completed by a suitably qualified and proficient neonatal doctor or midwifery practitioner within 72 hours of the baby's birth.

If baby is on the Special Care Baby Unit, the neonatal team has responsibility for this to be completed. If the baby is on the postnatal ward or in the community the relevant Midwifery team takes responsibility for ensuring it is undertaken either by the midwifery or neonatal team.

Hospital birth / Early Transfer Home

Ideally, the examination should take place in hospital before transfer home. In the case of early transfer home, babies should still be offered a NIPEC and the need for this **should be communicated to the appropriate clinician at handover.**

If the NIPEC not performed before transfer, there must be a robust local follow-up plan to ensure it takes place within 72 hours of age. This could be by return to the postnatal ward or arrangements being made for the examination to take place in the community/primary care setting.

Home Birth

The community maternity service providing care is responsible for ensuring the NIPEC is provided for babies born at home.

Midwifery Led Unit (MLU)

The MLU midwives providing care is responsible for ensuring the NIPEC is provided for babies born in the MLU.

Babies in Neonatal Unit / Transition Care Ward.

If a baby is receiving care in a neonatal unit or a transitional unit, this is not an automatic reason to delay examination.

Special Care Baby Unit

The NIPEC may be delayed if a baby is too premature or too unwell for it to be completed.

- **“Too early for NIPEC”.**

The NIPEC newborn examination should be undertaken as soon as the baby is well enough and or has reached 34 weeks plus 0 days (34+0) weeks corrected age

- **“Too ill’ for NIPEC the newborn examination.**

May be delayed if a baby is too ill e.g. intense phototherapy (double or more, need for immunoglobulin or exchange transfusion), unstable hypoglycaemia until off intravenous dextrose. In these cases, NIPEC is not the clinical priority, however the examination should be completed as and when the baby’s condition allows

Transitional Care Ward

In the event that the examination is delayed e.g. when baby is on TCW, referral to Neonatal team for NIPEC should be made, if not already done so, within 72 hours of birth for it to be completed.

Babies who move in and out of area

Babies who move into the area (move into the country or from another health board area) and have not had a NIPEC examination are the responsibility of the current care provider.

Transfer of examined baby from one clinical area to another.

All practitioners are responsible for checking that the NIPEC has been completed. If a baby is transferred from one clinical area to another (e.g. SCBU to postnatal ward, postnatal ward to community.) before the NIPEC newborn examination has been undertaken or completed, the transferring care provider should formally hand over responsibility and communicate this to the receiving care provider.

Babies who have missed the NIPEC examination

If the NIPEC newborn examination is not completed by 72 hours of age, it should be done as soon as possible. The reasons for the delay beyond 72 hours of age should be recorded in the child’s record.

All babies should have all elements of the NIPEC newborn examination before being fully discharged from the care of any maternity, neonatal or paediatric inpatient services. A NIPEC newborn examination is classified as ‘missed’ if it is not completed:

- Before full discharge from maternity, neonatal or paediatric inpatient services (without provision for completion within the community setting)
- By 6 weeks of age for unexamined babies who remain in maternity or neonatal inpatient care
- By 6 weeks of age for unexamined babies who have moved into an area

When the NIPEC examination is declined:

Parent(s) have the right to decline all or part of the NIPEC newborn or infant examination). If they do decline, they should be fully informed of the NIPEC newborn and infant examinations and why the examination is being offered and undertaken and it should be documented in the child's record, communicated to the GP and health visitor, and recorded in the PCHR.

Information for Parents

The parent(s) should have received written information in the antenatal period from <https://everychild.wales> and it is discussed by the community midwife. However, it is good practice to explain the components of the examination, its limitations and further sources of information (NHS Direct Wales 2018)

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

Record in the professional record that the physical examination has been discussed, verbal consent has been obtained, and parents have access to information.

A systematic approach to the NIPEC

A documented comprehensive and skilled systemic NIPEC examination of the newborn infant is an important part of routine care.

Knowledge of normal and abnormal is essential so that conditions requiring more detailed assessment or treatment can be identified.

This is not an exhaustive list:

Pre-procedure

Before undertaking clinical examination, the examiner should familiarise their self with maternal history and pregnancy record utilising all available medical records (paper and electronic).

This includes:

- Maternal medical, obstetric and social history, blood group, presence of antibodies, serology results for sexually transmitted diseases
- Paternal medical history, if available
- Family health, history of congenital diseases, health of siblings.
- Identify drugs mother may have taken during pregnancy and in labour
- pregnancy complications, blood tests, ultrasound scans, admissions to hospital. Knowledge of gestational age and appropriate growth patterns assist in identifying potential risks to the neonate.

- Duration of labour, type of delivery, duration of rupture of membranes, condition of liquor
- Apgar scores and whether resuscitation required
- If any birth complications blood gases should be considered
- Birth weight, gestational age, head circumference

The routine examination will be carried out in a safe, warm, well-lit environment. Privacy should be provided particularly when discussing family health issues of a sensitive nature.

Allow sufficient time for an unhurried examination which includes discussing findings or parental concerns with the parents, answering any questions they have, referral if necessary and completing the relevant documentation.

In the event of any abnormalities being identified a referral to the neonatal team, and review of the NIPEC referral guideline, should be utilised to determine what type of referral is considered urgent.

Communication with the neonatal team should specify if the referral is urgent and needs immediate review. Obtain verbal parental informed consent for any referral.

If a parent(s) declines, all or part of the Newborn Physical Examination with informed choice, it must be clearly documented in the notes. 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 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 and consider the thermal care and wellbeing of the neonate throughout.
- All necessary equipment must be available and cleaned prior to the examination
- Review the social, lifestyle and medical history verbally with the parent(s) as well as reviewing any clinical observations and baby's postnatal behaviour etc.
- Ascertain any parental anxieties and observe their interaction with the baby.
- 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; note integrity, colour and texture, abrasions, trauma, petechiae, birthmarks including Lumbosacral Dermal Melanocytosis or rashes etc.
- Head; scalp and shape (including caput, cephalhaematoma, trauma etc.), fontanelles, face, nose, mouth including thorough visualisation and palpation of hard and soft palate, sucking reflex, teeth, tongue and gums, ears (position, placement etc.), neck, general symmetry of the head and facial features, including head circumference etc.
- Eyes; check presence of eyes, general appearance, size, symmetry, squints, conjunctivitis, discharge, haemorrhage, shape and position including checking opacities and fundal reflex/ 'red reflex' etc.
- Neck and clavicles, limbs, hands, feet and digits (talipes, palmar creases, webbed fingers or toes, syndactyly/polydactyly etc.), assess proportions and symmetry.
- Lungs and chest; check effort and 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.
- Heart (Cardiovascular system) check position, rate, rhythm and sounds, colour, capillary refill time, brachial and femoral pulse volumes and pulse oximetry. Palpate for heaves and thrills.
- 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 skin folds; perform 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 ambiguous genitalia or an underlying endocrine disorder), hypospadias/epispadias, chordee, hydrocele etc. Female infants; clitoris and labia. Check that there is no passage of meconium exiting the genitalia. Consider FGM pathways and whether there is a need for safeguarding referral.
- 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, nevus, abnormal skin patches etc.
- Central nervous system (CNS); check tone, behaviour, spontaneous movements and posture, elicit newborn reflexes (Moro, Palmer, Planter, Rooting, Suck, Grasp etc.)
- Cry; note sound and pitch.

- Weight.

When deviation from normal is identified.

If the practitioner identifies any deviation from the normal, they are required to access senior neonatal support, i.e. neonatal Registrar who will be able to provide a differential diagnosis, institute investigation and management as well as further referral (if required by the condition of the baby and guidance pertinent to the suspected anomaly).

24hr advice and referral is achieved via SCBU for an inpatient and SCBU or PACU for outpatient's (dependant on urgency). If outpatient ring the On Call Neonatal Registrar.

The parents should be informed at all stages 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.

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.

All referrals should be completed with parental informed consent at the time of the examination.

In the case of non-urgent routine referrals, for example risk factor triggered screen negative Hip referrals, Hypospadias and BCG vaccination referrals, which will be seen as outpatients, the NIPEC Midwife practitioner can complete and send the referral request.

Communication and Documentation

The examination should be documented on the NIPEC record form (See [Appendix 2](#))

When documenting the examination care should be taken to identify the correct infant by cross referencing their name, date of birth, NHS number and maternal details therefore ensuring the correct record is being accessed.

Following the NIPEC the outcome, including referrals, reviews, investigations, treatment and/or care plans, should be documented on the NIPEC document., in the neonatal notes, and, with a summary in the postnatal notes, all results should be recorded on the corresponding document, signed and filed in the neonatal record.

The parent(s) should be informed of the outcome of the examination and the Child Health Record completed (Red Book).

All written entries regarding a baby's health are to be entered in the neonatal medical notes. The Personal Child Health Record (PCHR or "Red Book") is initiated at birth and remains with the parents on transfer home in order to maintain effective communication and documentation between the multi-professional team and the parents.

- The newborn examination will be documented in the neonatal records and the Personal Child Health Record at the time the examination is performed.
- Section 3B of the Personal Child Health Record will be completed fully by the person performing the examination.
- If a deviation from the normal is identified the parents will be informed immediately and any plan for investigation, treatment or care will be discussed and developed with the parents and documented in the neonatal notes and the PCHR or 'red book' (As above).

In addition, a summary of any problems and follow up will be entered in the Personal Child Health Record Section 3A by discharge (if applicable).

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.

Audit

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

References

Hall DMB, Elliman D (2006). Health for all children. 3rd ed. Oxford: Oxford University Press.

Newborn and Infant Physical Examination Screening Programme Handbook 2021. National Screening Committee. Public Health England

<https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook/newborn-and-infant-physical-examination-screening-programme-handbook#training-and-maintenance-of-competency> (Accessed on 6th May 2022)

The newborn and infant physical examination Cymru (WHC/2023/040)

<https://www.gov.wales/newborn-and-infant-physical-examination-cymru-whc2023040-html>

Health Education and Improvement Wales (HEIW) Education and training

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

NHS Direct Wales (2018) Newborn Physical Examination
<https://www.nhsdirect.wales.nhs.uk>

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

Public Health England (2014) NIPEC Midwife Examination criteria
<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2014/06/midwife-NIPEChttps://www.england.nhs.uk/south/wp-content/uploads/sites/6/2014/06/midwife-nipe-examination-criteria.pdfexamination-criteria.pdf>

Hall DMB, Elliman D (2006). Health for all children. 3rd ed. Oxford: Oxford University Press.

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

NHS Direct Wales (2018) Newborn Physical Examination
<https://www.nhsdirect.wales.nhs.uk> (Accessed 15.05.2025))

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

Public Health England (2014) NIPE Midwife Examination criteria
<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2014/06/midwife-nipeexamination-criteria.pdf> (Accessed 15/05/2025)

Public Health England (2018) NIPE - Newborn and infant physical examination screening programme handbook. Public Health England.

Links for patient information
<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

Appendix 1 - Tri-annual learning framework



Hywel Dda University Health Board
Newborn and Infant Physical Examination Cymru (NIPEC)
Tri-Annual Learning Framework

| | |
|---|--|
| Practitioner name | |
| Place of work: Community / hospital | |
| GMC or NMC registration number | |
| Date of NIPEC qualification (NMC registrants) | |

The Hywel Dda NIPEC learning framework has been developed, to support NIPEC screening Midwifery practitioners undertaking the NIPEC newborn examination, to record and maintain their knowledge, understanding and skills in NIPEC examination.

NIPEC practitioners should complete the triannual learning framework and present to:

- demonstrate evidence of continuing professional development (CPD))
- keep up to date with national NIPEC standards, clinical guidance, and change
- To enable the health board to demonstrate quality assurance in NIPEC examination locally
- promote consistency in practice across Hywel Dda.

1. NIPEC e-learning module

| e-Learning knowledge assessment | Date completed | Confirmer signature |
|--|----------------|---------------------|
| NHS Wales newborn and infant physical examination (NIPEC) https://heiw.nhs.wales/our-work/the-newborn-and-infant-physical-examination-cymru-nipec | | |

NIPEC Tri-annual learning framework

Version 1. 2025.

This module can be accessed by practitioners at any time for CPD but completion of module is required as a minimum every 3 years.

2. National standards, clinical pathways, training, and education resources

| NIPEC examination – knowledge and understanding | Date confirmed and confirmer initials |
|---|---------------------------------------|
| Demonstrates an understanding of the NIPEC standard(s) and national guidance in relation to: <ul style="list-style-type: none"> • eligibility and coverage • each element of the NIPEC screen | |
| Uses further resources and supporting publications, including: <ul style="list-style-type: none"> • the NIPEC handbook • Every Child 'Your Pregnancy and Birth Every Child Your Pregnancy & Birth (pagesuite-professional.co.uk) • Local policies and guidelines • "NIPEC annual learning framework" • Can understand and describe abnormality suspected criteria, pathways, and local referral arrangements as appropriate for role as Midwife NIPEC practitioner | |

3. Attendance at local or national NIPEC update session (recommended annually)

Additional NIPEC related study days and self-directed learning can also be recorded here

| Course attended or learning undertaken | Date Attended | Total hours |
|--|---------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |

NIPEC Tri-annual learning framework

Version 1. 2025.

4. NIPEC working in partnership: visits to specialist clinics or multidisciplinary discussions or meetings (recommended)

| Clinic or meeting attended detail special clinic / Multidisciplinary team meeting or discussion /other | Date attended |
|--|---------------|
| | |
| | |
| | |

5. NIPEC reflection: reflective discussion or personal reflective account (recommended)

| | |
|--|--|
| Describe a recent NIPEC experience | |
| What did you do well? | |
| What could have been better? | |
| What, if anything, would you do differently in future? | |
| What did you learn from this experience? | |

6. Tri- Annual final sign-off

| Signatures | Date |
|---------------------|------|
| Confirmer: | |
| NIPEC Practitioner: | |

This document has been reproduced and adapted for use in Hywel Dda from the HEIW, Wales annual learning [framework](#).

Appendix 2 - NIPEC record form



Newborn Screening Examination Cymru (NIPEC) record form

| General Appearance | | | |
|---|---------------|-----------------|-------------------------------------|
| | Normal | Abnormal | Comments |
| Colour | | | |
| Visible jaundice | No | Yes | *CBR/ SBR & treatment chart |
| Dysmorphia | | | |
| Skin | | | |
| Palate | | | |
| Eye Left | | | |
| Eye Right | | | |
| Red/ Fundal reflex | | | |
| Ears | | | |
| Cardiovascular | | | |
| Symmetry of chest movement (thrills and heaves) | | | |
| Heart rate | | | |
| Apex | | | |
| Heart sounds | | | |
| Femoral pulses | L: | R: | |
| Saturations (Should be 95% or greater) | Pre-ductal: | Post-ductal: | %Difference (should less than 3%): |
| Respiratory | | | |
| | Normal | Abnormal | Comments |
| Respiratory rate | | | |
| Breath sounds | | | |
| Work of breathing | | | Recession? Grunting? Nasal Flaring? |
| Chest palpation | | | |
| Abdomen | | | |
| | Normal | Abnormal | Comments |
| Cord | | | |
| Liver/Spleen/Kidneys | | | |
| Genitalia | | | |
| Anus | | | |
| Testes | | | |
| Neurology | | | |
| | Normal | Abnormal | Comments |
| Fontanelle | | | |
| Cry | | | |
| Tone | | | |
| Mara/Grasp/Suck | | | |
| Spine | | | |
| Skeletal | | | |
| | Normal | Abnormal | Comments |
| Clavicles | | | |
| Hands and digits | | | |
| Symmetry of Leg creases | | | |
| Feet | | | |
| Hips | | | Barlow: Ortolani: |

Newborn Screening Examination Cymru (NIPEC) record form

| | | |
|---|---|---|
| Family History of Hip dysplasia: Yes /No | | If yes, refer for ultrasound, inform parents. |
| Breech presentation at or after 36 weeks: Yes/No | | If yes, refer for ultrasound, inform parents. |
| Factors for Audiology follow up. Ear malformation/ Confirmed or suspected bacterial meningitis/Congenital CMV/ Programmable Ventriculo-peritoneal shunt/Syndrome associated with hearing loss(e.g. Downs)/Craniofacial abnormalities (including cleft lip)/ Congenital infection (e.g. toxoplasmosis/rubella) (please circle and refer on via email) | | |
| Family history of congenital anomalies: e.g. .congenital cardiac conditions, | | |
| Fit for discharge | Yes | No |
| Discharged to: | Postnatal ward/ Home/ Foster care/ Another hospital | |
| Medications at discharge | | |
| Follow up arrangements | | |
| Neonatal vaccinations | | |
| Plan of care/comments | | |
| Discharging personnel | | |
| Newborn BCG Eligibility | | |
| One or more parents/ grandparents born in a country where TB incidence is 40 in 1000000 or higher? Yes /No | | |
| Will live in, or are from, area where TB incidence is 40 in 1000000 or higher (some parts of London) Yes /No | | |
| Has anyone in family had TB in last 5 years? Yes /No | | |
| If yes to any of the three eligibility questions, have you spoken to parents, filled in referral form and given patient an information leaflet? Yes / No | | |

Please note any marks on the body map in all clinical notes

(tick) Section 3B of the Personal Child Health Record (Red Book) to be completed fully by the person performing the examination.

| | | | |
|--------------|--|---------------------|-----------------------|
| Name: | Signature and PIN /GMC number : | Designation: | Date and time: |
| | | | |

Newborn Screening Examination Cymru (NIPEC) record form

| Date and Time | Clinical Notes | Signature and print name |
|---------------|----------------|--------------------------|
| | | |

Newborn Screening Examination Cymru (NIPEC) record form

| Date and Time | Clinical Notes | Signature and print name |
|---------------|----------------|--------------------------|
| | | |