GWASANAETHAU NEWYDDENEDIGOL BAE ABERTAWE
SWANSEA BAY NEONATAL SERVICES

Neonatal Guidelines

Guidelines for Midwives Undertaking Neonatal Examination

Specialty:	Women's and Child Health Directorate
Revision date:	June 2024
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Edited by:	Dr. Jamie Evans
Approved by:	Perinatal and Quality and Safety Forum
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Directorate of Child Health

Checklist for Clinical Guidelines being submitted for Approval by SBUHB Perinatal Forum

Title of Guideline:	**Postnatal ward general guidelines**
Name(s) of revising author(s):	Dr Sree Nittur
Chair of Group or Committee supporting submission:	Quality and Safety Forum – Joanna Webb Perinatal Forum – Oliver Walker
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Brief outline giving reasons for document being submitted for ratification	Full update
Name of Pharmacist (mandatory if drugs involved):	Katherine Wilson
Please list any policies/guidelines this document will supercede:	Guidelines for Midwives Undertaking Neonatal Examination 2018.4
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Midwife undertaking Neonatal examination

Introduction:

The Newborn Infant Physical Examination Cymru (NIPEC) is a comprehensive clinical examination offered to all babies within 72 hours of birth and preferably within the first 24 hours. The purpose of this systematic physical examination is to screen and facilitate early detection of any congenital defects including heart, hips, eyes and testes. The Newborn examination is a whole-body physical examination but also includes assessment of heart, hips, eyes and testes as per NIPEC. It may also identify a neonate showing signs of ill health or at-risk of being ill. It can serve to reassure parents and to provide them with health education and advice. Normally a junior Paediatric doctor or Advanced Neonatal Nurse Practitioner (ANNP) undertakes this examination. However, midwives who have successfully completed the necessary training course and who have been deemed to be competent may perform this examination. *The Newborn and Infant Physical Examination Cymru (NIPEC) - HEIW (nhs.wales)*

The routine Newborn examination ideally should **not** be performed before the child is six hours old to reduce the confusion related to detection of physiological transitional changes. However, if the infant is discharged prior to this time the examination may be completed by either returning to the postnatal ward or a home visit by a community midwife. Midwives undertaking such examination should be familiar with up-to-date guidelines of the Swansea Bay University Health Board for managing babies on the postnatal ward.

The NIPEC Midwife has a professional responsibility to keep up to date and maintain their skills in relation to the NIPEC newborn and screening examination. This includes in engaging in Continuous professional development. HEIW guidance directs the practitioner to complete an Annual Learning Framework and a Peer Review Framework.

The Annual Learning Framework should be used as an opportunity for the midwife and the confirmer to review the evidence within the framework and acknowledge that the annual recommendations plus any local requirements have been met. In addition, Peer Review is recommended to provide assurance that the NIPEC examinations are being completed in line with NIPEC guidelines (Welsh Government 2023). Each Midwife should complete the Peer review assessment / framework as part of their revalidation/ appraisal process as a minimum to evidence practical competence.

Examination:

Prior to undertaking the Newborn examination the midwife must review the case notes to identify any risk factors for ill health (this includes obstetric, medical, family, and social and drug history). The midwife should ensure the following -

- Obtain informed consent from the parents
- Undertake the examination in the presence of a parent
- Undertake a comprehensive clinical examination
- Routine pulse - oximetry is offered to all babies. This is an additional measure to improve detection of congenital heart disease and other illnesses. This facility may not be available for babies having the Newborn Examination in the community but can be offered to be undertaken in hospital if the family is willing to attend.
- Record details of any examination and advice given to parents in the case notes, including the body map in the postnatal community record
- Any comment for attention of the GP can be communicated by letter or by entry within the Child Health Record and also communicated to the parents
- Record any deviation from the normal and make the appropriate referral to the paediatric medical staff (see page 5 for referral guidelines) in accordance with the most recent postnatal ward guidelines for further evaluation or investigation as appropriate
- Organize appropriate vaccination (i.e. BCG/ Hepatitis B) according to up to date SBUHB postnatal guidelines.
- *TB, BCG vaccine and your baby (publishing.service.gov.uk)*
- To advise exclusively breastfeeding mothers and those at particular risk of Vitamin D deficiency to supplement babies with Multivitamin drops such as Abidec in order to prevent Vitamin D Deficiency (Refer to NHS choices website for up to date advice. *Vitamin D - NHS (www.nhs.uk)*

Criteria of babies suitable for examination by Midwives

- All low-risk term babies (≥37/40)
- In addition, high-risk babies (For e.g. SGA , Infant of diabetic mother, risk of neonatal abstinence syndrome, Sepsis Risk Assessment as per SRC calculation, meconium or an Instrumental delivery requiring close monitoring and repeated observations can undergo routine examination by the midwife if they have completed/are completing the required observations/pathway without concern. **The midwife will be supported by medical staff at all times and overall care of such infants remains the joint responsibility of the medical and midwifery team.**
- Babies with unilateral antenatal hydronephrosis, where clear guidelines on referral and investigation is available, will need Paediatric consultation for the provision of an Ultrasound Scan.

The Specialist Newborn Examination Midwives may examine infants outside of these criteria with full support from the Neonatal Medical staff. These infants will need a formal review by the medical staff prior to discharge.

Criteria of babies not suitable for examination by Midwives

- Any infants showing current signs of ill health
- Infants born preterm or with significant growth restriction (<0.4th centile)
- Infants admitted to a neonatal unit
- Infants with known major congenital anomalies (excludes unilateral antenatal hydronephrosis as above)
- Infants born by *difficult* instrumental delivery.
- Infants born in poor condition at birth (Need for resuscitation, poor cord gases, difficult / traumatic delivery)
- History of Maternal Grave's disease or hyperthyroidism

Referral Guidelines:

Urgent Referral

Those infants deemed to require an urgent paediatric assessment will have to be immediately transferred to an appropriate neonatal unit/ A&E. The referring midwife is responsible for informing the receiving neonatal unit of their intention to transfer the infant, to ensure that they are open to admissions and are able to receive the infant. They should also make arrangements for appropriate and safe transfer of the baby. An interim management plan and safe mode of transport must be agreed with the accepting Neonatologist and documented in the notes. Maintenance of a stable airway and temperature must be a priority during transport.

Infants needing urgent assessment whilst still being inpatient in the hospital should be referred to the neonatal team (ideally to a registrar grade doctor or the neonatal consultant) urgently.

Criteria of babies that require urgent medical review (includes but are not limited to):-

- Any infant showing signs and symptoms of serious ill health for e.g. need for resuscitation, breathing difficulty, convulsions etc. should be referred to A&E.

- Any unwell infant with a suspected Heart Murmur or absent femoral pulses should be referred to A&E. Please note a well baby with a heart Murmur can be referred to the Registrar covering the postnatal ward.

- Any infant found to have an imperforate anus, abdominal distension or bile stained vomit should be referred to A&E.

- Any infant who appears jaundiced when < 24 hours old should be referred urgently to the Neonatal Consultant on call for advice as to the most appropriate place for a review.

- Serious birth injuries such as fractures / Erb's palsy etc should be referred to A&E.

- Bilateral undescended (not palpable) testes (require medical review within 24 hours) Bilateral Undescended Testes applies to either the absence or the bilateral incorrect positioning of the testes and requires senior medical review within 24 hours. This can be arranged by contacting the Neonatal Registrar on call.

Non-urgent referrals for which a medical input is required:

Please refer to the Neonatal team - ideally a registrar grade doctor if available, for a timely agreed plan of action.

The following are examples of non-urgent referrals -This list is not exhaustive and the midwife is professionally responsible and accountable for referring any infant they suspect of having a congenital anomaly, or who displays abnormal neonatal behaviour.

- Absence of red reflex of the eyes – Refer to Neonatal Registrar on call for plan of action and review.
- Abnormal hip examination – Discuss with Neonatal Registrar for review. Arrange a time and venue.
- Risk factors for Development Dysplasia of the Hips (Refer to the postnatal guidelines for details): - If clinical examination normal - refer for hip USS to be undertaken at 4 to 6 weeks of age. (If Hip examination abnormal, refer to Neonatal Registrar on call to discuss a plan for review and plan of care as above. Talipes (positional) – This is now regarded as a variation of normal. Explanation to parents. No Follow up required. Calcaneovalgus is considered as a risk factor for DDH and the baby needs to be referred for a hip ultrasound.
- Unilateral undescended testes, or the presence of a hydrocele - Follow up by GP at 6/52 baby check. Inform parents and make a note in the red book.
- Skin Tags– Reassure parents. Refer infant for review by GP at 6/52 baby check and further referral as appropriate. Referral to the Neonatal registrar for skin tags at the base of the spine as this might indicate presence of spinal abnormalities
- Hypospadias – If an abnormality is identified refer to Neonatal team on call for review and plan of action.

- Maternal Hypothyroidism – please see Neonatal SharePoint specifically 'Postnatal care of infants born to mothers with Thyroid disease'. NB Please rule out a history of Hyperthyroidism.

- Maternal Hyperthyroidism or Grave's disease – babies should be referred to the Neonatal Team for newborn examination, assessment and will potentially need to stay in hospital for 48hrs for inpatient observations.