<34+0 weeks give MgSO4, <35+0 weeks give steroids and document time given in notes
Arrange neonatal senior team member update for parents for any known likely admission baby. Ensure resuscitation equipment is available and checked.

**DELIVERY PLAN**
Optimise the environment for baby’s delivery, close windows, stop fan. Assess baby at birth, initiate resuscitation as necessary. If in good condition, defer cord clamping for 1 minutes (or until cord stops pulsating) dry and place baby skin to skin/ as per mothers’ wishes, cover and keep warm.

---

**Summary flow chart**

**PRIOR TO DELIVERY**
Check maternal history for antenatal concerns, sepsis risks, medication, check maternal Maxims record for documentation for planned management of any concerns.
If the baby identified as likely to need NNU admission: inform NNU and check cot availability. If <27+0 singleton, <28+0 multiple pregnancy, <800g estimated fetal weight arrange delivery in Regional NICU (New 2019)

<34+0 weeks give MgSO4, <35+0 weeks give steroids and document time given in notes
Arrange neonatal senior team member update for parents for any known likely admission baby. Ensure resuscitation equipment is available and checked.

---

**Care Pathway for the Assessment of Term (>37 weeks) Babies at Delivery**

1. Assess at time of 10 minute APGAR
2. Signs of Respiratory Distress including:
   - Cyanosis
   - Grunting respiration
   - Subcostal or intercostal retraction
   - Nasal flaring
   - Tachypnoea (respiratory rate >60)
3. Pre-ductal oxygen saturations (right hand)
4. 1) Keep baby warm skin-to-skin with mum
   2) If intermittent grunting only use 9 - Confirm RAG risk category and ensure appropriate pathway actions.
   3) Inform neonatal SIMILANP (check 3217)
   4) Reassess in 10 minutes
5. Persistent grunting or clinical concern
6. Reassess any baby with resolved or ongoing signs of respiratory distress at 10 minutes of age
7. Signs of Respiratory Distress including:
   - Cyanosis
   - Grunting respiration
   - Subcostal or intercostal retraction
   - Nasal flaring
   - Tachypnoea (respiratory rate >60)
8. Pre-ductal oxygen saturations (right hand)
9. 1) Keep baby warm skin-to-skin with mum
   2) If intermittent grunting only use 9 - Confirm RAG risk category and ensure appropriate pathway actions.
   3) Inform neonatal SIMILANP (check 3217)
   4) Reassess in 10 minutes

---

**Immediate Care and Examination of the Newborn Clinical Guideline V2.0**
Page 2 of 13
EARLY CARE
Weigh baby and apply identification name bands if in a hospital setting. Give Vitamin K by consented route. Offer first feed of mother’s choice within an hour of birth, ideally maintaining skin to skin contact. Identify RAG rating and apply hat. (New 2019) The baby’s colour, activity and breathing pattern should be monitored. Check baby’s axillary temperature, Heart Rate, Respiratory Rate and record on a NEWS chart. Any respiratory concerns check pulse oximetry. Inform Neonatal team of any concerns. If baby unexpectedly needs NNU admission complete a Datix, transfer sheet.

INITIAL EXAMINATION OF THE NEWBORN
In a warm environment examine the baby fully. Record birth weight and axillary temperature on the Infant Record and hand held notes. Examine the baby’s overall appearance and tone, noting any dysmorphisms, skin for rashes, swellings or birth marks. Examine systematically ensuring the baby is checked all over. Examine the head, sutures, fontanelles, ears, eyes, mouth, check palate is intact, visualise the tongue and gums. Examine the chest for shape, accessory nipples, signs/sounds of respiratory distress, check heart rate and capillary refill time. Check abdomen for shape, size and condition of umbilical cord. Check genitalia, penis, presence of testes/ labia, vagina, and urethral opening, examine anus for patency and position. Examine spine, posture, limbs and digits. Document in handheld notes and Infant record. If any dysmorphism or concerns contact the Neonatal Team.
1. **Aim/Purpose of this Guideline**

To provide guidance for the immediate care and examination of newborn infants for all clinical staff working in the Division of women, children & sexual health where the Trust supports them in this role.

2. **The Guidance**

2.1 Newborn infants at term gestation usually require no more than adequate drying, a clear airway and warmth to support adaptation to extra uterine life. If any concerns have been identified which may impede normal progression, any emergency delivery or if the baby is premature, contact the on call Neonatal team member to attend the birth.

2.2 Any antenatal concerns which have been identified should have a plan of care in the mother’s Maxims record under patient documents by the clinician instigating the alert and inform the relevant community midwife/hospital midwife to upload to Euroking *(New 2019)* from the Paediatric Consultant. This should be checked on the woman’s arrival and any plan of care placed in the baby notes and the Neonatal team contacted as necessary.

2.3 If the mother has a known infection risk, refer to the appropriate RCHT Neonatal Guideline before delivery.  Refer to RCHT Management of newborns born through meconium stained liquor guideline if any meconium is seen.  Check resuscitation equipment available is ready for use.

2.4 **Delivery**

2.4.1 Ensure the room is warm and draught free before delivery of the baby.

2.4.2 At delivery offer skin to skin contact as soon as possible.

2.4.3 Clamp and cut umbilical cord, in accordance with the woman’s wishes.

2.4.4 Towel dry baby’s skin then cover with a dry towel whilst assessing the baby’s tone, colour, respiratory effort and heart rate.

2.4.5 Initiate resuscitation measures if there are any concerns and call for neonatal assistance/Paramedic assistance if in community setting.

2.4.6 If no concerns continue to observe the baby’s transition.

2.4.7 For hospital deliveries, apply two Identity labels; cross checked for accuracy with a parent as per Trust patient identification policy *(initially this should be hand written with the mothers name, baby’s date of birth and the mothers CR number and once a printed label is available this should be applied to one ankle and the mothers CR remain on the 2nd ankle. Put on a hat according to RAG rating. Use the care pathway guide for any baby over 37 weeks with any respiratory concerns.* *(New 2019)*
2.5 **Initiate feeding and temperature control**

2.5.1 Allow baby to remain in warm contact with mother to optimise early breastfeeding as per Baby Friendly Initiative (BFI) standard \(^7\), RCHT Breast Feeding Policy\(^8\), and RCHT Neonatal Hypoglycaemia Management Guideline \(^9\) or offer milk feed of mother’s choice within first hour of life.

2.5.2 Check baby's temperature and record on infant record. If baby's temperature is below 36.5°C Centigrade put skin to skin if possible, apply warm cover and hat, encourage a breast/warm feed. Refer to RCHT neonatal temperature management guideline if temperature not ≥36.5°C within one hour or if in community transfer in to RCHT, maintaining skin to skin. \(^10\)

2.5.3 Give Vitamin K with parental consent.

2.6 **Examination of the Newborn**

2.6.1 Examine baby in front of parents in a warm environment. Explain this initial check is the first of a series of child health checks to monitor baby’s progress.

2.6.2 Review the mother’s notes and medical history, progress during pregnancy, labour and delivery details and condition of the baby at birth.

2.6.3 Weigh baby and record weight in the appropriate midwifery and neonatal records.

2.6.4 The midwife needs to employ a systematic method of examining the whole baby looking for any skin problems, dysmorphic features and congenital abnormalities, circumnavigating the midline.

2.6.5 The baby’s’ colour, breathing pattern, behaviour, activity and posture should be noted.

2.6.6 **Examine the head**, including fontanelles, palpate sutures; observe face, nose, philtrum, mouth including palate for clefts and tongue for size or ankyloglossia, natal teeth. Check ear position, shape, report any pits or tags. Check general symmetry of head and facial features. Note any bruising, caput or moulding of the head and any iatrogenic marks eg. Forceps marks, ventouse chignon. Check the eyes for any exudate, movement and opacities. Palpate the neck and clavicles.

2.6.7 **Chest**: observe chest shape, presence of nipples, respiratory effort, respiratory rate any inspiratory or expiratory sounds. Check central capillary refill time (2-3 seconds to refill normal) Check pulse oximetry as per NIPE guideline. **(New 2019)**

2.6.8 **Abdomen**: check for abnormality and condition of umbilical cord.
2.6.9 **Genitalia and anus**: check for normal position of urethral and anal openings.

2.6.10 **Spine**: inspect and palpate bony structures and check integrity of the skin.

2.6.11 **Skin**: note colour and texture as well as any birthmarks or rashes.

2.6.12 **Central nervous system**: observe tone, behaviour, movements and posture.

2.6.13 **Limbs**: Examine arms, hands, legs, feet and digits; assess proportions, symmetry and movement of the limbs and skin folds.

2.7 **Detection of abnormalities**

If there are concerns that the baby is unwell, refer immediately to the neonatal team. Minor congenital abnormalities are common. If more than one defect is found the likelihood of an underlying problem is increased, therefore refer early. If any abnormalities are detected these should be recorded in the baby’s notes and referral made to the Neonatal team with documented discussion with parents.

2.8 **Unanticipated NNU admission documentation**

A baby that is unexpectedly admitted to neonatal unit should be reported via the electronic reporting system (Datix).

2.9 **On-going communication**

Use hand-held maternity records and parent held child records (PHCR: Red Book) to ensure clear postnatal plan of care and baby’s progress. Inform parents of process for next neonatal check arrangements.
3. Monitoring compliance and effectiveness

### Element to be monitored

- Is the baby’s temperature documented in the immediate care after birth page
- If temperature below normal limits was the appropriate action taken
- The audit will be registered with the Trust’ audit department
- This guideline will be included in the audit programme. The audit lead will identify an appropriate health professional to review 10 random sets of babies’ notes with any associated DATIX record.

<table>
<thead>
<tr>
<th>Lead</th>
<th>Audit Midwives</th>
</tr>
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<tbody>
<tr>
<td><strong>Tool</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Was a temperature detected</td>
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<tr>
<td></td>
<td>• Was there clear documentation of the concern</td>
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<td></td>
<td>• Was a timely referral made to the ANNP/SHO/SPR</td>
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<tr>
<td></td>
<td>• Was the review documented</td>
</tr>
<tr>
<td></td>
<td>• Was a clear plan of care documented</td>
</tr>
<tr>
<td></td>
<td>• Was it documented that the parents were kept informed throughout the process</td>
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<table>
<thead>
<tr>
<th>Frequency</th>
<th>1% or 10 sets, whichever is the greatest, of all health records of women who have delivered, will be audited over the life time of this guideline</th>
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<tbody>
<tr>
<td>Reporting arrangements</td>
<td>A formal report of the results will be received at the maternity risk management forum</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Any deficiencies identified will be discussed at maternity risk management forum and an action plan developed</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
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4. **Equality and Diversity**

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the [Equality and Diversity website](#).

4.2. **Equality Impact Assessment**

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Immediate Care and Examination of the Newborn, Clinical Guideline V2.0</th>
</tr>
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<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>7th March 2019</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>7th March 2019</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>7th March 2022</td>
</tr>
<tr>
<td>Directorate / Department responsible</td>
<td>Judith Clegg Advanced Neonatal Nurse Practitioner</td>
</tr>
<tr>
<td>(author/owner):</td>
<td></td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 252667</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>To provide guidance for the immediate care and examination of newborn infants for all clinical staff working in the Division of women, children &amp; sexual health.</td>
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<tr>
<td>Suggested Keywords:</td>
<td>Care Examination Newborn Neonate NIPE</td>
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<td>Target Audience</td>
<td>RCHT  CFT  KCCG</td>
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<td></td>
<td></td>
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<tr>
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<td>Medical Director</td>
</tr>
<tr>
<td>Policy:</td>
<td></td>
</tr>
<tr>
<td>Date revised:</td>
<td>07.03.19</td>
</tr>
<tr>
<td>This document replaces (exact title of</td>
<td>The Immediate Care and Examination of the Newborn-Clinical Guideline v1.0</td>
</tr>
<tr>
<td>previous version):</td>
<td></td>
</tr>
<tr>
<td>Approval route (names of committees)/</td>
<td>Obstetrics &amp; Gynaecology Directorate meeting</td>
</tr>
<tr>
<td>consultation:</td>
<td></td>
</tr>
<tr>
<td>Divisional Manager confirming</td>
<td>Debra Shields, Care Group Manager.</td>
</tr>
<tr>
<td>approval processes</td>
<td></td>
</tr>
<tr>
<td>Name and Post Title of additional</td>
<td>Not Required</td>
</tr>
<tr>
<td>signatories</td>
<td></td>
</tr>
<tr>
<td>Signature of Executive Director giving</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>approval</td>
<td></td>
</tr>
<tr>
<td>Publication Location (refer to Policy</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>on Policies – Approvals and Ratification):</td>
<td>[✓] Intranet Only</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Clinical, Midwifery and Obstetrics</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>Not required</td>
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</table>
2. Early onset neonatal bacterial infection prevention, diagnosis and Treatment RCHT guideline
3. Rupture of Membranes at Term (Term PROM) – RCHT Guideline
4. Meconium Stained Liquor in Labour and Management of the Newborn - RCHT Clinical Guideline
5. Newborn Life Support guideline, Transfer and Admission of the Sick Newborn to the Neonatal Unit and Support for Parents – RCHT
7. NICE Clinical Guideline https://www.nice.org.uk/guidance/qs37 Postnatal Care July 2013
8. RCHT Identification policy
9. RCHT Breastfeeding Policy
10. RCHT Guideline for management of newborn hypoglycaemia
11. RCHT Guideline for neonatal temperature management

### Training Need Identified?
No

### Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tbody>
<tr>
<td>3rd April 2016</td>
<td>1</td>
<td>Updated pathways and references</td>
<td>Judith Clegg ANNP</td>
</tr>
<tr>
<td>28/2/19</td>
<td>2.0</td>
<td>Updated flowchart to include care pathway for respiratory concerns. RAG rating for hat colour and ongoing NEWS observations</td>
<td>Judith Clegg ANNP</td>
</tr>
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</table>

All or part of this document can be released under the Freedom of Information Act 2000
## Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

<table>
<thead>
<tr>
<th><strong>Name of the strategy / policy / proposal / service function to be assessed</strong></th>
<th>Immediate Care and Examination of the Newborn Clinical Guideline V2.0</th>
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<tbody>
<tr>
<td><strong>Directorate and service area:</strong></td>
<td>Obstetrics and Gynaecology</td>
</tr>
<tr>
<td><strong>Is this a new or existing Policy:</strong></td>
<td>Existing</td>
</tr>
<tr>
<td><strong>Name of individual completing assessment:</strong></td>
<td>Judith Clegg, ANNP</td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td>01872 252667</td>
</tr>
</tbody>
</table>

1. **Policy Aim**

   Who is the strategy / policy / proposal / service function aimed at?

   To assist staff caring for newborn infants.

2. **Policy Objectives**

   To ensure a systematic approach of immediate care and examination of the newborn.

3. **Policy – intended Outcomes**

   To ensure a systematic approach of immediate care and examination of the newborn.

4. **How will you measure the outcome?**

   Auditing tool

5. **Who is intended to benefit from the policy?**

   All Neonatal infants

6a **Who did you consult with**

   Workforce | Patients | Local groups | External organisations | Other
   --- | --- | --- | --- | ---
   x | | | | |

   Maternity Guidelines Group
   Policy Review Group
   Obstetrics and Gynaecology Directorate

b) **Please identify the groups who have been consulted about this procedure.**

   Maternity Guidelines Group
   Policy Review Group
   Obstetrics and Gynaecology Directorate

7. **What was the outcome of the consultation?**

   Guideline agreed
7. **The Impact**

Please complete the following table. **If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
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<tbody>
<tr>
<td>Age</td>
<td></td>
<td>X</td>
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<td>No impact</td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>X</td>
<td></td>
<td></td>
<td>No impact</td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>X</td>
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<tr>
<td>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
<td>X</td>
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<td>Religion / other beliefs</td>
<td>X</td>
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<tr>
<td>Marriage and Civil partnership</td>
<td>X</td>
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<td>No impact</td>
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<tr>
<td>Pregnancy and maternity</td>
<td>X</td>
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<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
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<td>No impact</td>
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</table>

**You will need to continue to a full Equality Impact Assessment if the following have been highlighted:**

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended. **Yes** **No** **x**

9. If you are **not** recommending a Full Impact assessment please explain why.

Not required.

Signature of policy developer / lead manager / director Date of completion and submission
| Names and signatures of members carrying out the Screening Assessment | 1. Judith Clegg, ANNP.  
2. Policy Review Group (PRG) | PRG Approved |

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust’s web site.

Signed Sarah-Jane Pedler

Date 7th March 2019