

# CARE OF THE NEWBORN

## HEAD TO TOE ASSESSMENT

Newborn assessment should be done when parents are ready and when the baby has had a chance to feed at least once. The exam should be done close to the birth parent. The room should be warm or use a heating pad on a low setting to keep baby comfortable and relaxed. Use gloves and explain each step to the parents.



You will start from the front, side then back of the baby.

- Listen for **heart tones**. HT should be **110-150 BPM**.
- What is baby's activity level. Note if baby is **pink, vigorous, strong cry** or **good color** and **muscle tone**, or **quiet**.
- Note **skin color**, for example: polycythemia, lanugo, vernix, desquamation, jaundice, circumoral cyanosis, Mongolian spots, birth marks or hairy moles.



**Check head circumference carefully. Check for the following:**

- Extreme molding, bruising or swelling.
- Examine for caput-swelling at the top of the head, or Cephalhematoma ( would require Vitamin K)
- Check eyes for red spots, (hemorrhages of the sclera) caused by pressure in the birth canal.
- Jaundice, the whites of eyes should be **WHITE** not yellow.
- Pupils should be equal in size and reactivity.
- Check the shape and spacing of the eyes, and note any irregularities.
- Check the ears, nose, and throat (ENT). The ears for normal shape and reactivity to sound. Also, note ear placement: **ears should be level with the corner of the baby's eye**.
- **Don a new pair of gloves to assess oral anatomy**. Checking the lips and palate to prevent maternal secretions from entering the baby's mouth.
- Feel all around the roof of the mouth and back to the throat, ensuring the palate is intact. This will stimulate the sucking reflex. Note the strength.
- check the frenulum

As you move down, check the thorax for retractions. make sure that there is no lung damage or obstruction.

- Check the abdomen for umbilical hernia.
- Feel the belly for masses or swelling; all should feel smooth and even.
- Listen with a stethoscope for the presence of bowel sounds.
- Check femoral pulses by lightly placing fingertips (both index fingers) in the left and right groin areas. You should feel pulsing on each side.
- Check genitals carefully to be sure that all essential parts and openings are present.
- Biological males should be checked to see that both testes are descended.
- Verify the palmar (or grasp) reflex.
- Check for Moro (or startle) reflex: the arms and hands should extend evenly.
- Babinski's reflex by stroking a foot from bottom to top with your thumb: the toes should fan out.
- plantar reflex and steppig reflex.



You can now turn the baby over and review the following:

- Closely examine the spine, and check for straightness and complete fusion.
- Check the lungs, listening through the baby's back.
- Check the anus.

## MEASUREMENTS

You will need measuring tape in both cm and inches and a scale.

- Head circumference at the widest point, from occiput to frontal bone. The average is 34 to 37 cm.
- Measure the chest across the nipple line. Head and chest should be no more than a few centimeters.
- Measure the baby's length from the tip of head to heel, ensuring that leg is stretched out completely.
- Count fingers and toes, noting uniform length, and checking for webbing.
- Check for intact clavicle.
- Lastly check hips for the "click test".

References: Davis, E. (2019). Heart and hands: A midwife's guide to pregnancy and birth (5th ed.). Newborn Exam, Chapter 4 pp 137-139; Appendix H, pp 282.

