POSTNATAL EXAMINATION
The postnatal examination of the newborn forms a core item of child health surveillance in the UK and probably reveals more abnormalities than any other exam. The aim of the examination is to diagnose congenital abnormalities, to continue management of antenatally diagnosed abnormalities, to diagnose common neonatal abnormalities and provide parental reassurance and general health and feeding advice.

Procedure:
Check maternal, family, pregnancy and perinatal history. Most relevant information should be written in the baby notes. It is also worth taking a brief history from the mother. Determine if there is a family history of deafness or CDH (congenital dislocation of the hip).

Feeding advice:
Breastfeeding should be encouraged. Mothers who choose not to breastfeed should not be made to feel guilty about their choice. Many Bengali mothers will automatically choose mixed feeding.

Benefits of breastfeeding:
Best food for your baby.
Provides essential nutrients for brain growth.
Less likely to develop obesity later in life.
Less likely to be ill in infancy
Less likely to develop allergies.

Examination:
Wash your hands.
Take off the baby’s clothes.
Observe the baby
Skin: look for a rash, birthmarks, jaundice (best to assess in bright light)

Head:
There may be moulding or swelling, caput succedaneum, abrasions, forceps marks or cephalhaematoma.
Look at head shape.
Feel the anterior and posterior fontanelles

Ears:
Note the size, position and shape of the ears.
Are there preauricular tags or pits?

Mouth:
Put your finger in the baby’s mouth. Feel the gums for cysts or teeth.
Feel the hard and soft palate for clefts. Check for rooting reflex.
Eyes:
Look to see if eyes appear normal, examine for conjunctival haemorrhage. At the end of the exam you will look for the red reflex.

Respiratory and cardiovascular systems:
Observe the baby’s colour and respiratory rate. Look at chest shape.
Feel the praecordium, then listen to the heart in all four areas (it’s a good idea to warm the stethoscope first). Listen to chest also.
The femoral pulses need to be felt but this can be done when the abdomen has been examined.

Abdomen:
Observe the abdomen. Some distension often occurs after a feed. Observe the umbilicus and surrounding area. Is there any redness, pus or foul smell?
Palpate for the spleen, liver and kidneys as you have been shown.

Genitalia:
Male: does the penis look normal? Are both testes descended?
Female: examine the labia. A small amount of mucus or blood at the vagina is normal.

Remember to feel for the femoral pulses

Legs and feet:
Note if there are any deformities and leave the hip exam until the end of the exam. Feel the tone. Check for the toe grasp.

Arms and Hands:
Note if the shape of the hands is normal and there are five digits. Look at palms for single palmar creases. Feel the tone. Check for finger grasp.

Neurology:
Do the pull to sit exam and then the Moro test. Turn the baby over to do ventral suspension and also feel along the spinous processes and examine the spine. Check the walking reflex. Then check to see if the baby turns towards light or fixes on you.

Hips:
All babies should be assessed to determine if either or both hips are either dislocated or dislocatable. In order to outrule dislocated hips do the Ortolani test. Examine to determine if there is any asymmetry of the legs or groin creases by straightening out the legs. This should return a dislocated head to the acetabulum. Place your middle finger over the greater trochanter, your thumb over the medial thigh and the palm of your hand over the knee. Have the knees fully flexed at 90° angle to the hip. Then pull each leg in turn away from the pelvis, abduct and externally rotate the hip pressing forwards with the middle finger. If the hip is dislocated a clunk will be felt as the femoral head slips forward into the acetabulum. If there is resistance to full hip abduction this should alert you also to a dislocated hip which is unable to be relocated to the acetabulum.
Next do the Barlow test which should dislocate a dislocatable hip. Hold legs as above and abduct to 70°. Test each in turn by pressing forwards and medially with the finger. A clunk may be felt if the hip dislocates out of the acetabulum. Then press backwards and laterally with the thumb (reversed procedure). Again a clunk will be felt if the hip dislocates from joint. Dislocatable hips may settle in the first few days however an ultrasound should still be arranged via an outpatients appointment with Mr Hemmadi. In addition, the hips may feel loose on the Barlow test but not be dislocatable and again this should settle shortly after birth.