

Newborn and Infant Physical Examination (NIPE): Advice for Parents

Following the birth of your baby, providing you and your baby are well and the birth was uncomplicated, you may go home within 4-6 hours. You will have the opportunity to have your baby examined before discharge. In this unit the baby may be examined by: -

- A neonatal paediatrician
- An advanced neonatal nurse practitioner
- A midwife or neonatal nurse who has completed a course in the Neuro-Behavioural Physiological Assessment of the Newborn Course.

The purpose of the examination is to check for problems that can arise in the early days following birth and the examination should be completed within the first 72 hour. If you are at home and the examination has not been completed by 48 hours, please contact your midwife to arrange this. Your baby will be thoroughly examined from head to toe. It also gives us the opportunity to answer any questions or concerns you may have. It is important to realise that some conditions, e.g., heart and hip problems, cannot always be detected by the newborn examination in the first days of life. Ongoing advice, observation and screening will continue after your discharge by the Community Midwife, G.P. and Health Visitor.

There may be times when the person examining your baby needs to ask a more senior member of the team to see your baby. The reasons for this will be fully discussed with you at the time, but it may mean that your stay in hospital will be longer than you wished. We hope you understand that the time you may have to wait will depend on how busy the unit is.

It will help the examiner to check your baby more thoroughly if they have information about your family medical history and that of your partner. Particularly if there are any of the following: -

- problems in pregnancy /on scans
- problem in labour e.g., prolonged rupture of membranes/difficult delivery
- relatives needing hearing aids since birth
- relatives needing hip splints/operations to their hips in childhood
- anyone in your family who had heart problems as a baby
- if your baby was breech towards the end of pregnancy
- if you are currently taking any medication
- if there is any thing else you can think of that may help us to assess your baby

Research has shown that a combination of antenatal screening, routine examination of the newborn and measurement of oxygen saturation levels improves detection of congenital heart disease. Pulse oximetry screening is a simple, non-invasive test. All well babies born at the hospital will have their oxygen levels checked once between 4-8 hours of age. This is done by a midwife or midwifery care assistant placing a monitor on the hand and foot of your baby for a minute to record the oxygen saturation levels.

Your baby will be offered a hearing test in hospital prior to discharge.

Babies discharged out of hours will be sent an appointment to have the hearing test as an outpatient.

A further routine examination of your baby will be offered by your GP at 6-8 weeks after birth. If at any time you are concerned about your baby, you should contact your Midwife or GP.

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