

Neonatal Examination Normal Variants

Initial Examination

- Immediately after birth: APGAR, major congenital anomalies

More complete assessment (in first 24hrs of life)

- Growth – weight, length, head circumference
- General inspection
 - Dysmorphisms- eyes, ears, mouth (cry)
 - Colour- central, peripheral (hands and feet may normally be blue)
 - Respiratory effort- grunting, indrawing, flaring alar nasi
 - Posture and movements
 - Normal: hips abducted, partially flexed, knees flexed. Arms adducted, maybe flexed at elbow. Hands closed, not tightly, fingers over thumb, mouth closed unless crying
 - Abnormal: hypotonia/irritability
- Skin- colour, rashes (Mongolian spots, birth marks, naevus flammeus)
- Examination of systems
- Head: effects of birth (scalp oedema, cephalhaematoma, subconjunctival haemorrhages)
- Neck- upper airway
- Chest, cardiorespiratory
 - Breasts often prominent, 10-15mm breast tissue palpable, „witches milk“
 - Heart rate reduces from 150-180/min in 1st 15-20 min of life → 90-120 beats/min at rest, and up to 180 /min when crying.
 - Resp rate changes from 60-80 breaths/min in 1st 15-20 min of life → 40-60 /min after 30 min. Breathing can often be irregular (changing rate rapidly), it is difficult/laboured breathing that suggests respiratory problems
- Abdomen, GI, GU – 3-4cm of palpable liver acceptable in 1st yr of life. Occasionally tip of spleen may be felt. Lower poles of kidneys palpable. Bladder can be briefly palpable when baby about to pass urine. Wide variation size/shape/pigmentation of male genitalia, in girls labia minora and clitoris are often partly exposed.
- Limbs and bones: Hips
- Neurological status
- Neonatal reflexes: Stepping, Walking, Moro, Grasp, Rooting (touch cheek and mouth moves)