

First Examination of The Newborn

After the newborn is born, it is necessary to check whether it has normal muscle tone and whether it is breathing. If so, it is necessary to dry the newborn as soon as possible and provide him with thermal comfort, tie the umbilical cord and mark the newborn (with a name and other identifiers according to the practice of the maternity hospital). If a disorder of postpartum adaptation is evident, it is necessary to proceed immediately according to the recommendations for cardiopulmonary resuscitation of newborns.

A live birth is a fetus, regardless of gestational age, that after birth is breathing or showing at least one of the signs of life, i.e. heartbeat, pulsation of the umbilical cord, or undisputed movement of skeletal muscles, regardless of whether the umbilical cord has been severed or the placenta attached.

The first examination of the newborn

Every newborn is examined by a pediatrician or neonatologist. This is a detailed examination of the newborn aimed at evaluating the course of postpartum adaptation and revealing congenital developmental defects. An essential part of the first examination is the evaluation of anamnestic data.^[1]

- evaluation of medical history to estimate risks for newborns;
- classification of the newborn (according to gestational age and birth weight);
- assessment of postpartum adaptation (Apgar score);
- the overall condition of the newborn (posture, tone, blood supply, trophism, malformations, etc.);
- birth injury;
- skin (bleeding? hematomas? petechiae? hemangiomas?);
 - „stagnant cyanosis” - bleeding into the skin after childbirth, most often in the face;
- heart action - heart rate 120–140/min., the pulse is not quite regular;
- breathing - eupnoea, regular breathing (without apnoeic pauses), respiratory rate 40–60/min;
- head - most often it is dolichocephalic, caput succedaneum or cephalohematoma may be present;
 - large fontanelle (size, level, above or below);
 - oral cavity, palate (whole?), gingivae (epulis?, neonatal teeth?);
- clavicle fracture - it is subperiosteal (willow twig), crackles under the finger when pressed (crepitation);
- palpation of the abdomen - resistance?;
 - the liver should be a few cm below the ribs after birth, the spleen should not be palpable;
- inspection of the soles of the feet, toes (number);
 - carried child - the dermis peels off from the feet, grooves all over the foot (not only at the toes);
- orientation examination of the hips;
- genital check (testes descended?);
 - Descended testicles are not a sign of maturity in boys, they can also be in NNPH, the main thing is the furrowing of the scrotum;
- examination of the spine (closed?) and anal landscape (coccygeal sinus?);
 - spina bifida - often in the hips - there is often pigmentation and hair;
- checking the position and patency of the anus.^[2]

Links

Related Articles

- Cardiopulmonary resuscitation of the newborn
- Characteristics of the newborn period
- Main statistical indicators in obstetrics

External Links

- MUDr. Kučerovská: Developmental examination of the newborn (<https://www.pediatricpropraxi.cz/pdfs/ped/2013/04/05.pdf>)

Reference

1. DORT, Jiří, et al. *Neonatology : selected chapters for students LF*. 1. edition. Praha : Karolinum, 2005. ISBN 80-246-0790-5.
2. BENEŠ, Jiří. *Studying materials* [online]. ©2007. [cit. 2009]. <<http://www.jirben.wz.cz/>>.