\*\*Peaceful Birth services include well baby exams and postpartum care for mothers on day 1, week 1, week 2 and weeks 6-8. Mothers may choose to see their pediatrician at any time during that care, but it is not necessary. \*\*

Newborn baby tests and checks

Approved by the [BabyCentre Medical Advisory Board](http://www.babycentre.co.uk/e1001109/medical-advisory-board)

Adapted by Amy Olson

In the hours after he is born, your baby will have several tests and examinations to check that he is healthy and that all is well. Here's an outline of what your [midwife](http://www.babycentre.co.uk/a1048151/how-to-get-the-best-out-of-your-midwife) will be looking for when they carry out the tests.

What tests will my baby have?

Your baby will have a few checks and examinations in the first hours of his life. The first is the [Apgar](http://www.babycentre.co.uk/a3074/apgar-score) score, which your midwife will record at one minute, then again at five minutes after your baby's born (Draper 2008, NCCWCH 2007).   
  
Your midwife can do this test by watching your baby's [color](http://www.babycentre.co.uk/a178/what-a-newborn-looks-like), [breathing](http://www.babycentre.co.uk/a558559/your-babys-breathing-whats-normal), behavior, activity and posture. This will tell her whether your baby has any immediate problems that need medical support (NCCWCH 2007).   
  
Most babies are fine, or may just need to be watched for a while. If your baby does need some help, your midwife may give him oxygen or clear out his airways to help him to breathe (NCCWCH 2007).   
  
About an hour after the birth, after you've had a cuddle with your baby and, ideally, some [skin-to-skin](http://www.babycentre.co.uk/a25017209/skin-to-skin-with-your-baby), your midwife will also:

* weigh your baby
* check his temperature
* measure the circumference of his head (NCCWCH 2007)

These measurements will later be added to his developmental charts.   
  
A full [newborn](http://www.babycentre.co.uk/a1047903/understanding-your-newborn) examination is carried out after birth or within 72 hours of your baby's birth (NICE 2006). This gives your baby time to adjust to the outside world and allows for prompt medical attention in the unlikely event of any problems being found. 

Who does the full newborn examination?

Your baby may be examined by a pediatrician, a midwife with extended training or, if you had a [home birth](http://www.babycentre.co.uk/a536331/home-birth), your midwife or GP.   
  
The examination will be carried out while you and your partner are present, so you'll be able to ask questions as it happens (NICE 2006). The examiner will probably ask you questions about your family's medical history. So now's the time to mention any [childhood problems](http://www.babycentre.co.uk/a541297/baby-eczema-causes-symptoms-treatments-and-creams) common to your family. 

What does the examination involve?

The examination takes a head-to-toe look at your baby to check for any problems or conditions.   
  
**Head**   
  
The midwife will look at the shape of your baby's head. A [squashed or moulded head](http://www.babycentre.co.uk/x543060/my-babys-head-seems-misshapen-should-i-worry) is a very common feature in newborns. This is caused by your baby being squeezed on his journey through the birth canal, and should right itself within 48 hours.   
  
Your baby's head can mould in this way because of the soft spots, called the sutures and fontanelles, between the bones in his skull. These soft spots will be looked at by your midwife.   
  
**Ears and eyes**   
  
A midwife will have already looked at your baby's [eyes](http://www.babycentre.co.uk/a6508/developmental-milestones-sight) to check for any obvious problems. During the full examination, the doctor or midwife will shine a light from an ophthalmoscope in your baby's eyes to look for a red reflex (Tidy 2013a). This is the same as the red-eye effect from flash photography. If a red reflex is shown, cataracts can be ruled out.   
  
**Mouth**   
  
The midwife will put a finger in your baby's mouth to check that the roof of his mouth (palate) is complete and his sucking reflex is working (Tidy 2013a). A gap in the palate, called [cleft palate](http://www.babycentre.co.uk/a557913/cleft-lip-and-palate), will need surgery and may make feeding difficult.   
  
They may also check your baby's tongue for [tongue-tie](http://www.babycentre.co.uk/a552046/tongue-tie). This happens when his tongue remains more anchored to the bottom of his mouth than it should be, restricting movement. It may only be checked for if your baby has persistent problems latching on to breastfeed (NICE 2006).   
  
**Heart**   
  
The midwife will listen to your baby's heart with a stethoscope to exclude extra sounds or [heart murmurs](http://www.babycentre.co.uk/a552685/heart-murmurs) (Tidy 2013a, UKNSC 2012). These are common in the first few days, as your baby's pattern of circulation undergoes a major change once he is born (UKNSC 2012).   
  
In your womb (uterus), the two sides of your baby's heart beat together. When your baby takes his first breath, the two sides begin to work separately. At this stage, your baby's heart is working hard and may be enlarged, though it will settle down over time.   
  
Heart murmurs may require a second opinion and further investigation, or will be checked at future examinations. Rest assured that heart murmurs often disappear on their own.   
  
A further test for a heart condition is to feel for a pulse in your baby's groin (the femoral pulse).   
  
**Lungs**   
  
The midwife will listen to your baby's [breathing](http://www.babycentre.co.uk/a558559/your-babys-breathing-whats-normal) pattern and lung function with a stethoscope (Tidy 2013a). The aim is to hear clear, equal air entry into both of his lungs.   
  
**Genitals** 

Your baby's genitals may appear swollen and dark-colored, because your baby was exposed to your hormones before birth. These hormones may also cause your baby to have engorged breasts, regardless of your baby's sex. Girls may have a clear, white, or slightly bloody vaginal discharge for the first few weeks due to these hormones.   
  
For boys, the scrotum is checked for [undescended testes](http://www.babycentre.co.uk/a93/undescended-testicles) (UKNSC 2012). The penis will be checked to ensure the opening is at the tip of the penis, and not on the underside.   
  
The midwife will check your baby's bottom to ensure the opening to his back passage is normal. You will probably be asked if your baby has had a wee or passed a [dark-colored poo](http://www.babycentre.co.uk/x8830/what-colour-should-my-breastfed-babys-poo-be) (meconium) (Tidy 2013a).   
  
**Skin**   
  
Your baby's skin will be checked for [birthmarks](http://www.babycentre.co.uk/a75/birthmarks) (Tidy 2013a), including:

* stork marks (reddish or purple V-shaped marks on the back of his neck)
* Mongolian spots (a bluish patch of darker pigment, most commonly over the bottom)
* strawberry marks (raised red areas)

**Hands and feet**   
  
The midwife will check your baby's arms, hands, legs and feet. His fingers and toes will be counted and checked for webbing.   
  
Your baby's palms will be checked to see if two creases, called palmar creases, run across them. Single palmar creases are less common. However, 10 per cent of the population have one palmar crease on one hand and five per cent have one palmar crease on both hands.   
  
Single palmar creases are sometimes associated with [Down's syndrome](http://www.babycentre.co.uk/a557917/downs-syndrome) (Tidy 2013a). But in the unlikely event of your baby having Down's syndrome, there would be other, clear physical signs (Tidy 2013b).   
  
The examiner will look at the resting position of your baby's feet and ankles. This is to check for [talipes](http://www.babycentre.co.uk/a554842/talipes-club-foot) (clubfoot), where the front half of the foot turns in and down. If your baby has talipes, you may already know due to an [ultrasound scan](http://www.babycentre.co.uk/a329/pregnancy-ultrasound-scans-an-overview).   
  
**Spine**   
  
Your baby's spine will be assessed for straightness. It is quite common for babies to have a tiny dimple at the base of the spine, called a sacral dimple (Tidy 2013a). In most cases this will cause no problems. Occasionally, a deep sacral dimple may indicate a problem with the lower part of your baby's spinal cord. This could affect nerve function in this area.   
  
If your baby has a deep sacral dimple, he will be checked for other symptoms such as leg weakness, cold and blue feet, and incontinence.   
  
**Hips**   
  
Your baby's hips will be gently moved to check the stability of his hip joints (Tidy 2013a, UKNSC 2012). These movements include opening his legs wide, and then bending and unbending them. If the midwife detects any instability, or [clicky hips](http://www.babycentre.co.uk/a557525/clicky-hips), further investigations will be performed.   
  
**Reflexes**   
  
Your newborn baby has several reflexes such as sucking, rooting and grasping. The midwife will check these reflexes by watching your baby. But if they are concerned or can't see the reflex, they may encourage your baby to demonstrate it.   
  
The most commonly tested reflex during the examination is the Moro reflex. Your baby's head is allowed to gently and safely fall for a short distance. He'll then respond by flinging out both arms with his fingers spread and legs outstretched. He may also cry a little. Rest assured your baby will be fine, and his responses are simply showing that all is well. 

What happens after the full examination?

Most babies pass their newborn examinations with flying colors. And when problems are found, they often resolve themselves in time and without any treatment at all (UKNSC 2012). If the midwife who examines your baby has any concerns, they may decide that further tests and investigations are needed.   
  
For the few babies who do have problems, there are many benefits to having these identified early on (UKNSC 20120). Though bear in mind that screening tests may not pick up every problem. Your midwife should give you information about the suspected problem and answer any questions you may have. You should also be offered advice about where to find more information and support.   
  
The next routine test your baby will have is a heel-prick test. This will be carried out on day 1 and around seven to 14 days after the birth (NICE 2006). Your midwife will carry out this test. She'll take a tiny amount of blood from your baby's heel. This blood sample will be tested for:

* An enzyme deficiency, called phenylketonuria (PKU).
* [Cystic fibrosis](http://www.babycentre.co.uk/a557529/cystic-fibrosis), which affects the lungs and digestive system.
* MCADD, a rare condition that affects the way the body converts fat into energy.
* [Sickle cell disease](http://www.babycentre.co.uk/a558112/sickle-cell-disease), a genetic blood disorder.
* A thyroid deficiency (UKNSC 2012).
* Homocystinuria, a rare inherited metabolic disorder (PHE 2014).
* Maple syrup urine disease, glutaric aciduria type 1, and isovaleric acidaemia, which are all inherited disorders in which the body is unable to process certain protein building blocks (amino acids) (PHE 2014).

Your baby may [cry](http://www.babycentre.co.uk/a536698/seven-reasons-babies-cry-and-how-to-soothe-them) a little when the blood is taken, but he will recover very quickly.   
  
The next [screening test](http://www.babycentre.co.uk/a1047814/your-postnatal-check) you and your baby will have will be your [postnatal check](http://www.babycentre.co.uk/a1047814/your-postnatal-check) with your midwife. This will take place between [six weeks](http://www.babycentre.co.uk/a749/exercise-after-birth-the-first-six-weeks) and [eight weeks](http://www.babycentre.co.uk/x3534/should-we-give-our-hungry-eight-week-old-baby-solids). If you have any concerns about your baby before then, don't hesitate to call your midwife, health visitor or doctor. Your midwife will also give you information on [signs and symptoms to look out for in your newborn](http://www.babycentre.co.uk/x3486/we-have-a-newborn-how-will-we-know-when-to-call-the-doctor) and who to contact for help. 

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