

Initial Assessment and Management of the Newborn



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KEYWORDS

- Newborn assessment • Physical examination • Normal variation • Gestational age
- Birth trauma • Congenital anomalies

KEY POINTS

- It is important for primary providers to recognize normal variations and reassure anxious parents when these common variants are present.
- When a newborn practitioner is not providing the subsequent follow-up care, communication with the infant's primary care provider regarding these findings as well as the pertinent perinatal history is critical.
- The after-visit or discharge summary provided to a parent may not be adequate to conveying findings. A phone call, especially when an infant remains at risk for hyperbilirubinemia or group B streptococcal disease, is the most efficient means of communication.

It is evident that the physical findings obtained at single examinations during the first six hours of life in health neonates may vary considerably.

—Murdina M. Desmond and colleagues¹

INTRODUCTION

Birth is an exciting time for new parents. It is also a time of great anxiety and concern: “Is my baby healthy?” “How much does my baby weigh?” “Can my baby stay with me?” “Will our baby go home with us?” For many new parents, this is their first encounter with the health care system as a family. Many parents may not have thought about the need to choose a pediatrician. Some parents think their obstetrician will care for the baby. Some parents may have a pediatrician, but their pediatrician is not on staff at the hospital where they delivered. Instead, an unfamiliar pediatrician or

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neonatologist provides care for the infant when in the well-baby nursery. Physicians providing care for well newborns need to be aware and sensitive to these parental concerns.

As noted by Warren and Phillipi,² “care of the family should be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.” The ability of pediatricians to meet these ideals might be limited, however, by demands and expectation for families and by the health care system. For instance, families may want to be discharged before the newborn has had a sufficient period of observation. Although most major problems present in the first 12 hours of life, problems, such as significant hyperbilirubinemia, certain ductal-dependent cardiac lesions, and gastrointestinal disorders, may take longer to present. “The hospital stay of the mother and her healthy term newborn infant should be long enough to allow identification of early problems and to ensure that the family is able and prepared to care for the infant at home.”³ Although regulations permit healthy term infants to remain hospitalized 48 hours after a vaginal birth and 96 hours after a cesarean delivery, it is uncommon for families with healthy newborns to want to stay the allotted time for observation. This might be a problem when an infant must be observed for 48 hours per group B streptococcal disease prevention guidelines.⁴

The normal variations that newborns exhibit can also create anxiety for new parents. These variations result from a variety of factors, including mode of delivery, medications administered during labor and delivery, and changes related to transition from an intrauterine to extrauterine environment. It is the pediatrician’s role to identify abnormal clinical findings that may have implications in a newborn’s course as well as to reassure parents of normal newborn variations.

This article discusses some of these variations related to gestational age assessment, sizing, and physical examination not discussed elsewhere in this issue. Some of the common physical findings that may require additional evaluation and treatment are also discussed.

INITIAL ASSESSMENT OF THE NEWBORN

The initial assessment of a normal, healthy newborn by a pediatrician should take place in the first 24 hours after birth. Attention should be paid to the maternal record, including antenatal history, labor and delivery course, postpartum record, and parental interview, to evaluate for risk factors or pregnancy complications that can affect an infant’s well-being and subsequent development. A thorough examination of each organ system should be performed and any variation of normal identified and discussed with the parents.

Assessing Gestational Age and Growth

Assessing newborn infants includes determining the gestational age of infants and obtaining measurements that include weight, length, and head circumference. Using a systematic method to assess the gestational age of infants is important when the dates are uncertain or if prenatal care was not obtained in the first trimester. The Ballard scoring system is a gestational age assessment tool that uses standardized physical examination findings to score infants in the areas of physical and neurologic maturity (Fig. 1). Scores in each area are combined and a maturity rating score is assigned that approximates infant gestational age in weeks. In general, this gestational assessment is accurate to within approximately 2 weeks. These results can be compared with results determined from last menstrual period dating or by prenatal ultrasound if available.

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