**Six-to-Eight Week Baby Check Policy**

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# Introduction

## Policy statement

The purpose of this policy is to provide direction and guidance to appropriately trained clinical staff at Sheerwater Health Centre with regard to the six-to-eight-week baby check examination.

In accordance with the NHS newborn and infant physical examination (NIPE) screening programme[[1]](#footnote-1), newborn babies are screened within 72 hours of birth (usually in the hospital setting or at home if the baby is delivered there) and then once again between six to eight weeks of age. The programme’s main aim is to identify and refer all children born with congenital abnormalities of the eyes, heart, hips and testes. Any concerns that the parent/carer may have regarding the child and any antenatal and postnatal risk factors should be assessed at each stage of the check.

The second screening is needed as some abnormalities that were not apparent at 72 hours after birth can become apparent by the time of the six-to-eight week check.

## Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## 1.3 Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors. Furthermore, it also applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS).[[2]](#footnote-2)

## Why and how it applies to them

This policy outlines the responsibilities of all healthcare professionals providing newborn and infant physical examinations to babies in the first eight weeks after birth. It should be read in conjunction with the referenced publications and NHS screening programme guidelines.

The newborn physical examination typically takes place in hospital. However, if a baby is born at home, this examination will need to be conducted at home. The infant physical examination will almost always be provided in a community setting. It is usually undertaken by the GP when a baby is between six and eight weeks of age[[3]](#footnote-3). In some cases, it will be appropriate for this examination to be performed by a sufficiently experienced health visitor, midwife or nurse.

# Definition of terms

## Newborn/infant

Newborn usually refers to a baby from birth to about two months of age whereas infants can be considered to be children who are anywhere from birth to one year old.[[4]](#footnote-4)

## Physical examination

An [examination](https://www.macmillandictionary.com/dictionary/british/examination) of a person’s body by a [doctor](https://www.macmillandictionary.com/dictionary/british/doctor_1) to find out if there are any [health](https://www.macmillandictionary.com/dictionary/british/health) [problems](https://www.macmillandictionary.com/dictionary/british/problem).[[5]](#footnote-5)

## Congenital abnormalities

Absence, deformity or excess of body parts as a result of faulty development of the embryo[[6]](#footnote-6)

## Morbidity and mortality

While morbidity refers to the level of health and wellbeing, mortality is related to the risk of death.[[7]](#footnote-7)

## Congenital heart disease

Congenital heart disease is a general term for a range of birth defects that affect the normal way the heart works.[[8]](#footnote-8)

## Developmental dysplasia of the hip

Developmental dysplasia of the hip (DDH) is a condition where the ball and socket joint of the hip does not properly form in babies and young children.[[9]](#footnote-9)

## Undescended testes

Undescended testicles are a common childhood condition where a boy's testicles are not in their usual place in the scrotum.[[10]](#footnote-10)

## Congenital cataracts

Cataracts occur when changes in the lens of the eye cause it to become less transparent (clear). This results in cloudy or misty vision. Congenital cataracts present when a baby is born or shortly afterwards.[[11]](#footnote-11)

# Policy

## Aims

The NHS NPIE screening programme offers a physical examination to every baby within 72 hours of birth and an infant examination at six to eight weeks of age with the objective of reducing morbidity and mortality.[[12]](#footnote-12)

The programme aims to:

* Identify and refer babies born with congenital abnormalities of the eyes, heart, hips or testes, where these are detectable, within 72 hours of birth
* Identify further abnormalities that may become detectable by six to eight weeks of age at the second physical examination

## Examination criteria

The main purpose of the physical examination is to detect congenital heart disease, developmental dysplasia of the hip, congenital cataract and undescended testes.

Although these are the four key areas that require screening, the baby check should also involve a full examination inclusive of a weight check, head circumference measurement, mouth and palate examination, assessment of tone, examination of the spine and feet, palpation of femoral pulses and assessment for any hernias.[[13]](#footnote-13)

Any additional concerns raised by the parent/carer should be considered at this time. At Sheerwater Health Centre, the six-to-eight week baby check appointment is often booked to coincide with the baby’s first immunisations for convenience.

A guide to support clinicians in conducting the NIPE can be found at Annex A.

## Responsibilities and training

No additional formal training is required to perform the six-to-eight week examination. However, all healthcare professionals have a personal responsibility to ensure their skills are adequate and they are up to date with current practice and competencies. It is advised that competence should be met locally and healthcare providers should consider local mandatory assessment.

The following eLearning modules are available to support GPs and other health professionals in maintaining their competencies and to improve their knowledge and understanding of their responsibilities in the delivery of the NIPE screening programme.

* [NIPE e-LfH](https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/)
* [NIPE BMJ](https://learning.bmj.com/learning/module-intro/how-to-do-the-infant-physical-examination-at-6-8-weeks-(baby-check)-.html?moduleId=10047910)

Records of training are to be retained by the individual and/or the training manager at Sheerwater Health Centre and can be used as demonstrable evidence at revalidation.

## Documentation and reporting

All babies should be offered a NIPE at six to eight weeks of age. The offer of screening and subsequent acceptance or decline should be annotated in the clinical record on EMIS Web and, if possible, in the personal child health record (PCHR) red book.

Prior to undertaking the NIPE, clinicians should obtain verbal consent for screening from the parent/guardian present and must also ensure that they clearly record each screening examination and the outcome of each examination in the:

* NIPE screening management and reporting tool SMaRT4NIPE (S4N) IT system (newborn examination) or EMIS Web system using the appropriate [SNOMED CT](https://snomedbrowser.com/Codes/ConceptList?term=infant+examination&type=) codes
* Personal child health record (PCHR) – commonly known as the red book
* Local clinical data collection system, where appropriate[[14]](#footnote-14)

The NIPE Screening Management and Reporting Tool (NIPE SMART) IT system is provided free of charge and it tracks newborn babies throughout the screening pathway, providing a failsafe system to ensure no babies miss out on this detailed physical examination.[[15]](#footnote-15)

## Management of results

Those babies with screen negative results return to the care pathway of the ‘Healthy Child Programme’.[[16]](#footnote-16) Those babies with screen positive results require appropriate and timely referrals. These referrals should be made in line with NIPE screening standards and guidance.

As a minimum, there should be:[[17]](#footnote-17)

* Local arrangements to ensure all screen positive babies are referred and seen in line with national standards
* Regular feedback of results from screen positive referrals to enable the recording of outcomes on S4N to support failsafe processes
* A local process to follow up all non-attendance of appointments after screen positive referral
* Collection of data regarding incidence of conditions

## Missed appointments

If the NIPE newborn screening examination is not completed within 72 hours, it should be done as soon as possible thereafter. All babies remain eligible for the NIPE newborn examination up until they are six weeks old.

Reasons for screening after 72 hours of age should be locally audited and investigated if appropriate. Babies who are too ill to have the screening within 72 hours should be managed as an exception for purposes of performance data.

At six weeks of age, babies then become eligible for the six-to-eight week infant examination. If this NIPE infant examination has not been performed, again it should be done so as soon as possible. Failure to attend and/or declined appointments should be documented on EMIS Web system using the appropriate SNOMED code(s) and followed up locally if appropriate.

# Summary

All babies registered at Sheerwater Health Centre are to receive an offer of a NIPE at six to eight weeks of age for the purpose of identifying congenital abnormalities and reducing morbidity and mortality.

Public Health England (PHE) provides support and advice to the NHS-led national screening programmes and these programmes are designed generally to identify apparently healthy people who may be at increased risk of a disease or condition thereby enabling earlier treatment and informed decisions.

# Annex A Clinical Examination[[18]](#footnote-18)

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| **Rationale** | **Risk factors** | **Examination** | **Considerations** |
| Eye examination | | | |
| To identify congenital cataracts which may require urgent management | * A family history of bilateral congenital or hereditary cataracts affecting a first-degree relative * A first-degree relative with an ocular condition which was congenital or developed in early childhood, for example aniridia (absence of the iris), coloboma (a hole in one of the structures of the eye) or retinoblastoma (a rare malignant tumour of the retina) * Genetic syndromes such as trisomy 21, associated with eye and vision disorders * Extensive port wine stain involving the eyelids which can cause glaucoma * Maternal exposure to viruses during pregnancy, including rubella and cytomegalovirus * Neurodevelopmental conditions or sensorineural hearing loss (a type of hearing loss or deafness in which the root cause lies in the inner ear) * Prematurity | Before the examination, practitioners should establish:   * The mother’s recent obstetric history * The family history of a first-degree relative with an ocular condition which was congenital or developed in early childhood (particularly congenital cataracts)   Assessment of the appearance of the eyes (external examination) should include:   * The ability to fully open the eyelids * Both eyes the same size * Symmetry of eye size and clarity of the cornea (the cornea is the circular transparent window of the eye through which the iris and pupil can be seen and its diameter in a term baby should be similar to the width of the practitioner’s little fingertip) * Roundness and symmetry of the pupils   The red reflex examination  The red reflex is the normal reflection of white light from the back of the eye which is seen as a red glow in the pupil on ophthalmoscopy. This is like the red-eye effect seen on flash photography.  During the examination:   * The overhead lights should be dimmed and the baby settled * The eyepiece of the ophthalmoscope should be held up to the baby’s eye at arm’s length from their face * The circle of light from the ophthalmoscope should be directed towards the baby’s eye while gently parting the baby’s eyelids if necessary   The red reflex is viewed through the ophthalmoscope eyepiece. The colour, brightness and presence of any shadows on the red reflex should be noted in each eye.  Caucasian babies have a bright, pinky-red reflex. The reflex can be less bright and of yellow/brown hue in non-Caucasian babies. If the assessment is difficult, it can be helpful to assess the parents’ red reflexes to determine the expected reflex colour.  If the examination is equivocal, the examination should be repeated by a more experienced practitioner within the guideline period. | In addition to the assessment described for the newborn screen, the 6-to-8 week examination includes checking:   * If the parents have any concerns about the baby’s visual behaviour, for example asking if the baby looks at the them steadily or if the baby has started smiling back at them * The ability of the baby to fix on the practitioner’s face steadily, without nystagmus (wobble of the eyes) * The ability of the baby to fix and follow a large, bright target by moving their eyes (and not just by moving their head) * The alignment of the eyes (bearing in mind that although alignment can be variable at this age, a consistently and significantly deviated eye is not normal) |

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| **Rationale** | **Risk factors** | **Examination** | **Considerations** |
| Examination of the heart | | | |
| Early identification of congenital heart problems. | * Family history of CHD (first-degree relative) * Foetal trisomy 21 or other trisomy diagnosed (these babies have a high risk of cardiac defects and require continued surveillance) * Cardiac abnormality suspected from the antenatal scan * Maternal exposure to viruses, for example, rubella during early pregnancy * Maternal conditions such as diabetes (type 1), epilepsy, systemic lupus erythematosus (SLE) * Drug-related teratogens during pregnancy, for example, antiepileptic and psychotropic drugs (drugs that affect a person’s mental state) | Before the examination, practitioners should establish relevant information regarding:   * Mother’s medical and recent obstetric history, including any medication * Baby’s family history * Baby’s immediate postnatal health   Parents should be asked if their baby:   * Ever gets breathless or changes colour at rest or with feeding * Has normal feeding behaviours and energy levels * Is ever too tired to feed, quiet, lethargic or has poor muscle tone   Observation covers:   * General tone * Central and peripheral colour * Size and shape of chest * Respiratory rate * Symmetry of chest movement, use of diaphragm and abdominal muscles * Signs of respiratory distress (recession/grunting)   Palpation covers:   * Femoral and brachial pulses for strength rhythm and volume * Assessment of perfusion through capillary fill time * Position of cardiac apex (to exclude dextrocardia) * Palpation of liver to exclude hepatomegaly (may be present in congestive heart failure) * Vibratory sensation felt on the skin (+/- thrill)   Auscultation (listening to the internal sounds of the body) covers presence of a murmur, either systolic or diastolic or loudness.  It also covers quality of heart sounds at:   * Second intercostal spaces adjacent to the sternum: left (pulmonary area) * Second intercostal spaces adjacent to the sternum: right (aortic area) * Lower left sternal border in the 4th intercostal space (tricuspid area) * Apex (mitral area) * Midscapular (coarctation area) | Signs and symptoms that suggest critical or major congenital heart abnormality  include:   * Tachypnoea at rest * Episodes of apnoea lasting longer than 20 seconds or associated with colour change * Intercostal, sub-costal, sternal or supra-sternal recession, nasal flaring * Central cyanosis * Visible pulsations over the precordium, heaves or thrills * Absent or weak femoral pulses * Presence of cardiac murmurs/extra heart sounds   Significant murmurs are usually:   * Loud * Heard over a wide area * Have a harsh rather than soft quality * Associated with other abnormal findings   Benign murmurs are typically short, soft, systolic and localised to the left sternal border. They have no added sounds or other clinical abnormalities associated with them.  The examining practitioner should discuss findings with a senior paediatrician or a paediatrician with expertise in cardiology and refer as appropriate. Urgency will depend on the assessment of the clinical condition of the baby. |

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| **Rationale** | **Risk factors** | **Examination** | **Considerations** |
| Examination of the hips | | | |
| Early diagnosis and intervention will improve health outcomes and reduce the need for surgical intervention | * First degree family history of hip problems in early life * Breech presentation at or after 36 completed weeks of pregnancy, irrespective of presentation at birth or mode of deliver * Breech presentation at the time of birth between 28 weeks gestation and term * Multiple pregnancy | This is to assess for unstable hips. Before the examination, practitioners should establish:   * The mother’s recent obstetric history * The baby’s family history * The presence of any [NIPE hip risk factors](https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook/newborn-and-infant-physical-examination-screening-programme-handbook#hip-risk)   The examination should take place in a warm environment and on a firm flat surface with the baby undressed and settled.  Observation and manipulation  covers:   * Symmetry of leg length * Level of knees when hips and knees are bilaterally flexed * Restricted abduction of the hip in flexion   Please note that observation of skin creases for symmetry is no longer part of the NIPE screen.  Undertake both the Barlow and Ortolani test manoeuvres on each hip separately to assess hip stability. | Parents should be advised to contact their midwife, GP or health visitor if they have concerns about their baby’s hips.  They should observe if:   * One leg cannot be moved out sideways as far as the other when changing the baby’s nappy * One leg seems to be longer than the other * A click can be felt or heard in one or both hips * One leg drags when their baby starts crawling * Their child walks with a limp or has a ‘waddling’ gait when they start to walk |

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| **Rationale** | **Risk factors** | **Examination** | **Considerations** |
| Examination of the testes | | | |
| Bilateral undescended testes in the newborn may be associated with ambiguous genitalia or an underlying endocrine disorder such as congenital adrenal hyperplasia.  Early diagnosis and intervention improves fertility, reduces the risk of torsion and may help earlier identification of testicular cancer. | * A first-degree family history of cryptorchidism (baby’s father or sibling) * Low birth weight * Small size for gestational age or preterm birth | Before the examination, practitioners should review the mother’s recent obstetric history and the baby’s family history.   * Observe scrotum for symmetry, size and colour * Carry out palpation of scrotal sac to determine location of testes bilaterally * Undertake palpation of the inguinal canal if testes are not located in the scrotal sac   Where testes are felt bilaterally but high in the inguinal canal, this should be managed as screen positive and recorded on S4N.  In line with national guidance, these babies should be seen within 24 hours of the examination and thereafter in line with clinical management as decided by the clinician. This may be a review at a later stage.  This route of management and recording is recommended so babies are followed up.  The term ‘undescended’ applies for clinical findings of either ‘absence’ and ‘incorrect position’. | Advise parents to contact their midwife, GP or health visitor if they have concerns about their baby’s testes. |

1. [NHS newborn and infant physical examination (NIPE) screening programme](https://www.gov.uk/topic/population-screening-programmes/newborn-infant-physical-examination) [↑](#footnote-ref-1)
2. [Network Contract Directed Enhanced Service (DES) Contract specification 2020/21](https://www.england.nhs.uk/wp-content/uploads/2020/03/network-contract-des-specification-pcn-requirements-entitlements-2020-21.pdf) [↑](#footnote-ref-2)
3. [Newborn and infant examination (NIPE) screening programme handbook](file:///C:\Users\Rhi\Documents\Newborn%20and%20infant%20examination%20(NIPE)%20screening%20programme%20handbook) [↑](#footnote-ref-3)
4. [Differences between a baby, newborn & toddler](https://www.verywellfamily.com/difference-between-baby-newborn-infant-toddler-293848) [↑](#footnote-ref-4)
5. [Macmillan dictionary](https://www.macmillandictionary.com/dictionary/british/medical-examination) [↑](#footnote-ref-5)
6. [Medical dictionary](https://medical-dictionary.thefreedictionary.com/congenital+anomaly) [↑](#footnote-ref-6)
7. [Morbidity vs. Mortality: What's the Difference?](https://www.verywellhealth.com/what-is-morbidity-2223380) [↑](#footnote-ref-7)
8. [NHS congenital heart disease](https://www.nhs.uk/conditions/congenital-heart-disease/) [↑](#footnote-ref-8)
9. [NHS Developmental dysplasia of the hip](https://www.nhs.uk/conditions/developmental-dysplasia-of-the-hip/) [↑](#footnote-ref-9)
10. [NHS Undescended testicles](https://www.nhs.uk/conditions/undescended-testicles/) [↑](#footnote-ref-10)
11. [NHS Childhood cataracts](https://www.nhs.uk/conditions/childhood-cataracts/) [↑](#footnote-ref-11)
12. [NHS public health function agreement 2019-20](https://www.england.nhs.uk/wp-content/uploads/2017/04/Service-Specification-No.21-NIPE.pdf) [↑](#footnote-ref-12)
13. [The six-to-eight week baby check](https://www.gponline.com/six-to-eight-week-baby-check/nutrition/nutrition/article/1102508) [↑](#footnote-ref-13)
14. [Newborn and infant physical examination (NIPE) screening programme handbook](file:///C:\Users\Rhi\Documents\NIPE%20screening%20standards%20and%20guidance) [↑](#footnote-ref-14)
15. [GOV.UK updated version of NIPE SMART IT system released](https://phescreening.blog.gov.uk/2018/02/09/updated-version-of-nipe-smart-it-system-released/) [↑](#footnote-ref-15)
16. [Healthy Child Programme](https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life) [↑](#footnote-ref-16)
17. [Newborn and infant physical examination (NIPE) screening programme handbook](https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook/newborn-and-infant-physical-examination-screening-programme-handbook) [↑](#footnote-ref-17)
18. [PHE NIPE Screening programme handbook](https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook/newborn-and-infant-physical-examination-screening-programme-handbook) [↑](#footnote-ref-18)