

PRINTER: Cut sheet on dotted line exactly (at 75)

Baby checks

Each time your midwife sees you and your baby she will make a detailed assessment. The following observations help to build up a complete picture of your baby's well being and your midwife will discuss her findings with you.

Temperature. This is an assessment of how warm your baby feels to the touch. It is a good indication of how appropriate the temperature is around your baby. Your midwife can advise on the amount of clothing and bedding to use, whether in the house, car or pram etc. (See page 16 for more details).

Weight. Your midwife will weigh your baby at regular intervals and advise you about feeding according to your baby's weight gain. Your health visitor will give you information about local child health clinics, which have the facilities to continue assessing growth as your baby gets older. Most babies double their birth weight by four to five months and treble their birth weight by one year. (See pages 17 to 19 for more information on infant feeding).

Tone (muscle tone - activity and reflexes). In the early days and weeks your baby will have some involuntary movements which are called reflexes. Typical reflexes are yawning, quivering, coughing, sneezing, stretching, and hiccoughing. One important skill babies are born with is the ability to suck and during the first few days they learn to coordinate their sucking and their breathing. They will also automatically turn towards a nipple or teat if it is brushed against one cheek and they will open their mouths if their upper lip is stroked. They can also grasp things like your finger with either hands or feet and they will make stepping movements if they are held upright on a flat surface. All these responses, except sucking, will be lost within a few months and your baby will begin to make controlled movements instead.

Jaundice (yellow colour). On about the third day after birth, some babies develop a yellow hue to their skin and whites of the eyes because of mild jaundice. It is a normal process and does no harm. The jaundice usually fades within 10 days or so, but it may last for up to two weeks. However, it is important to ensure that all is well if your baby is jaundiced and very sleepy with green or pale stools. In which case, a serum bilirubin blood test (SBR) may be recommended to detect the level of jaundice. If treatment is indicated this is done using phototherapy. The undressed baby is placed under a very bright light, usually with a soft mask over the eyes. This may continue for several days before the jaundice clears up. You will be advised according to your individual circumstances.

Eyes. The eyes are observed for any signs of stickiness, redness or discharge. Special cleaning of your baby's eyes is not required unless your baby develops an infection. This can occur for no apparent reason and appears as a yellow discharge in one or both eyes. If this happens, your midwife may take a swab or arrange for your doctor to prescribe treatment. Your midwife will also show you how to clean the eyes properly. It is common for a newborn to have poor control of its eyes and appear cross-eyed at times but this should decrease as the eye muscles strengthen. The eyes usually look blue-gray or brown. In general, your baby's permanent eye colour will be apparent within six to 12 months.

Mouth. The mouth is checked for redness or white spots or a white coating, which does not disappear between feeds. This may be a sign of thrush and can be avoided by good hygiene. If necessary, medicine can be prescribed by your GP.

Cord. The stump of the umbilical cord, which remains temporarily attached to the navel, requires no special attention, other than the normal careful washing and drying at bath time. The cord will separate naturally between 7 to 10 days following the birth. It is very common for the stump to bleed slightly as it separates and your midwife will advise you how to care for this. Usually all that is required is to ensure the nappy does not rub on the area. Any heavy bleeding, unusual discharge, redness, swelling, irritation or bad smell around the navel should be reported to your midwife or health visitor.



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Assessment of baby well-being To be completed by health professional

Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time	<input type="text"/>	Labels checked	<input type="text"/>	Where seen	<input type="text"/>	Feeding method	<input type="text"/>		
Are there any concerns about the following:		No	Yes	Comments		Day	<input type="text"/>	Key to risk reviewed (page 2) <input type="checkbox"/>			
A.	Feeding	<input type="checkbox"/>	<input type="checkbox"/>								
B.	Weight Gain, static, loss	<input type="text"/>	<input type="text"/> g							<input type="checkbox"/>	<input type="checkbox"/>
C.	Activity, tone Movement, reflexes	<input type="checkbox"/>	<input type="checkbox"/>								
D.	Colour Pale	<input type="checkbox"/>	<input type="checkbox"/>								
E.	Eyes Stickiness, redness, discharge	<input type="checkbox"/>	<input type="checkbox"/>								
F.	Mouth Thrush	<input type="checkbox"/>	<input type="checkbox"/>								
G.	Cord Bleeding, redness, swelling, irritation, odour, on/off	<input type="checkbox"/>	<input type="checkbox"/>								
H.	Skin Spots, rashes, dryness, nappy area	<input type="checkbox"/>	<input type="checkbox"/>								
I.	Jaundice Within 24 hours	<input type="checkbox"/>	<input type="checkbox"/>								
J.	Urinary output Urates, nappy rash	<input type="checkbox"/>	<input type="checkbox"/>								
K.	Stools Meconium, green, mucous, constipation, diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>								
L.	Sleeping Position, bed sharing, smoking	<input type="checkbox"/>	<input type="checkbox"/>								
Management plan (page 3)										Reviewed	<input type="checkbox"/>

Additional support (eg Sure Start, social services, child protection, community physiotherapist, infant feeding coordinator)

Signature*

* Signatures must be listed on page 24 for identification

Name
Unit No