

Newborn assessment

(February 2017)

Rationale

Primary care physicians play a vital role in identifying children at risk for disorders that are threatening to life or long-term health before they become symptomatic. In most cases, caregivers require reassurance and anticipatory guidance regarding the health of their newborn infant.

Key Objectives

Given a newborn presenting for routine assessment the candidate will conduct a skilled and comprehensive assessment to identify any significant abnormalities or risk factors and counsel caregiver(s) on newborn care.

Enabling Objectives

Given a newborn for routine assessment, the candidate will

- list and interpret critical clinical findings, including
 - a. maternal and perinatal history (e.g., intrapartum fever, medications);
 - b. neonatal history (e.g., Apgar scores, feeding and elimination);
 - c. psychosocial history (e.g., maternal mental health, home environment, family supports);
 - d. systematic newborn physical examination, with particular attention to indications of an acute illness (e.g., jaundice, hydration status);
 - e. screening for important congenital malformations (e.g., red reflex, heart murmur);
 - f. caregiver(s)' concerns;
- list and interpret critical investigations, including
 - a. screening tests for acute illness (e.g., serum glucose);

- b. screening tests for clinical abnormalities (e.g., echocardiogram, genetic testing);
- c. bilirubin measurement;
- construct an effective initial management plan, including
 - a. managing any acute illness appropriately, including referral for specialized care if needed;
 - b. counselling caregiver(s) regarding breastfeeding and infant nutrition;
 - c. counselling caregiver(s) about routine infant care (e.g., umbilical cord care) and safety (e.g., car seat, prevention of sudden infant death syndrome);
 - d. discussing with caregiver(s) newborn metabolic screening;
 - e. addressing any parental concerns.