

Well Child Exam for the Newborn	
SKIN	<ul style="list-style-type: none"> - Inspect the entire skin: observe the color of the skin and look for any manifestations, take note of: <ul style="list-style-type: none"> ▪ Vernix: Cheesy, yellow substance observed right after birth ▪ Milia: white, pinpoint papules that are epidermal cysts, will resolve ▪ Mongolian spots: slate gray spots on lumbar and thoracic areas, typically seen in darker skin tones, will improve with time ▪ Birthmarks: Hemangiomas, Café au laits ▪ Erythema Toxicum: red papules throughout body typically seen day 2-3, will resolve on own ▪ Petechiae or bruising: may signify traumatic delivery
HEAD	<ul style="list-style-type: none"> - Inspect the overall shape of the head: The head may appear misshapen due to molding from exiting the birth canal. - Palpate the fontanels and sutures: frontal, coronal, sagittal and lambdoid sutures, posterior fontanel - Inspect the skull for bruising: <ul style="list-style-type: none"> ▪ Caput succedaneum: bruising/lump shortly after birth that crosses suture lines (resolves) ▪ Cephalohematoma: bruising that does not cross suture lines ▪ Subgaleal hematoma: bruising between scalp and periosteum, potentially dangerous
EYES	<ul style="list-style-type: none"> - Inspect the eyes: Using the ophthalmoscope observe for red reflex, cataracts, or other intraocular pathology
EARS	<ul style="list-style-type: none"> - Inspect the external ears: Looking for any ear abnormalities such as folding, which may signify urological problems - Inspect the ears with the otoscope: looking for any fluid, perforation
NOSE	<ul style="list-style-type: none"> - Inspect the nose: for pink mucosa, septal deviation - Test if the infant can breathe with their mouth closed: Infants are nose breathers - Test the patency of each nostril: to determine if the infant can breathe through each nostril and rule out choanal atresia
MOUTH	<ul style="list-style-type: none"> - Inspect the soft palate and uvula: using good lighting and a spatula to rule out cleft palate
NECK	<ul style="list-style-type: none"> - Inspect the neck: for any webbing (Turner's Syndrome) and Torticollis - Palpate the neck: for lymphadenopathy, SCM muscles for contraction, and clavicles for fractures - Test the neck range of motion: to rule out Torticollis
CHEST	<ul style="list-style-type: none"> - Inspect the chest: for any asymmetry or breast tissue in males (breast tissue is normal in males due to hormones from mother during development, will resolve on own) - Auscultate lungs and heart: for lung/heart sounds and murmurs listening at Aortic, Pulmonic, Tricuspid, Mitral areas (congenital vs. transient heart murmurs)
PULSES	<ul style="list-style-type: none"> - Palpate brachial and femoral pulses: simultaneously to rule out coarctation of aorta and left heart defects
ABDOMEN	<ul style="list-style-type: none"> - Inspect abdomen and umbilicus: looking for three arteries and one vein in the umbilicus, note any umbilical hernias which are common - Palpate abdomen for internal organs: palpate the liver border approximately 2cm below costal margin, the right kidney which may be felt on deep palpation, spleen tip may also be felt
GENITALIA	<ul style="list-style-type: none"> - Inspect for ambiguous genitalia - Inspect the female genitalia: The labia should be prominent. There may be non-purulent discharge, which is normal. There may be pink or red discharge often due to hormones. Note any clitoromegaly. - Inspect the male genitalia: The scrotum should be large, and both testes may be descended. A penile length <2.5cm indicates micropenis
ANUS	<ul style="list-style-type: none"> - Inspect anus: to ensure it is intact and not imperforate - Inspect back and spine: looking for any back dimpling, tufts of hair, or fluid filled meningocele which may indicate neural tube defects - Inspect the Gluteal folds for symmetry: to evaluate for congenital hip dysplasia
MUSCULOSKELETAL	<p>Many deformities are often due to fetal positioning in utero</p> <ul style="list-style-type: none"> - Inspect movement: looking for spontaneous movements and reflexes bilaterally - Inspect hands and feet: looking for any Polydactyl, single palmar creases, feet abnormalities (such as club foot) - Inspect and test hips: testing for congenital hip dysplasia using the Barlow and Ortolani tests <ul style="list-style-type: none"> ▪ Galeazzi Test: look for symmetry of skin folds and symmetrical height of knees ▪ Barlow Test: test for hip dislocation, hips flexed and thighs adducted and push posterior ▪ Ortolani Test: testing for ability to reduce hip, gentle adduction and upward movement - Inspect the spine: run finger along the infant's back looking for abnormal curvature or signs of scoliosis
NEUROLOGICAL	<p>Perform a general neurological exam to screen for abnormalities and test reflexes</p> <ul style="list-style-type: none"> - Observe the posture of infant: Infant should demonstrate flexion of hips, knees and elbows (should not have frog leg position) - Test the level of alertness: by providing tactile stimulation of foot or cheek - Test the infant's response to gravity: by suspending infant in ventral position and head lag - Test primitive reflexes: including Plantar, Sucking, Moro, Grasping, Stepping Reflexes