Newborn Infant Physical Examination (NIPE)

Author/Owner	Lead Midwife for Antenatal Postnatal ward	
Equality Impact Assessment	N/A if clinical guideline or procedure	
Version	2	
Status	Approved	
Publication date	18/10/2022	
Review date	28/07/2024	
Approval recommended by	Maternity guideline group	Date: 04/03/2021
	Women's Business and Governance Meeting	Date: 16/09/2022
Approved by	CBU 3 Overarching Governance Meeting	Date: 28/09/2022
Distribution	Barnsley Hospital NHS Foundation Trust – intranet Please note that the intranet version of this document is the only version that is maintained. Any printed copies must therefore be viewed as "uncontrolled" and as such, may not necessarily contain the latest updates and amendments	

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1.0 Introduction

The NHS Newborn Infant Physical Examination (NIPE) Programme is one of a family of screening programmes supported by the UK National Screening Committee. The UK National Screening Committee (NSC) has made separate recommendations on each of the 4 NIPE conditions screened for.

The Newborn Infant Physical Examination (NIPE) is a holistic assessment of the health and wellbeing of the newborn infant. A full examination of the newborn will be conducted by a qualified health care professional within 72 hours of birth (Public Health England (PHE) 2019). The infant is examined from top to toe including the heart, eyes, hips and testes (in males). Prevalence of the problems with these four elements is rare but if left undetected can, in some cases, result in detrimental outcomes. The aim of the newborn and infant examinations is to detect congenital conditions in babies to enable prompt referral and treatment, to improve health outcomes.

2.0 Objective

This guideline details who can perform a NIPE screen, the timing of the NIPE examination, details of the examination required, recording the examination findings on the S4N system and referral pathways. Midwives are required to conduct the majority of NIPE examinations, and this guidelines aims to empower and assist staff to deliver this service.

Aims for Midwives undertaking the examination:

- To enable the midwife to provide continuity of care (Better births, 2016)
- To improve the quality of service offered
- To tailor the service for families by facilitating early transfer home
- To provide an opportunity for health promotion
- To convey information around what parents can look out for, what support is available, and how to access help, advice and support
- To promote bonding
- Cost efficiency

2.0 Scope

This guideline applies to midwives undertaking the newborn infant physical examination (NIPE) as part of their extended role following completion of a recognised ‘Examination of the Newborn’ course. It also applies to those midwives and student midwives who are undergoing training to perform the NIPE. This group must be supervised by a paediatrician or NIPE qualified midwife as per their competency package.

4.0 Main body of the document

4.1 National guidance

The Public Health England handbook informs and supports best clinical practice and should be used in conjunction with the Newborn and infant physical examination screening: standards - GOV.UK (www.gov.uk). The linked guideline relates to the screening elements undertaken as part of the top-to-toe examination of the baby.

https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook/newborn-and-infant-physical-examination-screening-programme-handbook

If any concerns are identified, or a referral is indicated, please see appendix 2 for further details.

4.2 If parents decline

If parents decline, this must be discussed with the antenatal and newborn screening coordinator.

4.3 Process for Communicating the Outcome to Parents

Parent(s) will be present during the examination. The examiner will discuss the findings with the parents and highlight any problems suspected/identified, including further management. Information regarding the 6-8 week physical examination will be given to the parents during the postnatal period.

5.0 Roles and responsibilities

All NIPE trained Midwives can conduct any NIPE on a newborn infant ≥ 36/40 gestation with the exception of:

- Any infant with a diagnosed or suspected congenital abnormality
- Any infant with significant birth trauma
- Any infant who has been on the neonatal unit

5.1 Midwives

Midwives with the appropriate qualification who are deemed competent will carry out the full physical examination of the newborn in a timely fashion.

The midwife will defer any newborn examinations that fall outside their scope of practice and will refer these to the paediatric team.

The midwife will work in collaboration with the paediatric team if concerns are identified or abnormalities suspected to ensure intervention occurs in a timely fashion.

5.2 Paediatricians

The paediatrician will carry out a full physical examination of the newborn as requested on infants outside the remit of the midwifery staff within 72 hours of birth.

The paediatrician will refer appropriately if further management/investigation is required.

6.0 Associated documents and references

Better births (2016) https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

Newborn and infant physical examination (NIPE) screening handbook. Public Health England Newborn and infant physical examination screening:

http://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook/newborn-and-infant-physcial-examination-screening-programme-handbook

NICE guideline (2016) Tuberculosis (nice.org.uk)

7.0 Training and resources

A midwife undertaking the NIPE must:

- Be a registered midwife who has undertaken and passed a recognised NIPE course
- Once trained and deemed competent, Midwives are accountable for their professional practice and work within their professional guidelines (NMC 2015)
- All midwives who have been trained in Newborn Examination must complete the e-learning for Health care e-learning package for the newborn examination annually accessed here: https://portal.e-lfh.org.uk/Login

8.0 Monitoring and audit

Any adverse incidents relating to examination of the newborn will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the governance midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The guideline for Examination of the newborn (NIPE examination) will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the governance midwife to ensure that improvements in care are made.

9.0 Equality and Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guideline will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

Appendix 1

NIPE process:

Home birth

All NIPEs following a homebirth will be performed by community Midwives within the home setting. If this is not achievable within the 72 hour time frame, community midwives must escalate this to

Early discharge from BBC

Where possible, these infants should be examined prior to discharge. If this cannot be facilitated discharge must not be delayed. These infants can be discharged in to the community. Community midwives will facilitate the NIPE within 72 hours during their community visits. This must be clearly documented on the discharge summary on Electronic Patient Record (EPR).

Neonatal unit

All infants who are admitted to the neonatal unit, or have previously been an inpatient on the NNU must have a NIPE conduced by the paediatric team.

NIPE process on the ANPN ward

Infants suitable for Midwife NIPE are identified at handover

NIPE midwife already allocated on e-roster will prioritise workload to conduct the NIPEs during the shift (Day or Night)

NIPE examination & documentation completed and filed within the postnatal records. The infant can be discharged by the ward when satisfied that the baby is clinically stable. The Midwife performing the NIPE is not the discharging Midwife.

If workload does not permit the NIPEs to be completed, urgent escalation to the lead Midwife is required.

Escalation policy - Lead midwife to:

- Assess where staff can reallocate current workload to facilitate NIPEs being conducted
- Escalate to inpatient/outpatient Matron where appropriate
- Contact other NIPE trained Midwives to assist
- Discharge to community for NIPE to be conducted within the community setting following discussion with community leads.

Appendix 2

Screening examination of the eyes, heart, hips, testes

Eyes

Risk factors for eye or visual problems include:

- 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)
    - 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 (deafness caused by abnormal nerve function in the inner ear)
- Prematurity

If there are concerns about possible abnormality after middle grade check, then refer to Mr. Attia

Use the referral letter on S4N and e-mail to barnsley.neonataleyes@nhs.net

Heart

No murmur – antenatal recommendation to refer due to

- Family History of:
    - structural defect - must be 1st degree relative and must have required intervention
    - Long QT syndrome
    - Congenital Cardiomyopathy
    - Arrhythmias
- Suspicion of syndrome associated with heart defects

Use the referral letter on S4N and e-mail to barnsley.neonatalheart@nhs.net

Murmur, well baby:

If murmur suspected baby to be reviewed by registrar to confirm murmur and grade prior to discharge. Urgent review by cardiology if:

- Signs or symptoms of Congenital Heart Disease
- Poor femoral pulses
- Difference in pre/post ductal saturations
- >20mmHg difference in BP
- Grade 3-6/organic murmur

Non urgent patients: Arrange an appointment in Children's Assessment Unit (CAU) (ext.: 2664) in 10-14 days. Give family a copy of the information leaflet (available on the guideline or intranet) with safety netting advice

NB if a baby is reviewed by Registrar then ensure that S4N is annotated subsequently to reflect this – e.g. 'examined for previous heart murmur, now no longer present'.

Hips

- Positive screening question: 6 week referral for ultrasound in orthopaedic clinic
  - Breech
  - First degree relative affected (sibling/parent who needed ***treatment***, i.e. operation or hip spica/splint.
  - Girl with Birth Weight (BW) >98th centile

- Hip abnormality identified on examination (baby needs to be reviewed by registrar and findings confirmed):
  - Dislocated or dislocatable i.e. positive Barlow or Ortolani test, sometimes also described as 'clunky' – 4 to 6 week referral for ultrasound in orthopaedic clinic
  - Clicky hip but negative Barlow and Ortolani test – Dr Moussa clinic within 6 weeks (he will refer on to orthopaedics if needed at that stage)

Use the referral letter on S4N and e-mail to barnsley.neonatalhip@nhs.net

Please, *record clicky hip in "other" box in the hip section* which can be ticked and free text details written in.
If a baby needs a hip referral it is important that you select the correct referral letter and that it contains the correct information.

Testes

- Clinical risk factors include:
  - A first-degree family history of cryptorchidism (baby's father or sibling)
  - Low birth weight
  - Small size for gestational age or preterm birth

- If undescended bilaterally:
  - For consultant review within 24 hours to consider disorder of sexual development and metabolic conditions
  - Update S4N after review
  - Check baby has passed urine

- If undescended unilaterally:
  - To be reviewed at GP 6-8 week check.

Appendix 3

BCG vaccination

NICE guidelines state that a BCG vaccination should be offered to all babies:

- Where one or more parents or grandparents have a family history of TB in the past 5 years.
- Who are born in an area of high prevalence

- Whose parents or grandparents were born in a high incidence country

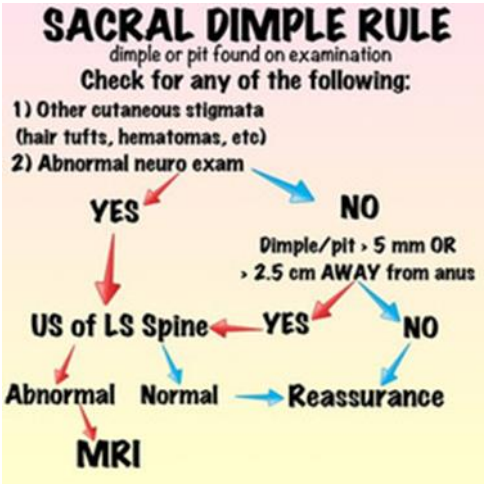
A list of the countries where Tuberculosis is present in more than 40 per 100,000 of the population (supplied by the World health organisation) is available for reference on the NIPE S4N system and below:
Tuberculosis by country: rates per 100,000 people - GOV.UK (www.gov.uk)

- For all babies, ask the parents regarding their ethnic origin
- If there is a positive response to any of the screening questions, select 'yes' in the "Eligible for BCG" box on the NIPE S4N system, print and complete the BCG vaccination assessment questionnaire and the referral for neonatal BCG vaccination letter. These can be found on the letters section on the NIPE S4N system. Once complete, e-mail to barnsley.neonatalbcg@nhs.net

- Vaccination will be arranged by the Children's outpatient department after the baby is 28 days of age and has had a not detected severe combined immunodeficiency (SCID) result from the newborn bloodspot screening.

Appendix 4

Sacral dimple



Appendix 5

Useful information

This is the link for the NIPE training website. This site contains videos of how to use the system and you can also have a practice on the site

https://nipe.training.nps-s4h.com/s4n/nhsbaby/Screening/home/

Generic account:

Username rff_nmidwife

Password Midwives1

Any questions or need further advice please contact the Screening Office on ext. 2324 or e-mail downs.screening@nhs.net

Appendix 6

Glossary of terms

CAU Child Assessment Unit
EPR Electronic Patient Record
NIPE Newborn Infant Physical Examination
NSC National Screening Committee
PHE Public Health England

Appendix 7 (must always be the last appendix)
Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Maternity guideline group	04/03/2021
Women's Business and Governance Meeting	19/03/2021
CBU 3 Overarching Governance Meeting	28/07/2021

Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Guideline
Document title	Newborn Infant Physical Examination (NIPE)
Document author (Job title and team)	Lead Midwife for Antenatal Postnatal ward
New or reviewed document	Reviewed
List staff groups/departments consulted with during document development	Lead midwives, Antenatal and newborn screening coordinator, paediatricians
Approval recommended by (meeting and dates):	Women's Business and Governance Meeting 16/09/2022 CBU 3 Overarching Governance Meeting 28/09/2022
Date of next review (maximum 3 years)	28/09/2025
Key words for search criteria on intranet (max 10 words)	Newborn Infant Physical Examination, NIPE
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the FINAL version of this document	Name: Charlotte Cole Designation: Practice Educator Midwife

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Business and Governance **Date approved: 28/09/2022** **Date Clinical Governance Administrator informed of approval: 04/10/2022** **Date uploaded to Trust Approved Documents page: 18/10/2022**