

CLINICAL EVALUATION

PRETERM

TERM

Posture—The preterm infant lies in a “relaxed attitude,” limbs more extended; the body size is small, and the head may appear somewhat larger in proportion to the body size. The term infant has more subcutaneous fat tissue and rests in a more flexed attitude.



Ear—The preterm infant's ear cartilages are poorly developed, and the ear may fold easily; the hair is fine and feathery, and lanugo may cover the back and face. The mature infant's ear cartilages are well formed, and the hair is more likely to form firm, separate strands.



Sole—The sole of the foot of the preterm infant appears more turgid and may have only fine wrinkles. The mature infant's sole (foot) is well and deeply creased.



Female genitalia—The preterm female infant's clitoris is prominent, and labia majora are poorly developed and gaping. The mature female infant's labia majora are fully developed, and the clitoris is not as prominent.



Male genitalia—The preterm male infant's scrotum is undeveloped and not pendulous; minimal rugae are present, and the testes may be in the inguinal canals or in the abdominal cavity. The term male infant's scrotum is well developed, pendulous, and rugated, and the testes are well down in the scrotal sac.



Scarf sign—The preterm infant's elbow may be easily brought across the chest with little or no resistance. The mature infant's elbow may be brought to the midline of the chest, resisting attempts to bring the elbow past the midline.

