

progressively shrivels in size and turns greenish black.

If the umbilical cord appears unusually large in diameter at the base, inspect for the presence of a hematoma or small omphalocele. If the cord is clamped over an existing omphalocele, part of the intestine will be clamped, causing tissue necrosis. One practical rule of thumb is to cut the cord distally 4 to 5 inches from a questionable enlargement until further examination is carried out by a practitioner. The extra length can later be cut if no pathologic condition has been identified.

Nursing Alert

An umbilical cord that is draining and erythematous at the base should be investigated by the primary practitioner. The cord undergoes a process of dry gangrene decay, which has an odor; therefore, odor alone may not be a reliable index of suspicion for omphalitis.

Palpate after inspecting the abdomen. The liver is normally palpable 1 to 3 cm (≈ 0.5 to 1 inch) below the right costal margin. The tip of the spleen can sometimes be felt, but a palpable spleen more than 1 cm below the left costal margin suggests enlargement and warrants further investigation. Although both kidneys should be palpated, this maneuver requires considerable practice. When felt, the lower half of the right kidney and the tip of the left kidney are 1 to 2 cm above the umbilicus. During examination of the lower abdomen, palpate for femoral pulses, which should be strong and equal bilaterally.

Female Genitalia

Normally, the labia minora, labia majora, and clitoris are edematous, especially after a breech delivery. However, the labia and clitoris must be carefully inspected to identify any evidence of ambiguous genitalia or other abnormalities. Normally, in a girl, the urethral opening is located behind and below the clitoris.

A **hymenal tag** is occasionally visible from the posterior opening of the vagina. It is composed of tissue from the hymen and the labia minora. It usually disappears in several weeks. Generally, the vaginal vault is not inspected.