

breastfeeding is impaired by the neonate's biting the breast.

Neck

Because the newborn's neck is short and covered with folds of tissue, adequate assessment of the neck requires allowing the head to fall gently backward in hyperextension while the back is supported in a slightly raised position. Observe for range of motion, shape, and any abnormal masses and palpate each clavicle for possible fractures.

Chest

The shape of the newborn's chest is almost circular because the anteroposterior and lateral diameters are equal. The ribs are flexible, and slight intercostal retractions are normally seen on inspiration. The xiphoid process is commonly visible as a small protrusion at the end of the sternum. The sternum is generally raised and slightly curved.

Inspect the breasts for size, shape and nipple formation, location, and number. Breast enlargement appears in many newborns of both genders by the second or third day and is caused by maternal hormones. Occasionally, a milky substance is secreted by the infant's breasts. Supernumerary nipples may be found on the chest, on the abdomen, or in the axilla.

Lungs

The normal respirations of newborns are irregular and abdominal, and the rate is between 30 and 60 breaths/min. Pauses in respiration of less than 20 seconds' duration are considered normal. After the initial forceful breaths required to initiate respiration, subsequent breaths should be nonlabored and fairly regular in rhythm. Periodic breathing is commonly seen in full-term newborns and consists of rapid nonlabored respirations followed by pauses of less than 20 seconds; periodic breathing may be more prominent during sleep and is not accompanied by status changes, such as cyanosis or bradycardia. Occasional irregularities occur in relation to crying, sleeping, stooling, and feeding.

Perform auscultation when the infant is quiet. Bronchial breath sounds should be equal bilaterally. Any differences in auscultatory findings between symmetric sites are reported. Crackles soon after