

BACK-TO-CAMPUS - PRACTICAL SKILLS

BACK TO CAMPUS – The baby check

Learning Objectives

- Discuss and practice the aspects of a neonate or 6 week baby check.
- Discuss the technique for Barlow's and Ortolani's tests for Development dysplasia of the hip (DDH) and practice on a model

OVERVIEW

In this session have an opportunity to discuss and practice the neonatal or 6 week baby check including screening for DDH.

SUGGESTED STUDENT RESOURCES

1. Fasher M. (2012). The 6 week check. AFP 41 (5): 288-290
<https://www.racgp.org.au/afp/2012/may/the-6-week-check/>
2. The Six Week Check Flow Chart.
<https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/paediatrics-the-six-week-check.pdf>
3. Hip assessment. Government of Western Australia Child and Adolescent Health Service.
<https://cahs.health.wa.gov.au/~media/HSPs/CAHS/Documents/Community-Health/CHM/Hip-assessment.pdf?thn=0/>
4. Healthy hips. Resources for Health professionals. Hollywood orthopaedic group.
<https://www.healthyhipsaustralia.org.au/services/health-professionals/>
5. Full physical examination of the newborn – KEMH
https://www.kemh.health.wa.gov.au/~media/Files/Hospitals/WNHS/For%20health%20professionals/DNAMER/FullPhysicalExaminationofNewborn_procedure.pdf
6. Routine newborn assessment. Queensland Clinical Guidelines
https://www.health.qld.gov.au/_data/assets/pdf_file/0029/141689/g-newexam.pdf
7. Taryn Miller . Performing the newborn check, Don't Forget the Bubbles, 2021. Available at: <https://doi.org/10.31440/DFTB.25986>

MATERIALS AVAILABLE DURING SESSION

1. Neonate/6 week babies models
2. Baby hippy models
3. Computer to watch Hip dysplasia examination video if appropriate

LESSON PLAN TUTORIAL – 6 week baby check and DDH examination

Task

Neonate or 6 week baby check

Elements of a baby check: (Top to toes)

- *Social context and parent's approach to the baby*
- *Head circumference, length, weight and plot the velocities*
- *General observations e.g. syndrome present, engagement, all limbs moving, colour, respiratory distress, baby's eyes following examiner,*
- *Hip examination*
- *Abdominal examination*
 - *Organomegaly. Normal to tip the spleen and sharp liver edge usually identifies 3-4 fingers below right costal margin*
 - *Femoral pulses*
 - *Undescended testes, genital abnormality*
- *Heart and lung examination*
- *Neurological*
 - *part of previous observations*
 - *tone, posture, reflexes*
 - *examination while holding baby in ventral suspension (head should be held in line with torso)*
 - *check anus*
- *Eyes – nystagmus, strabismus, red reflex*
- *Mouth – cleft palate, bifid uvula*

DDH examination

Risk factors for DDH

- *Female gender*
- *Breech presentation*
- *First degree relative or family history of DDH*
- *Birth weight >4000g*
- *Tight wrapping with legs held straight*

Associated with

- *First born child*
- *Torticollis*
- *Oligohydramnios during pregnancy*
- *Caesarean birth*

60% if babies with DDH have no identifiable risk factors.

View DDH video in resources for screening tests

Birth to 3 months

- *Hip instability (positive Ortolani or Barlow test)*
- *Asymmetric skin creases (inguinal, gluteal, thigh, popliteal) (unilateral)*
- *Limb length discrepancy (unilateral)*

Practice on models with feedback