# Newborn and Infant Physical Examination Screening Standard Operating Procedure

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| **Summary statement: How does the document support patient care?** | This pathway provides information for staff with regard to the process for offering, undertaking and providing results for newborn and infant physical examination screening |
| **Staff/stakeholders involved in development:** | Caroline Thomas, Helen Boiling, Jacqueline Gregory, Maternity Leads, Paediatricians. |
| **Division:** | Women and Children's |
| **Department:** | Maternity |
| **Responsible Person:** | Chief of Service |
| **Author:** | Jacqueline Gregory, Claire Parr, Stephanie Crisp Caroline Thomas |
| **For use by:** | Any staff member involved in the NIPE programme |
| **Purpose:** | To provide accurate information for staff on the processes to follow with regard to newborn and infant physical examination screening |
| **This document supports:** | NHS Newborn and Infant Physical Examination Screening Programme Service specifications 2017-2018 |
| **Key related documents:** | **UH Sussex (SRH&WH) Maternity Guidelines:** Antenatal Care and Patient Information, Postnatal Care<br>**UH Sussex (SRH&WH) Policies:** An organisation-wide policy for screening procedures, An organisation-wide policy for diagnostic testing<br>PHE publications: KPI's, NIPE handbook |
| **Approved by:** | Joint Obstetric Guideline Group: 15th February 2023<br>Joint Maternity & Neonatal Meeting : 22nd August 2023 |
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| **If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team** | |
| **Reference Number:** | CG18006 |

This document pertains to the **Newborn** element of the NIPE, up to 72 hours of age for KPI and any baby up to the age of 6 weeks when the **Infant** examination occurs at age 6-8 weeks old.

| Version | Date | Author | Status | Comment |
|---|---|---|---|---|
| 1.0 | January 2018 | NHSP lead and NIPE lead | Archived | New WSHFT Pathway |
| 2.0 | Feb 2019 | NHSP lead and NIPE lead | Archived | |
| 3.0 | February 2021 | NIPE lead (C. Thomas) | Archived | Public Health England standards changes |
| 4.0 | February 2023 | C. Thomas, NIPE Lead | LIVE | Section 9.0 Training and on-going assessment updated.<br>New appendix 18: Treatment protocol for babies with suspected DDH |

**The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.**
**If in doubt contact a senior colleague or expert.**

## Contents

# Newborn and Infant Physical Examination Screening SOP

## 1.0 Background

The NHS Newborn and Infant Physical Examination (NIPE) Screening Programme aims to:

- Identify and refer all babies born with congenital abnormalities of the heart, hips, eyes or testes, where these are detectable, within 72 hours of birth
- To further identify abnormalities that may be detected, at the second physical examination performed between 6-8 weeks of age

The overall health outcomes are to reduce mortality and morbidity for the screened conditions through the identification of congenital abnormalities and early assessment and intervention for:

- Congenital cardiac defects
- Developmental dysplasia of the Hip (DDH)
- Ocular abnormalities
- Undescended testes

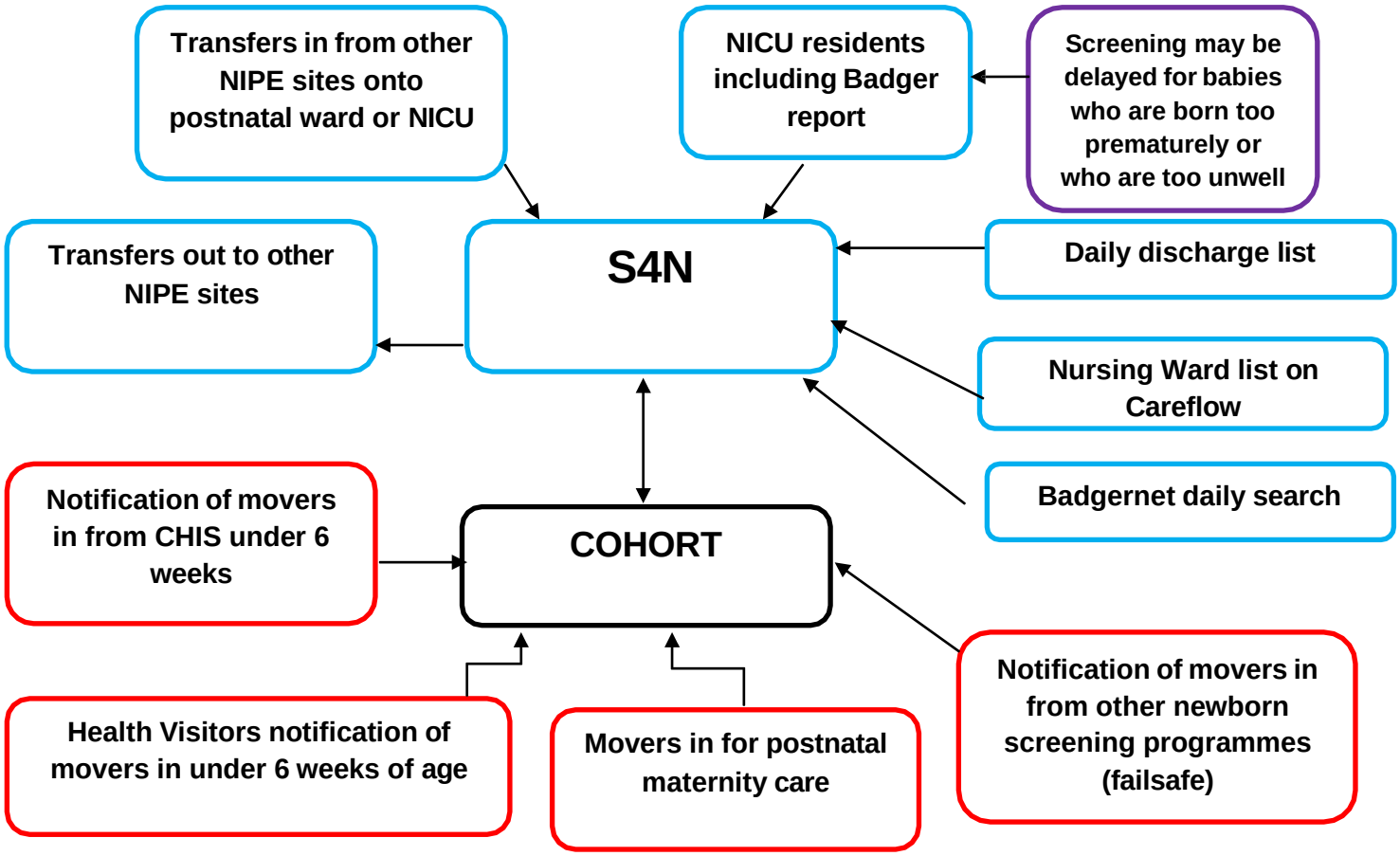
## 2.0 Identifying eligible population

The responsibility for identifying eligible babies remains with the birth unit until responsibility is formally passed to another maternity service or primary care.

Eligible babies are those babies born within University Hospitals Sussex (UH Sussex) NHS Trust - St. Richard's (SRH) & Worthing (WH) Hospitals maternity care.
For movers in UH Sussex (SRH&WH) will use the NHS Coastal West Sussex CCG as a boundary. Babies if they are registered with a GP in this area, or if not registered with a GP, is resident in the NHS Coastal West Sussex CCG area will be offered screening if this has not already taken place when born.

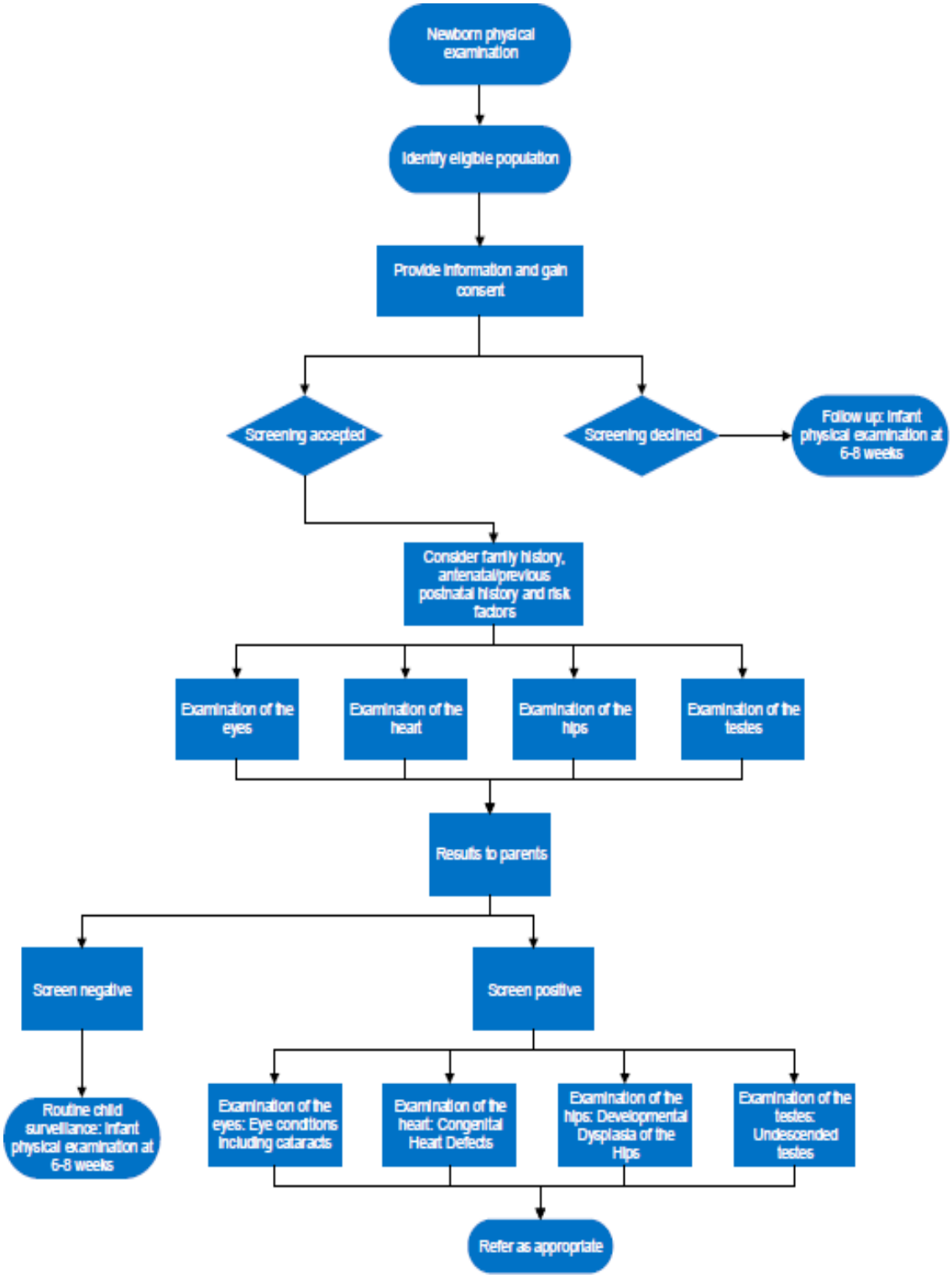
S4N is populated electronically via PDS (Patient demographic service) at point of birth. It is the responsibility of the maternity service providing care to ensure provision is made for the examination for babies born at home.

Capture of full cohort and movement of population is based on the following, and incorporates layers of fail safes to ensure no babies are missed.


Transfers in from other NIPE sites onto postnatal ward or NICU
NICU residents including Badger report
Screening may be delayed for babies who are born too prematurely or who are too unwell
Transfers out to other NIPE sites
S4N
Daily discharge list
Nursing Ward list on Careflow
Badgernet daily search
Notification of movers in from CHIS under 6 weeks
COHORT
Notification of movers in from other newborn screening programmes (failsafe)
Health Visitors notification of movers in under 6 weeks of age
Movers in for postnatal maternity care

## 3.0 National Screening Pathway

## 4.0 Newborn pathway




[S4N web address]

## 5.0 Performing a newborn physical examination

The screening elements of the NHS NIPE programme are:

1. Eyes: approximately 2 or 3 in 10,000 babies have problems with their eyes that require treatment. The prime purpose of screening is to identify congenital cataracts.
2. Heart: approximately 4-10 in 1,000 babies have a heart problem.
3. Hips: approximately 1 or 2 in 1,000 babies have hip problems that require treatment.
4. Testes: approximately 1 in 100 baby boys have problems with their testes that require treatment.

For guidance on how to perform the screens please see the Newborn and Infant Physical Examination Screening Programme Handbook (Public Health England, updated October 2020).

## 6.0 Referrals following the NIPE screen

Referrals will be made to the following departments

Baby lives in **Worthing Hospital** provider area:

1. Eyes: Internal referral to the Eye Department at Southlands Hospital (if detected at home please contact on-call paediatric team to arrange ophthalmology review and timeframes for this)
2. Heart: Internal referral to the Acute Paediatric Department at Worthing Hospital
3. Hips: Internal referral to the radiology/Ultrasound Department at Worthing Hospital. Internal referral to Paediatric Physiotherapy at Worthing Hospital
4. Testes: Internal referral to the Acute Paediatric Department at Worthing Hospital with an aim that baby will be seen prior to discharge**. If bi-lateral undescended testes detected – to be urgently referred to on-call paediatrican. To be seen within 24 hours.**

Baby lives in **St Richards Hospital** provider area:

1. Eyes: Internal referral to the Eye Department at St Richards Hospital (if detected at home please contact on-call paediatric team to arrange ophthalmology review and timeframes for this)
2. Heart: Internal referral to the Acute Paediatric Department at St Richards Hospital
3. Hips: Internal referral to the radiology/Ultrasound Department at St Richards Hospital. Internal referral to Paediatric Physiotherapy at St Richards Hospital
4. Testes: Internal referral to the Acute Paediatric Department at St Richards Hospital with an aim that baby will be seen prior to discharge. **If bi-lateral undescended testes detected – to be urgently referred to on-call paediatrican. To be seen within 24 hours.**

Baby lives **out of area**:

Referrals will be made based on the birth hospital (as above) unless parents request to be seen at a different hospital.

## 6.0 Governance structure and reporting

NIPE KPI data is submitted quarterly to PHE (PHE.screeningdata@nhs.net)and local SIT team following sign off by Head of Midwifery.
Performance, any management changes which may be required and incidents are standing items on the ANNB Steering group quarterly meeting.

Mitigations for screens not carried out within KPI will be provided to NSC QA & local SIT team quarterly.

Any incidents will be reported via the trusts internal system (DATIX) and escalated to the regional QA team via the Screening incident assessment form (SIAF) to phe.southQA@nhs.net.
Managing safety incidents in NHS screening programmes document will be adhered to as will the trust's incident policy.

KPI reports, including mitigations, will also be sent to the following list of UH Sussex (SRH&WH) staff for information:

Clinical director of Paediatrics and Chief Head of Service, Scanning team – including Superintendent Radiographers, Consultant Radiologist & Head of Imaging, Public Health Manager - Maternity, Patient Safety Midwife, Clinical Effectiveness Midwife, Antenatal and Newborn Screening Co-ordinator.

The NIPE standards are as follows:

NIPE Standard 1: **(SO1)** Identify the population and coverage - Quarterly
NIPE Standard 2: (**SO2**) Timeliness of intervention (abnormality of the eye) - Annual
NIPE Standard 3: **(SO3)** Diagnosis/intervention: timeliness of ultrasound scans of hips for developmental dysplasia. Quarterly
NIPE Standard 4: (**SO4**) Diagnosis/intervention: timeliness of hip clinical assessment or discharge. Annual
NIPE Standard 5: (**SO5**) Timeliness of intervention (bilateral undescended testes) – Annual

KPI data should be counted where the **provider is responsible** for the baby at the time of newborn screening, including babies who have transferred out after they were screened and received a result. Babies who are transferred before screening are the responsibility of the receiving provider and should be included in their KPI coverage data. Therefore KPI data should be derived on this basis. The provider is the maternity service where baby was born.

Mitigations for screens not carried out within KPI will include but not be exclusively:

- If a screen was offered pre discharge but parents did not wish to wait for screening to be completed and subsequently if a date/time to screen within KPI, was offered to parents for screening but parents declined or Did Not attend on this date/time.
- Babies on NICU are 'too ill' to screen or <34+0 weeks.

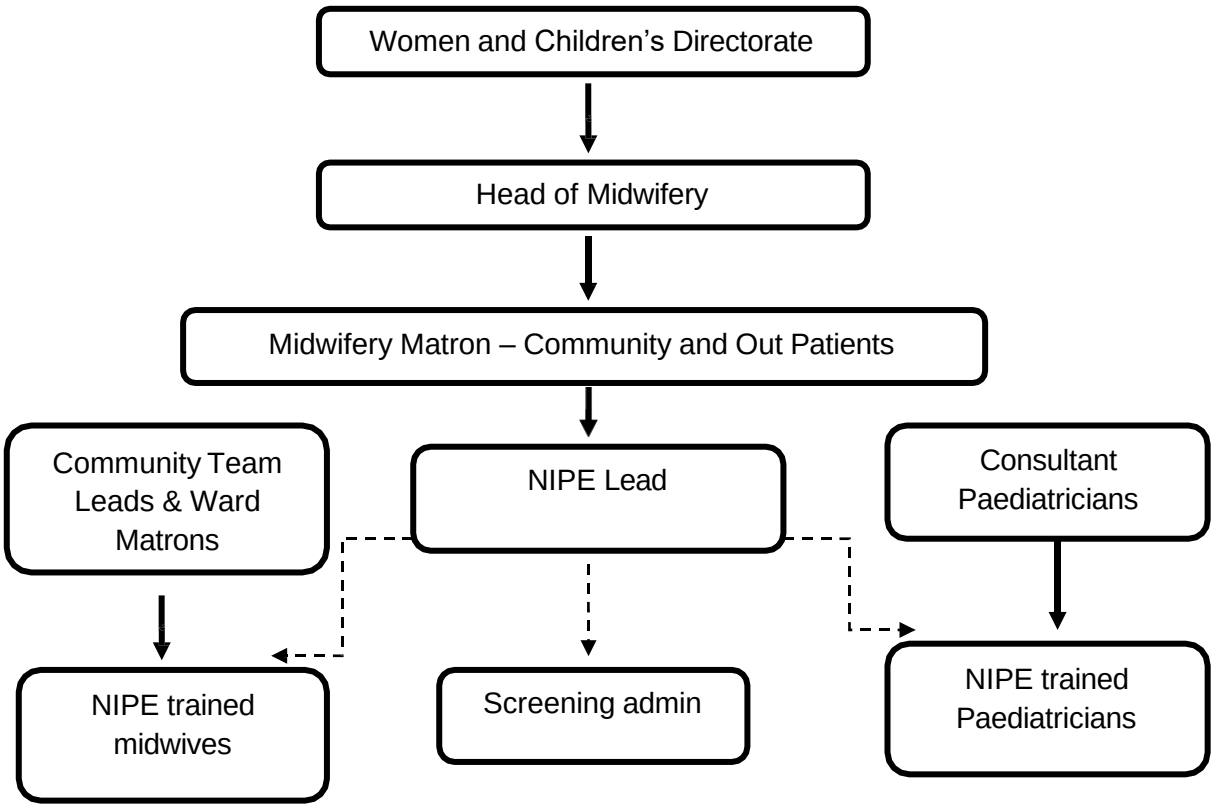
A NIPE screen is classed as 'missed' if it is not completed as per the following:

- Before full discharge from maternity services or neonatal or Paediatric inpatient services (without provision for completion within the community setting)
- By 6 weeks of age for unscreened babies who remain in maternity or neonatal inpatient care (unless baby remains too unwell to have their NIPE)
- By 6 weeks of age for unscreened babies who have moved into an area

If a missed screen is a result of a failure in the screening pathway then this will be reported via the trusts internal system (DATIX) and escalated to the regional QA team. Managing safety incidents in NHS screening programme's guidance will be adhered to as will the trust's incident policy guidelines.

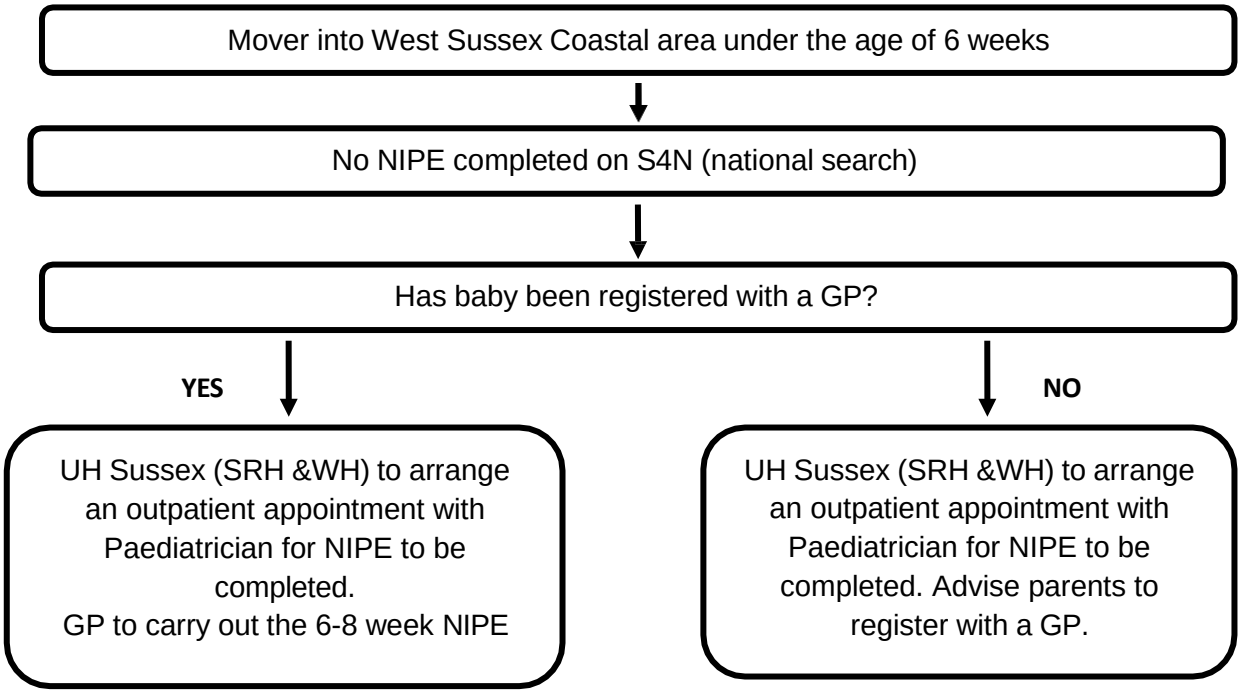
## 7.0 Governance structure

**Means no direct line management** - - - - - ▶



## 8.0 Movers in and out of area

UH Sussex (SRH&WH) will be responsible for movers in who have not had a completed NIPE examination if they are under the age of 6 weeks.




**Note:** For all movers in CHIS will search S4N for results. CHIS will inform HV of movers in so that they can pick up the care of baby and ensure that a GP registration occurs.

If UH Sussex (SRH &WH) are made aware of a mover in **OLDER** than 6 weeks from another source then the NIPE Lead will advise the baby's local HV as a failsafe for CHIS also advising them.

## 9.0 Training and ongoing assessments

UH Sussex (SRH &WH) will follow national guidance from PHE for training of new staff who will undertake the NIPE examination. Each practitioner will be required to complete the annual competency framework. All NIPE trained midwives must complete annually:

- Minimum of 10 NIPE's
- Complete the e-learning module
- Attend an annual update session

This framework needs to be signed by a confirmer (Fellow NIPE trained Midwife/NIPE lead Midwife) and the completed framework shared with to the PDT.

- NQM with NIPE as part of training
- Attend NIPE teaching session as part of their preceptorship.

- Perform 10 supervised NIPE's and 10 unsupervised NIPE'S (to be checked by a NIPE practitioner)
- Final Sign off by consultant/NIPE lead midwife.
- Completion of the e-learning module and cleft palate training.

**Midwives with NIPE qualification- Return to practice**
For midwives who have not performed NIPE's within last 12 months they are required to:

- Complete the competency framework document
- Perform a minimum of 10 NIPE's supervised by fellow NIPE/NIPE lead/Paediatric Registrar/ Consultant and signed off as competent.
- Attend Annual NIPE update session.
- Complete NIPE e-learning for Health module.
- Complete cleft palate training.
- Update from NIPE lead on use of S4N system (can be arranged on an ad hoc basis).

**Practitioners who can undertake a newborn NIPE are:**

- A doctor (paediatrician or GP) who is competent to undertake all elements of the newborn examination.
- A midwife, nurse or health visitor has successfully undertaken a University accredited 'examination of the newborn' programme of study.

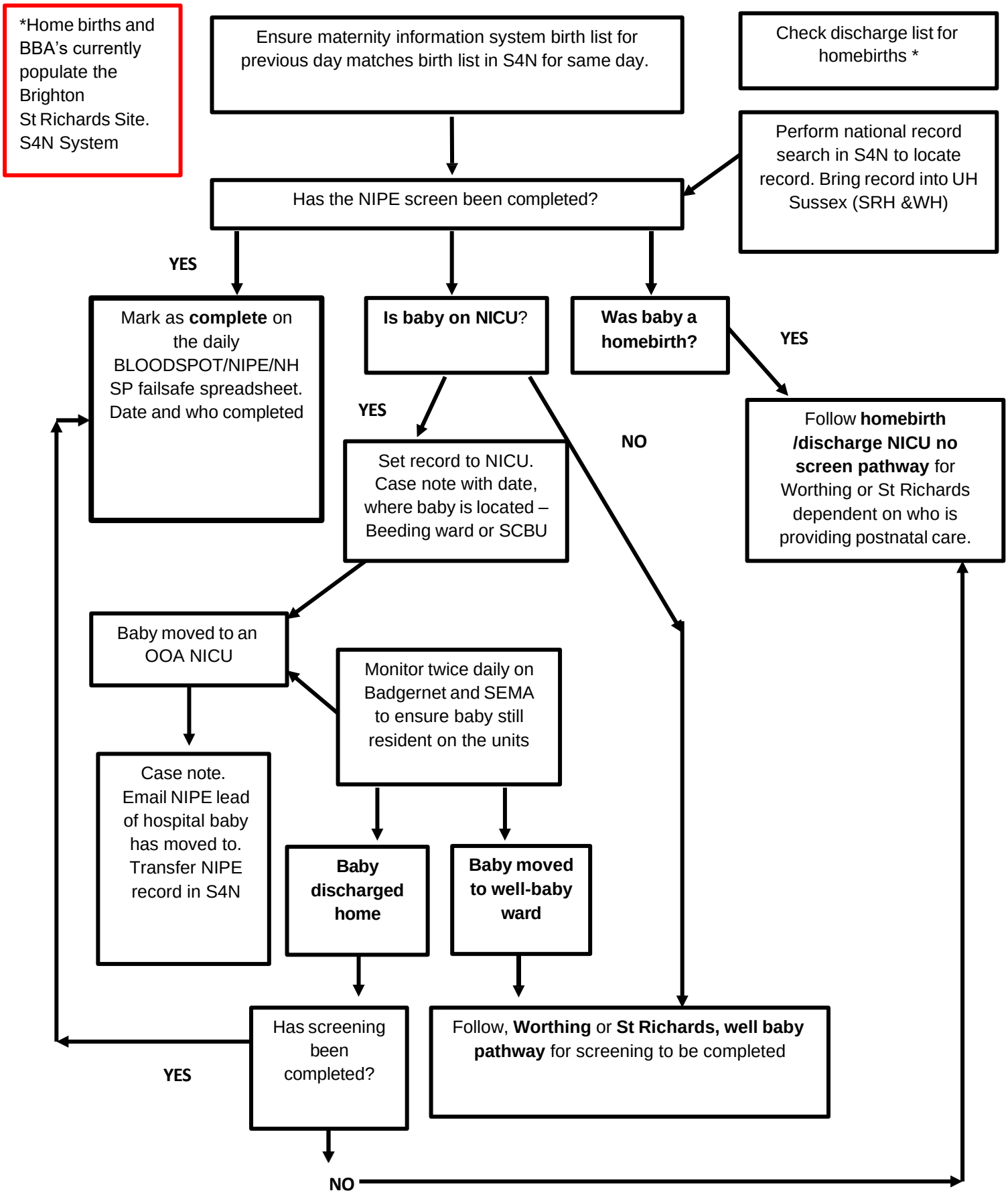
The Maternity Practise Education Team will ensure that for those midwives carrying out the Newborn examination, a record is kept to show when accredited study has taken place and when this was completed / passed. The Maternity Practise Education Team will maintain a log for training.

UH Sussex (SRH &WH) will provide an annual update for those who undertake the NIPE examination. This will comprise of annual completion of the NIPE e-learning module and may include practical and theoretical assessments should these deemed to be required. Any major updates to the NIPE Programme will be disseminated to practitioners though training study days. Training logs will be kept.

The NIPE Clinical Leads will ensure a log of training and competency is kept for any doctor who is trained to perform a NIPE Screen.

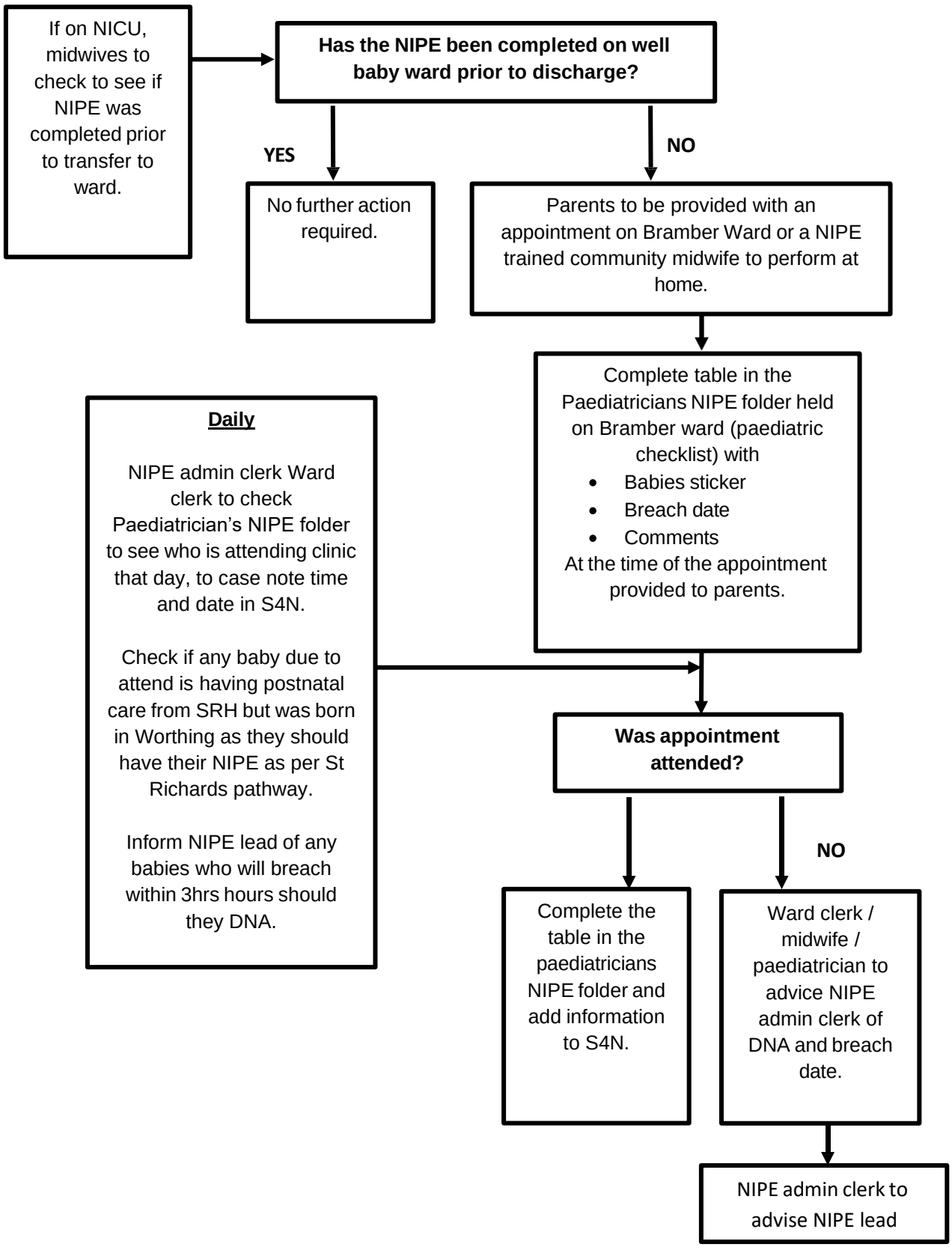
If the NIPE lead is concerned regarding errors or themes from any NIPE practitioner then the need for retraining will be highlighted to the Consultant Paediatricians and/ or Midwifery Matron.

## Appendix 1: Daily checks

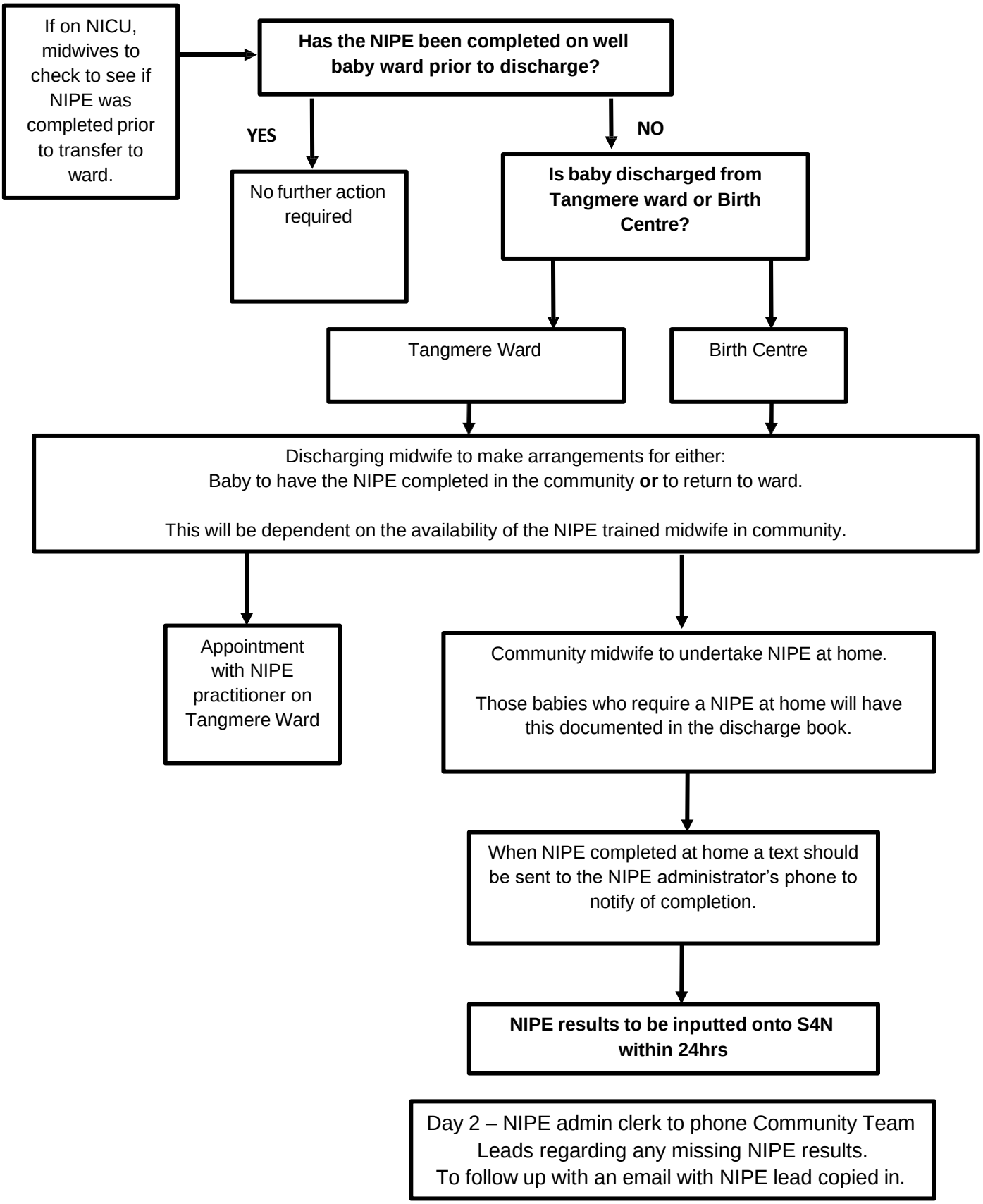


## Appendix 2: Pathways

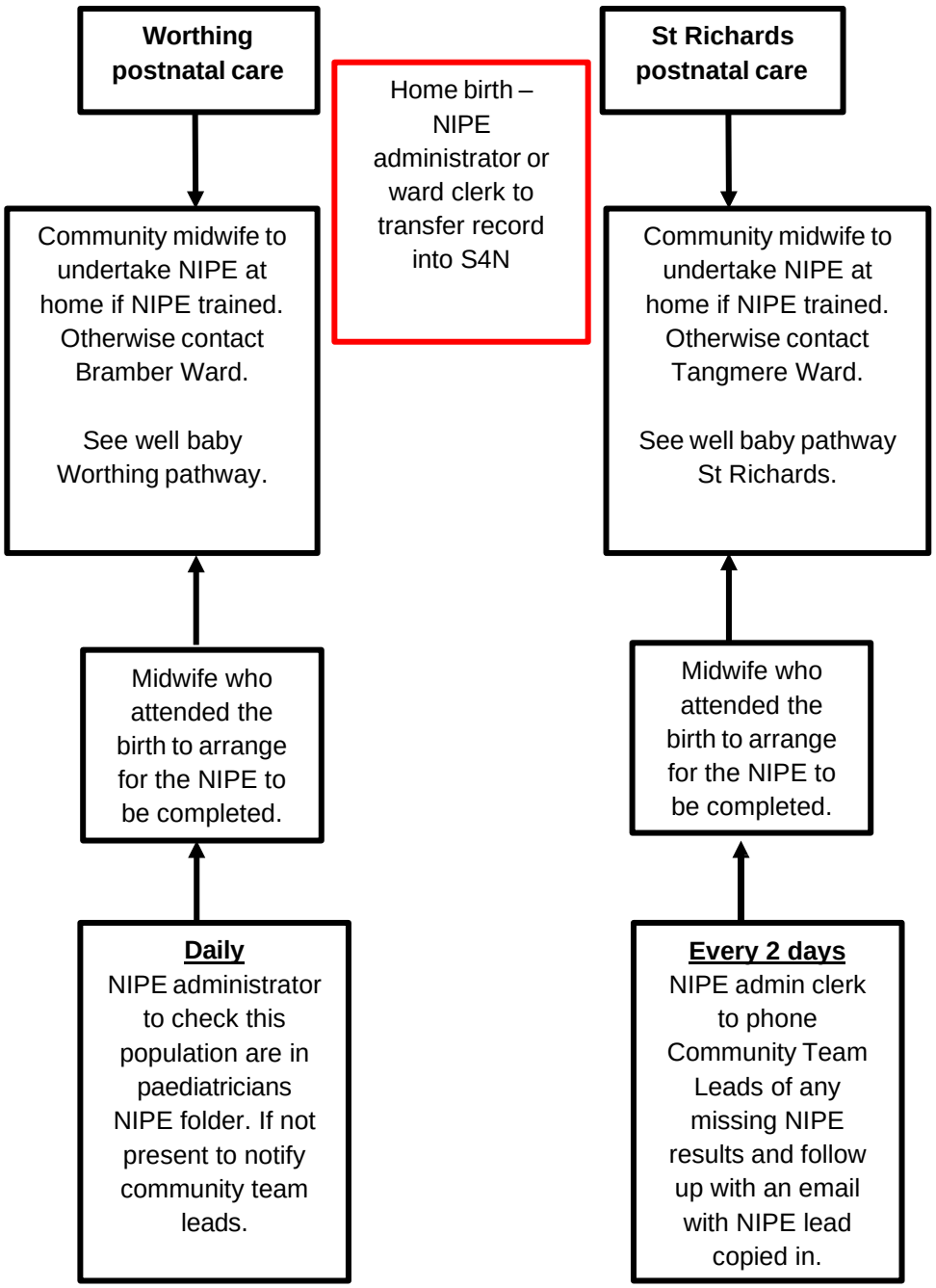
### a) Postnatal ward (Bramber) Worthing Hospital



## b) Well Baby St Richards Hospital

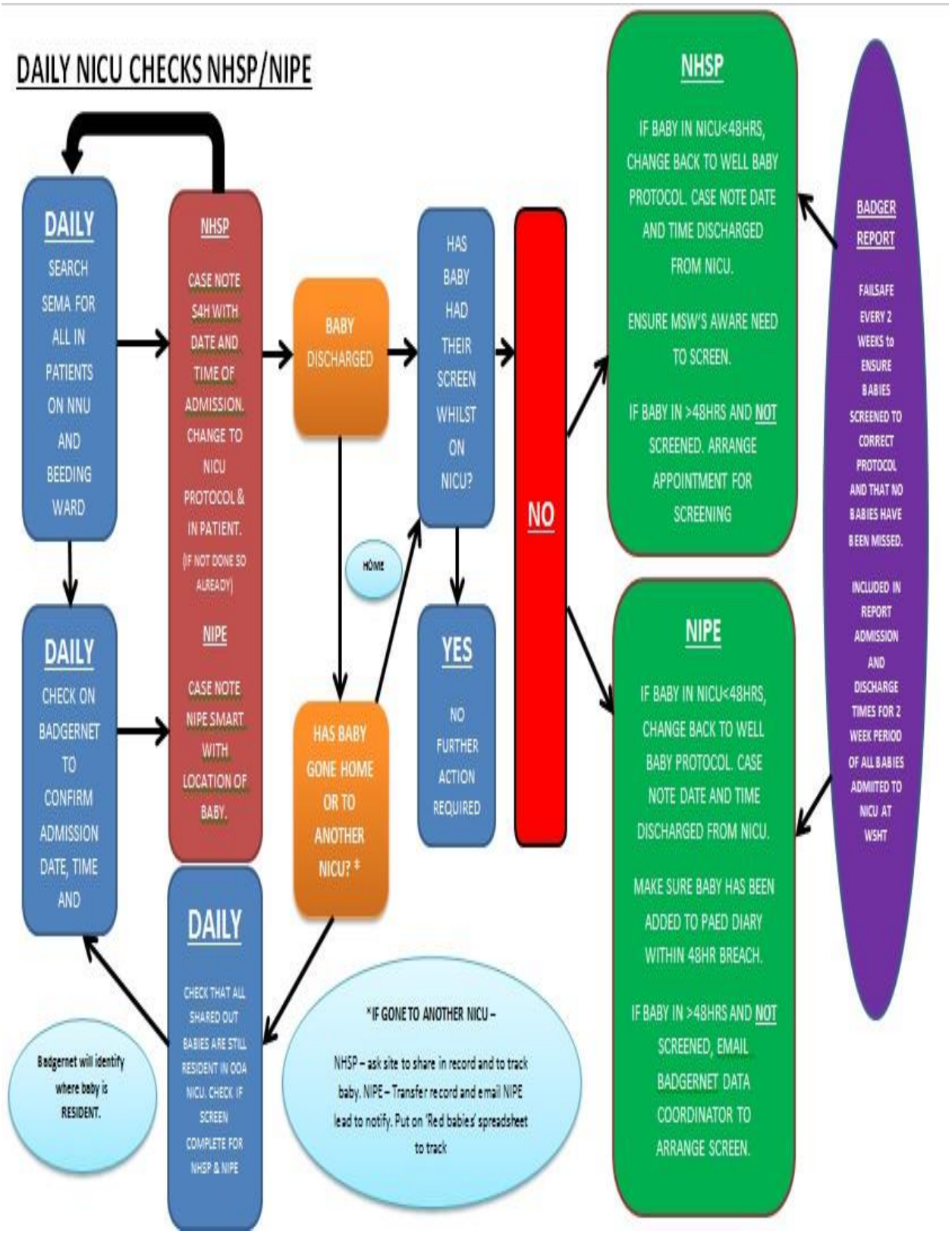


## Appendix 3: Homebirth/No Birth Hospital/Discharged NICU no screen




In **all** pathways there should **always** be provision in place to screen a baby prior to discharge, though UH Sussex (SRH&WH) are aware that at times this will need to be carried out as an outpatient appointment or in the community.
If however, arrangements **have not** been made for the NIPE screen post discharge the NIPE lead **must** be advised.

## Appendix 4: NICU process map



## Appendix 5: NICU paperwork

Beeding Ward and SCBU will document that a NIPE has been offered, consent to and completed on the following documentation:

- Neonatal Observation Chart
- On Badgernet
- On the Discharge to Postnatal Ward Form
- On the discharge sticker if baby is discharged home at less than 10 days old from the unit, which is stuck in the discharge book (need to check they do this on SCBU).

## Appendix 6: Referrals

**a) Eyes**

The Newborn and Infant Physical Examination Screening Programme Handbook updated April 2021 produced by PHE should be followed for guidance on when to refer.

**b) Heart**

The Newborn and Infant Physical Examination Screening Programme Handbook updated produced April 2021by PHE should be followed for guidance on when to refer.

**c) Hips**

The Newborn and Infant Physical Examination Screening Programme Handbook updated produced April 2021 by PHE should be followed for guidance on when to refer.

**d) Testes**

The Newborn and Infant Physical Examination Screening Programme Handbook Updated produced April 2021 by PHE should be followed for guidance on when to refer.

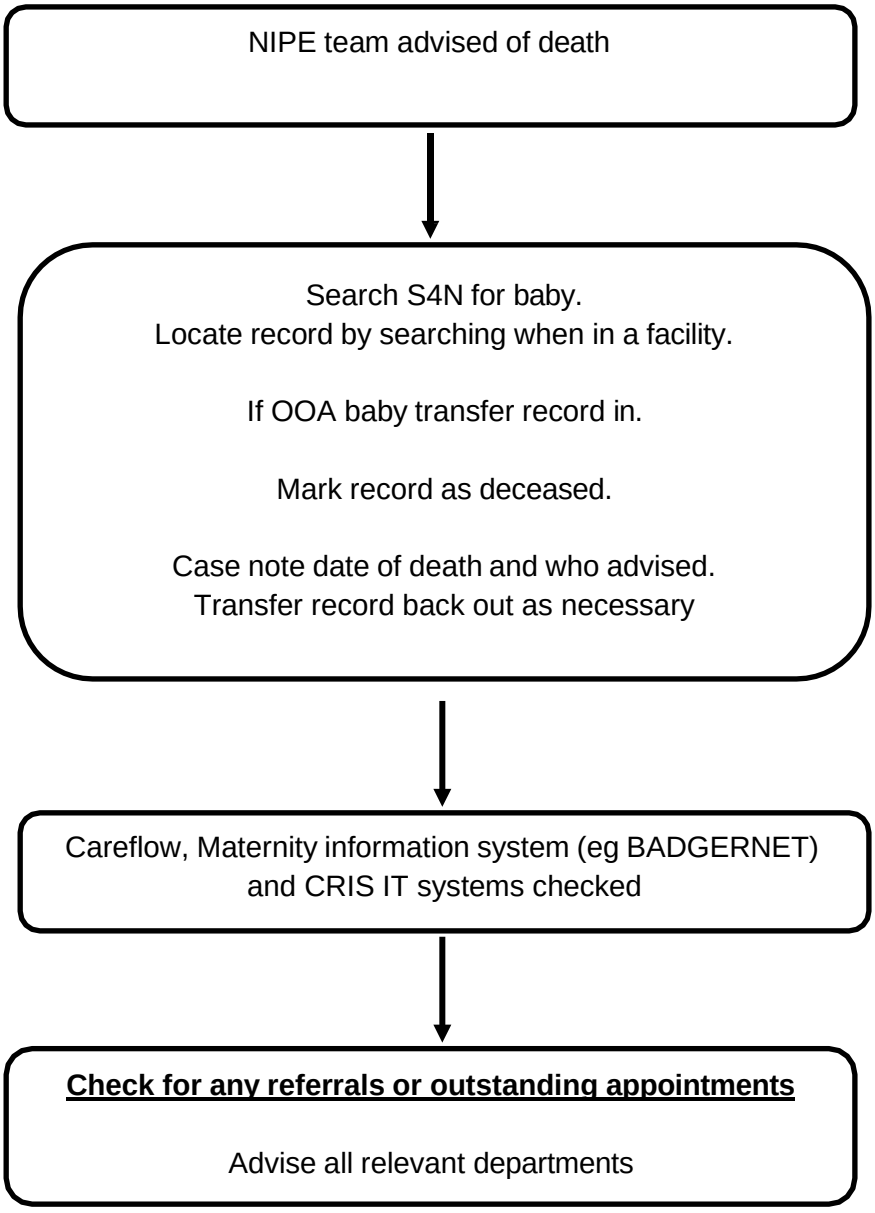
## Appendix 7: Child death notifications

NIPE are advised of neonatal and child deaths from the following departments:

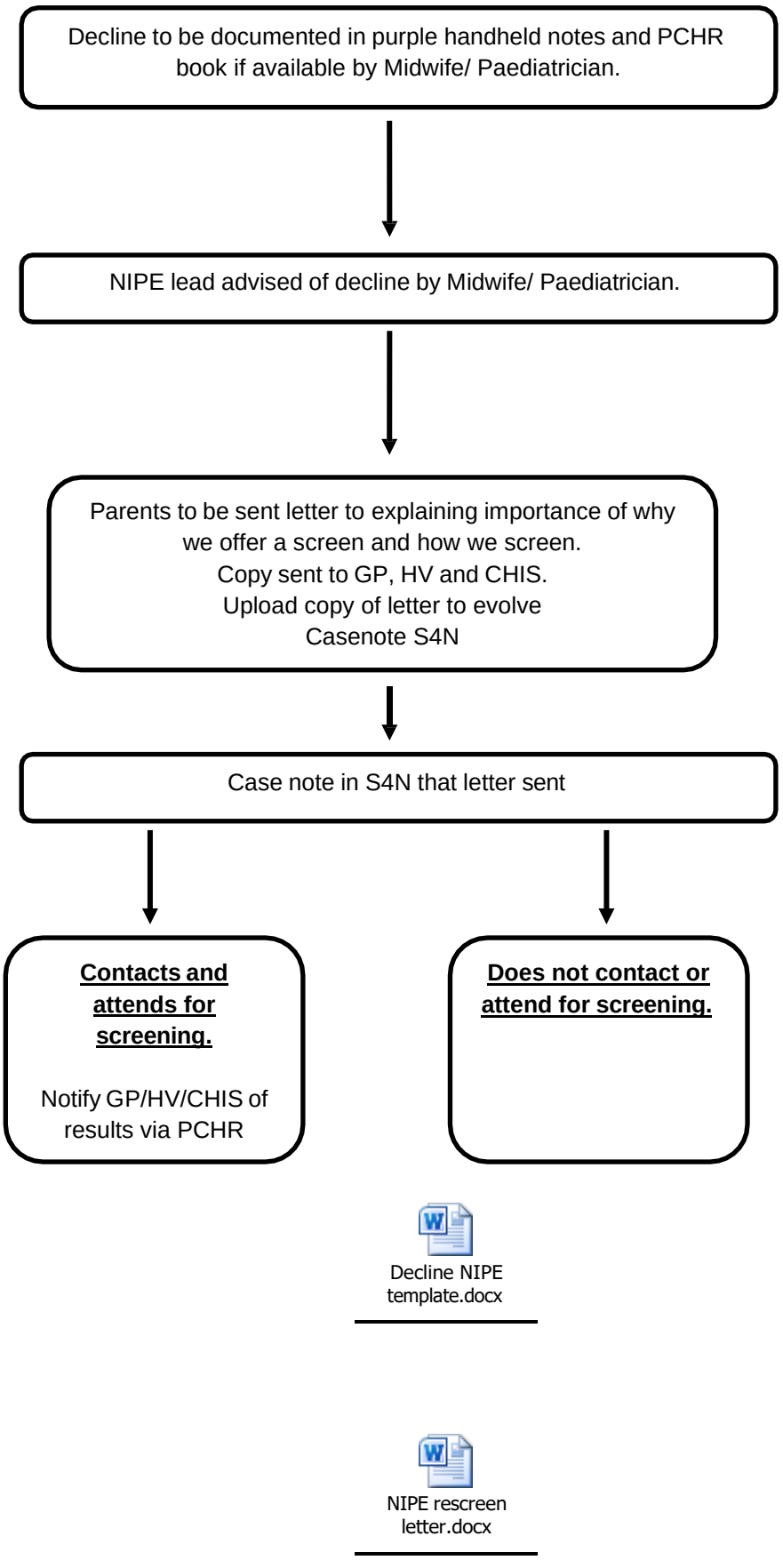
- UH Sussex (SRH&WH) Neonatal
- UH Sussex (SRH&WH) maternity
- SCT CHIS

NIPE are also advised of all still births.

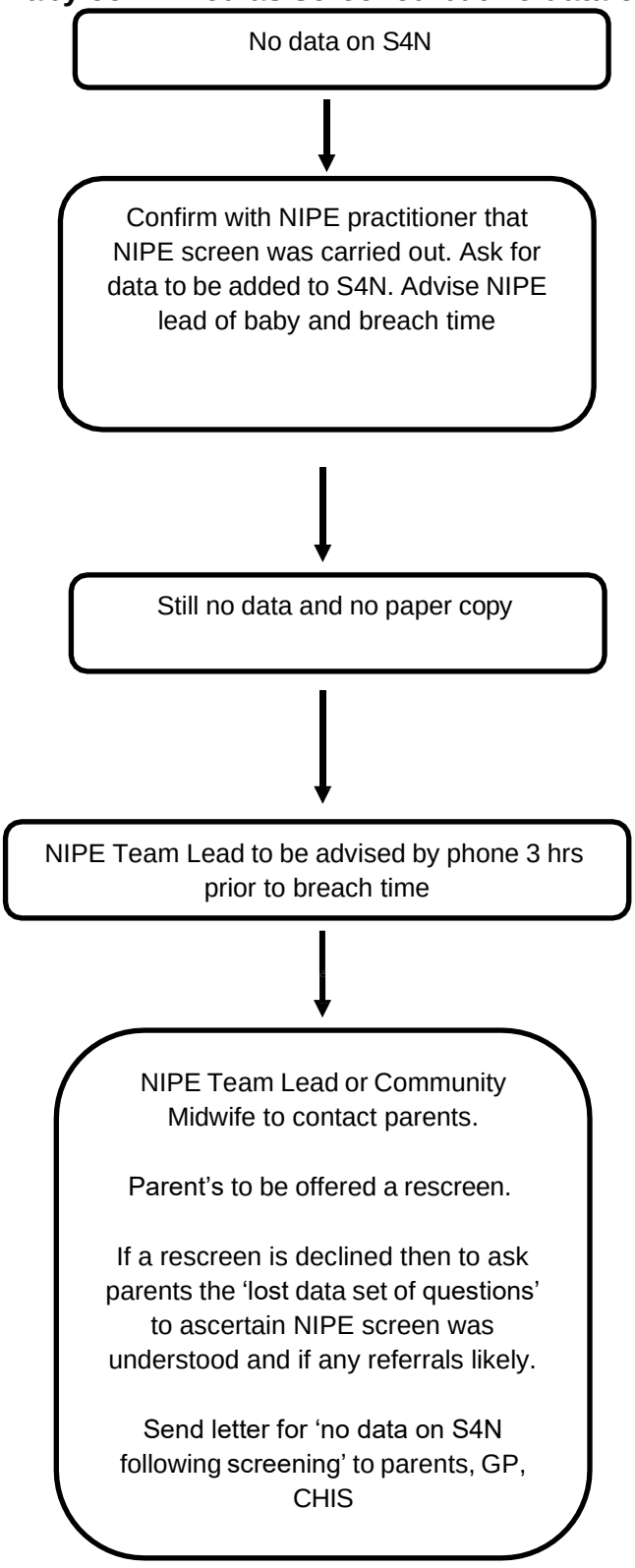
In all neonatal and child deaths, the following is carried out:



## Appendix 8: Decline NIPE screen



## Appendix 9: Baby confirmed as screened but no data on S4N



## Appendix 10: Example of letter for no data on s4n following screening

### Lost data set of questions for NIPE

This form should only be used if the examination has not been documented on NIPE SMaRT ***and*** the paper copy cannot be located. Please ensure that the notes are checked for any documentation of the screen prior to contacting the parents. Please contact the NIPE practitioner who carried out the screen to determine if they can remember the screen outcome or know where the paper copy may have been put.

Prior to asking these questions the parents should be offered the opportunity for a re-screen. If they do not want to have this repeated it is important that they can answer the following questions to satisfy that there were no abnormalities suspected or referrals required. If the parent choses a re-screen this should be offered ASAP.

The maternal notes should be checked for any antenatal risk factors established in pregnancy. The NIPE guideline should be consulted for any suspected abnormalities to ensure the correct referral pathway is used.

Please transcribe answers directly onto the baby's record on NIPE SMaRT. A case note should be added to ensure it is clear that the information obtained was via the parents, in retrospect, because the original NIPE documents could not be located. A Datix should also be completed.

***Heart***

1. Is there a family history of heart abnormalities?
    a. If yes what are they?
    b. Did your baby have any suspected abnormalities identified on scan in pregnancy?
2. When NIPE screen was carried out did the doctor/midwife find any concerns with your baby's heart sounds?
    a. If yes what were they?

***Eyes***

3. When the NIPE screen was carried out did the doctor/midwife find any concerns with your baby's eyes?
    *a.* If yes what were they?

***Hips***

4. Is there a family history of childhood hip abnormalities?
    a. If yes please advise a hip USS for the baby will be required and a referral will be sent
5. Was your baby breech at birth or after 36 weeks of pregnancy?
    a. If yes please advise a hip USS for the baby will be required and a referral will be sent
6. When the NIPE screen was carried out did the doctor/midwife find any concerns with your baby's hips?
    *a.* If yes what were they?

***Testes (males only)***

7. When the NIPE screen was carried out did the doctor/midwife find any concerns with your baby's testes?
    *a.* If yes what were they?

***Rest of physical Examination***

8. Overall were there any suspected concerns/problems found during the examination?
    a. If yes what were they?

b. Explain the referrals required for the specified abnormalities
*c.* Is your baby currently well (feeding, tone, colour etc)?

***Risk of TB***

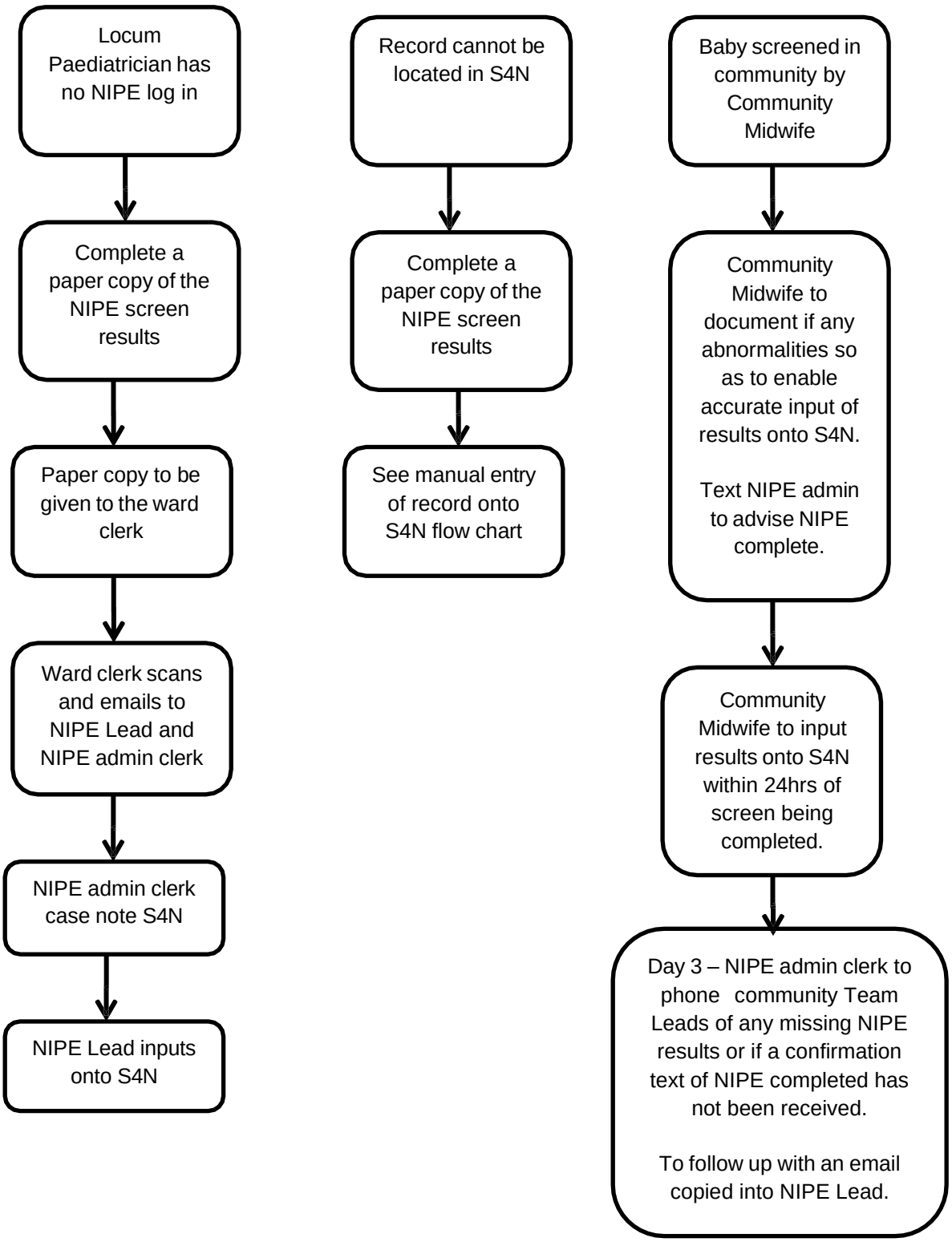
9. Were you or your partner or any of your parents born anywhere other than the UK? Or have you or any family/ household member had TB?
    a. If yes where?
    b. Please check current BCG referral form to identify if the country stated above falls in to one of the 'at risk' countries requiring referral for BCG

If the parents are unsure of any of the answers to the questions above please offer again a re-screen to determine a definite response. If this is declined please document on NIPE SMaRT, in the free text boxes, of any of the unsure answers.

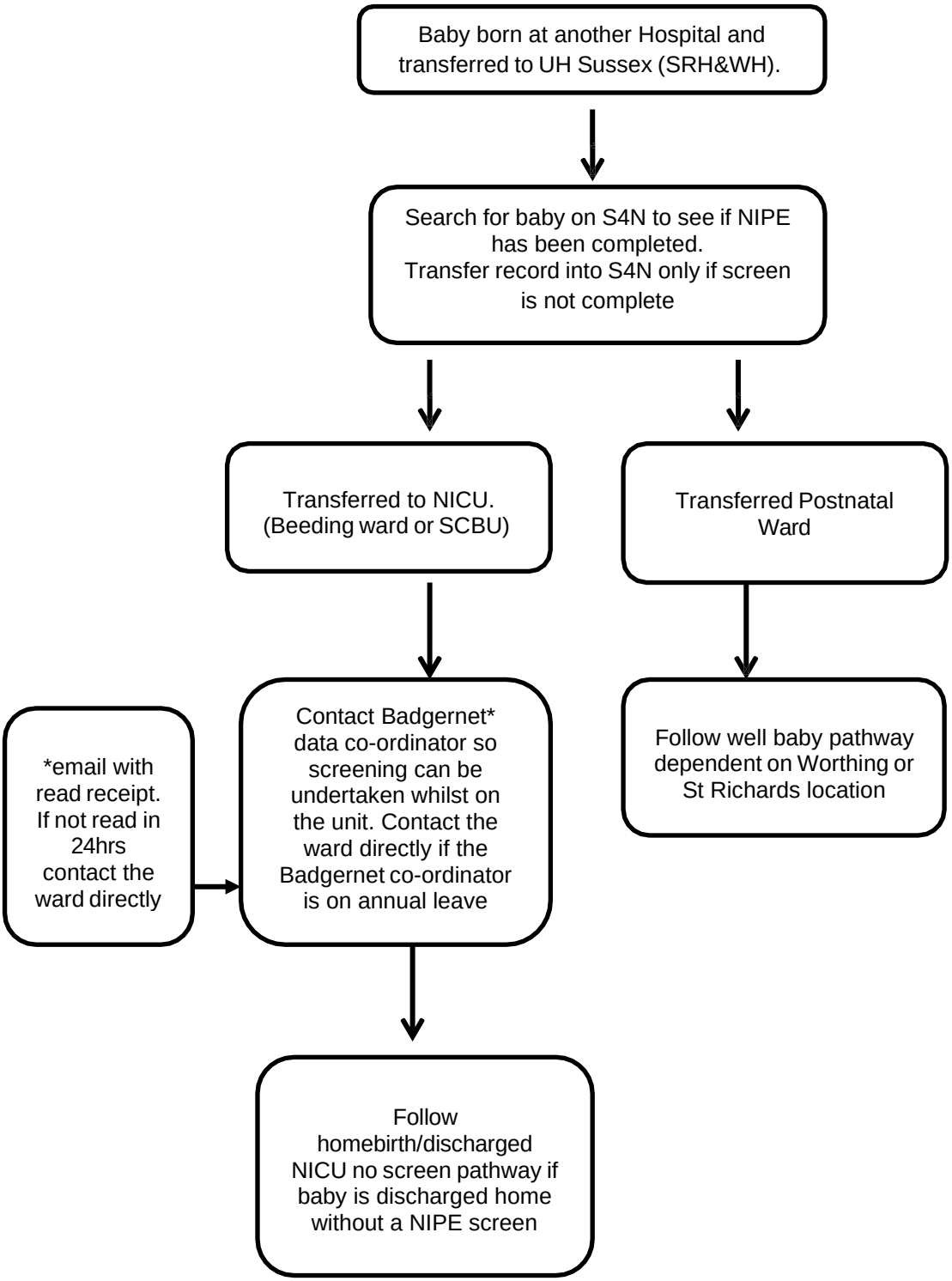
Please print 2 copies of the NIPE SMaRT record and send one to the parents to be placed in the PCHR ('red book').

## Appendix 11: Paper copy of NIPE screen

Paper copy May 22.doc



## Appendix 12: Babies born out of area but transferred to UH Sussex (SRH&WH) ward's



## Appendix 13: Breached babies

Babies record turns red on S4N.

Note - this might not mean baby has breached. They might be waiting for data to be inputted.

Add to 'red baby spreadsheet'

Fill in the following columns

| Today's Date | NHS number | Name | DOB | Location | Who did NIPE check | Input to NIPE SMART Y/N | Any concerns found during NIPE screen Y/N | Notes (was there a downtime pack/ any communication regarding this baby from the checker etc) Please date and initial all entries to this section | Any referral required Yes/No |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

Colour code babies as follows by highlighting the cells

Red- check not yet completed (only highlight red if call made to ward location to confirm not completed). In notes section add who you spoke to, to ensure check completed as urgent

Amber- check completed but not on NIPE Smart system (only highlight amber if checked against NBBS datasheet or ward communications book that check completed)

Green- check now completed and entered to NIPE system

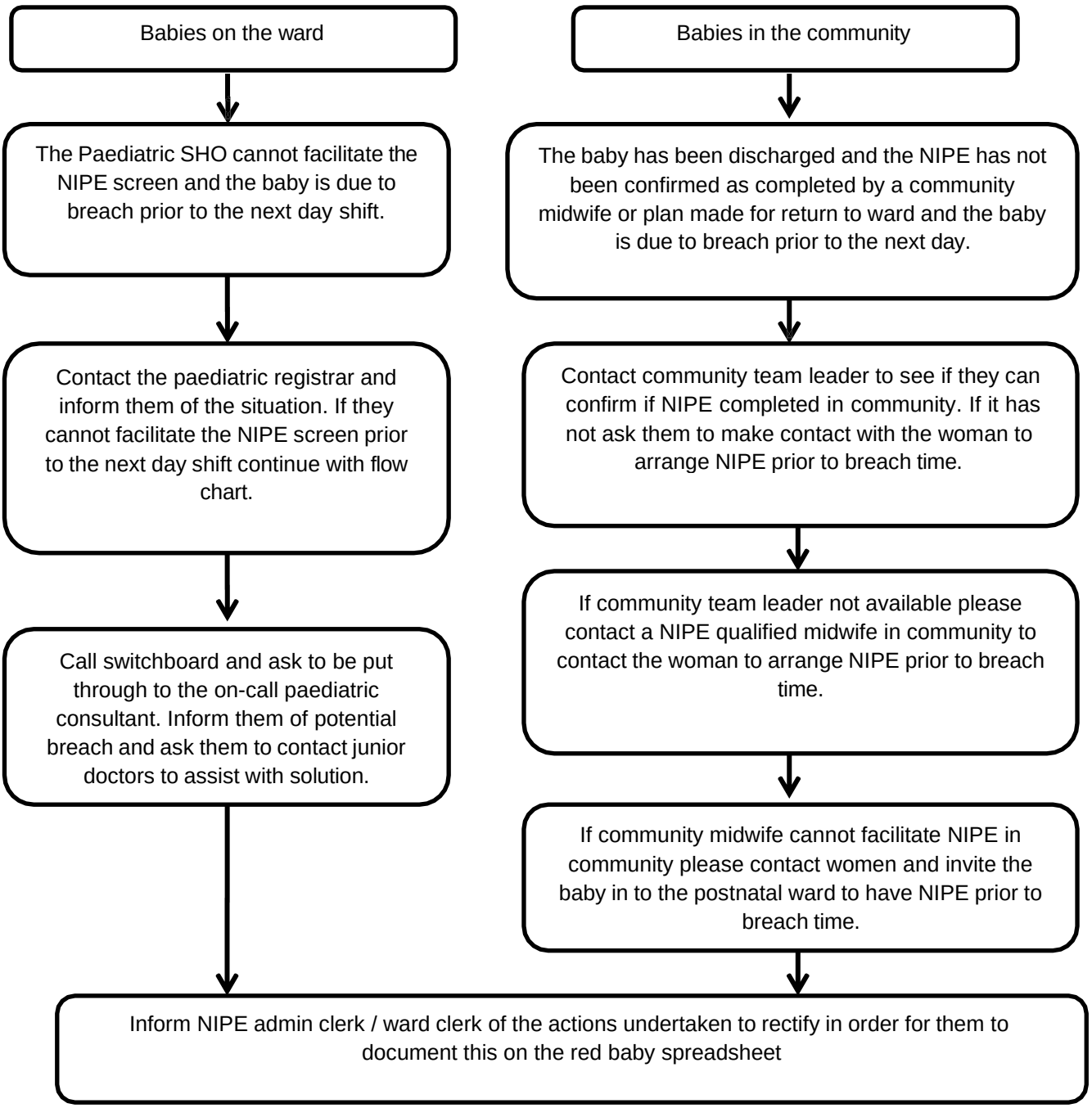
Update colours on spreadsheet once NIPE completed.

Check any breached NIPE's for any referrals and add to referral failsafe spreadsheet. Especially NICU babies.

## Appendix 14: Escalation process for babies close to breaching

**The following information is provided for ward co-ordinators regarding 'How to action a NIPE close to breaching'.**

It is a national standard that all well babies (those not on SCBU) should have their NIPE within 72hours from their time of birth. You will be contacted should a baby be close to breaching where contacting the midwife/ paediatrician has been unsuccessful, in order for you to escalate.
Your support is appreciated and please note this only happens occasionally.



## Appendix 15: S4H/S4N has not been populated

S4H has gone down - records not populating S4H

National Spine has gone down – records not populating S4H and S4N

S4N has gone down - records not populating S4N

**Serious incident**
Report to NHSP/NIPE helpdesks unless already been notified

Create a local list of all births from Maternity Information System (Badgernet), cross check with Careflow and the discharge list for each day of the incident.
This is saved in the Newborn Screening folder, maternity folder, WomenChildrenMgmt folder.

| Names | NHS number | DOB | NIPE completed on paper | NIPE put onto system date and by whom | NHSP screen completed before S4H populated | Date S4H and NIPE smart populated | Date Northgate Blood spot Populated |
|---|---|---|---|---|---|---|---|

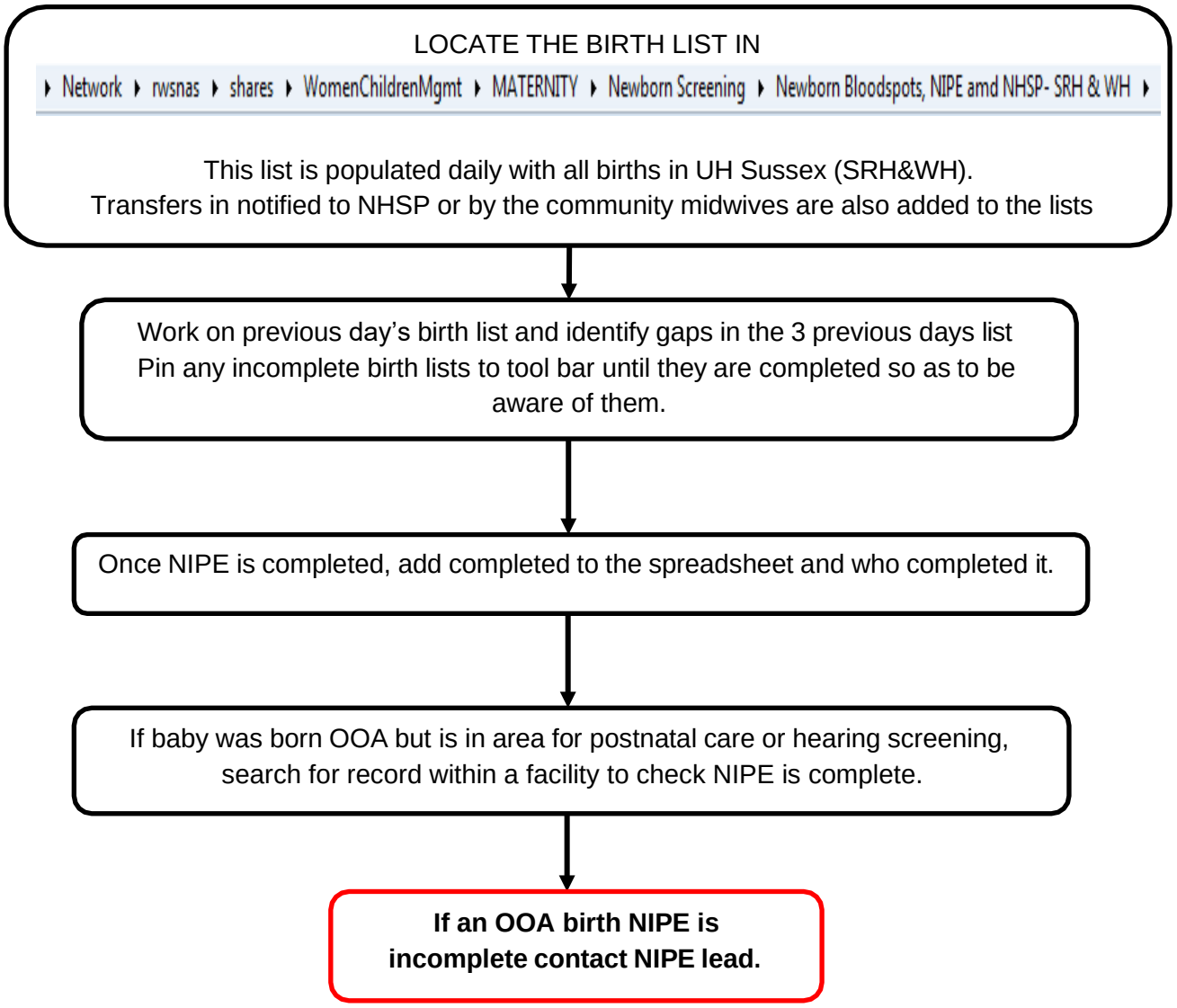
Complete all columns for all births until all babies have populated S4H and S4N

Ensure no screen has been missed

If duplicate records have been made then merge records.
Save a screen shot of the demographics page of each record prior to merging

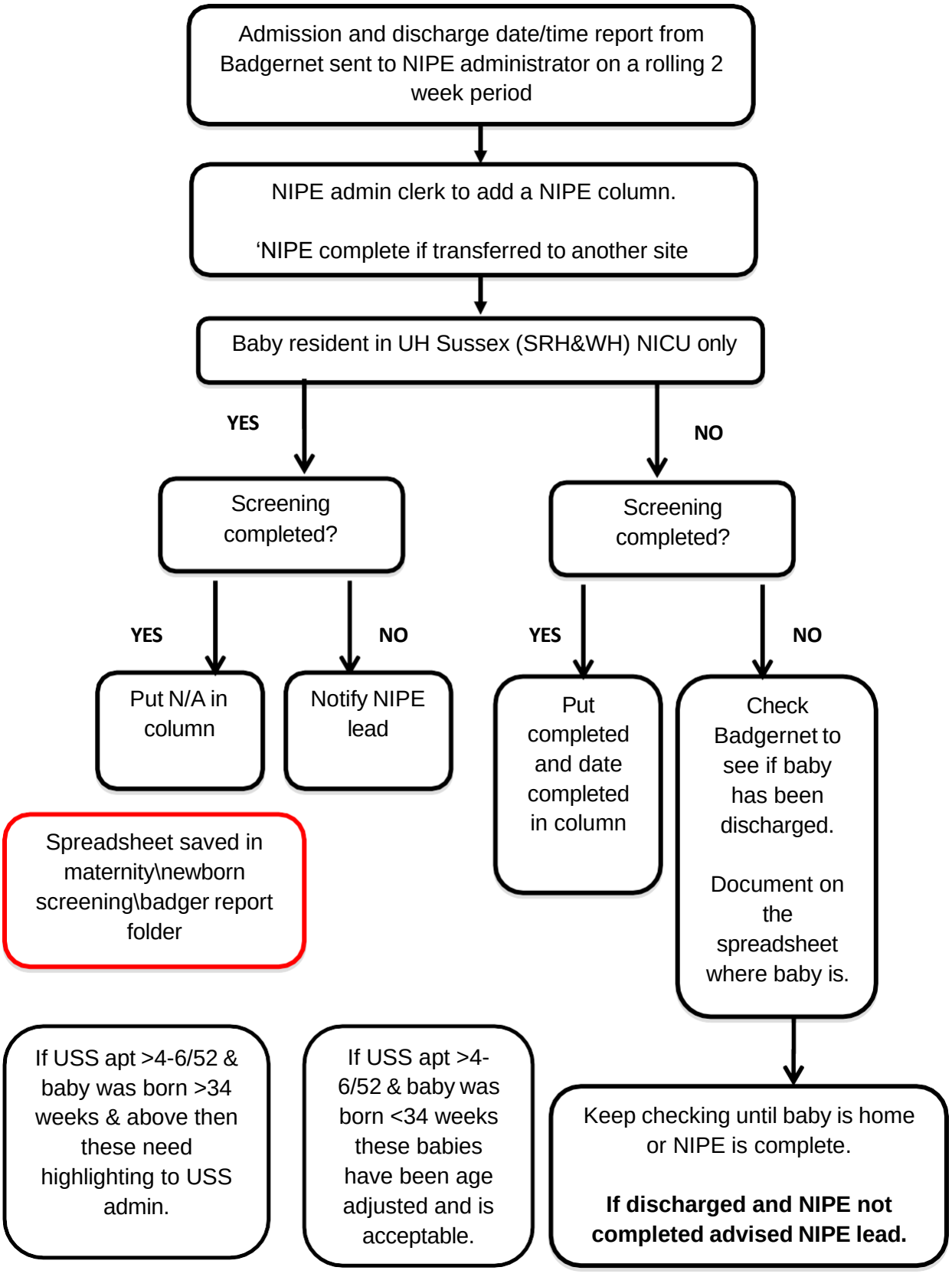
**NOTE:**
If records need merging due to incorrect NHS numbers then screen shots of the demographic pages should be saved prior to merging.

## Appendix 16: Bloodspot/ NIPE/ NHSP failsafe spreadsheet



## Appendix 17: NICU failsafe

### Badgernet report



## Appendix 18: Treatment protocol for babies presenting with suspected Development Dysplasia of the Hips (DDH) at UHSussex

### Targeted screening for Development Dysplasia of the Hips (DDH) at UHSussex

Referrals for RACH Baby Hip Ultrasound clinic should be sent to: uhsussex.outpatientbookings@nhs.net

Queries regarding outcomes and treatment should be sent to: uhsussex.infanthipscreening@nhs.net

**Babies with abnormal clinical examination in the neonatal period should be referred to the RACH baby hip clinic (or their local ultrasound department if born at SRH or Worthing) as soon as possible for an ultrasound scan at 4 weeks of age:**

**I – Inspection** Asymmetrical groin creases, leg length discrepancy
**P – Palpation** Asymmetrical hip abduction
**S – Stability** Either an abnormal Barlow (dislocatable) or Ortolani (dislocated) test

**NB: Ligamentous clicks without instability**
There is limited evidence in the literature to support hip ultrasound screening in isolated clicky hips without instability. However, it can be difficult to differentiate between a clicky hip and an unstable hip, by a non-expert examiner. Therefore, ligamentous clicks should be examined by experienced staff. If screening outcome is still unclear, then an ultrasound should be requested.

**Babies with the following risk factors and a normal clinical hip examination should be referred as soon as possible to the RACH baby hip clinic (or their local ultrasound department if born at SRH or Worthing) for an ultrasound at 4-6 weeks of age:**

**Breech presentation at or after 36 completed weeks of pregnancy, irrespective of presentation at birth or mode of delivery.** This includes breech babies who have had a successful external cephalic version (ECV).

**Breech presentation at delivery if ≥ 28 weeks gestation**

**Positive family history in first degree relative: mother, father or sibling**

**In multiple births, where any of these risk factors are present, all babies in the pregnancy should be referred for a hip USS**

**Foot deformities at birth** – Fixed talipes equinovarus (clubfoot)

The primary purposes of screening taken from Newborn and infant physical examination (NIPE) screening programme handbook – GOV.UK (www.gov.uk) are:

- Early identification of a dislocated or a dislocatable hip(s)
- The identification of sonographic pathological hip dysplasia through selective ultrasound scan (USS)
- Minimising the risk of long-term complications through:
- Timely hip ultrasound scan
- Further expert assessment
- Early intervention

A 'one stop shop' model can be provided, in which ultrasound and review by orthopaedic specialist or specialist practitioner is undertaken on the same day, during the same care episode. In order to meet the national standards associated with the pathway, this joint care episode should be between 4 and 6 weeks of age (or between $38^{+0}$ and $40^{+0}$ weeks corrected age for babies born $<34^{+0}$ weeks gestation).

**Standard 3 (NIPE S03 – NP3)**

- For babies with screen positive hip results, NIPE standard 3 requires the hip USS to be undertaken within the target timescale.
- For babies who are born at $<34^{+0}$ weeks gestation, hip USS should be undertaken between $38^{+0}$ and $40^{+0}$ weeks corrected age.
- Referral to orthopaedic services after hip USS will then depend on the scan result and local management policy in place.

**Standard 4 (NIPE S04)**

For babies who attend for ultrasound scan of the hips after screen positive newborn hip referral, standard 4 requires an outcome decision to be made within the target timescale. This is to ensure that babies who require treatment enter the treatment pathway by 6 weeks of age.

- For babies who are born $\geq 34^{+0}$ gestation, an outcome decision should be made by 6 weeks of age.
- For babies who are born $<34^{+0}$ weeks gestation, an outcome decision should be made by $40^{+0}$ weeks corrected age.

An outcome decision is either:

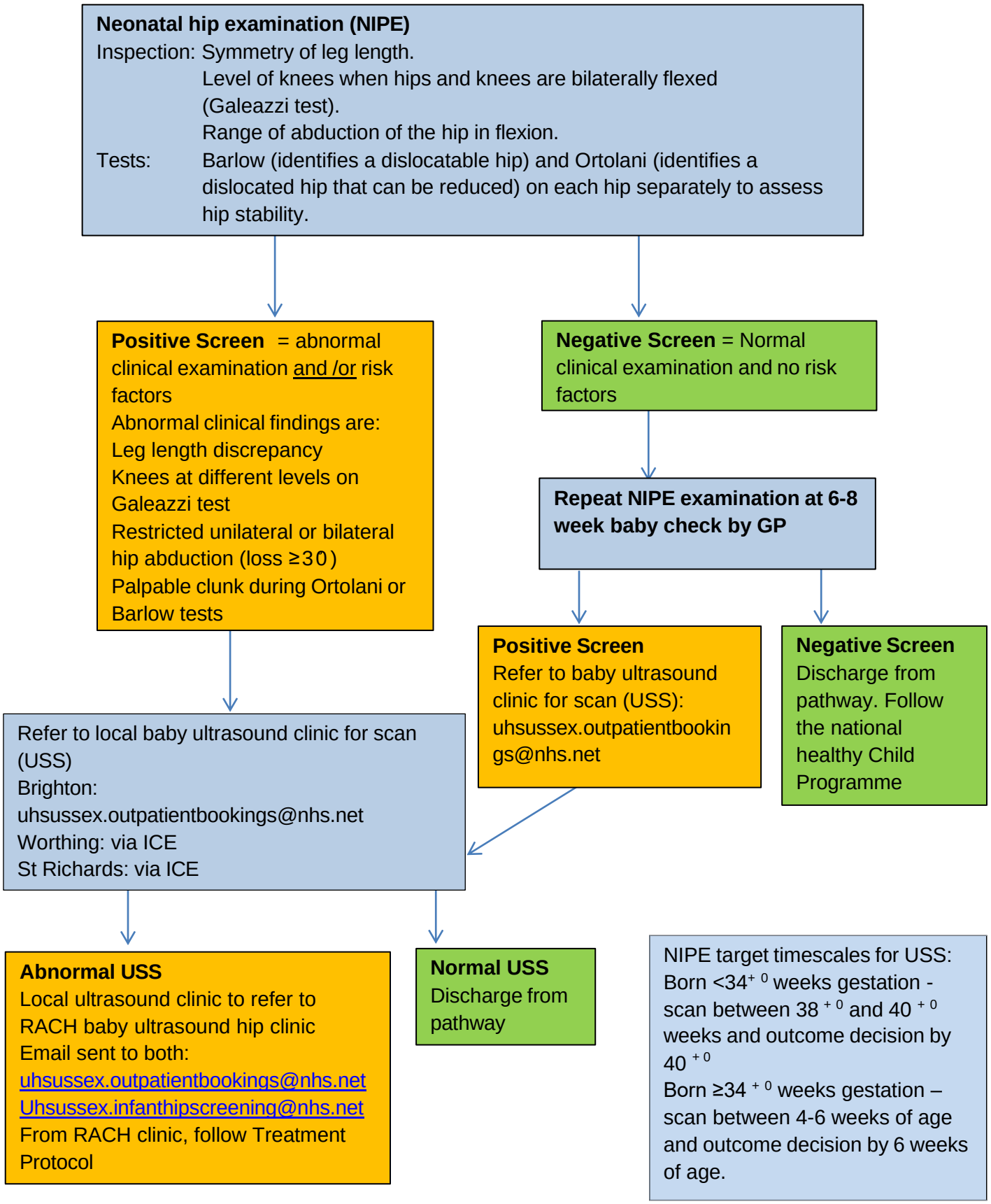
- Discharge from the hip screening pathway after review of normal hip USS results.
- Attendance for clinical assessment by orthopaedic specialist (it is required that hip USS has been undertaken in advance of the decision).

**Treatment protocol for babies presenting with suspected Developmental Dysplasia of the Hip (DDH)**

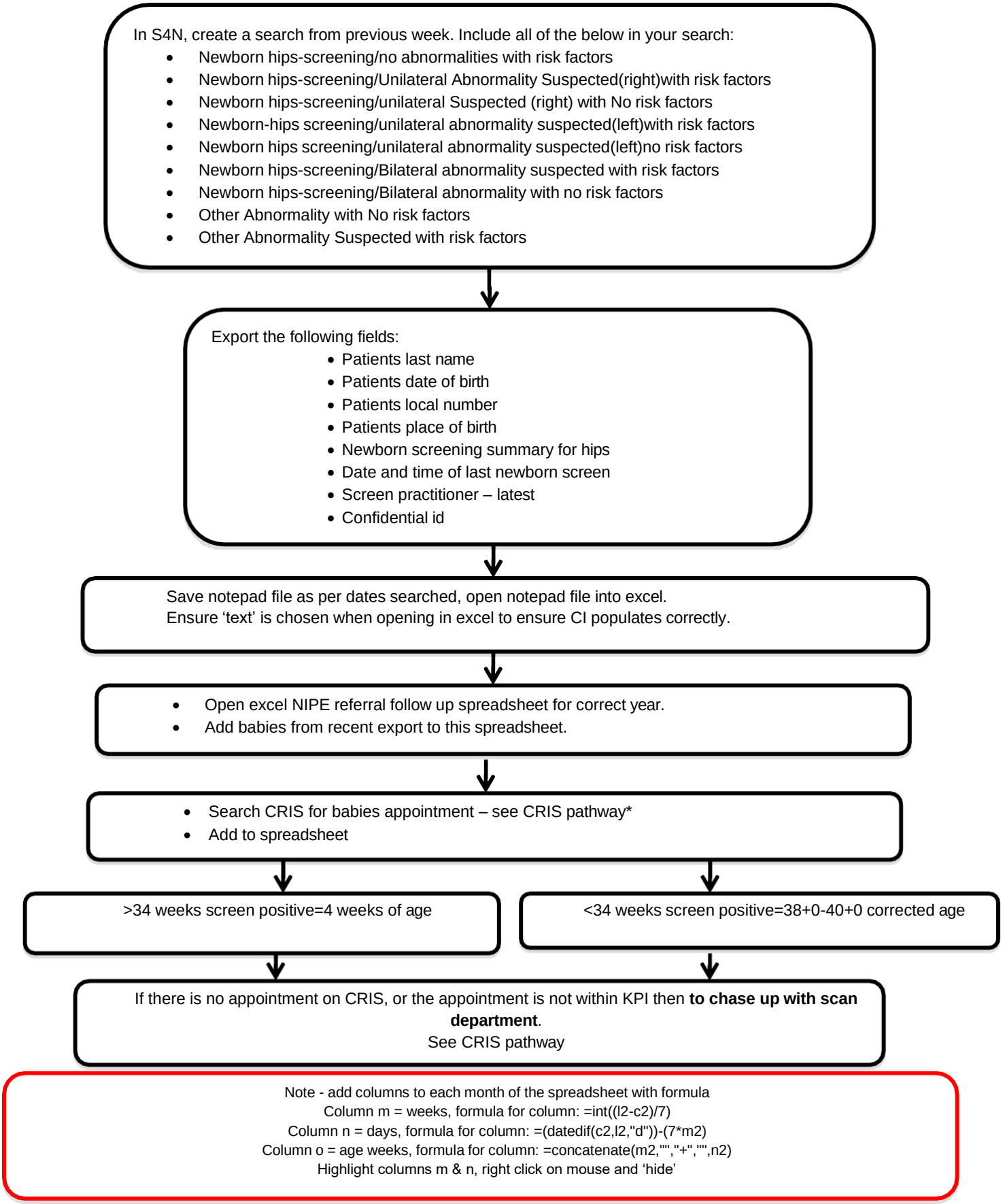
| Graf | Measurement | Description | Treatment | Follow up |
|---|---|---|---|---|
| **Type I** | Graf α > 60° | Normal mature hip with good bony roof formation | No treatment if normal clinical examination | Discharge |
| **Type Iia** | Graf α = 50° – 60° | The roof is immature but appropriate for age (<12 weeks) | No treatment required unless instability present | Follow up scan at or before 12 weeks<br>Discharge following normal scan α >60° |
| **Type Iib** | Graf α = 50° – 60° | The roof is dysplastic for age ( >12 weeks) | Treat in Pavlik Harness<br>Harness can be removed for bathing if no instability | Harness review every 2 weeks<br>Rescan every 2-4 weeks until α>60°<br>Continue harness for 6 weeks after α>60°<br>Follow up in Dysplasia clinic for XR at 9 months age |
| **Type Iic/D** | Graf α < 50°<br>+/- instability | The roof is dysplastic | Treat in Pavlik Harness<br>Harness can be removed for bathing once α > 50° and no instability | Harness review every 2 weeks<br>Rescan every 2-4 weeks until α>60°<br>Continue harness for 6 weeks after α>60°<br>Follow up in Dysplasia clinic for XR at 9 months age |
| **Type III** | No Graf α angle measurable | Femoral head is decentred and cartilaginous roof pushed up | Treat in Pavlik harness 24 hours a day<br>Harness can be removed for bathing Once hip is centred and stable | Harness review every 2 weeks<br>Rescan after 1 week to check location of hip<br>Then Rescan every 2-4 weeks until α>60°<br>Continue harness for 6 weeks after α>60°<br>Follow up in Dysplasia clinic for XR at 9 months age |
| **Type IV** | No Graf α angle measurable | Femoral head is decentred and cartilaginous roof pushed down, potentially blocking reduction | Consider trial of Pavlik harness if hip reducible – proceed with caution | Rescan after 1 week to check location of hip<br>If reducing continue as protocol for Type III<br>If not reducing or any complications refer to Consultant |

Note: Babies who develop Femoral Nerve Palsy should stop harness treatment until full active knee extension has recovered. Harness can then be restarted with caution.

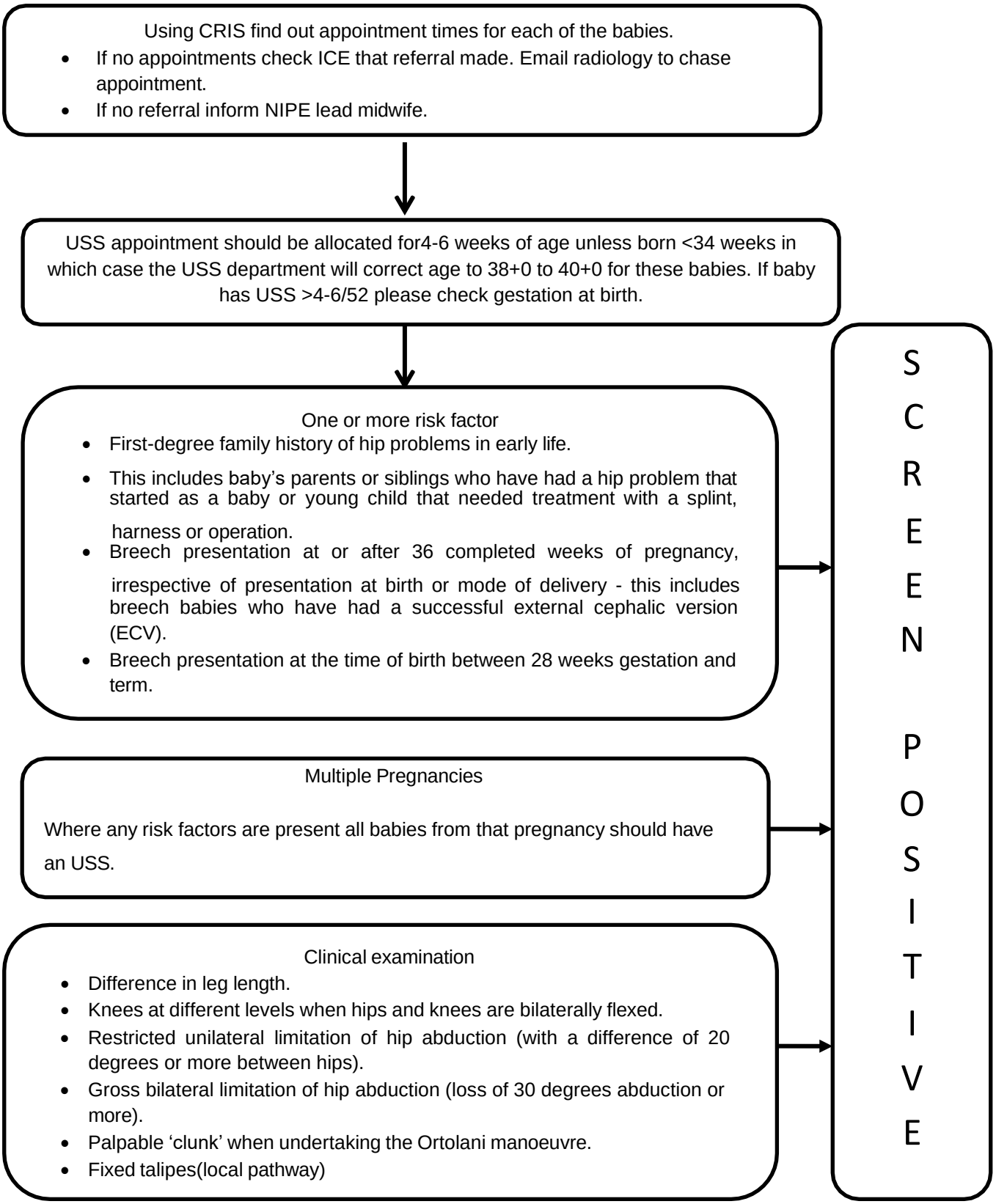
## Neonatal Hip Screening Referral Pathway



## Appendix 19: Hip referral and attendance failsafe



## Appendix 20: CRIS pathway



## Appendix 21: Template emails re HIPS

**To USS team if baby still waiting in CRIS-**

Dear

I can see that Baby …… NHS no..... was referred for a hip USS on ……..but is still waiting for an allocated appointment. This baby with be 4 52 old on..... could you please let me know when it has been allocated an appointment date please?

Kind regards

Send email to-

- WH; Emily Warman-Andrews. CC Rebecca Coombes & NIPE Lead (If Emily out of office- Clive Wootton or Kim Goom)
- SRH; Paula Couzens. CC Rebecca Coombes & NIPE Lead (If Paula out of office- Kim Goom)

**To USS team if apt >4 52 and gestation 34 weeks**

Dear

I can see that Baby…….. NHS no..... has an appointment for a hip USS on……

Unfortunately this would make the baby **4- 6** weeks of age and would breach the Public Health England pathway for babies requiring a hip USS.

Could you please see if this appointment could be brought forward to be in line with the **4-6** weeks of age USS standard please?

Kind regards

Send email to-

- WH; Emily Warman-Andrews. CC Rebecca Coombes & NIPE Lead (If Emily out of office- Clive Wootton or Kim Goom)
- SRH; Paula Couzens. CC Rebecca Coombes & NIPE Lead (If Paula out of office- Kim Goom)

**To NIPE Practitioner (paediatrician or midwife) if require clarification of hip finding-**

Dear

I am in the process of following up hip abnormalities for babies following their NIPE screening and I can see that you carried out Baby……. NHS no……. NIPE on ……

You have highlighted that the baby has a suspected hip abnormality but unfortunately you have not documented what your suspicions are and therefore I cannot confirm if the baby is on the right pathway.

Could you let me know ASAP whether this baby has a suspected dislocated hip or another screen positive element (see NIPE guideline on intranet) or a clicky hip so I can ensure the baby has the right appointment?

Kind regards

Send email to-

- WH NIPE practitioner. CC NIPE Lead; Katia Vamvakiti (if paed)
- SRH NIPE practitioner. CC NIPE Lead; V.Sharpe(if paed)

## Appendix 22: Eyes/ testes /heart/ referral failsafe

### a. Eyes

In S4N, create a search for the previous month.
In 'screening status tab' choose care pathway of: Newborn Eyes– Screening

**Include all of the below in your search:**

- **Newborn Eyes - screening/Unilateral Abnormality Suspected (Right) with risk factors**
- **Newborn Eyes - screening/Unilateral Abnormality Suspected (Right) with No risk factors**
- **Newborn Eyes - screening/Unilateral Abnormality Suspected (Left) with risk factors**
- **Newborn Eyes - screening/Unilateral Abnormality Suspected (Left) with No risk factors**
- **Newborn Eyes - screening/Bi-lateral Abnormality Suspected with risk factors**
- **Newborn Eyes - screening/Bi-lateral Abnormality Suspected with no risk factors**

↓

Export the following fields

- Patients last name
- Patients date of birth
- Patients local number
- Patients place of birth
- Newborn screening summary for eyes
- Date and time of last newborn screen
- Screen practitioner – latest
- Confidential id

↓

Save notepad file as per month searched, open notepad file into excel.
Ensure 'text' is chosen when opening in excel to ensure CI populates correctly.

↓

- Open excel NIPE referral follow up spreadsheet for correct year.
- Add babies from recent export to this spreadsheet.

↓

- Search babies for babies referral/appointment.
- Add to spreadsheet.

↓

NIPE lead to search to check that referrals have been made.

## b. Testes

In s4n, create a search for the previous month.
In 'screening status tab' choose care pathway of: Testes– Screening

**Include all of the below in your search:**

- **Newborn Testes – Screening/Unilateral Abnormality Suspected (Right)**
- **Newborn Testes – Screening/Unilateral Abnormality Suspected (Left)**
- **Newborn Testes – Screening/Bilateral Abnormality Suspected**

↓

Export the following fields:

- Patients last name
- Patients date of birth
- Patients local number
- Patients place of birth
- Newborn screening summary for testes
- Date and time of last newborn screen
- Screen practitioner – latest
- Confidential id

↓

Save notepad file as per month searched, open notepad file into excel.
Ensure 'text' is chosen when opening in excel to ensure CI populates correctly.

↓

- Open excel NIPE referral follow up spreadsheet for correct year.
- Add babies from recent export to this spreadsheet.

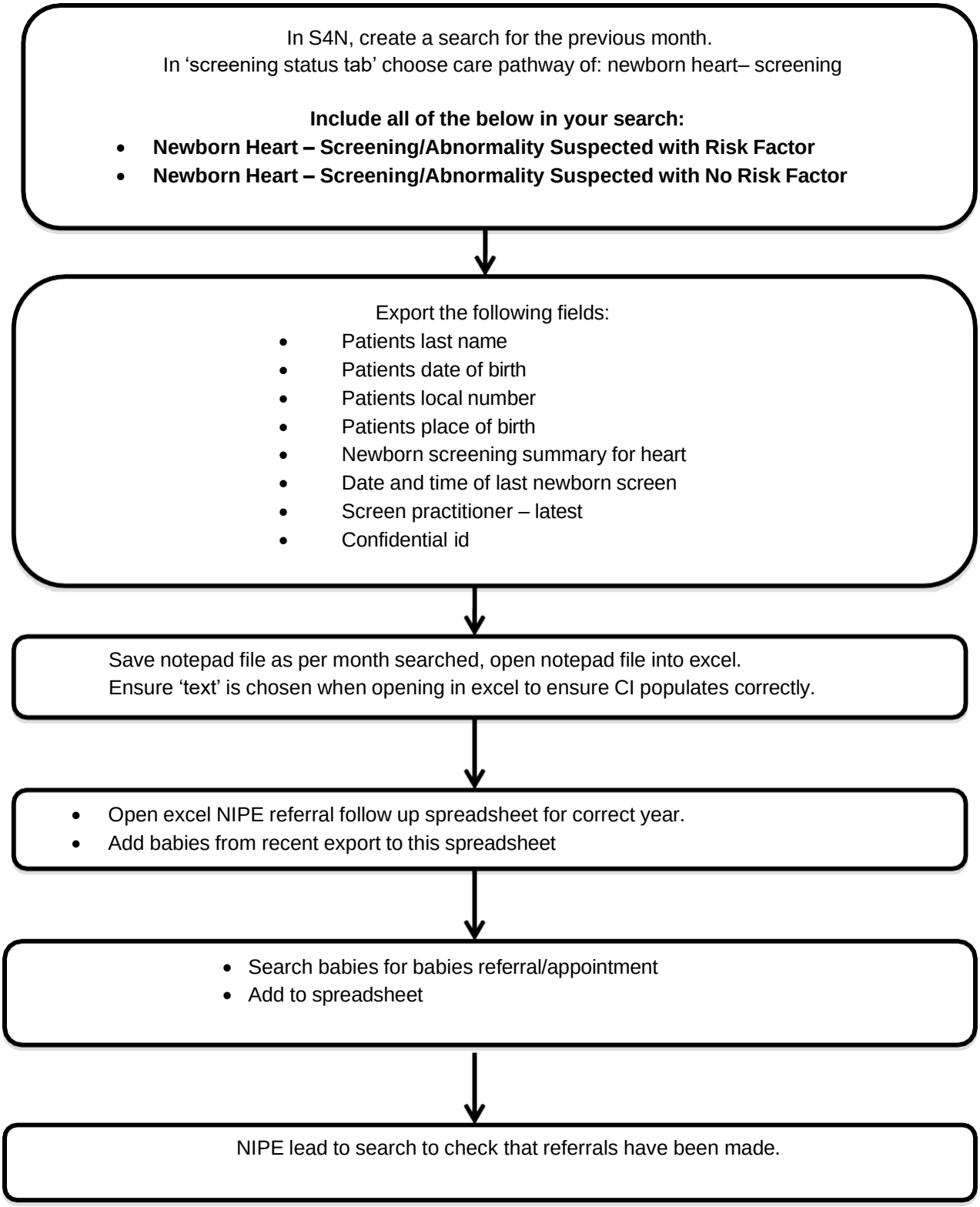
↓

- Search babies for babies referral/appointment
- Add to spreadsheet

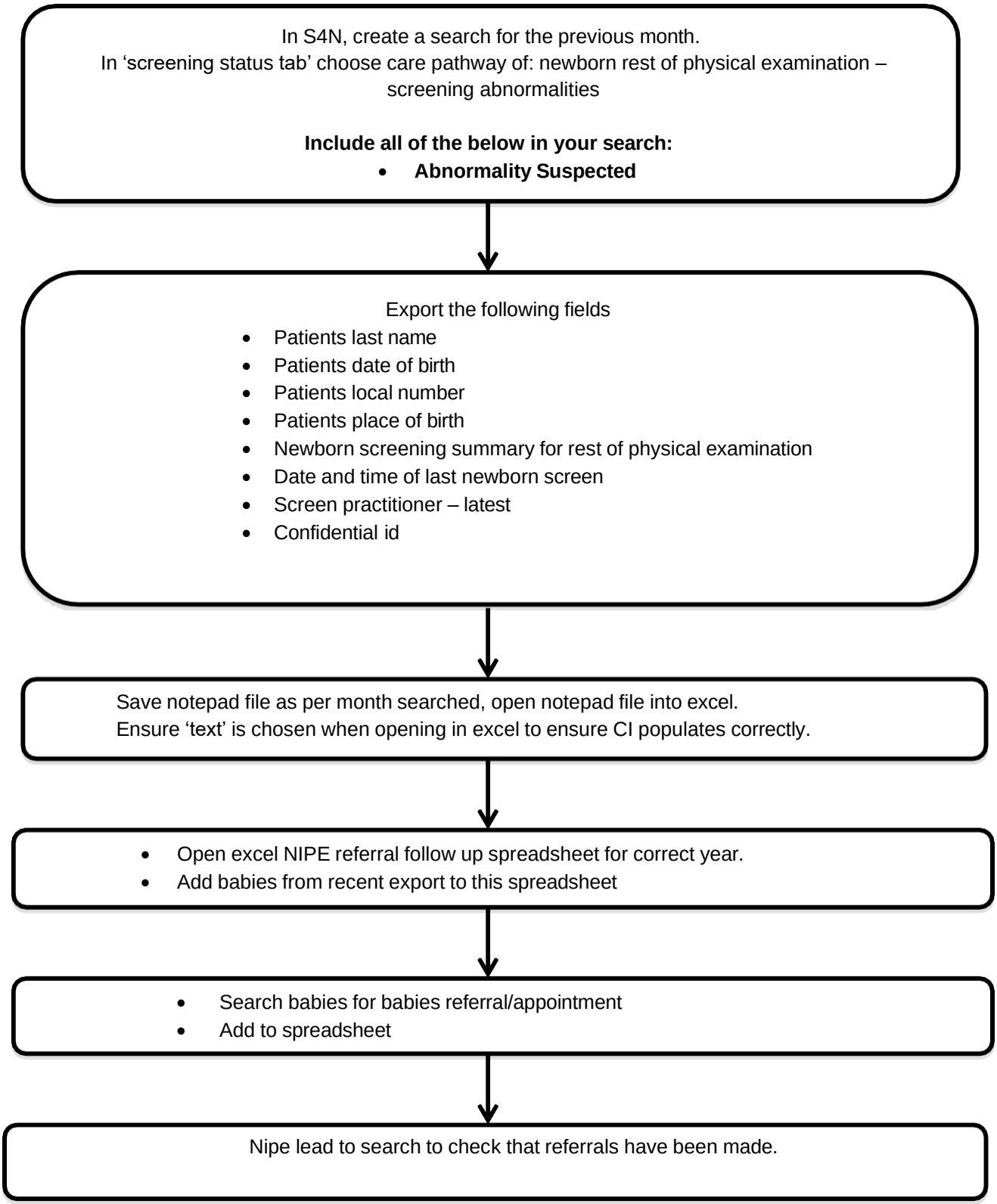
↓

NIPE lead to search to check that referrals have been made.

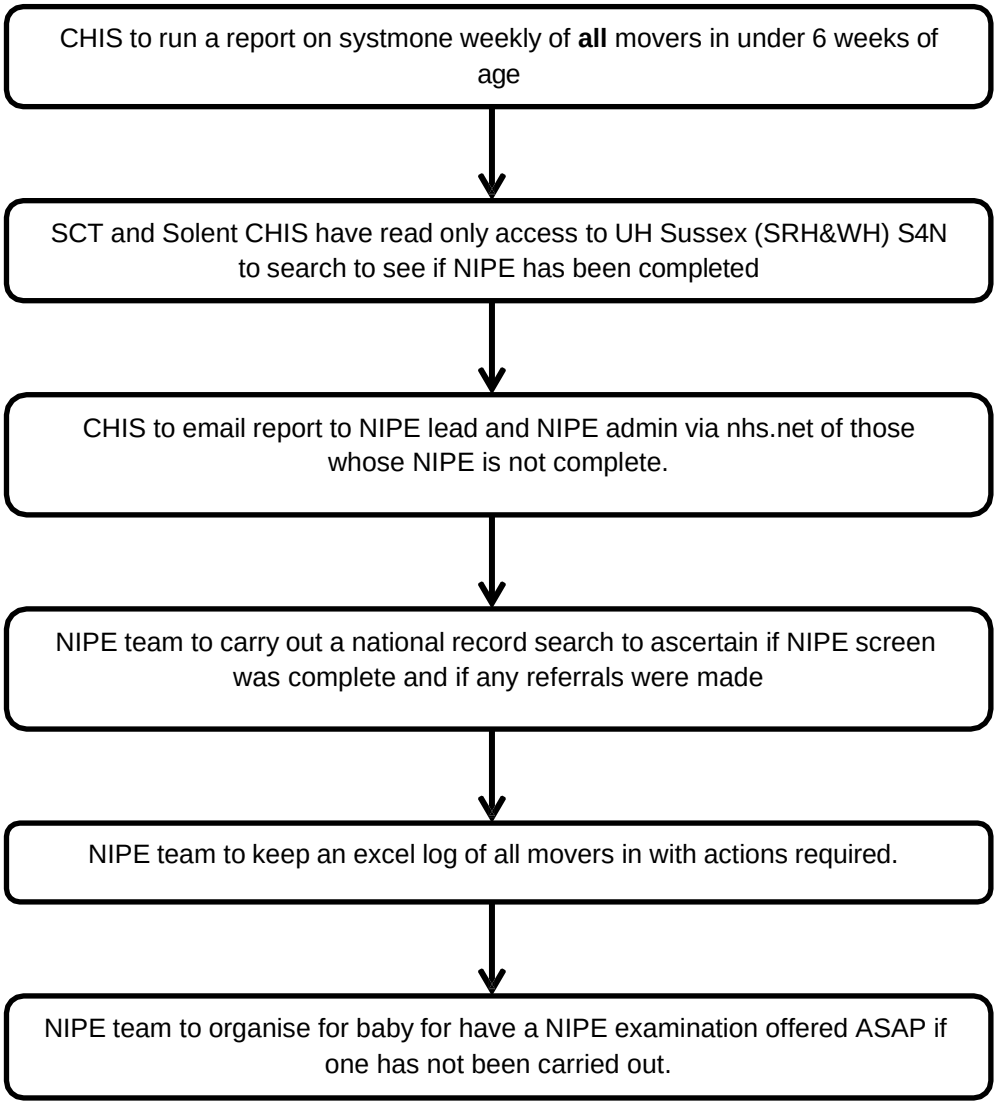
## c. Heart


In S4N, create a search for the previous month.
In 'screening status tab' choose care pathway of: newborn heart– screening
Include all of the below in your search:
Newborn Heart – Screening/Abnormality Suspected with Risk Factor
Newborn Heart – Screening/Abnormality Suspected with No Risk Factor
Export the following fields:
Patients last name
Patients date of birth
Patients local number
Patients place of birth
Newborn screening summary for heart
Date and time of last newborn screen
Screen practitioner – latest
Confidential id
Save notepad file as per month searched, open notepad file into excel.
Ensure 'text' is chosen when opening in excel to ensure CI populates correctly.
Open excel NIPE referral follow up spreadsheet for correct year.
Add babies from recent export to this spreadsheet
Search babies for babies referral/appointment
Add to spreadsheet
NIPE lead to search to check that referrals have been made.

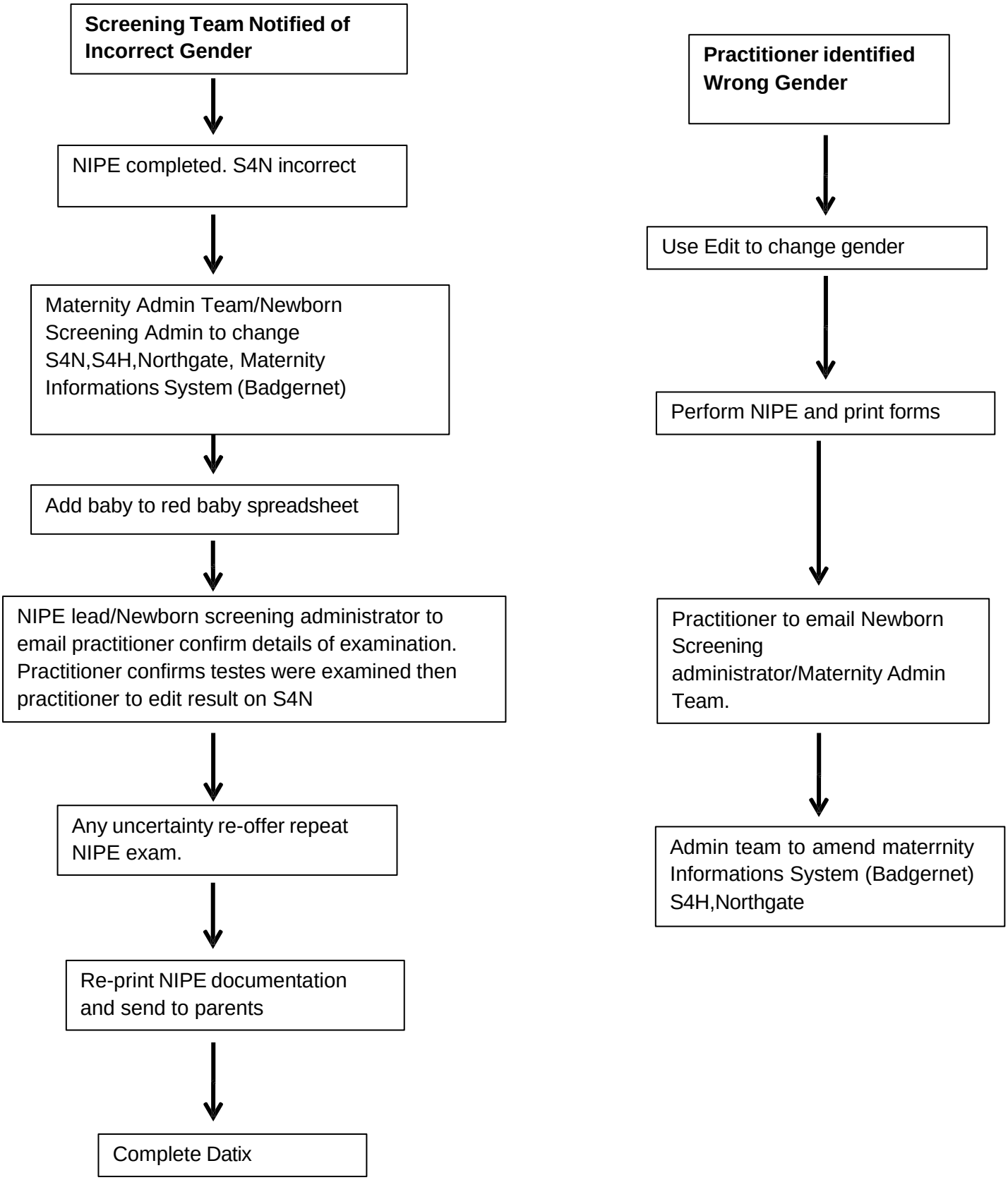
## d. Rest of physical examination



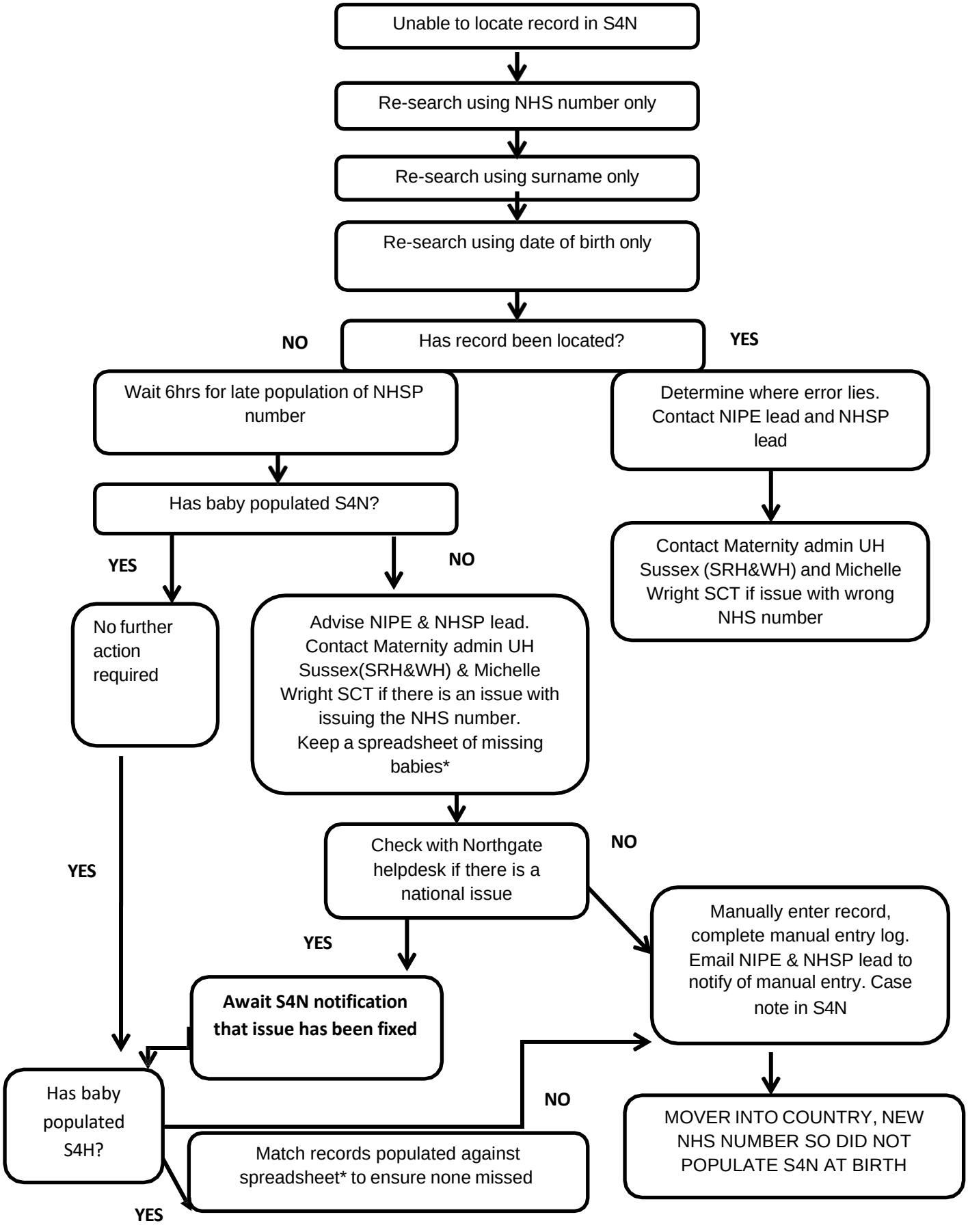
## Appendix 23: Movers in/out – notification from CHIS



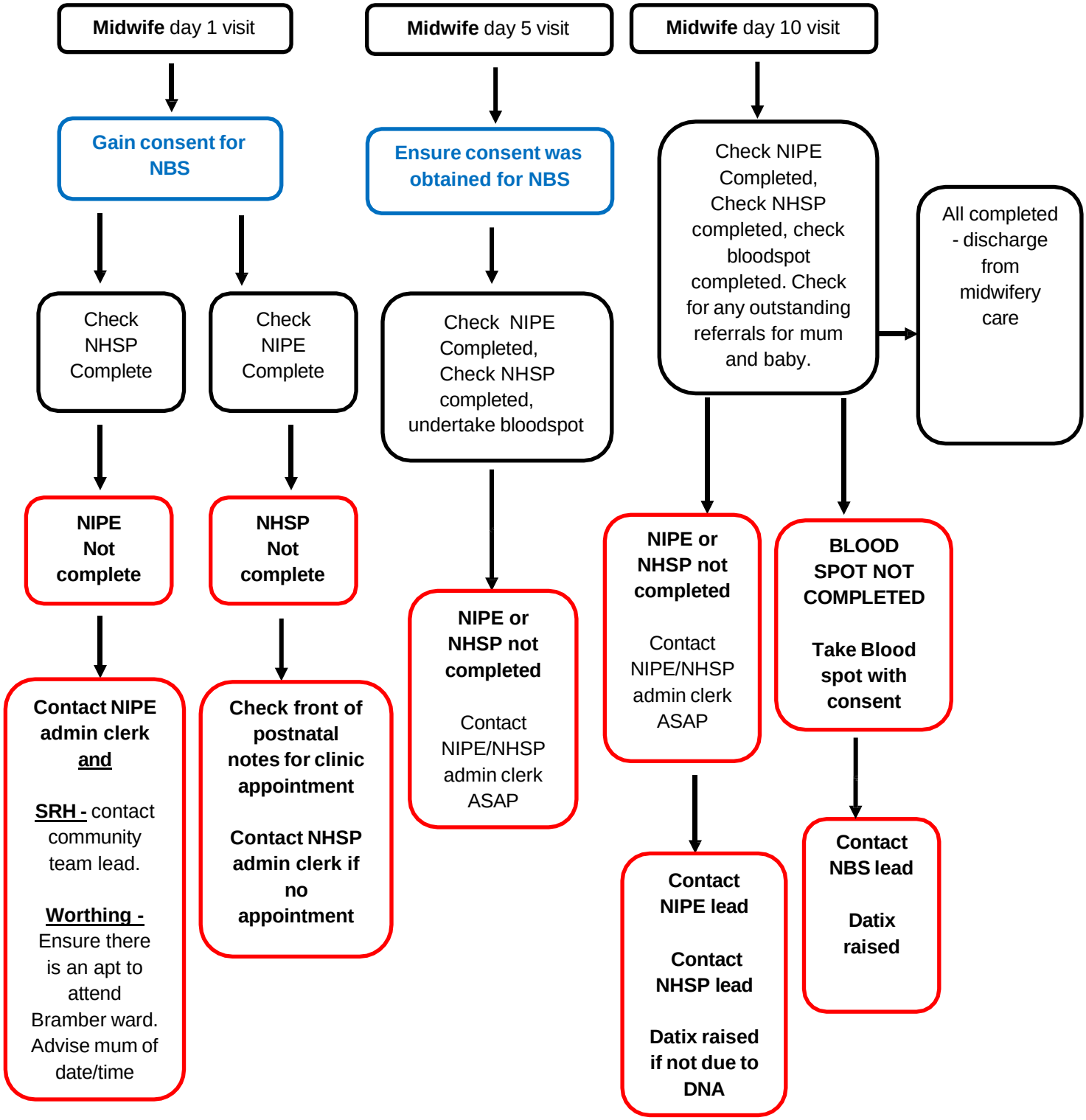
## Appendix 24: Incorrect Gender



## Appendix 25: Manual entry of record into S4N



## Appendix 26: Checking that all newborn screening has been completed



## Contact list

**NIPE Lead**
Caroline Thomas
Caroline.thomas2@nhs.net

**NIPE Clinical Leads**
**Worthing**
Dr Edward Yates, Consultant Paediatrician
Edward.yates@nhs.net

**St Richards**
Dr Vicky Sharpe Consultant Paediatrician
V.Sharpe@nhs.net

**NIPE Failsafe clerk**
**Chrissie Thair**
01903 205111 ext 86076 01243 788122 Ext 32811
07808099826

**Neonatal Unit, St Richards Hospital**
01243 788122 ext 32985/32986

**Beeding Ward (SCBU), Worthing Hospital**
01903 285184

**Badgernet Data Co-coordinator**
Lorraine Lelliott
lorraine.lelliott@nhs.net
St Richard's Hospital: 01243 788122 ext 32986
Worthing Hospital: 01903 205111 ext 85184

**S4N (Northgate). Open 7am-7pm 7 days a week**
08450705902
NIPE.helpdesk@nhs.net

**Child Health Records**
Tel: 01243 812510
Fax: 01243 812590
Michelle Wright Manager
Child Health Record Bureau,
Michellewright2@nhs.net

**Glossary**

| | |
|---|---|
| ANNB | Antenatal and Newborn |
| CHIS | Child Health Information Services |
| GP | General Practitioner |
| HV | Health Visitor |
| NICU | Neonatal Intensive Care Unit |
| NIPE | Newborn Physical Examination |
| NNU | Neonatal Unit |
| PCHR | Personal Child Health Record |
| PHE | Public Health England |
| QA | Quality Assurance |
| S4N | Smart4NIPE |
| SCBU | Special Care Baby Unit |

## References


- NHS Choices website
- NHS NIPE Screening Programme Standards 2019-2020
- Newborn and Infant Physical Examination Screening Programme Handbook April 2021
- Screening of individuals with uncertain or incomplete screening status in England July 2017 PHE

Managing safety incidents in NHS screening programmes: Ref: PHE publications gateway number 2017284.

- NIPE Screening Standards