



# Caring for Your Baby

## Newborn Tests and Procedures

Routine care of the newborn includes many tests and procedures. These vary somewhat among health care providers and institutions. Try to find out which ones are used by your health care provider at your place of birth. Most of the following tests are routinely performed and a few are only used when medically indicated.

Test or Procedure	What It Is	Comments
Infant vital signs	The nurse or midwife will assess the baby's vital signs (temperature, heart rate, and respiration) to be sure she's adjusting to life as a newborn and to detect any problems with her heart, lungs, or body temperature.	<p>Normal infant heart rate is 90-160 beats per minute with a regular rate and rhythm and no audible heart murmurs. Infants breathe 30-60 times per minute. The infant should appear pink and breathe easily without grunting, flaring nostrils, or retracting her chest (pulling in her chest under her ribs). If the heart rate or rhythm is cause for concern, or if there is a breathing problem, your baby will be assessed by her health care provider or admitted to the nursery.</p> <p>Normal underarm temperature is between 97.4°F and 99.5°F.</p> <p>If she has a fever, she'll be admitted to the nursery and may have a septic workup (see page 370 in <i>Pregnancy, Childbirth, and the Newborn</i>) and intravenous (IV) antibiotics. If she is too cool, she'll warm up quickly if placed skin-to-skin with you and covered with warmed blankets. If she is still cool after 20 or 30 minutes, she may be wrapped warmly in several blankets and placed under a special radiant warming light or admitted to the nursery and placed in a special bed or isolette for warming.</p>
Vitamin K	Vitamin K is injected into your baby's thigh. Vitamin K given soon after birth enhances blood clotting and may prevent a bleeding disorder of the newborn called hemorrhagic disease.*†	The American Academy of Pediatrics recommends the injectable form of vitamin K. The infant receives one shot in the thigh muscle. Breastfed babies are slower to produce adequate amounts of vitamin K than those fed formula. Formula contains small amounts of vitamin K.**††
Newborn eye care or prophylaxis	Erythromycin or tetracycline ointment or, rarely, silver nitrate drops are placed in the eyes within an hour or so after birth to prevent infection and possible blindness if the newborn is exposed (in the birth canal) to the bacteria causing gonorrhea. Erythromycin also decreases the risk of an eye infection caused by chlamydia.†	<p>All can cause temporary blurring of vision. Delaying the procedure up to the allowed 1 hour gives you some time with the baby when she is alert and can see more clearly.</p> <p>Eye prophylaxis can't prevent all possible eye infections such as those caused by the herpes simplex virus, Group B streptococcus, or Hemophilus influenza biotype IV.</p>
Septic workup (Not routinely done—only used when medically indicated)	Blood is drawn and cerebrospinal fluid may be obtained by spinal tap; samples are sent to the laboratory to be tested for bacteria that cause illness. Results are available in about 48 hours.	Baby is admitted to the nursery for IV antibiotics. If the blood and cerebrospinal fluid are found to be normal, antibiotics will be discontinued. If the tests show the presence of bacteria, the baby will stay in the nursery for a full course of antibiotic therapy.
Test for jaundice (Not routinely done—only used when there are concerns about jaundice)	Blood taken by pricking the baby's heel is sent to a laboratory, where the bilirubin level is determined. If high, the baby has significant jaundice. Sometimes, a special instrument, such as a jaundice meter, is used to estimate the blood levels of bilirubin by flashing a light over the skin of the baby's sternum or forehead.	If the baby's skin and whites of her eyes are yellowish, an elevated bilirubin level is suspected. Most jaundice is mild and disappears with little or no treatment. Jaundice may also result from prematurity, bruising of the baby during labor or birth, blood incompatibilities (Rh and ABO), sepsis (infection), exposure to certain drugs given to the mother in labor, or liver or intestinal problems. (See page 416 in <i>Pregnancy, Childbirth, and the Newborn</i> for a more detailed discussion of jaundice and its treatment.)





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Test for hypoglycemia	Blood obtained by a heel prick is tested for hypoglycemia (low blood sugar).	<p>Hypoglycemia is most common in babies over 8 pounds 13 ounces or under 5 pounds; if the baby is chilled; or if the baby is preterm or post term. Hypoglycemia can lead to respiratory distress, lethargy, slow heart rate, seizures, and (in the most severe cases) death.</p> <p>Treatment includes frequent breastfeeding or formula feeding and/or feedings of sugar water (5 or 10 percent dextrose solution). In more serious cases, the baby may be admitted to the nursery and given IV dextrose.</p> <p>Low blood sugar can occur in babies when the mother is diabetic or when the mother has received large amounts of IV fluids with dextrose and water during labor.</p>
Infant security	All hospitals and large birth centers should have a policy in place to prevent kidnapping, to ensure that all babies are properly identified, and to safeguard against switching infants.	<p>Learn about the infant security policy at your hospital or birth center. All babies should be given wrist and ankle bands at birth that match their mothers. All staff providing care for babies should wear easy-to-read identification badges. And there should be a written plan for how the facility would respond if an infant were missing. Many facilities have video surveillance and sensors that lock doors and units immediately when a baby is missing. Having your baby in your room with you at the hospital (or birth center) and being sure that you never leave her unattended at the birth facility or after you go home are the best ways to keep your baby safe.</p>
Newborn hearing screening	Newborn hearing is assessed in the first days after birth using one of several devices for a period of about 10 minutes while the infant is sleeping.	<p>Not all states or provinces have mandatory hearing screening for newborns. Infants who are born prematurely, who have a family history of hearing deficits or deafness, or who have been exposed to pathogens or medications that put them at risk for hearing loss or deafness are tested. Universal hearing screening is being considered as a standard for all babies, since 50 percent of infants with hearing deficits have no known risk factors.</p>

\*American Academy of Pediatrics, "Controversies Concerning Vitamin K and the Newborn" Committee on Fetus and Newborn. *Pediatrics* 2003;112: 191-192.

†American Academy of Pediatrics and American College of Obstetricians and Gynecologists, "Guidelines for Perinatal Care," 1997.

‡American Academy of Pediatrics, policy Statement. Breastfeeding and the use of human milk. (*J*)*Pediatrics*(*J*) 2005;115:496-506

