Examining the newborn

Midwifery care is ever evolving and soon could involve practising the routine examination of newborns, writes Janet Murphy

IN IRELAND it is common for the paediatric senior house officer to perform the 24-72 hour newborn examination. However, economic and professional changes may require midwives to carry out the examination in the future.

Part of the registration criteria for an advanced midwife practitioner (AMP) in midwifery care by the Nursing and Midwifery Board of Ireland (NMBI) is to obtain a qualification in the examination of the newborn. This involves completing a postgraduate certificate at master’s level at Coventry University. This course is delivered in three modules over a year:

• Module 1: Newborn examinations for healthcare professionals
  This provides a foundation on which to build skills within this specialist area of practice. The module considers evidence that supports the practice.

• Module 2: Advanced practice in examination of the newborn
  This requires the student to achieve the identified competencies, which illustrate the student’s ability to assess the newborn safely and effectively in practice.

• Module 3: Interprofessional work-based learning
  This supports an ongoing demonstration of change in practice.
  The blended learning approach of the postgraduate course includes online blogging with overseas students from the UK’s National Health Service (NHS), the development of a podcast, interactive classroom and reflective wrappers.

Competency
  The structure of the competency framework is based on the NHS Newborn and Infant Physical Examination Programme. The UK Screening Committee states that newborn examinations must be performed by practitioners who are trained and competent in the skills required. These include: communication and history taking; assessment of head, ears, nose, face and neck; ophthalmic and skin assessment; cardiopulmonary assessment; gastrointestinal and genito-urinary assessment; musculoskeletal and neurological assessment; health education; legal issues; referral; and record keeping.

  An essential component of this is ongoing communication with paediatricians. Robust mentorship and supervision is also essential for continuity of learning and obtaining competency.

  Findings from the EMREN study show that the routine examinations of newborn babies is within the midwife’s scope of practice. Both midwifery and medical models of care are important for the care of pregnant women. However, it has been argued that if midwives are deemed experts in normal pregnancy, birth and postpartum care, they are the best-placed healthcare professional to perform routine examinations of newborn babies with no identified risks.

  The routine examination of the newborn involves a full physical assessment of a baby who appears to be without significant risk. Its aims are screening, health education and parental reassurance. This examination has huge potential for the early detection and treatment of serious conditions in the first 72 hours.

Extending the role
  Performing the newborn examination presents an opportunity to educate parents about parenthood and postpartum care. There is a special bonding between the couple, baby and midwife during the examination. This continuity of care brings a sense of closure to the midwife-mother relationship. This is especially evident with homebirth families whose GP is not comfortable examining a baby born at home.
  The midwives’ philosophy that midwifery care is a continuum of a normal life event is echoed in a study which found that midwives’ satisfaction with their role increased when they were able to practice more autonomously.

  The EMREN study demonstrated the influence that expanding the role of the midwife has on service provision. There needs to be an increase in midwifery services if the new skill of examining newborns is to be seen as common place. However, this skill needs to be viewed holistically rather than seen as another duty to perform.

  In order to support the examination of the newborn by midwives, the AMP at Waterford Regional Hospital (WRH) developed a guideline and audit tool in conjunction with three paediatricians.

  In a review of the literature on the expansion of the midwife’s role, McDonald stressed the importance of reclaiming autonomy. There is plenty of evidence to support this change in practice, and there has never been a more opportune time to revisit the role of the midwife.

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References