

Beebe School of Nursing  
Nursing 201 – Nursing Care of Special Populations  
Newborn Reflexes

| <b>Reflex</b>                                  | <b>How to elicit</b>   | <b>Response</b>   |
|--|--|---|
| <b>**Rooting</b>                               | Brush or stroke the newborn's cheek near the corner of his mouth.  | Serves to help the baby find food. Disappears at 4 months.  |
| <b>**Sucking</b>                               | Stimulate the lips, cheek or corner of the mouth with nipple or finger   | The newborn makes a sucking motion; sucks and takes food. Begins to diminish at about 6 months of age but may persist throughout life. The reflex disappears immediately if it is never stimulated. May observe during sleep.   |
| <b>**Palmar grasp</b>                          | Place an object in a newborn's palm,   | The infant will grasp it by closing his fingers on it. Newborn begins to grasp meaningfully at about 3 months of age. Disappears at 6 weeks to 3 months.  |
| <b>**Plantar grasp</b>                         | Touches the sole of the newborn's foot at the base of the toes with an object.   | The Infant's toes grasp in the same manner as his fingers do. Disappears at 8-9 months, in preparation for walking.   |
| <b>Stepping (walking)</b>                      | Hold the infant in a vertical position and his feet touch a hard surface   | The infant will take a few quick alternating steps. Disappears at 3-4 months.   |
| <b>**Tonic Neck (fencing)</b>                  | With a relaxed newborn on his back, his head is quickly turned to one side.  | The arm and leg on the side to which his head is turned extend, whereas the opposite arm and leg flex. This reflex does not appear to have a function. It does stimulate eye coordination, since the extended arm moves in front of the face. Disappears by 6 months. |
| <b>**Moro (startle)</b>                        | Sudden jarring or change in equilibrium, such as allowing the head to drop backward an inch while in a supine position, or a loud noise. | The newborn symmetrically extends, the adducts, both arms while hands close and thumb and index finger form a "C" shape. Disappears by 6months, when the infant can roll away from danger.  |
| <b>Landau</b>                                  | Hold the infant in a prone position with a hand underneath him supporting his trunk, he should demonstrate some muscle tone.             | While he may not be able to lift his head or arch his back (as he will be at 3 months) neither should he sag into an inverted "U" position. The latter response indicates extremely poor muscle tone. Disappears at 12-24 months.                                     |
| <b>Bauer's Response (spontaneous crawling)</b> | Pressing hands gently on the soles of the feet   | Spontaneous crawling movement. Difficult to get in the first 2-3 days.  |
| <b>**Arm Recoil</b>                            | Extend both of the baby's arms simultaneously by pulling them outward by the wrists. Let go quickly and observe the response.            | Normally both arms should flex briskly at the elbows. This response should be strongest in the first 2 days of life but should persist throughout neonatal life. Watch for symmetry.  |
| <b>Red Reflex</b>                              | Visualize a small red-orange circular spot with the ophthalmoscope at the pupils.  | The red reflex is caused by light falling on the retina. Absence indicate opacity of the lens.  |
| <b>Corneal</b>                                 | Touching the cornea lightly  | Will result in eye closure.   |
| <b>**Babinski</b>                              | Stroke the outer sole of foot and then across ball of foot.  | Toes hyperextend (positive) in contrast to the adult who flexes his toes. Converts to adult type by 3-7 months  |

**\*\*Need to assess in clinical**