# N432 Newborn Care Plan

Lakeview College of Nursing

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**Demographics (10 points)**

| | | | |
|---|---|---|---|
| **Date & Time of Clinical Assessment**<br>3/4/21<br>2300 | **Patient Initials**<br>S.D. | **Date & Time of Birth**<br>3/4/21<br>1045 | **Age**<br>12 hours |
| **Gender**<br>Female | **Weight at Birth**<br>4090 grams<br>9 lbs | **Weight at Time of Assessment**<br>4030 gm<br>8lbs 866 oz | **Age (in hours) at the Time of Last Weight**<br>2 hours |
| **Race/Ethnicity**<br>Caucasian | **Length at Birth**<br>54 cm<br>21.6 inches | **Head Circumference at Birth**<br>36 cm<br>14.1 inches | **Chest Circumference at Birth**<br>33 cm<br>13 cm |

**Mother/Family Medical History (15 Points)**

**Prenatal History of the Mother:**

**GTPAL:** G1 P0 T0 A0 L0

**When prenatal care started:** 8/22/20

**Abnormal prenatal labs/diagnostics:** Gestational diabetes.

**Prenatal complications:** None

**Smoking/alcohol/drug use in pregnancy:** Patient reports she has never smoked or used smokeless tobacco. Patient denies alcohol or drug use.

**Labor History of Mother:**

**Gestation at onset of labor:** 36 weeks

**Length of labor:** 22 hours

**ROM:** premature rupture membranes

**Medications in labor:** bupivacaine 0.7% in dextrose 8.25% (intrathecal), ephedrine injection, morphine sulfate injection and oxytocin (Pitocin) injection

**Complications of labor and delivery:** Cephalohematoma on the right-posterior aspect of the head due to the long second stage and compression of the fetal head in the birth canal. C-section after failure to progress during the second stage of labor

**Family History:** The patient's father is not involved, and the mother does not want him to have any information about the baby. The father has no specific health history problems. The mother had a laparoscopy in 2018 for an ovarian cyst and wisdom teeth removed in 2017.

**Pertinent to infant:** The patient has a history of diabetes which can affect the newborn. The combination of high blood glucose levels from the mother and high insulin levels in the fetus results in large fat deposits, which causes the fetus to grow excessively large (The Children's Hospital of Philadelphia, 2018). Birth injury may occur due to the baby's large size and difficulty being born.

**Social History (tobacco/alcohol/drugs):** Patient denies use of any tobacco, alcohol, and drugs.

**Pertinent to infant:** N/A

**Father/Co-Parent of Baby Involvement:** The patient's father is not involved, and the mother does not want him to have any information about the baby.

**Living Situation:** The mother lives with her parents, who are supportive and available in St. Joseph, Illinois. The infant will most likely live with her mother and grandparents.

**Education Level of Parents (If applicable to parents' learning barriers or care of infants):** The mother is a single female who attends the local community college and works part time in a local retail clothing store.

## Birth History (10 points)

**Length of Second Stage of Labor:** 2 hours

**Type of Delivery:** C-section after failure to progress during the second stage of labor

**Complications of Birth:** Cephalohematoma on the right-posterior aspect of the head due to the long second stage and compression of the fetal head in the birth canal.

**APGAR Scores:**

**1 minute:** 8

**5 minutes:** 9

**Resuscitation methods beyond the normal needed:** None utilized beyond the normal needed.

## Feeding Techniques (10 points)

**Feeding Technique Type:** Breastfeeding

**If breastfeeding:**

**LATCH score:** 7

**Supplemental feeding system or nipple shield:** N/A

**If bottle feeding: N/A**

**Positioning of bottle: N/A**

**Suck strength: N/A**

**Amount: N/A**

**Percentage of weight loss at time of assessment: 1.47%**

The calculation I have done is one hundred percent times the difference between grams at birth weight minus grams at current weight divided by birth weight equals percentage.

100% X [(birth weight – current weight) / birth weight] = percentage of weight loss

**What is normal weight loss for an infant of this age?** A newborn should lose up to 7- 10% of their birth weight within the first week.

**Is this neonate's weight loss within normal limits?** yes

## Intake and Output (8 points)

**Intake**

**If breastfeeding:**

**Feeding frequency:** Encourage on demand

**Length of feeding session:** Varys according to patient's willingness; patient breastfeed for 90 minutes on first attempt

**One or both breasts:** Both the left and right breast

**If bottle feeding:**

**Formula type or Expressed breast milk (EBM): N/A**

**Frequency: N/A**

**Volume of formula/EBM per session: N/A**

**If EBM, is fortifier added/to bring it to which calorie content: N/A**

**If NG or OG feeding:**

**Frequency:** N/A

**Volume:** N/A

**If IV:**

**Rate of flow:** N/A

**Volume in 24 hours:** N/A

**Output;**

Urine output: at 1305 was 1 wet diaper

Stool output: large meconium stool at 1255 and then again at 1800

**Age (in hours) of first void: 2 hours**

**Voiding patterns:**

**Number of times in 24 hours: 1**

**Age (in hours) of first stool: 2 hours**

**Stool patterns:**

**Type: large**

**Color: dark; green**

**Consistency: liquid**

**Number of times in 24 hours: 2**

**Laboratory Data and Diagnostic Tests (15 points)**

**Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.**

| Name of Test | Why was this test ordered for THIS client? | Expected Results | Client's Results | Interpretation of Results |
|---|---|---|---|---|

| | ***Complete this even if these labs have not been completed*** | | | |
|---|---|---|---|---|
| **Blood Glucose Levels** | The patient's birth weight was 9 lbs. With this, she is at risk for abnormal blood glucose. The patient's mother also has a history of diabetes. | 40-99 | 56 | According to the patient's value, it is within normal range. |
| **Blood Type and Rh Factor** | Knowing the patient's blood type is essential because it can aid in a blood transfusion if medical emergency treatment is required. | A, B, AB and O | A+ | N/A |
| **Coombs Test** | This test is done to find specific antibodies that attack the red blood cells. It helps detect antibodies that act against the surface of your red blood cells. | Negative | N/A | N/A |
| **Bilirubin Level (All babies at 24 hours)**<br><br>***Utilize bilitool.org for bilirubin levels*** | This test is ordered to assess the baby's bilirubin levels and liver function, especially if the newborn displays jaundice, dark urine, or stomach pain. All of these signs can be indicative of hepatitis, cirrhosis, or other liver diseases. Newborns are also at risk for elevated bilirubin. It has to do with the immaturity of the liver. | 03-5.7mg/dL | 6.1 | The immature liver of a baby is typically unable to eliminate bilirubin quickly enough, resulting in an excess of bilirubin. |
| **Newborn Screen (At 24 hours)** | This is ordered to detect conditions or disorders in newborns soon after birth. | Within in Normal Limits | slight yellow discoloration of the torso | Physiologic jaundice is the term for jaundice caused by the immature liver of a baby |
| **Newborn Hearing Screen** | To identify newborns who are likely to have hearing loss and who require further evaluation. | No deficits noted | N/A | N/A |
| **Newborn Cardiac Screen (At 24 hours)** | To identify newborns with critical congenital heart defects before signs or symptoms are evident. | No deficits noted | N/A | N/A |

**Lab Data and Diagnostics Reference (1) (APA):**

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.).

Wolters Kluwer.

**Newborn Medications**

| **Brand/Generic** | **Aquamephyton (Vitamin K)** | **Ilotycin (Erythromycin Ointment)** | **Hepatitis B Vaccine** |
|---|---|---|---|
| **Dose** | 1 mg | One thin strip per eye inside and outside | |
| **Frequency** | once | once | N/A |
| **Route** | IM (injection) | Ophthalmic Ointment (bilateral) | N/A |
| **Classification** | Vitamin | Macrolide Antibiotic | N/A |
| **Mechanism of Action** | Vitamin used for the synthesis of clotting factors | Binds to bacterial ribosomes. Used for prophylaxis of conjunctivitis. | N/A |
| **Reason Client Taking** | For to prevent damage from intracranial bleeding or any bleeding | For preventative measures from injection during delivery | N/A |
| **Contraindications (2)** | Hypersensitivity<br>Concurrent use of blood thinners | Hypersensitivity<br>Concurrent use of astemizole | N/A |
| **Side Effects/Adverse Reactions (2)** | Metabolic acidosis<br>Cardiac arrest | Diarrhea<br>Anaphylaxis | N/A |
| **Nursing Considerations (2)** | Use normal saline for dilution.<br>Takes 1-2 hours to take effect | Use 1cm ribbon for each eye.<br>Do not administer directly into eye with tip | N/A |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | Monitor bleeding<br>Monitor platelets | Monitor for hypersensitivity.<br>Monitor heart rate and rhythm. | N/A |
| **Client Teaching needs (2)** | Report rashes<br>Teach side effects | Monitor for seizures and epilepsy.<br>Review the reason for the use of ointment | N/A |

**Medications Reference (1) (APA):**

Jones & Bartlett Learning. (2020). *2020 nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

**Newborn Assessment (20 points)**

| Area | Your Assessment | Expected Variations and Findings<br>*This can be found in your book on page 622 in Ricci, Kyle, & Carman 4th ed | If assessment finding is different from expectation, what is the clinical |
|---|---|---|---|

| | | | |
|---|---|---|---|
| | | **2020.** | **significance?** |
| **Skin** | Normal color; even tone; no bruises. No jaundice noted | Smooth & flexible with color consistent with genetic background | **N/A** |
| **Head** | Normocephalic, molding at birth, within normal limits, symmetrically rounded | Varies with gender, age, and ethnicity. Symmetrical and normocephalic | **N/A** |
| **Fontanels** | Overriding sutures present in Anterior and Posterior fontanelles. Soft, non-bulging | Diamond shaped anterior fontanelle, triangular shaped posterior fontanelle. | **N/A** |
| **Face** | Facial jaundice noted, skin color pink with acrocyanosis | Full cheeks, symmetrical facial features | Physiologic jaundice is the term for jaundice caused by the immature liver of a baby |
| **Eyes** | Normally set, pupils equal, red reflex present bilaterally and patent canals | Clear and symmetrical may have uncoordinated movement or strabismus | **N/A** |
| **Nose** | Nares patent, no septal deviation | Small, midline, narrow and able to smell. | **N/A** |
| **Mouth** | Oral mucosa moist, palate normal shape and intact; no lesions noted. | Intact with symmetrical movement. Gums pink, moist, natal teeth may be present | **N/A** |
| **Ears** | Normally set with patent canals, soft, resets wen placed against head | Soft, pliable and recoil quickly. Aligned with outer canthus of eye | **N/A** |
| **Neck** | Supple without masses, able to support the heart. Clavicles are intact to | Supple, without masses | **N/A** |

| | | | |
|---|---|---|---|
| | palpate | | |
| **Chest** | Symmetrical with no abnormalities, nipples parallel to armpits | Barrel shaped, symmetric | **N/A** |
| **Breath Sounds** | Bronchovesicular breath sounds in all fields. Clear and equal bilaterally and no signs of respiratory distress | Bronchovesicular breath sounds in all fields. Symmetric and slightly irregular | **N/A** |

| | | | |
|---|---|---|---|
| **Heart Sounds** | Normal S1 and S2, no S3 noted. No murmurs noted. Heart rate within normal range. Femoral pulses normal | Point of maximal impulse lateral to midclavicular line located at the fourth intercostal space, audible S1 and S2<br><br>Variations: heart murmurs (foramen ovale closure) | **N/A** |
| **Abdomen** | Protuberant contour, soft three vessels in umbilical cord; no distention noted, symmetrical, no masses or organmegaly | Protuberant contour, soft, three vessels in umbilical cord | **N/A** |
| **Bowel Sounds** | Bowel sounds heard in all four quadrants (normoactive) | Bowel sounds heard in all four quadrants | **N/A** |
| **Umbilical Cord** | Umbilical vein larger than two arteries. Cord is clean, drying, clamps intact | Umbilical vein larger than two arteries | **N/A** |
| **Genitals** | No bleeding or redness. | No bleeding or redness | **N/A** |
| **Anus** | Normal position and patency indicated by passing of meconium | Normal position and patency indicated by the passing of meconium | **N/A** |
| **Extremities** | Extremities symmetric with free movement; No | Extremities symmetric with free | **N/A** |

| | | | |
|---|---|---|---|
| | deficit in upper or lower extremities; ten digits to toes and fingers, which appear normal; 3 palmar creases noted in hands; no clubfoot noted. Extremities normally perfused. Barlow and Ortolani maneuvers are negative. Moro, grasp (palmar and plantar), rooting and sucking reflexes | movement | |
| **Spine** | Spine symmetrical and palpable along entire length; no deformity noted | Spine palpable along entire length with not lateral curvature | **N/A** |
| **Safety**<br>· **Matching ID bands with parents**<br>· **Hugs tag**<br>· **Sleep position** | ID and alarm bands on ankle; ID band matched mother's ID band.<br>Sleep position was on her back. | Matching parental bands, hugs tag on foot, baby sleeps on back and swaddled | **N/A** |

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

**Complete the Ballard Scale grid at the end to determine if this infant is SGA, AGA, or LGA—be sure to show your work**

**What was your determination?** LGA; The patient scored above 90% in all three categories.

**Are there any complications expected for a baby in this classification?**

Complications with a baby with a Ballard Scale of LGA include risk for hypoglycemia, birth injuries, and lung problems. This particular patient does not currently have any of these issues. It is said that later on, these newborns are at an increased risk for obesity and heart disease.

**Vital Signs, 3 sets (6 points)**

| Time | Temperature | Pulse | Respirations |
|---|---|---|---|
| **Birth** | **97.6 (axillary)** | **155 bpm** | **56 breaths per minutes** |
| **4 Hours After Birth** | **97.6 (axillary)** | **146 bpm** | **46 breaths per minute** |
| **At the Time of Your Assessment** | **98.3 (axillary)** | **138 bpm** | **54 breaths per minutes** |

**Vital Sign Trends:**

All of which are within normal range for a newborn of this size. Heart rate tachycardic at birth; later became within normal limit (110 – 160 beats per minute); temperature is steady and is within normal limits (36.5 – 37.5); respirations are normal and within normal range (30 – 60).

**Pain Assessment, 1 set (2 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **1212** | N-PASS | N/A | N/A | N/A | N/A |
| **1458** | N-PASS | N/A | N/A | N/A | N/A |

The patient's pain goal was met. At the time of this examination, the patient appears to be in no pain and appears to be at ease. The patient has a calm, tranquil, and neutral expression on his face. The patient does not appear to be sobbing. She is eerily quiet. The respiratory rhythm of the patient is within typical norms for a newborn. Her respiration is neither delayed nor strained. Her respiratory patterns are calm. The arms and legs of the patient are likewise relaxed. There were no symptoms of muscle stiffness. The patient does experience random arm motions on occasion, but these are within normal limits. The patient's arousal level is somewhere between asleep and awake. The patient's state of arousal is between sleeping and awake. She is quiet and peaceful while sleeping and alert and settled when she is awake.

## Summary of Assessment (4 points)

**Discuss the clinical significance of the findings from your physical assessment:**

*This neonate was delivered on 3/4/21 by cesarean section. Apgar's score at 1 minute was 8 and at 5 minutes it was 9. EDD 3/4/21 by US. It was revealed neonate is 36 weeks and LGA. Patient does not have a prenatal history that was complicated. Birth weight is 9lbs. Upon assessment all systems are within normal limits. Last set of vitals: 36.8/138/54. BS x3 after delivery WNL with lowest being 40. Neonate is breastfeeding and nursing well with most feedings 20"/20" q4 hrs. Bilirubin level was taken for this patient, and the result was higher than expected. Neonate expected to be discharged with mother with discuss of formula to help with hydration.*

## Nursing Interventions and Medical Treatments for the Newborn (6 points)

| **Nursing Interventions and Medical Treatments (Identify nursing interventions with "N" after you list them, identify medical treatments with "T" after you list them.)** | **Frequency** | **Why was this intervention/ treatment provided to this patient? Please give a short rationale.** |
|---|---|---|

| | | |
|---|---|---|
| **Cord care (N)** | Routine, continuous | Keeping the cord clean and dry helps with decreasing the baby's risk for infection. It will also help the umbilical cord stump to fall off and the navel to heal more quickly. This patient's chart was also encouraged to use soap and water to base only if needed. |
| **Swaddling (N)** | Continuous (when the mother is not doing skin to skin) | Swaddling helps with increasing the baby's comfort, security, and supporting sleep. It also helps to protect the baby against its natural startle reflex. Most importantly, though, it helps protect the baby from overheating and decreases their risk for SIDS. |
| **Erythromycin (M)** | Once | Erythromycin is ordered for newborns within a couple of hours of birth because it helps with preventing a baby from getting an infection during delivery. |
| **Vitamin K Injection (M)** | Once | Vitamin K injections are given to newborns because decreased levels can lead to dangerous bleeding in newborns. With this injection given shortly after birth, it protects against bleeding. |

**Discharge Planning (2 points)**

**Discharge location:** The patient is going to be discharged home with the mother.

**Equipment needs (if applicable):** No equipment will be required upon discharge for this patient.

**Follow up plan (include plan for newborn ONLY):** The patient is expected to follow up with a pediatrician in the office for the first well baby check within 48 hours of discharge.

**Education needs:** The patient's parents will require education on breastfeeding and proper techniques to help with latching. They will also need education on the use of the car seat, how to monitor the patient's blood glucose levels, and safe sleeping practices.

**Nursing Diagnosis (30 points)**

| **Nursing Diagnosis (2 pt each)** Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components | **Rational (1 pt each)** Explain why the nursing diagnosis was chosen | **Intervention/Rational (2 per dx) (1 pt each)** Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours." List a rationale for | **Evaluation (2 pts each)** · How did the patient/family respond to the nurse's actions? · Client response, |
|---|---|---|---|

| | | | |
|---|---|---|---|
| | | each intervention and using APA format, cite the source for your rationale. | status of goals and outcomes, modifications to plan. |
| **1.** Risk for hypoglycemia **related to** large for gestational age, making too much insulin **as evidence by** birth weight being 9lbs, mother has history of diabetes pre pregnancy | This patient is at an increased risk for hypoglycemia due to the mother has history of diabetes pre pregnancy | **1.** Monitor blood glucose routinely throughout shift.<br><br>**Rationale: The measurement of blood glucose provides information on the effectiveness of blood glucose metabolism and guides interventions to achieve optimal glucose control within the body (Wayne, 2019).**<br><br>**2.** Monitor for clinical signs of neonatal hypoglycemia such as bluish color or pale skin, apnea, irritability, poor feeding or vomiting throughout shift.<br><br>**Rationale: Monitoring for signs of hypoglycemia can help with early intervention for the treatment of it (Wayne, 2019). If ignored for too long or left untreated, it can result in seizures.** | Goal met. The patient's blood sugar was checked routinely. Her blood sugar was checked when she was born as well as four hours after ways, both within the normal limits of 40-99.<br><br>Goal met. The patient did not display signs of hypoglycemia during the shift. The patient's assessment was within normal limits. |
| **2.** Knowledge deficit **related to** breastfeeding **as evidenced by** first time breastfeeding, desire to want to learn, first child | This is the mother's first child, and she had never breastfed before. She is educated on the use of a breast pump and verbalizes her desire to want to breastfeed. The newborn is tolerating feedings well. The newborn's latch score was 7. The mother has attempted to breastfeed on both her right and left breast and the baby has tolerated both well. | **1.** Assess patient knowledge of breastfeeding throughout shift. **Rationale: Educate mother and husband about breastfeeding techniques to improve chance of success (Martin, 2019).**<br><br>**2.** Educate mother and husband about breastfeeding techniques to improve chance of success.<br><br>**Rationale: Correct positioning and getting the infant to latch on is critical for breastfeeding to get off to a good start and contributes to breastfeeding success (Martin, 2019).** | Goal met. The mother was able to verbalize and demonstrate understanding of correct breastfeeding techniques, concepts such as demand vs scheduled feeding. The patient also verbalized and was educated on the proper position for breastfeeding. The staff educated on how the patient can utilize pillows to elevate her arm as well as the newborns in order to have the baby at an angle. |
| **3.** Risk for infection **related to** break in skin, invasive procedure, exposure to | This particular nursing diagnosis for chosen for the mother due to her | **1.** Assess for signs and symptoms of infection such as elevated temperature, pulse, WBC; | Goal met. The patient did not show signs and symptoms of infection |

| | | | |
|---|---|---|---|
| pathogens **as evidenced by** cesarean section | having a cesarean section. This puts her at an increased risk for obtaining an infection due to the break of her skin being a portal of entry for pathogen to enter and spread throughout her body. | abnormal odor or color of vaginal discharge, or fetal tachycardia throughout shift.<br>**Rationale: To monitor for classic signs of infection to intervene early (Wayne, 2019).**<br><br>**2.** Wash hands and encourage the patient to do the same throughout shift. Dry hands with a paper towel after washing.<br><br>**Rationale: Handwashing is an effective technique to prevent the spread of infection. Dry surfaces are better in preventing the transfer of microorganisms. (Wayne, 2019).** | throughout shift on.<br><br>Goal met. The patient was able to verbalize the importance of hand hygiene. |
| **4.** Risk for acute pain **related to** break in her skin, invasive procedure, epidural wearing off, psychological reaction **as evidenced by** cesarean section | This nursing diagnosis is important for the mother because she has had a c-section and she has verbalized feeling pressure and the epidural wearing off. It is important to help her know what pain methods she can utilized to decrease pain and increase comfort. | **1.** Educate proper relaxation techniques; position for comfort as possible. Use Therapeutic Touch, as appropriate throughout shift.<br><br>**Rationale: May help in decreasing anxiety and tension, promote comfort, and enhance sense of well-being (Wayne, 2019).**<br><br>**2.** Anxiety lower strategy<br><br>**Rationale: Levels of pain tolerance are individual and are affected by various factors. Extreme anxiety following an emergency may develop discomfort due to fear, tension, and pain affecting the patient's ability to cope (Wayne, 2019).** | Goal met. The patient was relaxed, showing no indication of pain during shift.<br><br>Goal met. The patient was calm. |

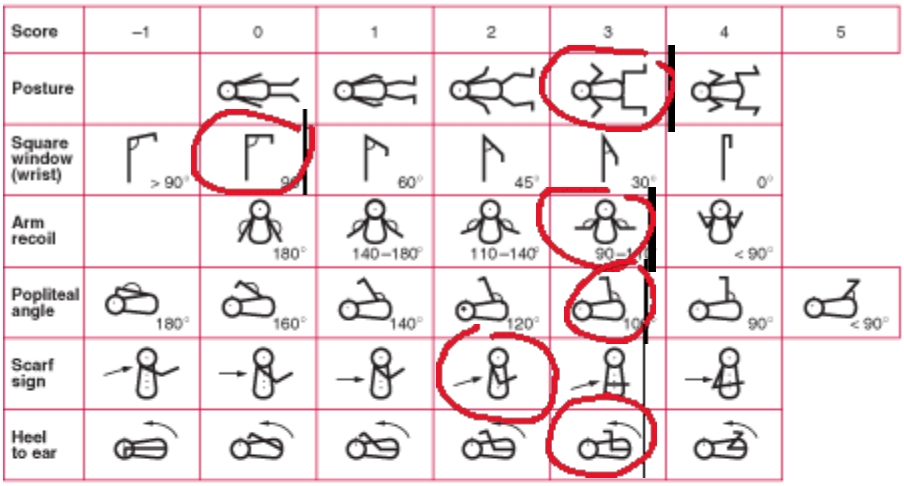
**Other References (APA):**

Martin, P. (Ed.). (2019). *36 Labor Stages, Induced and Augmented Labor Nursing Care Plans - Nurseslabs - Page 2*. Nurseslabs. https://nurseslabs.com/labor-stages-labor-induced-nursing-care-plan/2/#b1

Wayne, G. (2019). *10 Cesarean Birth Nursing Care Plans*. Nurseslabs. https://nurseslabs.com/cesarean-birth-nursing-care-plans/6/

## Ballard Gestational Age Scale

### Neuromuscular Maturity



| Score | −1 | 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|
| Posture | | | | | | | |
| Square window (wrist) | > 90° | 90° | 60° | 45° | 30° | 0° | |
| Arm recoil | | 180° | 140–180° | 110–140° | 90–110° | < 90° | |
| Popliteal angle | 180° | 160° | 140° | 120° | 100° | 90° | < 90° |
| Scarf sign | | | | | | | |
| Heel to ear | | | | | | | |

### Physical Maturity

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Skin | Sticky, friable, transparent | Gelatinous, red, translucent | Smooth, pink; visible veins | Superficial peeling and/or rash; | Cracking, pale areas; rare veins | Parchment, deep cracking; no vessels | Leathery, cracked, wrinkled |
| Lanugo | None | Sparse | Abundant | Thinning | Bald areas | Mostly bald | |
| Plantar surface | Heel-toe 40–50 mm: −1 < 40 mm: −2 | > 50 mm, no crease | Faint red marks | Anterior transverse crease only | Creases anterior 2/3 | Creases over entire sole | |
| Breast | Imperceptible | Barely perceptible | Flat areola, no bud | Stippled areola, 1–2 mm bud | Raised areola, 3–4 mm bud | Full areola, 5–10 mm bud | |
| Eye/Ear | Lids fused loosely: −1 tightly: −2 | Lids open; pinna flat; stays folded | Slightly curved pinna; soft; slow recoil | Well curved pinna; soft but ready recoil | Formed and firm, instant recoil | Thick cartilage, ear stiff | |
| Genitals (male) | Scrotum flat, smooth | Scrotum empty, faint rugae | Testes in upper canal, rare rugae | Testes descending, few rugae | Testes down, good rugae | Testes pendulous, deep rugae | |
| Genitals (female) | Clitoris prominent, labia flat | Clitoris prominent, small labia minora | Clitoris prominent, enlarging minora | Majora and minora equally prominent | Majora large, minora small | Majora cover clitoris and minora | |

**Maturity Rating**

| Score | Weeks |
|---|---|
| −10 | 20 |
| −5 | 22 |
| 0 | 24 |
| 5 | 26 |
| 10 | 28 |
| 15 | 30 |
| 20 | 32 |
| 25 | 34 |
| 30 | 36 |
| 35 | 38 |
| 40 | 40 |
| 45 | 42 |
| 50 | 44 |

**Name: S.D**
**Race: Caucasian**
**DOB: 3/4/21**

**Date of Exam: 3/4/21**
**Sex: Female**
**Birth Weight: 9 pounds**

**Length: 54 cm**
**Head Circumference: 36 cm**
**Gestational Age: 36 weeks**

## CLASSIFICATION OF NEWBORNS (BOTH SEXES) BY INTRAUTERINE GROWTH AND GESTATIONAL AGE [1,2]

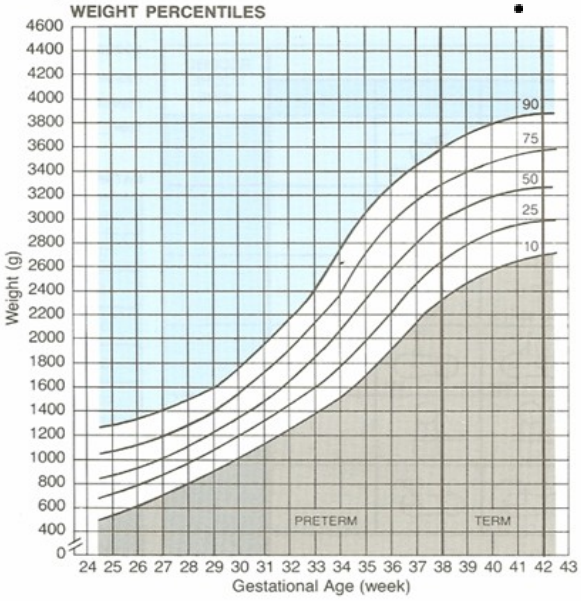
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

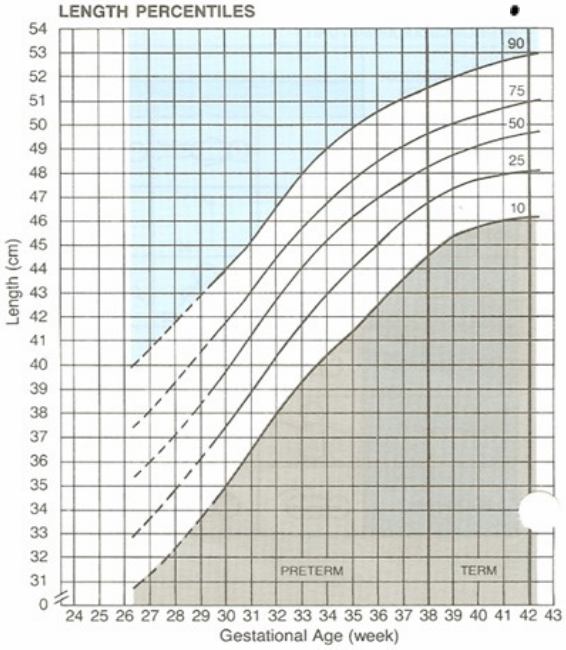
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

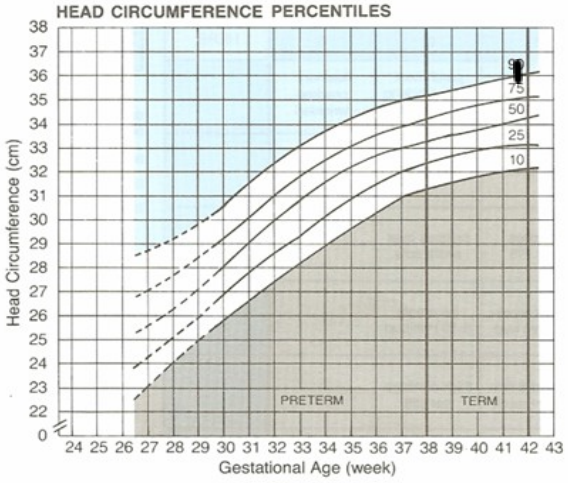
WEIGHT PERCENTILES




LENGTH PERCENTILES




HEAD CIRCUMFERENCE PERCENTILES




| CLASSIFICATION OF INFANT* | Weight | Length | Head Circ. |
|---|---|---|---|
| Large for Gestational Age (LGA) (>90th percentile) | X | X | X |
| Appropriate for Gestational Age (AGA) (10th to 90th percentile) | | | |
| Small for Gestational Age (SGA) (<10th percentile) | | | |

*Place an "X" in the appropriate box (LGA, AGA or SGA) for weight, for length and for head circumference.

References
1. Battaglia FC, Lubchenco LO: A practical classification of newborn infants by weight and gestational age. J Pediatr 1967; 71:159-163