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Newborn Examination and Stabilisation at Birth

Practical 11 / Skills laboratory simulation

Aim

Perform a stepwise newborn assessment and identify when immediate newborn support is needed.

Principle

Thermal care and effective ventilation are central during transition after birth. A prompt newborn assessment guides whether routine care or a resuscitation response is required.

Materials and Requirements

- Newborn manikin, dry towels and simulated warmer
- Neonatal ventilation trainer and observation card

Procedure

1. Before birth review gestation, maternal and fetal risks and roles. Check warmth, suction availability and ventilation equipment using the station checklist.
2. Brief the team on gestation, known risks and responsibilities. Check warmer, functioning airway and ventilation trainer, heart-rate assessment method and the neonatal algorithm at the station.
3. At delivery assess breathing or crying, tone and gestational context. Demonstrate routine warmth, drying and assessment or the initial resuscitation steps for the assigned case.
4. Assess tone and breathing immediately at simulated birth and provide the appropriate warmth and initial measures. Time the response and confirm whether transition is adequate or requires help.
5. After initial measures, start positive-pressure ventilation within the first minute of simulated birth for apnoea, gasping or a persistent heart rate below 100/min. Reassess chest movement and heart rate.

Continue with step 6 on the next page.

Procedure Continued

Newborn Examination and Stabilisation at Birth

6. Give 30 to 60 inflations per minute on the manikin. Track the heart-rate response and check for chest movement. If ventilation is ineffective, reassess head position and mask seal and follow the corrective sequence with the instructor.
7. If the heart rate remains below 60/min after 30 seconds of ventilation that moves the chest, call for advanced neonatal support and begin the newborn compression pathway. Rehearse the team's airway and ventilation roles on the trainer.
8. After stabilisation practise a systematic newborn exam. Record colour, tone, temperature, feeding, heart and lungs, abdomen, hips and apparent abnormalities.
9. Once stable, observe breathing, colour and tone, record temperature and review feeding, cord, heart, abdomen and limbs as taught. Record problems needing confirmation separately.
10. Document time-stamped findings, support given and required follow-up, including jaundice assessment when relevant.
11. Give a time-stamped summary of birth status, support, response and current feeding or observation plan. Set the review timing for any concerning finding and document the responsible team.

Precautions

- Use a newborn-specific protocol and instructor oversight for the skill.
- Do not postpone urgent support while calculating an Apgar score.

Observations and Interpretation

Newborn Examination and Stabilisation at Birth

Observations and Record

Item	What to record	What it tells you
Transition	Breathing, tone, heart rate and temperature	Guides immediate support
Response	Chest rise, heart rate trend and interventions	Shows ventilation response
Newborn examination	Vital signs, feeding and key findings	Plans monitoring and follow-up

Worked Example

A term manikin has poor tone and apnoea after the initial steps. The team performs protocol-directed ventilation. Chest rise and a rising heart rate are observed.

Result and Interpretation

A rising heart rate supports improved ventilation. Continue the neonatal algorithm and reassess spontaneous respiration and stability.

Viva Questions and Answers

Which finding usually responds first to effective ventilation?

An improving heart rate.

When should routine postnatal examination begin?

After immediate transition and stabilisation needs are addressed.

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