



# Newborn Check Up

TODAY'S DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENTS: \_\_\_\_\_ AGE TODAY: \_\_\_\_\_

## PARENTS' CONCERNS

- List concerns you have? 1.  
2.  
3.

Answer the questions below and / or check YES or NO.

## PATIENT HISTORY

<b>D E L I V E R Y</b>	Birth Date: _____ Birth Weight: _____ Discharge Date: _____ Discharge Weight: _____ Gestational age: _____ weeks How was your baby delivered? <input type="checkbox"/> Vaginal <input type="checkbox"/> C-section → Why? Hospital: <input type="checkbox"/> St.Elizabeth's <input type="checkbox"/> BryanLGH East <input type="checkbox"/> Other: Obstetrician: Y N <input type="checkbox"/> <input type="checkbox"/> Did you have any prenatal problems? <input type="checkbox"/> <input type="checkbox"/> Did baby have any problems after delivery? Call with rectal temp >100.5°	<h3>BREAST FEEDING RECOMMENDATIONS</h3> <ul style="list-style-type: none"> <li>• Weigh baby within 48hrs of hospital discharge</li> <li>• Don't allow weight loss of more than 7%</li> <li>• Should gain 1oz each day when milk comes in.</li> <li>• Weigh baby to be sure they are back to birth weight by 14 days old</li> <li>• If milk comes in after day 4-5 or in low supply, you may need to supplement and pump until issues resolve (Triple Feed)</li> <li>• If latch is painful, using a shield, inconsistent latch, etc, seek a latch assessment / lactation consult</li> <li>• Before milk is in, alternate breasts equally</li> <li>• As milk comes in, cluster feeding helps alleviate engorgement</li> <li>• When milk is in, empty the 1<sup>st</sup> breast before switching to the 2<sup>nd</sup>, so higher calorie hind milk is consumed.</li> <li>• Most babies take 1½ breasts each session, but some need only one, and others empty both each feeding.</li> <li>• Do breast compression to prompt baby to stay awake and keep swallowing milk.</li> <li>• 8-12 feedings in 24hrs is typical</li> <li>• Nurse at least every 3 hours during the day PLUS on demand</li> <li>• After regains birth weight, allow longer stretches of sleep at night</li> <li>• Request a weight check if baby is excessively sleepy, fussy, or not clearly gaining weight.</li> <li>• Avoid pacifiers until nursing well and gain is established.</li> <li>• Vitamins as prescribed by the doctor.</li> </ul>
	Y N <input type="checkbox"/> <input type="checkbox"/> Is mother experiencing any "baby blues?" <input type="checkbox"/> <input type="checkbox"/> Is there a family history of inheritable diseases? What? <input type="checkbox"/> <input type="checkbox"/> Are there any stresses in the family? If yes, what? Are there any smokers in your child's home? <input type="checkbox"/> No <input type="checkbox"/> outside <input type="checkbox"/> other room Protect baby from 2 <sup>nd</sup> hand smoke.	

<b>F A M I L Y</b>	Y N <input type="checkbox"/> <input type="checkbox"/> Is mother experiencing any "baby blues?" <input type="checkbox"/> <input type="checkbox"/> Is there a family history of inheritable diseases? What? <input type="checkbox"/> <input type="checkbox"/> Are there any stresses in the family? If yes, what? Are there any smokers in your child's home? <input type="checkbox"/> No <input type="checkbox"/> outside <input type="checkbox"/> other room Protect baby from 2 <sup>nd</sup> hand smoke.
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<b>N U T R I T I O N</b>	<h3>FORMULA FEEDING:</h3> How many ounces in 24 hrs? _____ What formula? _____	<h3>RISK FACTORS FOR POOR MILK REMOVAL:</h3> <ul style="list-style-type: none"> <li>• shield use</li> <li>• born less than 38 wks</li> <li>• latch/ nipple issues</li> <li>• pain, flat, large, vasospasm</li> <li>• sleepy / poor suck (jaundice, premi, health issue, maternal meds)</li> <li>• poor let down (pain, stress, plugged ducts, alcohol)</li> </ul>
	<h3>BREAST FEEDING:</h3> How many months do you plan to breast feed? How many times does baby nurse in 24 hrs? How many minutes is each feeding? Has your milk come in yet? <input type="checkbox"/> No <input type="checkbox"/> Coming in now <input type="checkbox"/> Yes → when? Y N <input type="checkbox"/> <input type="checkbox"/> Does baby have trouble latching on? <input type="checkbox"/> <input type="checkbox"/> Have you given supplemental formula? <input type="checkbox"/> <input type="checkbox"/> Have you pumped breast milk?	

How many of each per day? spit ups: _____ wets: _____ stools: _____ Stool color: <input type="checkbox"/> black <input type="checkbox"/> green <input type="checkbox"/> brown <input type="checkbox"/> mustard	<h3>STOOLING EXPECTATIONS</h3> BREAST FED: By 1 week old, expect 6 wets and 3-4 mustard stools per day. FORMULA FED: Stool frequency is variable, but should not be hard balls.
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PHYSICAL EXAM				LAB
Ht _____	Wt _____	HC _____	VS: _____	Newborn Screens Pending Normal DAT Blood types: Mom _____ Baby _____ Bilirubin
Check if normal: Jaundice to _____ Head/Fontanel Eyes/Red reflexes Ears	Nose Mouth Throat Neck Chest	Lungs Heart Femoral pulses Abdomen Genitalia	Back Hips Extremities Skin Neurologic	

NOTE EXAM ABNORMALITIES HERE

**ASSESSMENT**

**PLAN**

**PLEASE COMPLETE OTHER SIDE OF FORM**

Patient Name:

Birth Date:

Newborn

DEVELOPMENT AND BEHAVIOR		
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have concerns about baby's development or behavior?		
<b>Y N</b>		
<input type="checkbox"/> <input type="checkbox"/>	Does baby look at your face and follow you with his/her eyes?	
<input type="checkbox"/> <input type="checkbox"/>	Does s/he startle to sound?	
<input type="checkbox"/> <input type="checkbox"/>	Does baby move arms and legs equally?	
<input type="checkbox"/> <input type="checkbox"/>	Are arms and legs flexed?	
<input type="checkbox"/> <input type="checkbox"/>	Do you think your baby cries a normal amount of time?	
<input type="checkbox"/> <input type="checkbox"/>	Do you allow baby to self-quiet?	
<input type="checkbox"/> <input type="checkbox"/>	Does baby hiccup, sneeze and strain a lot? (This is very common)	
<b>S L E E P</b>	How many hours does baby sleep at a time?	
	<b>Y N</b>	
	<input type="checkbox"/> <input type="checkbox"/>	Do you put baby down awake?
	<input type="checkbox"/> <input type="checkbox"/>	Do you put him/her down on his/her back?
	<input type="checkbox"/> <input type="checkbox"/>	Do you avoid bulky bedding in the crib?
<input type="checkbox"/> <input type="checkbox"/>	Do you alternate baby's head position to prevent flattening of the skull?	
Where does baby sleep?		

SAFETY AWARENESS	
Car seat is rear facing until 2 yrs old or until they reach the highest weight or height allowed by car	
<b>Y N</b>	
<input type="checkbox"/> <input type="checkbox"/>	Is baby's car seat rear facing in the back seat? →
<input type="checkbox"/> <input type="checkbox"/>	Is the water temperature in your house less than 120 degrees?
<input type="checkbox"/> <input type="checkbox"/>	Do you have a fire escape plan?
<input type="checkbox"/> <input type="checkbox"/>	Do you check your smoke detectors regularly?
<input type="checkbox"/> <input type="checkbox"/>	Do you monitor baby closely around young siblings or pets?
<input type="checkbox"/> <input type="checkbox"/>	Do you avoid putting necklaces or pacifiers on strings around baby's neck?
<input type="checkbox"/> <input type="checkbox"/>	Are you aware that shaking your baby could cause permanent brain damage?

Who answered the above questions?

Thank you for helping us help you and your child!!