

Appendix A Clinical examination of baby checklist

Please tick appropriate box and complete details as required

If other, describe:

Maternal Sticker

(Inc Name, DOB, UR, Address, Telephone Number)

Baby measurements

Crown – heel (stretched) cms
Head circumference cms
Weight..... gms

Singleton Multiple Baby number..... (e.g. Twin 1)

Estimated date of IUID:/...../.....

Maceration degree

Fresh; no skin peeling
Slight; focal minimal skin slippage.....
Mild; some skin sloughing, moderate skin slippage.....
Moderate; much skin sloughing but no secondary comprehensive changes or decomposition.....
Marked, advanced

NECK

Normal Preauricular tags
Lowset Preauricular pits
Other Posteriorly
rotated
If other, describe:

CHEST

Normal Long & narrow
Short & broad Other

If Spina bifida, describe:

ABDOMEN

Normal Flattened
Distended Hernia
Omphalocele Gastroschisis

BACK

Normal Spina bifida
If Spina bifida, describe:

Scoliosis Kyphosis
Other
If other, describe:

GENITALIA

Anus
Normal Imperforate Other
If other, describe:

Gender
Male Female Ambiguous

Male
Penis
Normal Very
small
Hypospadias Chordee
Hypospadias, level of opening
.....

Scrotum
Normal Abnormal
If abnormal, describe
.....

Testes
Descended Undescended
Other
If other, describe:

Female
Urethral opening
Present Absent/unidentifiable
Vaginal introitus
Present Absent/unidentifiable
Clitoris
Present Unidentifiable

HEAD AND FACE

Head
Relatively normal Collapsed
Anencephalic
Hydrocephalic
Abnormal shape
If abnormally shaped, describe:

Eyes
Normal Prominent Sunken
Straight Far apart Close together
Upslanting Downslanting
Globes normal Absent
Eyes very small Very large
Lens opacity Corneal opacity
Eyelids fused Other
If other, describe:

Nose
Normal Abnormally small
Asymmetric Abnormally large

Nostrils
Apparently patent Obstructed
Single nostril Other
If other, describe:

Mouth
Normal size Large Small

Upper Lip
Intact Cleft
If cleft, location:
Left Right
Bilateral Midline

Palate
Intact Cleft

Mandible
Normal Large
Small Other
If other, describe:

Ears
Normal Preauricular tags
Lowset Preauricular pits
Other Posteriorly rotated

LIMBS

Length
Normal Short Long
If Short, what segments seem short
.....

Form
Normal Asymmetric Missing parts
If other, describe:

HANDS

Length
Appearance: Normal Abnormal
If abnormal, describe:

Fingers

Number present:
If not 4 + 4, describe
Unusual form of fingers
Unusual position of fingers
Abnormal webbing or syndactyly
If abnormal, describe.....

Thumbs

Number present:
If not 1+ 1 describe
Unusual position
Looks like a finger
If abnormal, describe.....

Finger nails

All present
If not describe.....

FEET

Appearance Normal Abnormal
If abnormal, describe

Toes

Number present:
If not 5+ 5 describe
Spacing: Normal Abnormal
If abnormal, describe

Toe nails

All present
If not describe.....

Revised gestational age
Based on

Examined by: (Print name)

Date:

Summary of key findings: