

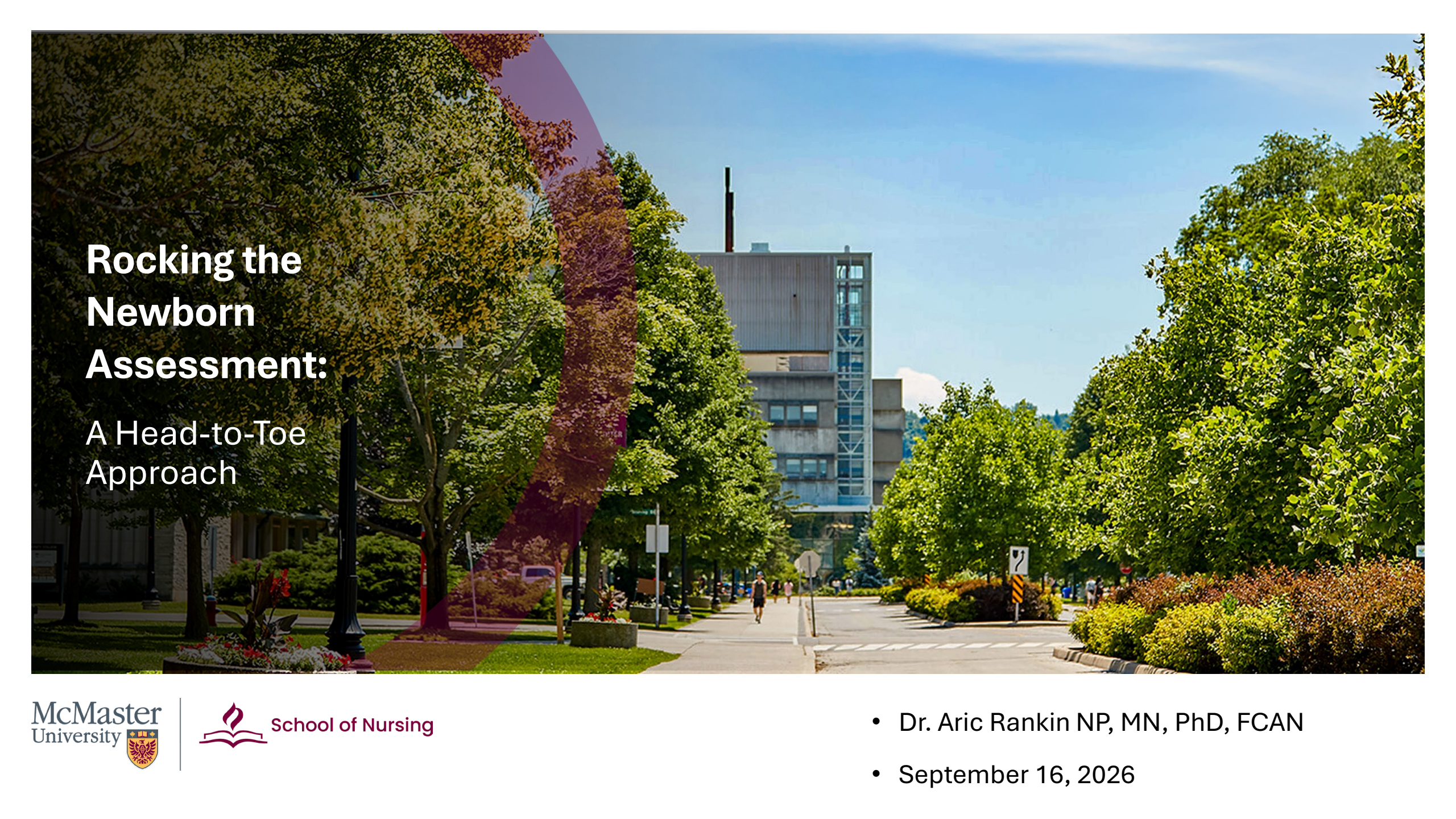
To view an archived recording of this presentation please click the following link:

<https://youtu.be/XrLq9HVLCOU>

Please scroll down this file to view a copy of the slides from the session.

Disclaimer

This document was created by its author and/or external organization. It has been published on the Public Health Ontario (PHO) website for public use as outlined in our Website Terms of Use. PHO is not the owner of this content. Any application or use of the information in this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.

A photograph of a university campus. In the foreground, there are lush green trees and a paved walkway. In the background, a modern building with a glass facade and a chimney is visible under a clear blue sky. The text "Rocking the Newborn Assessment:" is overlaid on the left side of the image.

Rocking the Newborn Assessment:

A Head-to-Toe Approach

- Dr. Aric Rankin NP, MN, PhD, FCAN
- September 16, 2026



LAND ACKNOWLEDGEMENT

Recognition of the Traditional territories of the Mississauga and Haudenosaunee nations, and within the lands protected by the Dish With One Spoon Wampum Belt Covenant, which was an agreement between the Haudenosaunee and Anishinaabek to share and care for the resources around the Great Lakes region.



Disclaimer:

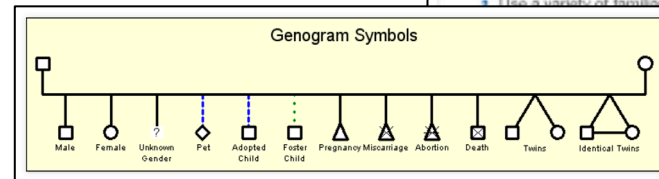
- *This presentation was created by its author. It will be published on the Public Health Ontario (PHO) website for public use as outlined in our Website Terms of Use. PHO is not the owner of this content. Any application or use of the information in this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.*
-

Objectives:

- Describe key components of a systematic newborn assessment, including relevant history, physical examination, growth, feeding, and developmental considerations.
- Identify normal newborn findings and common variations encountered during assessment in the community setting.
- Recognize red flags and signs of an unwell newborn that require timely consultation, referral, or urgent medical assessment.
- Describe appropriate education and anticipatory guidance to share with parents/caregivers related to feeding, safe sleep, newborn care, and when to seek medical attention.

“The Doorway Assessment”

- General appearance
- Colour
- Tone
- Work of breathing*
- Level of alertness
- Interaction with caregiver
- Feeding cues



By 18 months of age does your child:

- Identify pictures in a book? "show me the baby"
- Use a variety of familiar gestures? waving, pushing, giving
- Put "on" and "under"? "put the cup on the table"
- Use different consonant sounds? b, n, d
- Use different body parts when asked?

Words do not have to be clear

1. Pick up and eat finger food?
2. Help with dressing by putting out arms and legs?
3. Walk up a few stairs holding your hand?
4. Walk alone?
5. Squat to pick up a toy and stand back up without falling?
6. Push and pull toys or other objects while walking forward?
7. Stack three or more blocks?
8. Show affection towards people, pets, or toys?
9. Point to show you something?
10. Look at you when you are talking or playing together?

If you answer "no" to any question or have any concerns about your child's development, follow up with a health care provider or child care professional.

looksee checklist® ndds
www.lookseechecklist.com

Rourke Baby Record: 2024
Evidence-Based Infant/Child Health Maintenance
www.rourkebabyrecord.ca ©2024 Drs. J. Rourke, D. Leduc and J. Rourke. Revised May 18, 2024

NATIONAL GUIDE IVA: 18 MONTHS
ONE VISIT PER PAGE FORMAT

NAME: _____ Birth Day (d/m/yy): ____/____/20 ____ M ☐ F ☐ Gest Age: _____

Past problems/Risk factors: _____ Family history: _____

GROWTH¹ use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation.

Length _____ Weight _____ Head Circ. _____

PARENT / CAREGIVER CONCERNS For each ☐ item discussed below, indicate "✓" for no concerns, or "X" if concerns.

✓ ☐ D 400 IU/day¹ or salt¹ ☐ Avoid juice and food/beverages high in sugar ☐ Independent/self-feeding/Family meals¹
✓ ☐ max 500-600 mLs ☐ No bottles ☐ Inquire about vegetarian, vegan and other diets¹

Publicly Funded Immunization Schedules for Ontario – June 2022
Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

Vaccine	Age	Routine Schedule: Children Starting Immunization in Infancy											
		2 Months	4 Months	6 Months	1 Year ¹	15 Months	18 Months	4 Years	Grade 7	14 Years	24 Years	≥34 Years ¹	65 Years
DTap-IPV-Hib Diphtheria, tetanus, Pertussis, Polio, Haemophilus influenzae type b		◆	◆	◆			◆						
Pneu-C-13 Pneumococcal Conjugate 13		◆	◆		◆								
Rot-1 Rotavirus		▲	▲										
Men-C-C Meningococcal Conjugate C					◆								
MMR Measles, Mumps, Rubella					■								
Var Varicella						■							
MMRV Measles, Mumps, Rubella, Varicella							■						
Tdap-IPV Tetanus, diphtheria, pertussis, Polio							◆						
HB Hepatitis B								●					
Men-C-ACYW Meningococcal Conjugate ACYW-135								●					
HPV-9 Human Papillomavirus								●					
Tdap Tetanus, diphtheria, pertussis									◆	◆			
Td (booster) Tetanus, diphtheria												◆ Every 10 years	
HZ Herpes Zoster													■ / ◆
Pneu-P-23 Pneumococcal Polysaccharide 23													◆
Tdap Tetanus, diphtheria, pertussis													◆
Inf Influenza													◆

◆ One dose in every pregnancy, ideally between 27-32 weeks of gestation

Every year in the fall*

◆ A single vaccine dose given by intramuscular injection
● A single vaccine dose given by subcutaneous injection
▲ A single vaccine dose given by mouth
■ Provided through school-based immunization programs: Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-9 is a 2 dose series (see Table 10). Each vaccine dose is given by intramuscular injection
◆ Given no earlier than the 1st birthday, and prior to 36 months of age

* Once a dose of Tdap is given in adulthood (24 years of age), adults should receive Td boosters every 10 years thereafter
■ HZ is a 2 dose series (see Table 27) given by intramuscular injection
◆ Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given 4 weeks apart. Children who have previously received ≥1 dose of influenza vaccine should receive 1 dose per season thereafter
Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-24)

DATE OF VISIT ____/____/20 ____

For literature review using the classification: Good (bold type), Fair (italic type), Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca
Prevention, Environment, Other ²NOTES 2: Family, Behaviour, Development, P/E, Investigations ³NOTES 3: Immunization ⁴NOTES 4: ECD Resources System and Table
evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only. Financial support provided by the Government of Ontario. For full use authorization, see www.rourkebabyrecord.ca

<https://www.rourkebabyrecord.ca/>

<https://lookseechecklist.com/>

<https://www.ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf>

First Nations and Inuit Health Branch (FNIHB) Pediatric Clinical Practice Guidelines for Nurses in Primary Care; Newborn Assessment (2023)

History

- Pregnancy and prenatal history
- Gestational age
- Birth history and delivery
- Birth weight
- Maternal infections/medications
- NICU or resuscitation history
- Newborn screening
- Feeding
- Urine/stool
- Family concerns



Microsoft stock image

Vital Signs

Age	Apical HR (beats/min)	Blood pressure (mm Hg)	Resp rate (breaths/min)	SpO2	Temp
Newborn	110-160 80-100 when asleep	Systolic 72-104 Diastolic 37-56 Use neonatal BP cuff if indicated	30-60	>94%	Axillary 36.5°C - 37.5°C Rectal* 36.6°C - 37.9°C

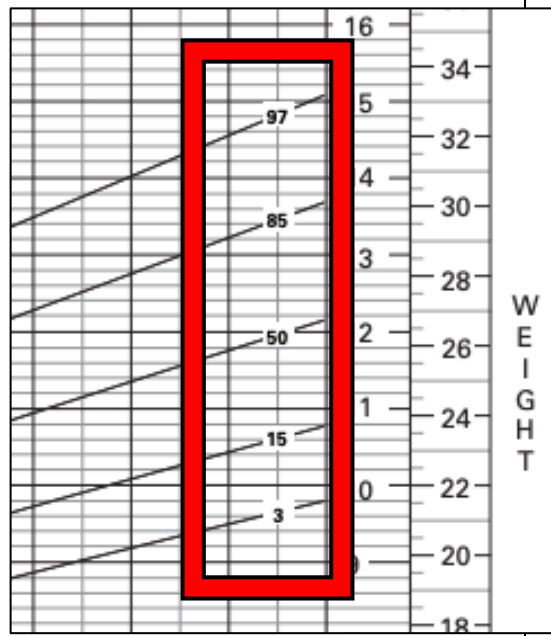
Measurements

- Head circumference
 - 32-38cm diameter
- Weight
 - grams
- Height
 - 44-55cm length



- Macrocephaly
- Microcephaly
- Crossing two growth curves

Growth



WHO GROWTH CHARTS FOR CANADA

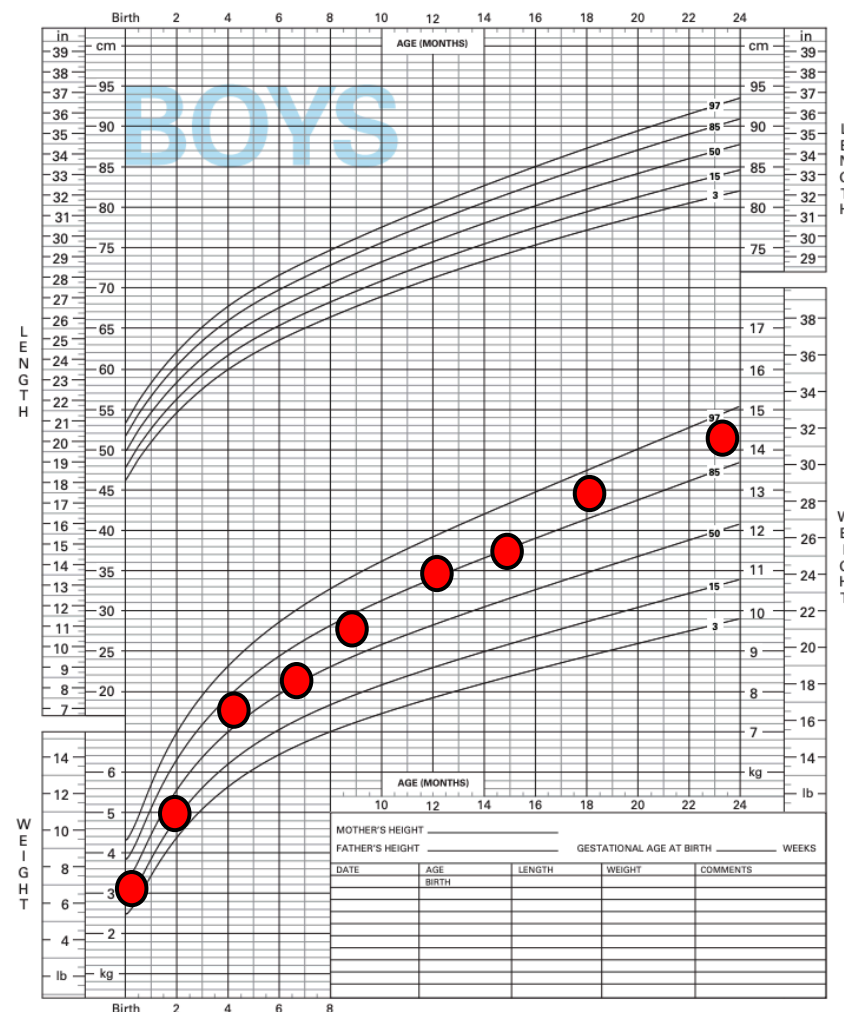


BIRTH TO 24 MONTHS: BOYS

Length-for-age and Weight-for-age percentiles

NAME: _____

DOB: _____ RECORD # _____



SOURCE: Based on World Health Organization (WHO) Child Growth Standards (2006) and WHO Reference (2007) and adapted for Canada by Canadian Paediatric Society, Canadian Pediatric Endocrine Group, College of Family Physicians of Canada, Community Health Nurses of Canada and Dietitians of Canada.
© Dietitians of Canada, 2014. Chart may be reproduced in its entirety (i.e., no changes) for non-commercial purposes only. www.whogrowthcharts.ca

WHO GROWTH CHARTS FOR CANADA

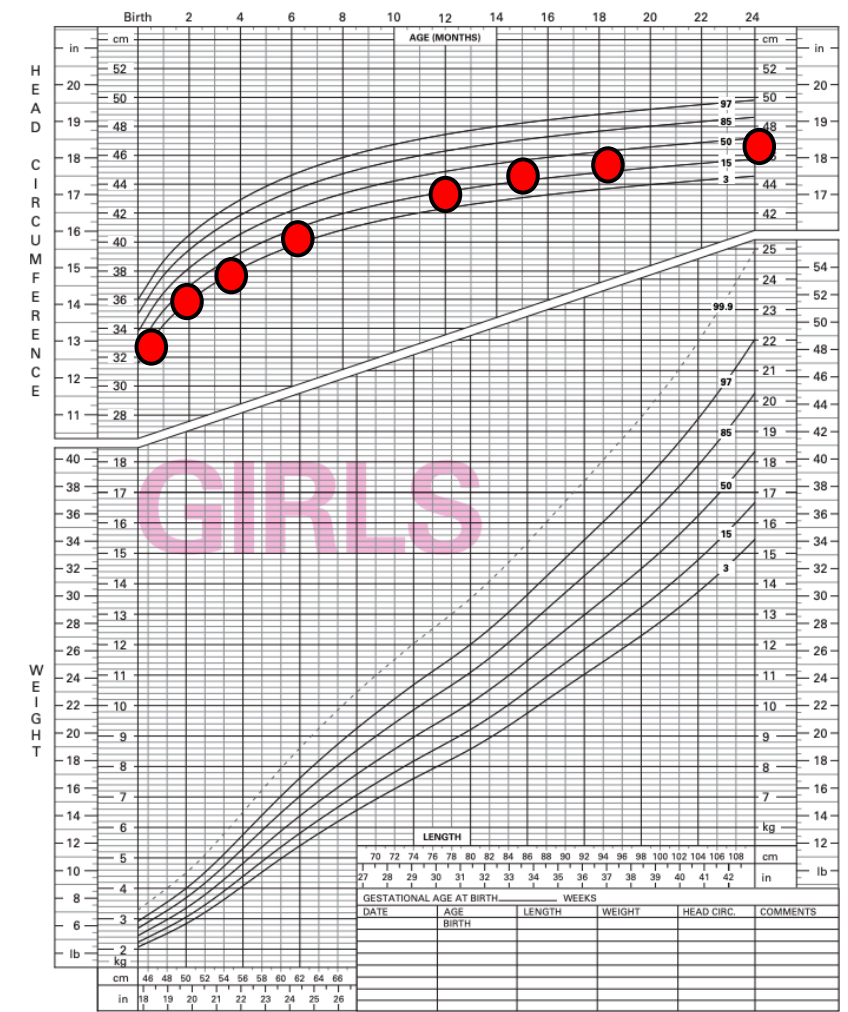


BIRTH TO 24 MONTHS: GIRLS

Head Circumference and Weight-for-length percentiles

NAME: _____

DOB: _____ RECORD # _____



SOURCE: Based on World Health Organization (WHO) Child Growth Standards (2006) and WHO Reference (2007) and adapted for Canada by Canadian Paediatric Society, Canadian Pediatric Endocrine Group, College of Family Physicians of Canada, Community Health Nurses of Canada and Dietitians of Canada.
© Dietitians of Canada, 2014. Chart may be reproduced in its entirety (i.e., no changes) for non-commercial purposes only. www.whogrowthcharts.ca

World Health Organization; Growth Charts, 2014

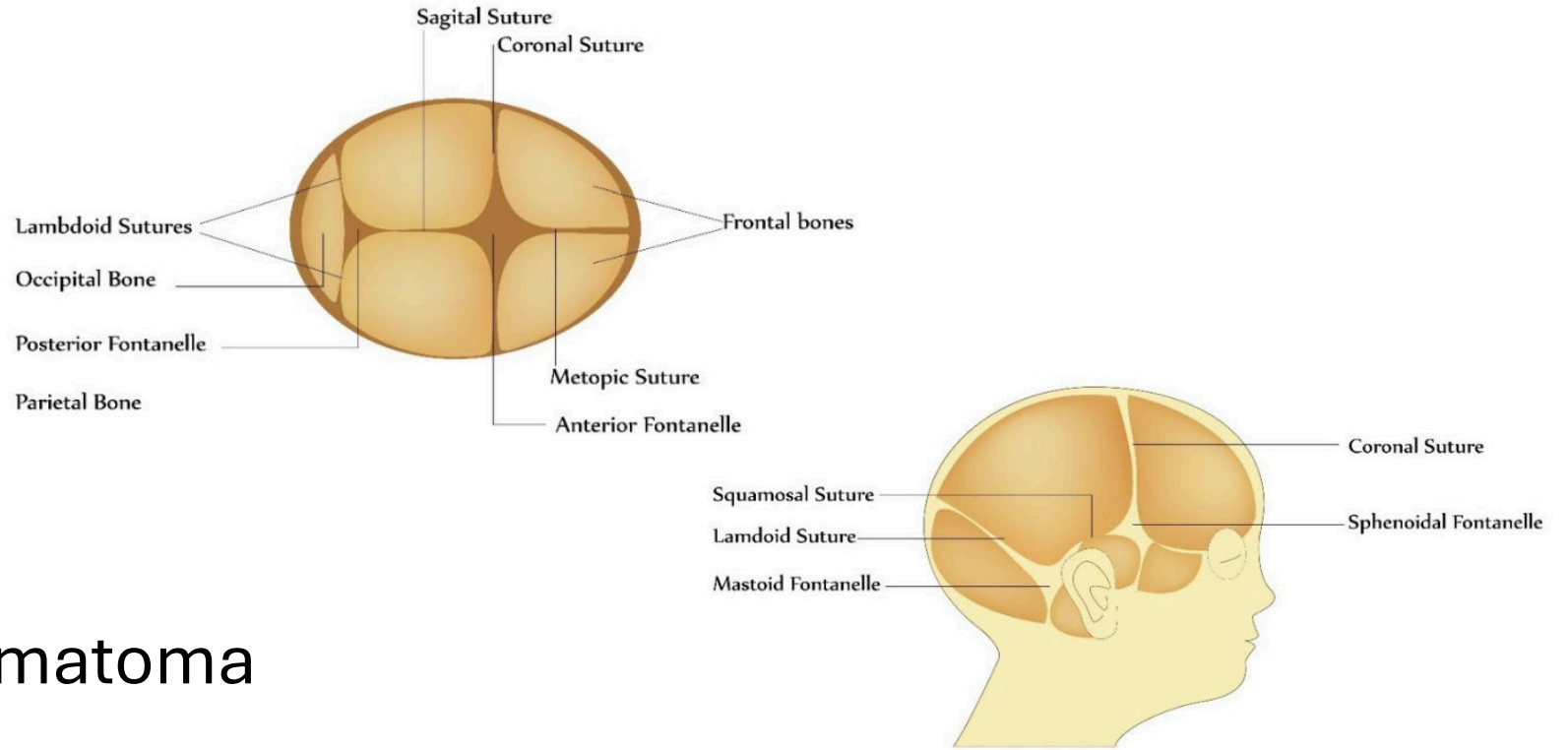
https://www.rourkebabyrecord.ca/growth_charts

<https://cps.ca/en/tools-outils/who-growth-charts> (IMAGE)

First Nations and Inuit Health Branch (FNIHB) Pediatric Clinical Practice Guidelines for Nurses in Primary Care; Newborn Assessment (2023)

Head

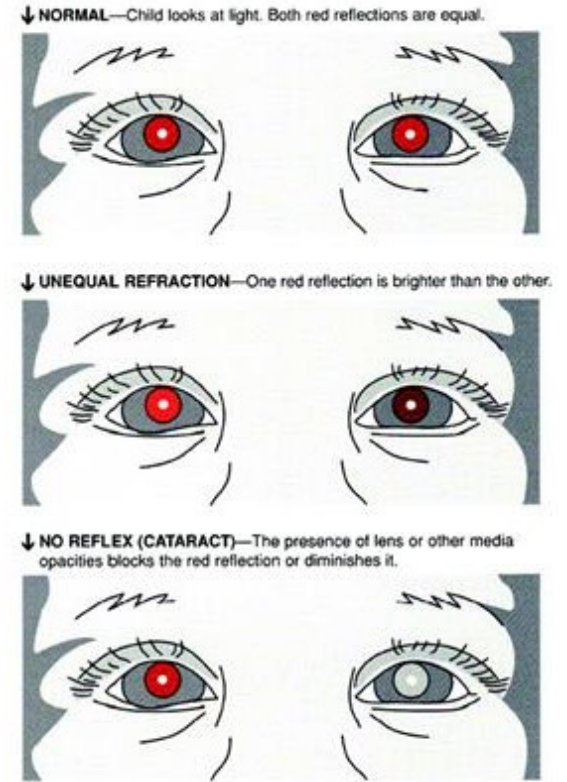
- Head shape
- Fontanelles
- Sutures
- Caput vs cephalohematoma
- Facial symmetry



- Bulging or sunken fontanelle
- Rapidly increasing head circumference
- Concerning swelling or bruising

Eyes, Ears, Nose & Mouth

- Eyes/red reflex if within scope
- Ear position/appearance
- Nasal patency
- Palate
- Tongue and oral cavity
- Suck
- Tongue-tie discussion if relevant



- Absent red-light reflex
- Cyanosis with feeding
- Poor suck

Skin

- Pigmentation
- Telangiectases
- Congenital nevi
- Macular stains or hemangiomas
- Congenital dermal melanocytosis
- Acrocyanosis



<https://emedicine.medscape.com/article/910405-overview>



- Severe involvement of face
- Bleeding
- Central cyanosis or signs of infection
- Ulceration, petechiae/purpura
- Parental Concern

Chest & Respiratory

- Respiratory rate
- Symmetry
- Breath sounds
- Periodic breathing
- Normal newborn breathing patterns



- Grunting
- Nasal flaring
- Retractions
- Persistent tachypnea
- Apnea
- Central cyanosis

Cardiovascular

- Colour/perfusion
- Capillary refill
- Peripheral pulses
- Femoral pulses
- Heart rate/rhythm
- Murmurs



- Murmurs or additional heart sounds
- Signs of poor perfusion
- Poor feeding

Abdomen

- Bowel sounds (IAPP)
- Shape and softness
- Umbilical cord
- Umbilical hernia
- Liver edge



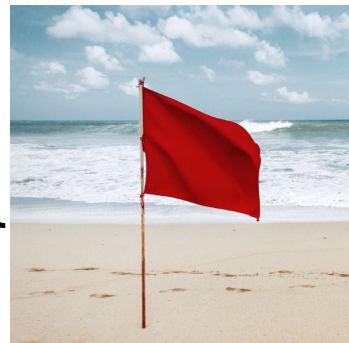
- Distension
- Bilious vomiting
- Significant tenderness
- Omphalitis (umbilical cord stump infection)
- Blood in stool

Genitourinary & Elimination

- Normal genital findings
- Vaginal discharge/pseudo-menstruation
- Testicular descent
- Circumcision if applicable
- Urine output
- Stool transition
- When first void/stool should occur



Microsoft stock image



- No urine (>24 hours after delivery)
- No stool; stool from vagina
- Abnormal genital features requiring follow up (edema, hernia, lack of cremaster reflex)

MSK

- Tone and spontaneous movement
- Symmetry
- Clavicles
- Hands/feet
- Spine
- Hips
- Developmental dysplasia screening concepts



- Asymmetric movement
- Abnormal tone
- Obvious deformity

Neuro

- Alertness
- Tone
- Symmetry
- Suck
- Rooting
- Palmar grasp
- Moro
- Step
- Babinski



- Lethargy
- Irritability
- Seizures
- Hypotonia
- Weak cry

Feeding

- Breast/chest feeding or formula feeding
- Frequency
- Duration/volume
- Latch and transfer
- Swallowing
- Feeding cues
- Output
- Weight
- Parent concerns



Microsoft stock image

Case Study

- A registered nurse completes a routine home visit for a **2-week-old infant**. The baby was born at term following an uncomplicated pregnancy and delivery.
- At today's visit, the nurse notes that the infant's **weight has decreased since the previous visit** and the baby has not yet returned to birth weight.

The parent reports:

- Breastfeeding every 3–4 hours
- Feeds often last 10–15 minutes
- The baby is sometimes sleepy and difficult to wake for feeds
- Approximately 4–5 wet diapers per day
- Stools have become less frequent
- The parent feels the baby is “feeding okay” but is unsure how much milk is being transferred

On Assessment:

- The infant is afebrile
- Appears mildly sleepy
- Slightly dry mucous membranes
- Has no obvious respiratory distress.

References

- First Nations and Inuit Health Branch (FNIHB) Pediatric Clinical Practice Guidelines for Nurses in Primary Care; Newborn Assessment (2023)
- Rourke Baby Record (2025). <https://www.rourkebabyrecord.ca/>
- World Health Organization Growth Charts (2014). <https://cps.ca/en/tools-outils/who-growth-charts>
- Look See Checklist (2018). <https://lookseechecklist.com/>
- <https://dermnetnz.org/topics>
- <https://www.ncbi.nlm.nih.gov/books/NBK557408/>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC8752411/>
- <https://www.cmaj.ca/content/182/17/E801>
- <https://www.ncbi.nlm.nih.gov/books/NBK553139/>

CONTACT

Dr. Aric Rankin NP, MN, PhD

rankia5@mcmaster.ca



September 16, 2026