

# Clinical examination of baby checklist

## Maternal sticker

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

Singleton   
  Multiple   
 Baby #:

### 1. Baby measurements

**a. Crown - heel (stretched)**  cm  
**b. Head circumference:**  cm  
**c. Weight:**  g

#### If stillbirth:

**a. Estimated date of IUID:**  /  /   
**b. Maceration degree:**  
 Fresh (no skin peeling)  
 Slight (focal minimal skin slippage)  
 Mild (some skin sloughing, moderate skin slippage)  
 Moderate (much skin sloughing, no secondary comprehensive changes or decomposition)  
 Marked (advanced)

### 2. Head and Face

#### a. Head:

Relatively normal     Anencephalic  
 Collapsed     Hydrocephalic  
 Abnormal Shape (please describe below)

#### b. Eyes:

Normal     Prominent  
 Close together     Far apart  
 Sunken     Straight  
 Upslanting     Downslanting  
 Globes normal     Absent  
 Eyes very small     Eyes very large  
 Lens opacity     Corneal opacity  
 Eyelids fused  
 Other (please describe)

#### c. Nose:

Normal     Asymmetric  
 Abnormally small     Abnormally large

#### d. Nostrils:

Apparently patent     Obstructed  
 Single nostril  
 Other (please describe)

#### e. Mouth

Normal Size     Large     Small

#### f. Upper lip

Intact     Cleft  
                      Left     Right  
                      Bilateral     Midline

#### g. Palate

Intact     Cleft

#### h. Mandible

Normal size     Large     Small  
 Other (please describe)

#### i. Ears

Normal     Preauricular tags  
 Lowset     Preauricular pits  
 Preauricular rotated  
 Other (please describe)

### 3. Torso

#### a. Neck

Normal     Mass

#### b. Chest

Normal     Long & Narrow  
 Short & Broad     Long & Narrow  
 Other (please describe)  
 Spina Bifida (please describe)

#### c. Abdomen

Normal     Flattened  
 Distended     Hernia  
 Omphalocele     Gastroschisis

#### d. Back

Normal     Scoliosis  
 Kyphosis  
 Spina Bifida (please describe)  
 Other (please describe)

### 4. Genitalia

#### a. Anus

Normal     Imperforate  
 Other (please describe)

#### b. Gender

Male  
     **i. Penis**  
          Normal     Very Small  
          Hypospadias     Chordee  
                     (please describe level of opening)

#### ii. Scrotum

Normal     Abnormal  
                     (please describe)

#### iii. Testes

Descended     Undescended  
 Other (please describe)

#### Female

**i. Urethral opening**  
 Present     Absent/unidentifiable

**i. Vaginal introitus**  
 Present     Absent/unidentifiable

#### iii. Clitoris

Present     Unidentifiable  
 Enlarged  
 Other (please describe)

Ambiguous sex (please describe)

### 5. Limbs

#### a. Length

Normal     Long  
 Short (please describe which segments)

#### b. Form

Normal     Asymmetric     Missing parts  
 Other (please describe)

### 5. Hands

#### a. Length

Normal     Long  
 Short (please describe which segments)

#### b. Fingers

**i. Number present:**   
     (if not 4+4, please describe)  
 Unusual form of fingers  
 Unusual position of fingers  
 Abnormal webbing or syndactyly  
     (if abnormal, please describe)

#### b. Thumbs

**i. Number present:**   
     (if not 1+1, please describe)  
 Unusual position     Looks like a finger  
     (if abnormal, please describe)

#### c. Finger nails

All Present     Other (please describe)

### 5. Feet

#### a. Appearance

Normal     Abnormal (please describe)

#### b. Toes

**i. Number present:**   
     (if not 5+5, please describe)

#### ii. Spacing

Normal     Abnormal (please describe)

#### c. Toe nails

All Present     Other (please describe)

