Initial Health Assessment in Infants

Position Statement: Designated Professionals for Children in Care

We recommend babies are at least six weeks old before they have their IHA (initial health assessment) undertaken by a pediatrician.

Whilst we advise that social care refer all children for their IHA within the first 3-5 days of coming into care as agreed in pathways, there are specific reasons to recommend that very young infants have the IHA appointment once the baby is at least six weeks of age.

The normal changes and adaptations in a newborn baby mean that medical problems may not become apparent until they are a few weeks of age. We believe that offering the IHA once a baby is at least six weeks of age allows for a more holistic picture of any medical problems the baby may have as there is an increase 'pick up' of problems. It also ensures doctors including Medical Advisors for adoption, can give accurate and more detailed advice regarding those issues.

Potential delay to follow this recommendation will be 'held' by the children in care medical teams. As always individual cases can be discussed so there are no added delays to overall placement journeys.

Medical reasoning for this decision is detailed in the project summary attached.

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The UK Government advises that NIPE (Newborn and Infant Physical Examination) be performed twice: initially within 72 hours of birth and then again between six and eight weeks of age. There are many arguments for and against waiting until 6-8 weeks to do the second NIPE. For many babies and their biological parents, this is their first interaction with the GP and therefore the foundation of a good relationship between both parties. This aids in addressing parental anxieties, promotes health education and establishes a baseline for baby's health, which can be referred to later on, to monitor development and wellness[1]. However, for children in care, it is questioned whether this initial health assessment should occur sooner and not delayed until 6-8 weeks. In this piece of writing, I aim to explore the reasoning behind the delay and why it is common practice.

Detection of medical conditions

At the 6-8 week check, alongside the general 'top to toe' examination, there are four main domains which are checked. The first abnormality screened for in the newborn, is congenital heart disease (CHD). Around 8.2 per 1000 live births present with CHD in Europe and 60% of children with a heart condition have special healthcare needs and they are 50% more likely to receive special education services[2]. The 6-8 week check is critical in this scenario because murmurs or ventricular septal defects are often only detectable a few weeks after birth. Many heart defects will not be detected until the first symptom of pulmonary hypertension becomes apparent, which will not be until a few weeks after birth. Studies show that this examination can identify over 1/3 of all CHD and therefore is essential.[3]

The second screening test focuses on developmental dysplasia of the hip (DDH). DDH has a pooled prevalence of 1.4%, with girls at a slightly higher risk. Early diagnosis aids in treatment and reduces complications. Research indicates that delaying the assessment of the hip until around 4-6 weeks decreases the over-diagnosis and false positive results[4]. This is as a result of most hip joints stabilizing spontaneously within the first few weeks

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[1] Ayoub, Dr Aya, and Dr Shirin Beebeejaun. "The 6–8-Week Baby Check: Common Parental Concerns and Red Flags." *InnovAiT: Education and inspiration for general practice* 16, no. 11 (August 22, 2023): 547–52. https://doi.org/10.1177/17557380231194081.

[2] "Data and Statistics." Centers for Disease Control and Prevention. Accessed December 13, 2024. https://www.cdc.gov/heart-defects/data/index.html.

[3] Kapadia, Jogesh, and RN Mahesh Babu. "Detection of Congenital Heart Disease in Mid-Essex." *British Journal of General Practice* 60, no. 577 (August 1, 2010). https://doi.org/10.3399/bjgp10x515179.

[4] Burnett, M., Rawlings, E. L., & Reddan, T. (2018). An audit of referral time frames for ultrasound screening of developmental hip dysplasia in neonates with a normal antenatal clinical examination. *Sonography*, *5*(2), 61–66. https://doi.org/10.1002/sono.12147

of life as the neonatal acetabulum matures during this time[5]. Conducting Barlow and Ortolani tests at this stage is vital to identifying cases of DDH, as untreated dysplasia can result in severe mobility issues later in life.

Another significant condition screened for is congenital cataracts which affect 1-15 per 10,000 live births. Though rare, undetected cataracts can severely impair sensory development by altering the quality of sensory information available to the baby, leading to irreversible visual defects.[6]. In a national UK study done over one year, 12% of cataracts were detected at 6-8 weeks by the GP [7]. However, a study done in the Republic of Ireland more recently, over 10 years, demonstrated 24% were detected by GPs compared with none during the initial NIPE done within 72 hours of birth. These findings highlight the importance of improving cataract screening while emphasizing the value of the 6-8 week check in detecting this condition.

The final domain assessed is cryptorchidism (undescended testes) in male infants. This condition affects 1-3% of full term and 15-30% of premature males. Cryptorchidism is associated with several serious complications such as inguinal hernia, higher risk of testicular torsion, sub-fertility and testicular cancer[5]. Referral is recommended if the testes have not descended by three months, making the 6-8 week mark an ideal time for evaluation.

Developmental assessment

Beyond these four medical domains, the 6-8 week check also allows assessment of developmental milestones. This evaluation is critical for detection of conditions such as down syndrome or infections which may not be apparent from birth. A lot of growth and development occurs after birth, as the infant adapts to life outside the womb in their 'fourth trimester'. By six weeks, motor developments such as improved head holding and reflex responsiveness are easier to evaluate, Therefore, this allows increased diagnostic accuracy of these skills, reflexes and responsiveness to noise or movement. Consequently, there are less false negative or positive results, thereby decreasing unnecessary anxiety from inconclusive findings.

This examination also allows doctors to assess the infant's feeding, bowel movements and sleep patterns. These are all critical to development and key indications or baby's overall health. By 6 weeks, routines are typically more established, enabling early

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[5] Jones, B. L. (2020). The 6 to 8-week check. *InnovAiT: Education and Inspiration for General Practice*, *13*(9), 534–541. https://doi.org/10.1177/1755738020931530

[6] Li, J., Xia, C., Wang, E., Yao, K., & Gong, X. (2017). Screening, genetics, risk factors, and treatment of Neonatal Cataracts. *Birth Defects Research*, *109*(10), 734–743. https://doi.org/10.1002/bdr2.1050

[7] Russell, H. C., McDougall, V., & Dutton, G. N. (2011). Congenital cataract. *BMJ*, *342*(may27 1), d3075–d3075. https://doi.org/10.1136/bmj.d3075

detection of issues such as 'failure to thrive' and quick management. This assessment can also provide an opportunity to subtly evaluate the home environment and the care the baby is receiving.

Holistic care

From a social care perspective, waiting until 6-8 weeks to examine the child can be beneficial. It allows time for birth, foster or prospective adoptive parents to gain familiarity with the child's needs and for relevant medical records and histories to be obtained. This stability will improve the relationship between healthcare practitioners and caregivers.

Another benefit for delaying the health check until 6-8 weeks is to align the timing with the standard NIPE for the general population. This ensured equal care given to all children whether in care or not. It also allows conditions to be easily detected because doctors are confident assessing babies at this age and can more easily notice red flags. Additionally, referrals can be streamlined as the health system is set up for referrals at this age.

Children in care face increased health and social risks due to factors of their environment. These risks include neglect, inadequate nutrition and inconsistent caregiving in early weeks of life, which can lead to developmental delays and attachment issues. Babies in care are more likely to not have health care visitors and therefore miss the routine checks for preventable health issues, causing further impact down the line. Therefore, this check at 6-8 weeks performed by a health care professional can provide a thorough assessment of the child to address any overlooked concerns and mitigate long term impacts, acting as a crucial safety net.

Conclusion

In conclusion, the 6-8 week NIPE plays an important role in detecting important conditions that require early diagnosis and intervention. This limits the long-term consequences of delayed diagnoses and enables insight into developmental progress. For children in care, delaying this check until 6-8 weeks ensures standardized care and enables a thorough assessment at a suitable developmental stage. It also allows time for stability and preparation in the care setting. While the timing of the examination may vary between individuals and their circumstances, the key priority is for newborns to have the opportunity for a comprehensive assessment completed by a healthcare professional within early weeks of life.