



GIG  
CYMRU  
NHS  
WALES

Archwiliadau Corfforol  
ar gyfer Babanod a Babanod  
Newydd-anedig Cymru  
Newborn and Infant  
Physical Examination Cymru



Llywodraeth Cymru  
Welsh Government

# New-born and Infant Physical Examination Standards

---

2023



# Contents

---

## Standards

NIPEC-S01: coverage	3
NIPEC-S02: diagnosis/intervention – timeliness of intervention for babies with screen positive eye results – New-born examination	4
NIPEC-S03: diagnosis/intervention – timeliness of intervention for babies with screen positive eye results – Infant (6 week) examination	5
NIPEC-S04: diagnosis/intervention – timeliness of ultrasound scan for the hips for the development dysplasia	6
NIPEC-S05: diagnosis/intervention – timeliness of hip clinical assessment or discharge	7
NIPEC-S06: diagnosis/intervention – timeliness of intervention for bilateral undescended testes – New-born examination	8
NIPEC-S07: diagnosis/intervention – timeliness of intervention for bilateral or unilateral undescended testes – Infant (6 week) examination	9

Elements of this guideline have been reproduced and adapted from the NIPE Programme Handbook 2021 with permission from the NIPE Programme Team, NHS England.

NHS England (2021) Newborn and infant physical examination screening programme handbook. Available at: [Newborn and infant physical examination \(NIPE\) screening programme handbook – GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/94421/newborn_and_infant_physical_examination_screening_programme_handbook_2021.pdf) (Accessed: 18th October 2023)

References to parent(s) also relate to carer(s), if appropriate.

### Description

The proportion of babies eligible for the new-born physical examination who are tested for all 4 components (3 components in female infants) of the new-born examination at  $\leq 72$  hours of age and have a conclusive result on the day of the report.

### Rationale

This standard provides assurance that:

- screening is offered to parents of all eligible babies
- each baby (where the offer is accepted) has a conclusive screening result.

### Definition Numerator

Number of eligible babies screened at  $\leq 72$  hours of age who have a conclusive result on the day of report for each of the conditions screened.

### Denominator

Number of eligible babies born in NHS Wales in the reporting period:

- including babies  $\leq 72$  hours of age who transfer into the care of the maternity service without a screening result
- excluding babies who die at  $\leq 72$  hours of age without being screened

We calculate performance by dividing numerator by denominator and multiplying by 100 to give a percentage.

### Performance thresholds

Acceptable level:  $\geq 95.0\%$

Achievable level:  $\geq 97.5\%$

### Caveats

Screening may be delayed where a clinical decision is made because the baby is 'too young' or 'too ill' for NIPEC newborn screening.

'Too young' is defined as babies born  $< 34$  weeks gestation. Screening may be delayed until these babies reach  $\geq 34$  weeks and zero days (34+0) gestation.

'Too ill' screening should be completed as and when the baby's condition allows.

We calculate performance by dividing numerator by denominator and multiplying by 100 to give a percentage.

## NIPEC-S02: diagnosis/intervention – timeliness of intervention for babies with screen positive eye results

---

### Description

The proportion of babies who have an abnormality suspected (with or without risk factors) at new-born physical examination and undergo assessment by a specialist within 2 weeks of age.

### Rationale

To provide assurance of timely interventions.

### Definition Numerator

Number of babies with an abnormality of the eye attending an assessment appointment within 2 weeks of examination. This first assessment should be with a consultant ophthalmologist/paediatric ophthalmology service.

### Denominator

Number of babies with an abnormality of the eye identified on new-born physical examination in the reporting period, irrespective of risk factors.

### Performance thresholds

Acceptable level:  $\geq 95.0\%$

Achievable level:  $\geq 99.0\%$

## NIPEC-S03: diagnosis/intervention – timeliness of intervention for babies with screen positive eye results

---

### Description

The proportion of babies who have an abnormality suspected screening test (with or without risk factors) at infant physical examination and undergo assessment by a specialist within 2 weeks of examination.

### Rationale

To provide assurance of timely interventions.

### Numerator

Number of babies with an abnormality of the eye attending an assessment appointment within 2 weeks of examination. This second assessment should be with a consultant ophthalmologist/ paediatric ophthalmology service.

### Denominator

Number of babies with an abnormality of the eye identified at infant physical examination in the reporting period, irrespective of risk factors.

### Performance thresholds

Acceptable level:  $\geq 95.0\%$

Achievable level:  $\geq 99.0\%$

## NIPEC-S04: diagnosis/intervention – timeliness of ultrasound scan for the hips for the development dysplasia

### Description

The proportion of babies with a screen positive newborn hip result who attend for ultrasound scan of the hips within the designated timescale.

### Rationale

To provide assurance that babies who have a screen positive newborn hip result have a timely ultrasound scan of the hips.

### Definition Numerator

Number of babies who attend for ultrasound scan of the hips who are between:

- 2 and 8 weeks of age for babies born  $\geq 34$  weeks and zero days (34+0) gestation
- 36+0 and 42+0 weeks corrected age for babies born  $<34+0$  weeks gestation.

### Denominator

Number of babies born in the reporting period who have a screen positive newborn hip result.

Defined as those with:

- suspected dislocated or dislocatable hip(s) at clinical examination, or
- presence of one or more primary hip risk factors.

Excluding babies who:

- die before the ultrasound appointment date.

We calculate performance by dividing numerator by denominator and multiplying by 100 to give a percentage.

### Performance thresholds

Acceptable level:  $\geq 90\%$

Achievable level:  $\geq 95\%$

### Notes:

Important time points to be recorded to produce KPI and drill down into failure to meet standards will be date and time of:

- Expected date of delivery
- Date of Birth
- New-born examination
- Infant examination
- Date of referral for ultrasound
- Date ultrasound performed.

# NIPEC-S05: diagnosis/intervention – timeliness of hip clinical assessment or discharge

## Description

The proportion of babies with a screen positive new-born hip result at new-born physical examination for whom an outcome decision was made within the designated timescale.

## Rationale

To provide assurance that babies referred after a screen positive new-born hip examination have timely discharge or entry into the hip dysplasia treatment pathway.

## Definition Numerator

Numerator: Number of babies for whom an outcome decision was made by:

- 8 weeks of age for babies born  $\geq 34$  weeks and zero day (34+0) gestation
- 42+0 weeks corrected age for babies born <34+0 gestation.

An outcome decision is either:

- discharge from the hip screening pathway after review of normal hip ultrasound scan results
- attendance for clinical assessment by orthopaedic specialist.

## Denominator

Number of babies born in the reporting period who attend for ultrasound scan of the hips after screen positive new-born hip referral.

We calculate performance by dividing numerator by denominator and multiplying by 100 to give a percentage.

## Performance thresholds

Acceptable level:  $\geq 90\%$

Achievable level:  $\geq 95\%$

### Notes:

Important time points to be recorded to produce KPI and drill down into failure to meet standards will be date and time of:

- Expected date of delivery
- Date of Birth
- New-born examination
- Infant examination
- Date of referral for ultrasound
- Date ultrasound performed.

# NIPEC-S06: diagnosis/intervention: timeliness of intervention for bilateral undescended testes

## Description

The proportion of babies with bilateral undescended testes detected during the new-born physical examination who are seen by a consultant within 24 hours of that examination.

## Rationale

To provide assurance of timely interventions.

## Definition Numerator

Number of babies with bilateral undescended testes who are seen for assessment by a consultant paediatrician within 24 hours of the new-born examination.

## Denominator

Number of babies who are identified with bilateral undescended testes on the new-born physical examination in the reporting period.

We calculate performance by dividing numerator by denominator and multiplying by 100 to give a percentage.

## Performance thresholds

Acceptable level: 100%

Achievable level: 100%

## Notes:

Important time points to be recorded to produce KPI and drill down into failure to meet standards will be date and time of:

- Birth
- New-born examination
- Review of bilateral undescended testes by consultant



# NIPEC-S07: diagnosis/intervention: timeliness of intervention for bilateral or unilateral undescended testes

## Description

The proportion of babies who have an abnormality suspected test (with or without risk factors) at infant examination (in primary care) who are reviewed in a paediatric surgical clinic by 6 months of age.

## Rationale

To provide assurance of timely interventions.

## Definition Numerator

Number of babies with an abnormality suspected test at the infant examination in primary care who are reviewed by a paediatric surgeon by 6 months of age.

## Denominator

Number of babies with an abnormality suspected at infant examination (in primary care) in the reporting period (irrespective of risk factors).

We calculate performance by dividing numerator by denominator and multiplying by 100 to give a percentage.

## Performance thresholds

Acceptable level:  $\geq 95\%$

Achievable level: 100%

## Notes:

Important time points to be recorded to produce KPI and drill down into failure to meet standards will be date and time of:

- Birth
- New-born examination
- Infant examination
- Review of "equivocal" testes at 4-5 months
- Date of referral to surgical clinic
- Date seen in surgical clinic