

PSANZ Perinatal Mortality Guidelines

Clinical examination of baby checklist

Please tick appropriate box and complete details as required

Maternal Sticker

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

Baby measurements

1. Crown – heel (stretched) cms

2. Head circumference..... cms

3. Weight..... gms

If Stillbirth

Estimated date of IUFD:/...../.....

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.....

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

If other, describe:

.....

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

NECK

Normal

Mass

Describe:

.....

CHEST

Normal Long & narrow

Short & broad Other

If Spina bifida, describe:

.....

ABDOMEN

Normal Flattened

Distended Hemia

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

Enlarged Other

If other, describe:

.....

Ambiguous sex

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:

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