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Aim:

The post-natal check, done by GPs in NHS Lanarkshire, follows the newborn physical exam and blood spot screening. NICE guidelines recommend 90% of infants have the check and paperwork completed by 10 weeks⁽¹⁾. Feedback indicates newly qualified GPs in Lanarkshire lack confidence in performing the assessment for mum and baby, and that there is a need for more teaching in this area.

Would you be interested in your trainee attending a formal training session on 6-8 week baby assessments as part of their training?



Methodology:

Initially research began by consulting with neonatal and paediatric specialists and the associate medical director of general practice to ensure no similar QI projects were underway. A 'referrals guideline' was then developed with a senior paediatric clinician to assist GPs in making accurate secondary care referrals after infant screening. The guideline aimed to reduce GPs' uncertainty about which pathologies to refer and minimise delays caused by incorrect referrals needing to be re-written. Finally, a teaching session with PowerPoint and practical exercises was created to enhance the knowledge and confidence of up to six GP trainees per session on the referral process.

The 6-8-week newborn screening assessment referral pathways

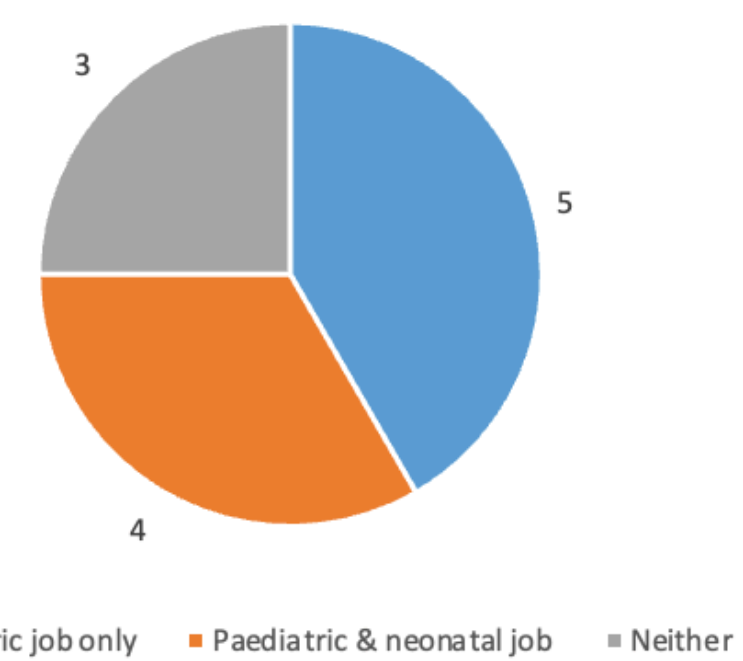
IMPORTANT: always consider if a phone call to paediatrics is more appropriate than a SCI gateway written referral e.g. increased WOB, femoral pulses... Paediatrics are always on the end of the phone and happy to discuss how acutely they would want to see something to ensure you complete the most appropriate referral.!

	Key checks	Where to refer if concerns
Head	• Feel the fontanelles (posterior closes 6-8 weeks, anterior closes 9-18m)	General paediatrics -> with potential onwards referral to neurosurgery if concerned about craniosynostosis
	• Brachycephaly/plagiocephaly = normal, as long as no restricted neck movement	
	• Torticollis	Paediatric physio / General paediatrics
Eyes	• Any dysmorphic features?	General paediatrics -> can review baby +/- request genetics
	• Mouth - check cleft palate	General paediatrics -> with potential onwards referral to ENT
	• Check baby is fixing and following	Urgent paediatric ophthalmology referral to NHSL
Ears	• Check for red reflex	
Ears	• Check for skin tags/pits	General paediatrics -> with potential onwards referral to plastics
Upper body	• Feel clavicles	General paediatrics -> with potential onwards referrals
	• Listen to lungs	
	• Arm length	
Heart	• Hands and fingers	
	Observe	
	• Colour and tone	
Heart	• Shape of chest	General paediatrics will see first -> can refer on to cardiology if required (concerns about femoral pulses should be a phone call)
	• Any increased WOB?	
	Auscultate	
Heart	• 4 normal areas and interscapular area	
	Palpate	
	• Femoral pulses	
Abdomen	• CRT	
	• General palpation	General paediatrics
	• Feel for hepatomegaly	
Abdomen	• Check for hernias	Inguinal hernias -> paediatric surgery at QUEH Umbilical hernias -> usually monitor and refer as above if still present at 3yrs

Results / outcomes:

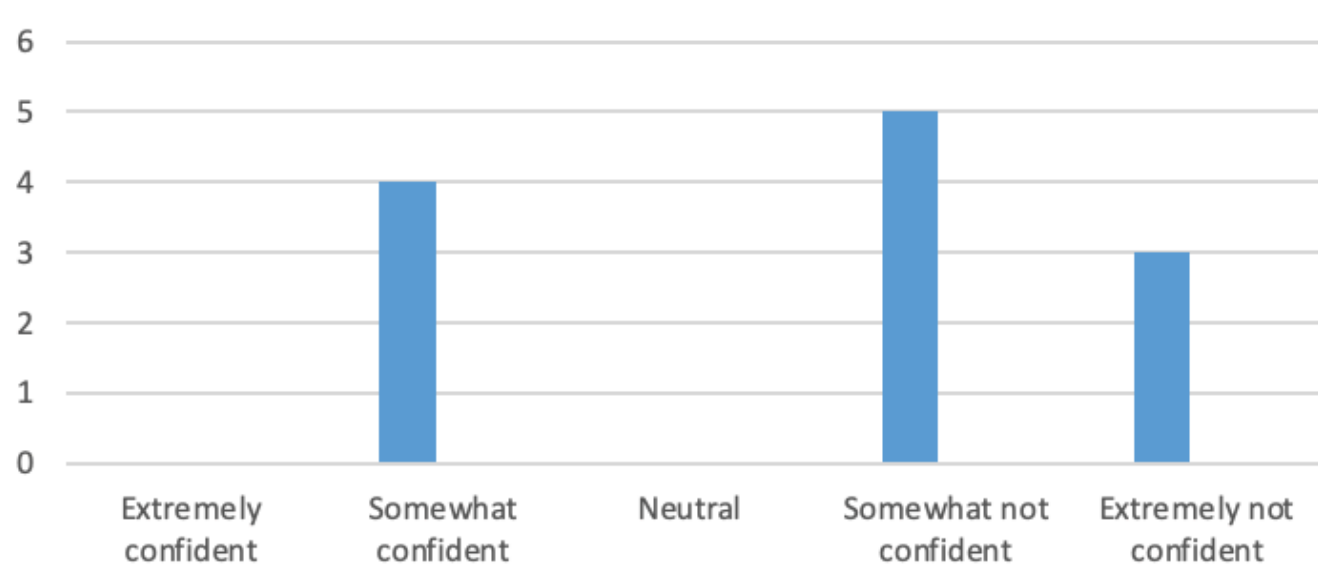
Two sessions with six trainees attending each were carried out on 22/10/25. n = 12 for all data collected. Pre and post session feedback was collected from the participants. The teaching intervention was shown to improve immediate post session confidence levels in various aspects of not only the baby checks (assessing infants' eyes, hearts, hips and genitalia) but also the maternal checks. Free text feedback also shows the session was pitched at the right level for trainees and the referrals handouts were greatly received.

Have you had a paediatric/neonatal job so far as part of your training?



Pre-session feedback

How confident do you feel carrying out maternal history +/- examination as part of this appointment?

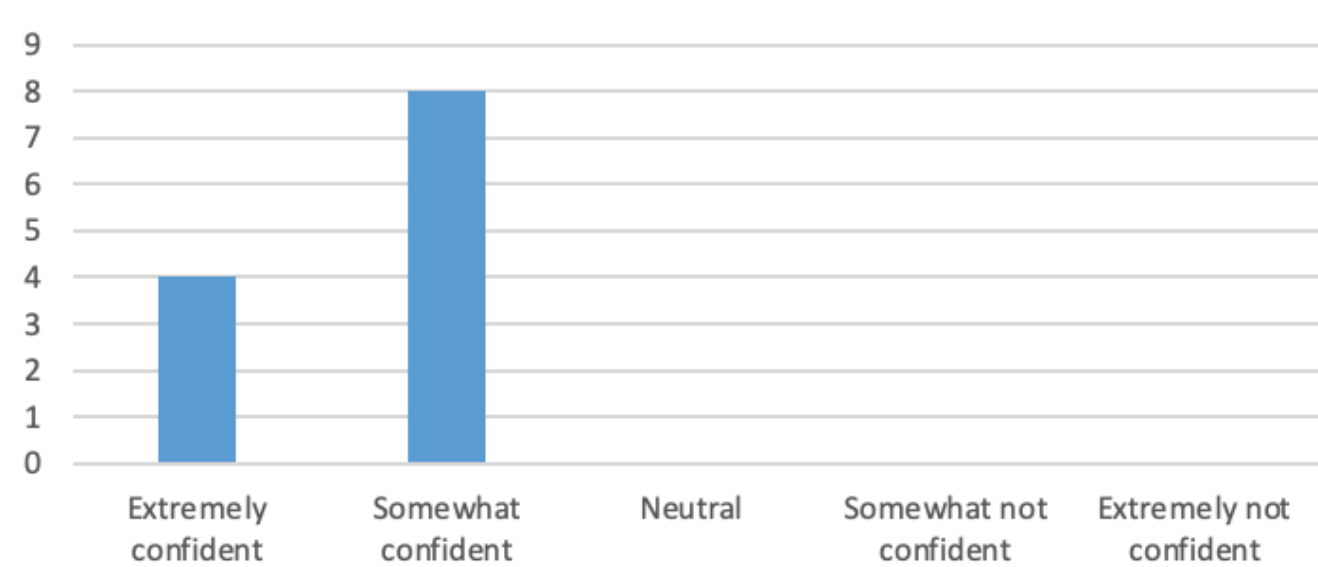


Good session, good hands-on experience with practice on models.



Post-session feedback

How confident do you feel carrying out maternal history +/- examination as part of this appointment?



Excellent stepwise teaching at level I needed. Reduced my anxiety about tackling baby check in practice by providing a good framework.

Great recap and great hand-outs especially as not common for us to do so will be good to have a reference. Worthwhile session.

Next steps:

Rolling out the session to a wider audience to increase knowledge dissemination. Also gathering feedback from trainees after 3-6 months to see if the session and resources provided has resulted in a sustained improvement in confidence levels could be something gathered in a second round of the QIP.

References:

1. Scottish Government. Child Health Surveillance Programme – Pre-School (CHSP-PS): Clinical Guidelines. Edinburgh: Scottish Government; 2018. Available from: <https://rightdecisions.scot.nhs.uk/media/1792/chsp-ps-clinical-guidelines-2018-06-26-final.pdf> [Accessed 3 Mar 2026].