



**DEPARTMENT OF NURSING AND MIDWIFERY EDUCATION AND RESEARCH
PROCEDURE**

**Full Physical Examination of the Newborn by a Midwife
(FPEON)**

Scope (Staff):	Midwifery staff
Scope (Area):	Women and Newborn Health Service

Aim

The aim of this document is to provide qualified midwifery staff with guidance on the completion of a Full Physical Examination of the Newborn (FPEON) to facilitate timely discharge or referral to other clinical staff or services.

Key points

- The full physical examination of the well newborn may be undertaken by either a medical officer, or a midwife who fulfils the WNHS competency requirements for Full Physical Examination of the Newborn (FPEON)
- The hospital stay of a healthy newborn infant should be long enough to allow identification of problems and to ensure that the mother is sufficiently recovered and prepared to care for herself and her newborn at home.
- Mothers and infants can be discharged and transferred to the Visiting Midwifery Service (community care) from 4 hours following an uncomplicated vaginal birth and at 24-72 hours following a caesarean section (if clinically appropriate and safe to do so), with appropriate follow-up arrangements for continuing postnatal care in the home environment.
- Many neonatal cardiopulmonary problems related to the transition from the intrauterine to the extrauterine environment usually become apparent during the first 12 hours after birth.
- Other neonatal problems, such as jaundice, duct-dependent cardiac lesions, and gastrointestinal obstruction, may require a longer period of observation by skilled health care professionals either in hospital or at home

- The **Day 1 FPEON** may act as the **Discharge Check** until 72 hours after the examinations. After 72 hours a **Discharge Check** is required within 48 hours of the discharge

Inclusion criteria for midwife discharge of a well newborn

The midwife must:

- Have a minimum of 2 years' experience as a midwife before undertaking the [Full Physical Examination of the Newborn by a Midwife Program](#)¹
- Successfully complete the [Full Physical Examination of the Newborn by a Midwife Program](#)¹ (online and workshop component)
- Complete a minimum of 7 formative assessment examinations supervised by a paediatrician/neonatologist (registrar or above) or midwife who is deemed competent in assessing FPEON (KEMH only).
- Complete a minimum of 3 summative assessments with a Paediatric/Neonatal Consultant or General Practitioner Obstetrician (GPO) and be deemed competent in their assessments.

The newborn must meet the following criteria:

- Gestational age at birth is greater than 37 completed weeks and less than 42 weeks
- Birth weight greater than 2500g and less than 4500g
- Apgar score greater than 7 at 5 minutes of age
- The mother must not be GBS positive
- No identified antenatal or perinatal complications, e.g. breech presentation, abnormal ultrasound, prolonged ROM
- Using the [Neonatal Early Onset Calculator](#)² the newborn risk must score in the Green Zone. The newborn must appear well clinically with no persistent physiologic abnormalities [see Neonatology guideline: [Sepsis: Septic Calculator- Assessment of Early-Onset Sepsis in Infants >35 Weeks](#)³].
- There is no need for any further examination of the well newborn if the mother is discharged within 72 hours. If the mother's stay is extended beyond 72

hours a further FPEON for discharge home will be required within 48 hours of the discharge.

Consultation and referral

- Midwives who fulfil the WNHS competency requirements for the FPEON are expected to follow the [Australian College of Midwives National Midwifery Guidelines for Consultant and Referral](#)⁴
- Where an abnormality is identified, or suspected, by the midwife during the FPEON, e.g. a cardiac murmur, or suspected Congenital Dislocation of the Hips, the midwife must ensure the baby is reviewed by a Consultant Paediatrician who will organise the appropriate referral/s.

Procedure









1. The midwife who discharges a newborn should document the **Day 1 FPEON** in the Neonatal History sheet (MR410) and infant's Purple book.
2. The **Day 1 FPEON** may act as the **Discharge Check** until 72 hours after the examination. After 72 hours a **Discharge Check** is required within 48 hours of the discharge.
3. The discharge of all newborns must involve a review of the notes to ensure all postnatal / neonatal recommendations have been followed, and the following must be carried out:
 - The midwife shall check whether the newborn requires any further appointments e.g. Child Health Nurse, or hearing test, and advises the mother accordingly
 - Advice on registration of birth, 6 week GP follow up, immunisations, feeding, and SUDI prevention shall be given
 - Advice on the usual postnatal visit arrangement, and who to contact if support is required outside these times
 - Correct discharge address and contact details shall be confirmed
 - Discharge details shall be entered accurately into STORK

References and resources

1. NMHS Moodle platform. Full Physical Examination of the Newborn accessed at [Course: FPEON1: Introduction \(elearn.net.au\)](https://elearn.net.au)
2. Kaiser Permanente Research [Neonatal Early Onset Calculator](http://neonatalespsiscalculator.kaiserpermanente.org) accessed at <http://neonatalespsiscalculator.kaiserpermanente.org>
3. CAHS Neonatology Clinical Practice Guideline Sepsis: Septic Calculator- Assessment of Early-Onset Sepsis in Infants >35 Weeks accessed at [Sepsis Calculator \(health.wa.gov.au\)](https://health.wa.gov.au)
4. Australian College of Midwives. National Midwifery Guidelines for Consultation and Referral.2021.4th edition accessed at [National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-\(2021\).pdf \(midwives.org.au\)](https://midwives.org.au)

Related policies

CAHS Neonatology Clinical Practice Guideline Sepsis: Septic Calculator- Assessment of Early-Onset Sepsis in Infants >35 Weeks accessed at [Sepsis Calculator \(health.wa.gov.au\)](https://health.wa.gov.au)

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Version History (optional)

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Version Number	Date	Summary
1.0	May 2018	First version
1.1	May 2021	Updated
2.0	February 2025	Major review in line with changes to inclusion criteria

This document can be made available in alternative formats on request for a person with a disability.

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