APPENDIX D: 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..... ☐

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

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: .....

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: .....
.....
.....