Curricular Components That Support the Functions of EPA 3: Care for the Well Newborn

1. Performing a physical examination to look for normal variations, abnormal signs, and congenital anomalies
   - Determines the general state of the infant (“well” versus “sick” newborn)
   - Distinguishes normal variations from abnormal findings
   - Interprets physical exam findings in the context of the maternal history and family history
   - Synthesizes clinical findings into a unified diagnosis where possible

2. Identifying and applying key evidence-based guidelines for care of the newborn
   - Develops an answerable clinical question
   - Searches the literature for evidence focusing on the highest-grade evidence available
   - Interprets the evidence in light of its gate
   - Applies the evidence to the care of the patient given the particular context for that patient

3. Providing routine care, as well as addressing common problems that develop within the first 28 days of life
   - Reviewing relevant medical history
     - Incorporates relevant prenatal, perinatal, and postnatal history into caring for the patient’s individual needs
   - Delivery room care
     - Resuscitates and stabilizes newborns in distress (suctioning, oxygen use, and bag–mask ventilation as needed)
     - Performs an overall assessment that includes APGAR scores
     - Determines gestational age and plots growth
   - Routine care
     - Orders or administers Vitamin K and eye prophylaxis
     - Prescribes cord care
     - Orders appropriate newborn screening tests
     - Orders appropriate immunizations
     - Manages feedings/fluids
     - Prescribes measures to regulate temperature for newborns not capable of doing so

Problems generally within the scope of general pediatric practice (based on prevalence and potential morbidity) where the role of the generalist is to recognize, evaluate and treat

   - Indirect hyperbilirubinemia
Newborn complications of maternal diabetes (hypoglycemia, polycythemia, large for gestational age)
- Transient tachypnea of the newborn
- Murmurs due to heart conditions that do not affect cardiovascular stability
- Infants born to mothers with fever at the time of delivery
- Infants born to mothers with Group B strep not adequately treated
- Suspected sepsis
- Hypoglycemia
- Poor weight gain
- Neonatal abstinence syndrome

Problems that generally require consultation where the role of the generalist is to recognize, provide preliminary evaluation and refer. (This list depends greatly on context in which one practices. Those generalists practicing in areas where access to subspecialists is difficult will likely provide more of the care and may do so with telephone advice from a trusted subspecialist as needed)

- Direct hyperbilirubinemia (biliary atresia, etc.)
- Indirect hyperbilirubinemia that is not responding to phototherapy
- Early onset sepsis due to Group B streptococcus, gram negative bacteria, Listeria as well as other bacteria and viruses (e.g., HSV and Enteroviruses)
- Congenital infections (e.g., CMV)
- Infants born to HIV-positive mothers
- Meconium aspiration
- Tracheoesophageal fistula
- Cyanosis due to respiratory compromise
- Cyanosis due to congenital heart disease
- Pathologic heart murmurs and conditions
- Necrotizing enterocolitis
- Abdominal wall defects (omphalocele, gastroschisis)
- Intestinal obstruction (malrotation with volvulus, Hirschsprung Disease)
- Seizures
- Brachial plexus injuries
- Trisomy 21 and other genetic conditions

4. Using judgment to know when common problems can be handled at home and arrange for discharge and follow up
4. Assessing maternal/family readiness to care for the infant post discharge
   • Interviews the parents/family about previous experience with newborn care
   • Gathers information on available support systems
   • Invites questions from the family
   • Includes family in a shared decision-making process
   • Screens for maternal depression and refers as indicated
   • Determines and discusses family level of comfort for interval between hospital discharge and first follow-up visit

5. Transitioning care to the community practitioner
   • Provides written and verbal discharge instructions inviting questions from the family
   • Transmits information about the maternal, perinatal and postnatal course to the receiving pediatrician

6. Demonstrating confidence that puts new parents at ease
   • Assists parents in navigating uncertainties and complexities
   • Meets the emotional needs of new parents through reassurance and empathy
   • Acknowledges one’s limitations in knowledge and sets an agenda for fact finding and follow up with parents

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