Gen2 Baby
Paediatric examination on day 2

CLINICAL EXAMINATION

18

Name of baby: _____ STUDY No 5228 Fetus No: _
Date: ___ / __ / __ Time: _____ (24h clock)

PHYSICAL MEASUREMENTS

Length: G200_B_LONG (cm)
Head circumference: G200_B_HEAD (cm)
Mid-coronal: G200_B_CORON (cm)
Chest circumference: G200_B_CHEST (cm)
Abdominal circumfce: G200_B_ABDOM (cm)
Foot length: G200_B_FOOT (cm)
BP: ___/___ G200_B_SYS G200_B_DIAS

Mid-arm circ: G200_B_MIDARM (cm)

SKIN-FOLD THICKNESS:
Triceps: G200_B_TRICEP (mm)
Parascapular(R): G200_B_PARASC (mm)
Infrascapular(R): G200_B_INFRSC (mm)

SUCKING A Very good B Average C Poor G200_B_SUCK

NEUROLOGICAL / NEUROMUSCULAR

A ___ General tone G200_B_TONE
B ___ Initial behavioural state G200_B_BEHAV
C ___ Spontaneous motor activity G200_B_MOTOR
D ___ Posture G200_BB_POSTR
E ___ Resistance to passive movements G200_BB_PASSV
F ___ Total Ballard Neuromuscular (D+E) G200_BB_NEURO
G ___ Ventral suspension G200_B_VENTRL
H Pull to sit: ___ Grasp G200_B_GRASP
J ___ Traction G200_B_TRACT
K ___ Head lag G200_B_HDLAG
L Abnormal neurological features ___ ___ ___ ___ Coding is indecipherable- see G200_PB_COM

Physical Maturity
M ___ Total Ballard Physical G200_BB_PHYS

Maturity Rating
N ___ Total all Ballard (F+M) G200_BB_TOT
P ___ Maturity (weeks) G200_BB_MATUR

DYSMORPHOLOGY / PHYSICAL

1. EYES	G200_BD_EYE1 to 3	2. NOSE	G200_BD_NOSE1 to 2
3. LIPS	G200_BD_LIP	4. MOUTH	G200_BD_MOUTH1 to 3
5. JAW	G200_BD_JAW	6. MID-FACE	G200_BD_FACE1 to 3
7. EARS	G200_BD_EAR1 to 3	8. NECK	G200_BD_NECK1 to 2
9. SKULL	G200_BD_SKULL1 to 4	10. SCALP	G200_BD_SCALP1 to 3
11. HAIR	G200_BD_HAIR1 to 2	12. SKIN	G200_BD_SKIN1 to 5
13. DIMPLES	G200_BD_DIMP1 to 3	14. HANDS	G200_BD_HAND1 to 3
15. FEET	G200_BD_FEET1 to 4	16. SPINE	G200_BD_SPINE1 to 2
17. JOINTS	G200_BD_JOINT1 to 3	18. THORAX	G200_BD_THORX1 to 2
19. HEART/LUNG	G200_BD_HEART1 to 2	20. ABDOMEN	G200_BD_ABDOM1 to 3
21. GENITALS(M)	G200_BD_MGEN1 to 3	22. GENITALS(F)	G200_BD_FGEN

COMMENTS: _____ G200_PB_COM

_____

NEUROMUSCULAR MATURITY

	0	1	2	3	4	5
Posture						
Square Window (wrist)	90°	60°	45°	30°	0°	
Arm Recoil	180°		100°-180°	90°-100°	<90°	
Popliteal Angle	180°	160°	130°	110°	90°	<90°
Scarf Sign						
Heel to Ear						

PHYSICAL MATURITY

Skin	gelatinous red, trans-parent	smooth pink, visible veins	superficial peeling &/or rash few veins	cracking pale area rare veins	parchment deep cracking no vessels	leathery cracked wrinkled
Lanugo	none	abundant	thinning	bald areas.	mostly bald	
Plantar Creases	no crease	faint red marks	anterior transverse crease only	creases ant. 2/3	creases cover entire sole	
Breast	barely percept	flat areola no bud	stippled areola 1-2mm bud	raised areola 3-4 mm bud	full areola 5-10 mm bud	
Ear	pinna flat, stays folded	sl. curved pinna; soft with slow recoil	well-curv. pinna; soft but ready recoil	formed & firm with instant recoil	thick cartilage ear stiff	
Genitals	scrotum empty no rugae		testes descend-ing, few rugae	testes down good rugae	testes pendulous deep rugae	
Genitals	prominent clitoris & labia minora		majora & minora equally prominent	majora large minora small	clitoris & minera complete-ly covered	

MATURITY RATING

Score	Wks
5	26
10	28
15	30
20	32
25	34
30	36
35	38
40	40
45	42
50	44

CONFIDENTIAL

INFORMED CONSENT

I, ... agree to participate in this study which is an investigation of the relationship between growth and development of the baby before birth and subsequent progress in infancy and childhood.

I understand that I will be asked to assist in completion of a confidential questionnaire which will ask questions about my lifestyle and my medical history.

A shortened questionnaire will be provided for the father of the baby to complete.

On completion of the questionnaire I will be randomly allocated to one of two groups. If I am allocated to the 'Ultrasound only' group I will have an ultrasound scan performed at 18 weeks of pregnancy in order to be certain of the due date of my delivery. After this I will have regular antenatal care with further ultrasound examinations only as requested by my doctor.

If I am allocated to the 'Ultrasound and Doppler' group, I will have ultrasound examinations at 18, 24, 28, 34, and 38 weeks of pregnancy. At the same time, Doppler placental blood flow studies will be performed. These tests are entirely non-invasive and evidence shows that they are harmless both for me and for my baby. The results of these tests will be placed in my hospital notes and the doctors caring for me will be able to use the results for my management. Blood will be taken from me in the Ultrasound Department at 18 and 34 weeks of pregnancy. At delivery, a sample of blood will be taken from the placenta and the placenta will be examined.

Whichever group I am in, a paediatrician will examine my baby two days after birth. This examination will be entirely non-invasive and will take about 30 minutes. I will be given the results of this examination.

I understand that I will be contacted again when my baby is twelve months old for another routine examination by a paediatrician or child health nurse. This may be repeated when the child is 2, 3 and 5 years of age. Tests may be performed at these times on the blood samples taken earlier in the study. The results of these tests will be confidential.

I may withdraw from the study at any time without any effect on my medical care.

Signed:.....

Witness:.....

Date:.....