OSCE checklist for newborn assessment

An OSCE checklist for newborn assessment covers keeping the baby warm, checking breathing, colour and tone, measuring weight and head circumference, examining the skin, eyes, mouth and cord, and noting feeding, urine and stool.

OSCE checklist for newborn assessment: steps to practise

1. Wash your hands, introduce yourself, explain the assessment, get the parent's consent and check the baby's identity bands with the parent.
2. Make sure the room is warm and well lit, and uncover only the part you are examining.
3. Observe the baby's colour, breathing rate and effort, and tone, and note any grunting, chest drawing in, floppiness or poor response.
4. Measure temperature, heart rate and breathing rate and compare with the normal ranges your course gives.
5. Weigh the baby undressed, measure the head circumference, and length if your policy says, and plot them on the growth chart.
6. Examine the head, including the fontanelles, and check the eyes, ears, nose and mouth, including the palate by looking and feeling.
7. Examine the skin for jaundice, rashes and birthmarks, and check the cord for three vessels, bleeding and signs of infection.
8. Wear gloves for the nappy area. Check the arms, legs, back and spine, and the genitals, including whether the testes are descended, and check that the anus is open. Hip, heart and eye screening checks are done by a trained examiner as your policy says.
9. Check the reflexes, such as rooting, sucking, grasp and the startle (Moro) reflex, and ask about feeding, wet nappies and stool.
10. Remove gloves and wash your hands, record findings, explain them to the parent, and report at once to the midwife or doctor jaundice in the first 24 hours, breathing difficulty, a temperature outside the normal range, poor feeding, floppiness or any other concern.

What candidates commonly forget

- Letting the baby get cold
- Not getting the parent's consent
- Forgetting the palate and spine
- Not plotting measurements
- Not asking about feeding, urine and stool
- Not escalating jaundice in the first 24 hours
- Not explaining findings to the parent

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try Midwifery: Newborn physical examination at 30 hours. Back to the OBG nursing OSCE page: OBG nursing OSCE, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for newborn assessment?

Get consent, keep the baby warm, check breathing, colour and tone, take temperature, heart and breathing rate, weigh and measure, examine head to toe including the palate, cord and spine, check reflexes, ask about feeding, record and escalate concerns.

Which reflexes do I need to know?

Rooting, sucking, grasp and startle (Moro). Know how to test each and what an absent or uneven response may mean.

How do I stop the baby getting cold?

Use a warm room and a warm surface, and uncover only part of the body at a time.

Is jaundice in a newborn always normal?

No. Jaundice in the first 24 hours of life always needs urgent review by a doctor.

Sources

- NICE NG194: postnatal care
- NICE CG98: jaundice in newborn babies under 28 days
- WHO pocket book of hospital care for children

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.