



CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Weight, Length and Head Circumference Measurements

This document should be read in conjunction with the [Disclaimer](#)

Weight

Changes in infant weight provide some indication of growth and fluid balance. Acute changes in fluid balance may be reflected in changes in daily weights, while growth is better reflected in changes in body weight over time.

- All infants are to be weighed on admission to, and discharge from the NICU.
- Infants requiring intensive care are to be **weighed daily** for the first week of life. Then alternate day weight unless otherwise ordered. The timing of these weighs should be discussed with their parents in order to facilitate parent involvement and assistance with weighing.
- A neonatal trained nurse should be involved in the weighing of ventilated infants. Medically unstable infants may be weighed during the day shift when more staff are available to assist. (Built-in incubator scales are preferable for unstable infants nursed in incubators).
- Level 2 care infants are weighed daily for the first week of life then are to be **weighed twice per week** e.g. Wednesdays and Sundays. The timing of these weighs should be discussed with their parents in order to facilitate parent involvement and assistance with weighing.
- **Surgical** infants are weighed **daily** until otherwise directed by medical staff.
- Daily weighing of stable infants may cause concern over clinically insignificant weight losses/gains, and can be particularly unhelpful as infants near discharge.
- Infants are weighed prior to [washing / bathing](#) to minimise thermal stress if weighing and washing are to be done at the same care time. The weighing of infants requiring intensive care remains the responsibility of night duty staff, however CPAP/HHF dependent infants deemed stable by Consultant/Senior Registrar and Clinical Nurse Consultant can be weighed in the presence of/or with the assistance of parents during daytime hours, in order to fit in with their infants daily washing/bathing regimen.
 - Before commencement the shift Coordinator should be consulted in order to assess patient safety related to unit workload. If deemed unsafe then weighing should be deferred to a more suitable time.
- All weights are to be plotted on MR415.01/.02 and documented on MR489/491.

Length and Head Circumference

- As per FiCare principles and provisos determined regarding parental involvement covered in the weighing policy- parents may assist in holding their infant during the head circumference and length measurements.
- Changes in infant length and head circumference provide important information regarding growth as opposed to fat deposition.
- All infants should have their head circumference and length measured at admission.
- Head circumference is then measured weekly on Sundays and at time of discharge.
- Inform Medical staff of unexpected changes in head circumference.
- If there is an indication for more frequent head circumference measurements (e.g. hydrocephalus) the HC should be measured by the same person (where possible) to promote consistency in measurement.
- Length is then measured weekly (dependent on infant's condition) and at time of discharge.
- All weekly head circumferences, lengths and weights are to be plotted on MR415.01/.02 and documented on MR489/491.

Related WNHS policies, procedures and guidelines

Neonatal Clinical Guideline - [Cares, Hygiene and Clothing](#)
 - [Parenting in the Neonatal Unit](#)

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