For Additional Information:

- Visit your child's primary health care provider
- Call the Idaho Newborn Screening Program (208) 334-4935
- Visit Newborn Screening Program website: nbs.dhw.idaho.gov

Additional Newborn Screening Information:

babysfirsttest.org
marchofdimes.com
newsteps.org
savebabies.org

Contact us for free educational materials or to learn more about newborn screening:

Idaho Newborn Screening Program
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-4935

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

This publication was made possible by Grant No. B04MC29340 from the U.S. Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Health Resources and Services Administration.

Idaho Maternal and Child Health Programs May 2017

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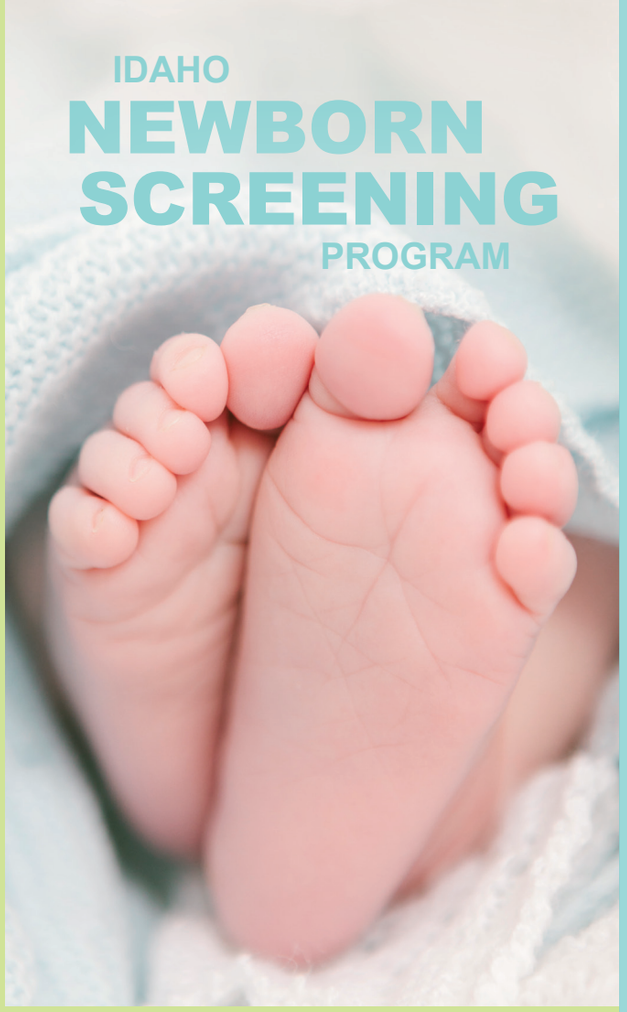

YOUR BABY DESERVES A HEALTHY START

Learn about
the Idaho Newborn Screening Program -
Your child's first step to a healthy life.

What is Newborn Screening?

Newborn Screening helps identify babies who may be at risk for a number of rare genetic and inherited health conditions that could cause developmental delays, slow growth, severe illness, brain damage, and possibly death. With just a few drops of blood from your baby's foot, we can test for 47 such conditions.

Why should my baby get screened?

The newborn screening test is a simple blood test that Idaho requires for all babies because it identifies rare, but serious, disorders that can be effectively managed if discovered early. While most babies are born healthy, some babies may be born with a serious medical condition that may not be apparent at birth. Newborn screening effectively detects harmful or potentially fatal disorders that, with early diagnosis and proper treatment, can make the difference between lifelong impairment and healthy development.

Did You Know?

In Idaho, 1 in 1,000 infants are born with a rare metabolic or genetic disorder that is potentially fatal.

When will my baby be screened?

Idaho is a two-screen state, which means your baby will be screened within 24 to 48 hours after birth and then again at 10 to 14 days old. A sample of blood is obtained by pricking the infant's heel. The blood is then placed onto special filter-paper cards. These cards are sent to a state-approved laboratory and analyzed for 47 different conditions that could be detrimental and potentially life-threatening to your infant's health. While many disorders will be detected on the first screening, there are some conditions that are not detected until your baby is about two weeks old.

How will I be notified of the results?

Your health care provider will contact you immediately if there is anything abnormal about your baby's test results. Abnormal results do not mean your baby has one of the conditions. It simply means additional testing is needed. The laboratory, your provider, the Newborn Screening Program, and other specialists will all work cooperatively to ensure that your baby receives immediate follow-up care. It is very important your health care provider has your most current address and telephone number.

Information on the Most Common Screening Conditions

What's It Called?	What's The Problem?	What's The Treatment?	What Happens Without Treatment?
Amino acid disorders: *Homocystinuria, Phenylketonuria (PKU), and Maple Syrup Urine Disease*	Your baby is unable to break down certain proteins.	Special diet	Illness, intellectual disabilities, or death
Fatty acid oxidation (FAO) disorders: *MCAD-medium chain acyl-CoA dehydrogenase deficiency*	Your baby is unable to make energy or use his or her stored energy.	Eating and drinking regularly, especially when ill	Seizures, coma, or death
Organic Acid (OA) disorders	Your baby's urine and blood have too much acid.	Special diet and medicine	Seizures, intellectual disabilities, or death
Biotinidase deficiency	Your baby is unable to correctly process a vitamin called biotin.	Daily biotin supplement	Slow growth or intellectual disability
Congenital Adrenal Hyperplasia	Your baby cannot make enough of certain types of hormones.	Special medicine	Slow growth and development; salt imbalances causing vomiting, dehydration, and heart problems; if untreated, death.
Congenital Hypothyroidism	Your baby's thyroid gland doesn't produce enough of the hormone thyroxine.	Special medicine (thyroxine)	Slow growth or intellectual disability
Cystic Fibrosis	Your baby's lungs and intestines have too much mucus.	Regular medical exams and a healthy diet	Digestive and respiratory problems
Galactosemia	Your baby cannot process a sugar (galactose) found in dairy products.	Special diet	Illness, liver and eye damage, intellectual disability, or death
Sickle Cell Anemia (hemoglobinopathies)	Your baby's blood cells are abnormally shaped and can block blood flow.	Antibiotics	Illness or death due to infection
Severe Combined Immunodeficiency (SCID)	Your baby's infection-fighting cells are impaired, limiting or wiping out the immune system.	Bone marrow transplant	Difficulty fighting infections; if untreated, death within the first year of life