

What conditions are screened for?

A panel is a list of conditions screened for. Each state's public health department decides the number of conditions on its panel and manages their state's newborn screening program.

The federal government has no national standards so screening requirements vary from state to state public health departments.

The U.S. Health Resources and Services Administration (HRSA) recommends screening for 30 specific conditions, known as the "core panel" or "uniform panel." To contact your state's public health department or to learn what conditions your state screens for visit:
<http://www.babysfirsttest.org/newborn-screening/states>.



What else should you tell your patients?

Test results take approximately 24 hours and there may be the need for additional blood. It is important to remember out-of-range screening results do not necessarily mean an infant has a medical condition. Out of range results may simple mean the initial blood sample was too small or a test was performed too early. However, if your doctor or state's newborn screening program contacts you for additional testing it is important to follow up as soon as possible.



Helping Your Patient Understand Newborn Screening



Professional healthcare workers can find additional information at: <http://www.babysfirsttest.org/newborn-screening/health-professionals>. This brochure is a result of that clearinghouse website information and was created by a 2013 Consumer Task Force Member for Newborn Screening with Baby's First Test by the Genetic Alliance. Baby's First Test is funded in part by a grant to the Genetic Alliance from the Health Resource and Service Administration (HRSA).

Education about newborn screening for nurses and healthcare professionals

“Newborn Screening Saves Lives”



Why is newborn screening important?

Newborn screening has been available for four decades, and saves lives by diagnosing conditions early. However, many parents are unaware of the specifics, or what conditions babies are screened for, how screening takes place, or who to contact for more information. This resource aims to provide education about newborn screening and is a resource for healthcare providers to share with parents on what to expect with newborn screening.

How are newborn screening tests done?

Newborn screening typically consists of a heel stick blood test, a hearing test and in some states a pulse oximetry. Your nurse will complete a newborn screening card with the infant's name, sex, weight, date and time of birth, and the date and time of the blood collection. This card consists of special absorbent paper used to collect the blood sample.

After warming and sterilizing the infant's heel, blood is taken through a "heel stick." The absorbent portion of the screening card is then placed in contact with the blood drop(s).

A hearing test uses a microphone or electrodes to determine if an infant's ear and brain respond to sound appropriately, while a pulse oximetry measures oxygen in the blood. A sensor is placed on the skin and through the skin the oxygen level in the blood is measured. Infants with low levels are referred to a heart specialist.



What is Newborn Screening?

Newborn screening (NBS) is the process of testing newborn babies for serious, but treatable conditions.

Who has newborn screening?

Newborn screening is offered to all infants born in the US shortly after birth. While all states require newborn screening for every infant, not every state screens for every condition. The number of conditions on a state's screening panel varies from state to state.

Other Tests

The first screening is performed 24 to 48 hours after the infant is born and some states require a second blood test. Screening is not valid if blood is taken before a newborn is 24 hours old.

An additional second screening may be performed to gather more blood, or when an infant is 10 days to 2 weeks old to validate results, but some test results need immediate attention.