NEWBORN SCREENING PROGRAM

Wyoming Department of Health

A healthy first step for you and your baby

Things you should know about the Newborn Screening Program

What?

Newborn screening is a blood test to see if your baby has a metabolic or genetic disorder.

Why?

Wyoming State Law (W.S. 35-4-801 and W.S. 35-4-802) requires screening of ALL newborns for these conditions, unless parents sign a waiver opting out.

When?

Soon after birth (between 24 and 48 hours), your baby will be screened for many rare genetic and metabolic conditions.

How?

A few drops of blood from your baby's heel will be placed on the screening card and sent to the lab for testing. Results will be sent to your child's qualified healthcare professional.

Helpful information for parents

- It is important that babies are screened, even if they look healthy, because some medical conditions cannot be seen by just looking at the baby.
- Risks of not screening a newborn can be serious, although rare. Early diagnosis and treatment can make the difference between lifelong disabilities and healthy development.
- Do not be alarmed if results come back abnormal. The initial screening tests give only preliminary information that must be followed up by more precise testing.
- Parents can decline having their baby screened by completing the waiver form.

Things to discuss with your qualified healthcare professional:

If you are discharged early:
If your baby goes home from the hospital before they are 24 hours old, their newborn screening should be repeated.

Second newborn screen:
You will need to bring your baby to the hospital or qualified healthcare professional's office for a repeat (2nd) screen before your baby is two weeks old.

What can be detected by the newborn screen?

Here is a description of some of the conditions and available treatments included in the newborn screen:

Congenital Adrenal Hyperplasia (CAH): Babies who have this group of disorders are lacking certain hormones. Treatment with the missing hormones slows the disease and can prevent organ damage and death.

Galactosemia: Babies with this disorder can not digest milk sugar (galactose). Treatment can prevent blindness, intellectual disability, and death.

Hypothyroidism: Babies with this disorder have a hormone deficiency that slows growth and brain development. If detected early, treatment with oral doses of the hormone can allow for normal development.

PKU (Phenylketonuria): Babies with this disorder have problems digesting phenylalanine, which is found in almost all food. If detected early, intellectual disability may be prevented by feeding the baby a special diet.

Sickle Cell Anemia: Babies with this inherited blood disease can be treated to prevent pain and organ damage.

Questions and answers

How do I find out about my baby's newborn screening results?
Results are available from your baby's primary care provider. Ask about your baby's results at his/her well child visit.

Does my baby need the screening if there is no family history of genetic/metabolic disorders?
Yes! Most children who have disorders that have been detected by newborn screening DO NOT have a family history of genetic or metabolic disorders, and often seem healthy at birth.

Is a second screen necessary?
It is highly recommended that a second screen be performed to detect conditions that might not show up on the initial screen due to several factors.

If the screen is abnormal, does that mean my baby has the disease?
Not necessarily. Further testing and evaluation by a specialist is required to determine if the disease is present. Your primary care provider will refer your baby to a specialist, if necessary.

For more detailed information on newborn screening, please visit www.wynewbornscreening.org

Critical Congenital Heart Disease

What is critical congenital heart disease (CCHD)?
CCHD is a problem with the structure of the heart that is present at birth. If not found early, it can be life threatening.

How common is CCHD?
In the United States, about 7,200 (or 18 per 10,000) babies born every year have CCHD. (Source: Centers for Disease Control and Prevention)

Why is pulse oximetry used to screen for CCHD?
Some babies with CCHD can look and act healthy at first. Pulse oximetry screening, sometimes called "pulse ox" screening, is a simple and painless way to measure the oxygen level in your baby's blood. This can help identify babies that may have CCHD.

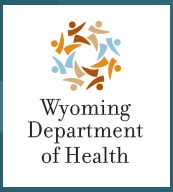
How is pulse oximetry screening performed?
A sticky strip with a red sensor light will be wrapped around your baby's right hand, and then around one of the baby's feet.

The screening should not be performed while your baby is eating, sleeping or crying, as it could lead to inaccurate results.

Screening should be completed at 24 hours of life or before discharge from a birth facility, but no later than 48 hours of life.

What happens if my baby's screening is out of range?
If your baby's screening is not within the normal range, he or she may need additional testing. Your baby may undergo an ultrasound of the heart, called an echocardiogram, to check for heart defects. The hospital should provide you with the results and notify you if your baby needs additional care.

For more information, please visit www.wynewbornscreening.org



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