



Child and Teen Checkups (C&TC) FACT Sheet

For Primary Care Providers

Newborn Screening-Blood Spot

C&TC Requirements:	Qualified Personnel	Documentation
<p>Newborn Screening – Blood Spot Minnesota newborns are screened for more than 50 congenital and heritable disorders. Minnesota Statute 144.125 requires birth hospitals to collect specimens from each newborn in order to pre-symptomatically identify and treat disorders such as Galactosemia, Sickle Cell Disease, Phenylketonuria (PKU), Cystic Fibrosis, Congenital Hypothyroidism, and inborn errors of metabolism.</p> <p>The full panel of disorders being screened for is available at www.health.state.mn.us/newbornscreening</p> <p>Primary care providers should review each infant’s newborn screening results and follow all recommendations made by MDH’s Newborn Screening Program regarding follow-up.</p>	<p>Physician</p> <p>Nurse Practitioner</p> <p>Midwife</p> <p>Physician Assistant</p> <p>Nurse</p> <p>Certified Medical Assistant</p> <p>Lab Technician</p>	<p>Obtain copy of newborn screening results from birth hospital and place in child’s medical record. If results are not available from hospital, contact the Minnesota Newborn Screening Program at 1-800-664-7772 to request the report.</p>

Key Points about Newborn Screening:

The purpose of newborn screening is to identify babies at risk for hidden and rare conditions prior to the onset of symptoms.

The blood sample should be collected between 24 and 48 hours of age by the birth hospital. If the child is discharged before 24 hours, a sample should be collected by the hospital prior to discharge and a repeat sample should be collected within a few days after discharge.

The hospital should ask the parent to identify a primary care provider for the newborn. The provider will be contacted by MDH staff if screening results are abnormal or if additional samples are required.

MDH staff will contact primary care providers with positive results and recommend appropriate immediate follow-up. Primary care providers should ensure that testing is performed at the appropriate intervals and that the results are documented in the child’s medical record.

If a child less than one year of age was not screened at birth, a newborn screening specimen should be obtained as soon as possible.

If there is suspicion that a child is affected by one of the screened disorders, a clinical evaluation is appropriate even if the screening results are normal.

Parent Brochure (English, Spanish). Hospitals provide a Newborn Screening Brochure to



parents at the time of birth. A special Amish version is also available for providers working with the Amish community.

Opt-out: Minnesota parents have the right to “opt-out” of newborn screening on their infants’ behalf. Providers caring for a child, whose parents refused newborn screening, should document the refusal in the infant’s record and send the signed “opt-out” form to MDH. Providers should be vigilant for any signs and symptoms of the disorders on the screening panel.

Long Term Follow up

If a child with a positive newborn screening result is affected with one of the disorders on the newborn screening panel, coordination by a primary care provider and medical treatment by a pediatric specialist is essential for optimal outcomes.

- Public Health Nursing staff with **Minnesota Children with Special Health Needs** (MCSHN) can assist families to connect with appropriate medical, community, and financial resources as well as disorder specific parent support. They provide information to families about diagnosed conditions, access to specialized care, the importance of a medical home, and access to genetic counseling if needed.
- Through collaboration with medical home providers and others, newborn screening staff can also provide information, education and technical assistance to primary care providers, specialists, education providers, local public health nurses, and other key stakeholders in order to support families and develop methods to monitor outcomes and document benefits of early identification and treatment.

Screening Tools:

Information and procedures for collecting and transporting newborn screening samples and ordering newborn screening cards can be found at: www.health.state.mn.us/newbornscreening
The blood sample should be collected by heel-stick and placed onto the filter paper portion of the newborn screening card, allowed to air dry and sent to the MDH Newborn Screening Laboratory without delay.

Resources: (Accessed July 31, 2009)

The **MDH Newborn Screening Program** Services include laboratory testing, notification of laboratory results, connections to specialty providers and other resources, technical assistance, and training.

- Call: 1-800-664-7772 or 651-201-5466 Fax 651-201-5471
- Website: <http://www.health.state.mn.us/newbornscreening>
- Address: 601 Robert St N; PO Box 64899; St. Paul, MN 55164-0899

The **MDH Minnesota Children with Special Health Needs (MCSHN) Next Steps: After Diagnosis** Continues to work with families after the screening process, and provides connections to follow-up services for children diagnosed with one of the more than 50 heritable and congenital conditions.

- Call: 1-800-728- 5420 or 651-201-3650 Fax 651-201-3590
- Website: <http://www.health.state.mn.us/mcshn>
- Address: 85 East Seventh Place; PO Box 64882; St. Paul, MN 55164-0882

National Newborn Screening & Genetics Resource Center

Website: <http://genes-r-us.uthscsa.edu>

GeneTests

Website: <http://www.genetests.org>