Newborn Screening
CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General
Primary care providers are required to review each infant’s newborn screening results and follow all recommendations made by the Minnesota Department of Health (MDH) Newborn Screening (NBS) program regarding follow-up.

Personnel
Physicians, nurse practitioners, nurse midwives, physician assistants, nurses, medical assistants, and lab technicians are able to ensure that newborn screening was conducted.

Documentation
Obtain copies of newborn screening results from birth hospital and place in child’s medical record. If results are not available from hospital, contact the NBS Program (1-800-664-7772). Document action taken based on screening results.

Procedure
Hospitals are required to perform newborn screening including blood spot, hearing, and pulse oximetry screening (Minnesota Statute 144.125).

Blood Spot Screening
Between 24 and 48 hours of age, a few drops of blood from the newborn’s heel will be screened for over 60 rare, but treatable, disorders. Results are mailed to the submitting provider within three to seven days of birth. If a newborn has an abnormal blood spot screening result, NBS program genetic counselors will contact the infant’s primary care provider to discuss recommended follow-up.

In some cases, the primary care provider information given at the hospital is not correct; for this reason it is essential that primary care providers ensure they have received a copy of the newborn screening results for every child.

Refer to Blood Spot Screening Results (www.health.state.mn.us) for descriptions of possible results.

Hearing Screening
Hearing screening is best done after 12 hours of age but prior to discharge from the hospital. Professionals delivering a baby outside of a hospital are required to offer both verbal and written information to parents about the importance of hearing screening and resources for having infant screened.

The Early Hearing Detection and Intervention (EHDI) program goals are called the 1-3-6 plan:
1. Initial screening and rescreening if infant does not pass before one month of age.
2. Diagnostic audiologic evaluation before three months of age if the infant did not pass the screen.
3. Enrollment in interventions before six months of age for children identified with hearing loss.

Refer to Hearing Screening for Primary Care Providers (www.health.state.mn.us) for newborn screening follow-up information.

Pulse Oximetry Screening
When a newborn is at least 24 hours old, a pulse oximetry screen will be done to assess for critical congenital heart disease (CCHD). All newborns with abnormal screens must have a
comprehensive evaluation for causes of hypoxemia before they are discharged home.

Providers should make sure the results are in the child’s chart and continue to monitor for symptoms.

If the child did not pass the screen, assist the family with necessary follow-up appointments. For more information, refer to pulse oximetry screening in new born screening for providers (www.health.state.mn.us).

**Importance of Follow-Up**

All abnormal (positive) newborn screening results require immediate follow-up:

- Consult with a specialist.
- Contact family to notify them of the newborn screening result and assess infant’s health status.
- Evaluate infant and arrange emergency treatment if symptomatic.
- Arrange laboratory testing as recommended by specialist.

Refer to the MDH Newborn Screening Provider Manual (www.health.state.mn.us).

Healthcare providers may also be contacted by NBS Program staff to obtain a repeat specimen if an infant had a borderline result or if it was determined to be unsatisfactory for any reason.

Screening results should be documented in the child’s medical record, preferably at the first well child visit. If a child under one year of age was not screened at birth, call the NBS program staff to discuss if a newborn screening specimen should be obtained.

Please note: newborn screening is not a diagnostic test. False positive and false negative results may occur. Newborn screening should not replace diagnostic testing in any circumstances.

**Professional Recommendations**

**American Academy of Pediatrics**

The AAP recommends newborn screening and appropriate follow-up as a part of routine well-child care, as outlined in Recommendations for Preventive Pediatric Health Care (www.aap.org).

**Resources**

**Minnesota Department of Human Services**

- C&TC Schedule of Age-Related Screening Standards (https://edocs.dhs.state.mn.us)
- Minnesota Health Care Programs Provider Manual, C&TC Section (www.dhs.state.mn.us)

**Minnesota Department of Health**

- Newborn Screening Program (www.health.state.mn.us)
- C&TC Program (www.health.state.mn.us)
- MinneStories (www.health.state.mn.us)

**Centers for Disease Control and Prevention**

- Newborn Screening (www.cdc.gov)

**For More Information**

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3760 or email health.childteencheckups@state.mn.us.

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