

Newborn Screening <24 Hour Discharge Guideline



This document provides guidance about how to complete newborn screening for infants discharged to home before 24 hours of age. This does not apply to infants who need to be transferred to another hospital before 24 hours of age.

Blood spot screening: Ideal time of collection is 24 - 48 hours of age.

Some screening tests are not valid if the specimen is collected before 24 hours of age, so another screen will be needed in order to complete the blood spot screening process.

Early discharge guidance:

- Blood spot screening should be performed prior to discharge, regardless of age.
- Arrange to collect a subsequent blood spot screen between the optimal time of 24 and 48 hours of life. This additional screen should be collected no later than 48 hours given the severity of the disorders.

Hearing screening: Ideal timing is after 12 hours of age and before discharge.

Hearing screening is valid at any age, so standard recommendations for follow-up and documentation/communication of results should be followed.

Pulse oximetry screening: Ideal timing is 24 - 48 hours of age.

Early screening may not accurately measure a newborn's circulation as ductal closure may not have occurred yet, which increases the likelihood of both false positive and false negative results.

Early discharge guidance:

- Pulse oximetry screening should be performed prior to discharge, regardless of age.
- Alert newborn's primary care provider that the newborn was discharged early and oxygen saturation levels should be assessed at the first well-child check.

Parental refusal

If a family refuses to complete any part of newborn screening prior to discharge, the Minnesota Department of Health refusal form must be signed. The family can still have their newborn screened at a later time even if the refusal form has been signed. The refusal form can be found on our website: <http://www.health.state.mn.us/people/newbornscreening/materials/education.html>.