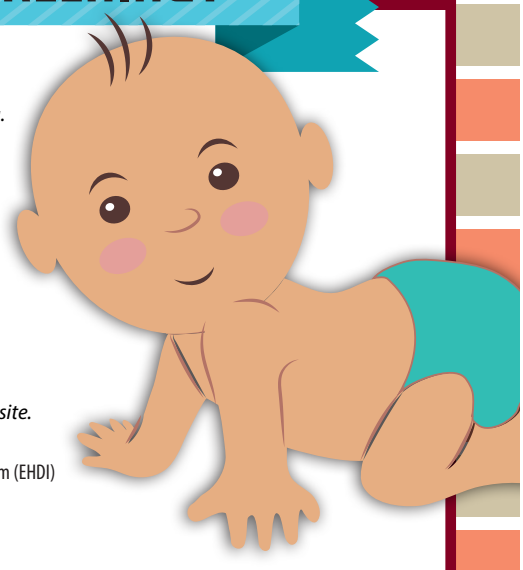
INDIANA GENOMICS AND NEWBORN SCREENING

What is NEWBORN SCREENING?



A *Every baby born in Indiana is required by state law to complete newborn screening. Babies with disorders may look and act like healthy newborns, but may have a medical condition that could cause serious illness, developmental delay, disability or even death.*

B *Newborn screening is a set of 3 screens that identifies over 50 disorders. A simple blood screen called a heel stick, a pulse oximetry screen for critical congenital heart defects (CCHDs) and a hearing screen for hearing loss will be completed.*

C *There is treatment available for the disorders screened and most babies who are identified early can grow up to be healthy.*

D *To see a complete listing of all the conditions included on the Indiana newborn screening panel, visit the Indiana Genomics and Newborn Screening Program website.*

Genomics and Newborn Screening Program
Indiana State Department of Health
Division of Maternal and Child Health
www.NBS.in.gov
phone 888.815.0006 | fax 317.234.2995

Early Hearing Detection and Intervention Program (EHDI)
Indiana State Department of Health
Division of Maternal and Child Health
www.Hearing.in.gov
phone 317.232.0972 | fax 317.925.2888|

All babies benefit from newborn screening. To optimize your baby's health and meet the state requirement, ask your health care provider to screen your baby within 24-48 hours after birth. For information on where to receive testing for babies born outside of the hospital, call the Genomics and Newborn Screening Program or check the website for a facility near you.

Indiana State Department of Health
Early Hearing Detection and Intervention (EHDI)

NEWBORN SCREENING INDIANA

NEWBORN SCREENING, STEP-BY-STEP

CONGRATULATIONS, BABY IS BORN!

24-48 HOURS AFTER BIRTH

24-48 hours after birth, **newborn screening heel stick and pulse oximetry** are done to check your baby's health.

A **hearing screening** will be completed before your baby goes home.

Each spot is smaller than the size of a dime.

At the NBS lab, special equipment screens the blood spots. Your baby's blood is tested for over 50 disorders.

A few drops of blood are taken from baby's heel and placed on a newborn screening card with baby's pulse oximtery and hearing screen results and sent to the NBS Lab.

Your health care provider will give you the results when they are available.

NORMAL RESULTS

If everything looks ok, the results are sent to your baby's health care provider. Ask for your baby's results at the first newborn visit!

ABNORMAL RESULTS

If there might be a problem, the lab will call your baby's health care provider. Screening can only tell if your baby **MIGHT** have a health problem; we won't know for sure until your baby has more testing. Your baby's health care provider will talk to you about what needs to happen next.

WHAT HAPPENS TO BLOOD SPOT CARDS?

1 *After screening, the dried blood spots are stored for 6 months and then destroyed if opted out of storage. If you chose to store the blood spots, they will be stored for 3 years and then destroyed.*

2 *Families may benefit from having their baby's blood spot card stored. If a child gets sick, the blood spot can give an idea if something at birth made the child sick. A blood spot may also be used to identify a missing or deceased child, paternity, or if the parents request information for future pregnancies.*

3 *To make sure the screenings and equipment work the way they should, quality control may be done at the laboratory with the blood spots in storage.*

4 *Stored blood spots can also be used for research. The blood spots are de-identified, meaning the baby's name, date of birth, and any other identifying information is removed.*

By law, newborn screening is required; however, you may refuse the screening by completing a religious refusal form, which can be found on the Genomics and Newborn Screening Program website.

No research will be done on your baby's blood spot without your written consent. If you would like to change your baby's blood spot storage or have other requests, please complete the appropriate form that can be found on the Genomics and Newborn Screening Program website or ask your health care provider for more details.

A KEEPSAKE FOR YOU & YOUR BABY

Baby's Name _____

Baby's Due Date _____ Date of Birth _____

Time _____ a.m./p.m. Weight _____ Length _____

Mother's Health Care Provider _____

Baby's Health Care Provider _____

☐ Heel Stick (blood test) Date _____

☐ Pulse Oximetry for CCHD
- ☐ Pass (Right hand and foot over 95%)
- ☐ Echocardiogram

☐ Hearing Screen for hearing loss
- ☐ Passed both ears
- ☐ Referred for further testing

Date _____

Time _____

Ask for your baby's newborn screening results at your first newborn visit with your health care provider!

Baby's First Photo

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