Indiana State Department of Health Maternal Child Health Division Summer 2019 Volume 2, Issue 3



Hello Newborn Care Team!

Senate Enrolled Act 228 becomes law July 1. This law requires the Indiana State Department of Health (ISDH) to publish each year the reportable conditions list for the Indiana Birth Defects and Problems Registry (IBDPR) and an updated list of birth problems. The reportable conditions list is published online at <u>www.birthdefects.IN.gov</u>.

The law also elaborates on considerations for conditions to be included based on the National Birth Defects Prevention Network and recommendations from the Indiana Perinatal Quality Improvement Collaborative (IPQIC). All hospitals, physicians, local health departments, home delivery services and other healthcare providers are required to report these conditions to ISDH. Hospitals and local health departments can submit monthly data files to ISDH. Physicians and other healthcare providers can report individual cases to ISDH. Please email the IBDPR team at <u>IBDPR@isdh.IN.gov</u> to register for an account.

Did you know?

Birth Defects affect 1 in every 33 babies born in the United States <u>each</u> year! That translates into about 120,000 babies!

July is National Cleft & Craniofacial Awareness and Prevention Month

Cleft and craniofacial conditions affect thousands of infants, children, teens and adults in the United States each year. Some are born with congenital anomalies such as cleft lip and palate, others with more complex, life-threatening craniofacial conditions. Common craniofacial birth defects include orofacial clefts (cleft lip, cleft palate or both).

According to the ADA, a cleft lip is a birth defect in which the parts of the face that form the upper lip remain split, instead of sealing together before birth. Similar splits can occur in the roof of the mouth or palate.

Both can present a variety of problems, including difficulty eating, speech difficulties, ear infections and misaligned teeth. Visit <u>http://www.nccapm.org/</u> to learn more.



Contact Us!

<u>ISDHNBS@isdh.IN.gov</u> <u>IBDPR@isdh.IN.gov</u> Phone: 888.815.0006 Fax: 317.234.2995

Early Hearing Detection & Intervention (EHDI) Team

Phone: 855.875.5193

Fax: 317.925.2888

Please email the GNBS team for help or to ask questions!

Visit our website for educational materials and resources at <u>www.NBS.IN.gov</u> <u>&</u> <u>www,birthdefects.IN.gov</u>



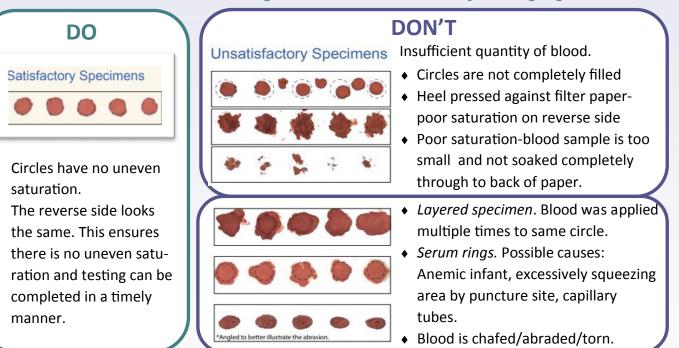
Education Information Heelstick Best Practices

An appropriate heelstick procedure should start with warming the proper site with a soft moistened cloth and cleaning it with alcohol. A valid specimen requires all circles filled with blood soaked through to the other side of the filter paper while avoiding excessive layers. Take caution not to touch or smear the specimen and allow it to dry for four hours prior to submission to the courier service.

Once the dried blood spot (DBS) is processed at the Newborn Screening Lab, all GNBS results will either couriered or faxed from the NBS lab to the submitting facility to ensure the NBS logs can be updated.

NBS Lab Contact Information P: 317.278.3245 F: 317.321.2495

What should a blood sample look like on the filter paper?



Most Common Specimen Errors:

- 1. Scratched filter paper due to use of capillary tubes.
 - \Rightarrow Refrain from using capillary tubes as it often scratches the filter paper resulting in a repeat sample needed and a delay in testing.
- 2. Incomplete Paperwork.
 - ⇒ All demographic information must be filled out on the NBS card. If not completed correctly, delays in follow up can occur.
- 3. Uneven Saturation.
 - \Rightarrow Please use the reference above to obtain a quality specimen.

Please email questions to ISDHNBS@isdh.IN.gov



