Newborn Screening

What to expect

Washington state requires all babies born in Washington to have a metabolic screening test (see below). The American Academy of Pediatrics recommends testing for congenital disorders before babies are discharged from the hospital where they are born. Congenital disorders are medical conditions that are present at birth. Most are very rare. The tests to check for these conditions are called “newborn screening.”

Why is newborn screening important?

Even babies who look healthy could have a congenital disorder. Finding a congenital disorder early is important so that treatment can begin as soon as possible. Early treatment can help prevent serious problems, such as brain damage, organ damage, and even death. Many conditions can be treated with medicine or changes to the baby’s diet.

Newborn Metabolic Screening Tests

Newborn metabolic screening tests are done using several drops of the baby's blood. The blood is collected on a special kind of paper card, dried, and sent to the lab for testing. These tests are done to detect inherited problems that can lead to serious or life-threatening illness if they are not treated.

The first screening test finds most of the babies with these inherited conditions, but some conditions may not show up right away. That is why a 2nd screening test is very important for your baby. It is done about 7 to 14 days after birth.

Newborn Hearing Screening

Hearing screening is a short test to check your newborn’s hearing. It is important to find out if infants have hearing problems so that they can begin to receive therapy.
It is best to do this test while the newborn is asleep and about 1 day old. For the test, a soft rubber piece is placed in the baby’s ear. The test is easy and is not painful, but your baby may not like the rubber piece in their ears. For more information, see “Newborn Hearing Screening” in the appendix of this book.

**Newborn Pulse Oximetry Screening**

*Pulse oximetry screening* can show if an infant has *critical congenital heart defects* (CCHDs). It is done when the baby is between 24 and 48 hours old. Without screening, some newborns with CCHDs might be missed because the signs of CCHD might not appear until after the newborn goes home from the hospital.

To do the screening test, a probe called a *pulse oximeter* is placed on the baby’s right hand and then on 1 foot for a few minutes. The probe checks to see if the baby's blood has a normal amount of oxygen. Babies who do not have a normal amount of oxygen in their blood are referred to a *cardiologist* (a heart doctor) for more tests. If a heart defect is found, the newborn can receive special care.

**Screening for Jaundice**

*Jaundice* causes yellow skin color. It is common in newborn babies. It happens when a chemical called *bilirubin* builds up in the baby's blood. Newborns break down bilirubin very slowly because their liver is still developing. Jaundice can occur in babies of any race or color. Very rarely, a high level of bilirubin can harm brain cells.

At UWMC, all babies are screened for jaundice the day they are discharged from the hospital. To do the test, a device called a *transcutaneous meter* is touched to the baby’s forehead to check the baby's bilirubin level. If the meter reading is higher than normal, a blood test for bilirubin may be done so that the right kind of follow-up can be planned for your baby.

**Screening Results**

Screening tests results can be “negative” or “positive”:

- A “negative” result means no disease was found.
- A “positive” result means there are signs the newborn may have the condition. More tests are usually needed.

If your baby’s newborn screening tests show that there could be a problem, *it is important to work with your baby’s doctor to get any needed follow-up tests as soon as possible.*

To learn more about screening tests, see Appendix E, “Screening Tests for Newborns.”