

## Newborn Screenings

### *What to expect*

There are several *screenings* (tests) that are done while your baby is in the hospital. These tests can help us find and treat some problems early, before they become serious or life-threatening.

### Metabolic Screening

Washington state requires that all babies born in Washington have *newborn metabolic screening*. This test uses several drops of the baby's blood. The blood is collected on a special paper, dried, and sent to the lab. This screening is done to find inherited problems that can lead to serious or life-threatening illness if they are not treated.

The American Academy of Pediatrics (AAP) advises testing for *congenital disorders* before babies are discharged from the hospital where they are born. Congenital disorders are health conditions that are present at birth. Most are very rare.

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 metabolic screening test is very important for your baby.** It is done about 7 to 14 days after birth.

### 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 start therapy.



*Your newborn will have some tests before leaving the hospital.*

It is best to do a hearing screening while the newborn is asleep, in a quiet place, 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 how the rubber piece feels in their ears.

## **Pulse Oximetry Screening**

*Pulse oximetry screening* is also advised by the AAP. This 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. This screening does not cause your baby any pain.

We do this screening before you take your newborn home because signs of heart defects might not appear until a baby is a few days old.

For the test, a probe called a *pulse oximeter* is placed onto your baby's right hand and then on 1 foot for a few minutes. The probe checks to see if your baby's blood has a normal amount of oxygen.

If your baby's blood does not have a normal amount of oxygen, we will refer you to a *cardiologist* (heart doctor) for more tests. If a heart defect is found, your baby can receive special care right away.

## **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. For the test, a device called a *transcutaneous meter* is touched to the baby's forehead. If the meter shows that their bilirubin is higher than normal, a blood test may be done so that we can plan the right kind of care for your baby.

## **Screening Results**

If your baby's newborn screening tests show that there could be a problem, **work with your baby's doctor to get any needed follow-up tests as soon as you can.**

### **Questions?**

Your questions are important. If you have questions about newborn screening, please ask your baby's healthcare provider.

**Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.**