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Laboratories Administration

Victoria L. Campodónico, MD, PhD., D(ABMM), Acting Laboratory Director
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MEMORANDUM

Date: July 1, 2026

To: All providers of Newborn Screening specimens

From: M. Christine Dorley Ph.D., Newborn Screening Chief, Laboratories Administration *MD*

Through: Victoria L. Campodónico, MD, PhD., D(ABMM) Acting Laboratory Director *VLC*

Subject: **Newborn Screening for Congenital Adrenal Hyperplasia**

With specimens received on Monday, July 6, 2026, we will transition screening for Congenital Adrenal Hyperplasia (CAH) to our new Genetic Screening Processor (GSP) platform. We will measure 17-Hydroxyprogesterone (17-OHP) as the marker for CAH due to 21-hydroxylase deficiency. To minimize false positives, our cutoffs will be stratified by age at the time of collection followed by birthweight (See table below). Our previous test was based only on birthweight. We will report 17-OHP as within normal limits (WNL) when below the cutoff but report a quantitative result when the analyte is outside of normal limits.

Birthweight	<72 hours		≥72 hours	
	Abnormal Cutoff ng/mL serum	Normal Cutoff ng/mL serum	Abnormal Cutoff ng/mL serum	Normal Cutoff ng/mL serum
≤1500 grams	≥159	<159	≥112	<112
1501 - <2000 grams	≥128	<128	≥88	<88
2001 - <2500 grams	≥84	<84	≥54	<54
≥2500 grams	≥54	<54	≥16	<16

Additional information:

1. Factors such as preterm, low birth weight and perinatal stress like caesarian section, respiratory distress, neonatal seizures, jaundice and sepsis can result in false positives test results.
2. Antenatal corticosteroids increase the likelihood of a false negative result.
3. Specimens collected before 24 hours of age are known to cause false positive results therefore results from these specimens are INVALID and will be reported as such.
4. CAH is a time-critical disorder therefore specimen collection must be timed appropriately with delivery to the laboratory optimally within 24 hours of collection.
5. Milder forms of CAH such as non-classic CAH are not a target for this assay so may be missed, therefore be alert for signs and symptoms.

We appreciate your patience as we continue to make improvements. For questions or inquiries, please contact the MDH NBS Laboratory at 443-681-3900 or by email at mdphl.nbs@maryland.gov. For inquiries about the interpretation of results please contact the MDH NBS Follow-up Unit at 443-681-3916 or by email at: mdh.newbornscreeningfollowup@maryland.gov.