

May 2026



TINY TESTS, BIG IMPACT: THE NEWBORN SCREENING UPDATE

Public Health Services Administration

Important Update: Newborn Total Galactose Screening Returns with New Technology

The Maryland Department of Health's Newborn Screening (NBS) Laboratory announced important updates to galactosemia screening beginning April 13, 2026. After a temporary pause due to supply chain issues, screening for Total Galactose (TGAL) resumed using a new automated Genetic Screening Processor (GSP) platform. The laboratory transitioned the GALT enzyme assay to the same system.

Key updates include:

ICYMI - In Case You Missed It

Provider Request Form

Click [here](#) to update specimen information, submit a newborn screening refusal form, order lab slips, or request sickle cell trait results.

Webinars

Click [here](#) to view recordings of the recent NBS webinars under "Webinar Recordings" on the right side of the page.

Educational Materials

Click [here](#) to order Newborn Screening educational materials for your patients and families.

Provider Contact Information

Please complete [this form](#) to provide the direct phone number for a clinical staff

- New quantitative cutoff values for TGAL and GALT testing.
- Normal results will now be reported as “WNL,” while abnormal results will include quantitative values.
- Specimens collected before 24 hours of age are INVALID. However, these will still be tested, but a repeat collection after 24 hours will be required for TGAL screening.
- Feeding for 24 hours is no longer required, though infants should ideally be on a lactose-containing diet at collection.
- Blood transfusions and extracorporeal life support may affect GALT results, so providers are encouraged to collect specimens before transfusion whenever possible.
- Proper specimen handling and timely transport remains critical, as heat and humidity can impact test accuracy.

member at your facility/practice. This will prevent delays in notifying providers of critical results.

Cases Not Identified Through Newborn Screening Form

Do you know of a newborn screening condition that was not identified through the newborn screening (NBS) process? We encourage you to report it using our Cases Not Identified Through Newborn Screening Form.

Your submission helps support quality improvement efforts and strengthens newborn screening systems to better serve families and healthcare providers.

Please complete this [form](#) if you would like to report a case that was not detected through NBS.

Find the link to the letter [here](#).

Maryland Launches Updated Approach to Congenital Hypothyroidism Screening

On May 4, 2026, congenital hypothyroidism (CH) screening transitioned to the new Genetic Screening Processor (GSP) platform.

Key updates include:

- Screening uses TSH as the first-tier test, with reflex T4 testing performed if TSH is elevated.
- Age-based cutoff values for both TSH and T4 have been implemented.
- Results within normal limits will be reported as within normal limits (WNL), while abnormal results will be reported quantitatively.

Important considerations:

- Specimens collected within 24 hours of birth or from very low birthweight infants (<2500 g) may yield inaccurate results and require repeat testing.
- Maternal conditions and treatments may affect accuracy.

- TSH screening may not detect central hypothyroidism, so clinical awareness of symptoms remains important.

Looking ahead:

Additional newborn screening tests, including biotinidase deficiency, congenital adrenal hyperplasia, and cystic fibrosis, will also transition to the GSP platform in the near future.

Find the letter [here](#).

Employee Corner: Sharing Our Why

Meet Luz Del Valle Sanchez

Q: What is your official title?

A: My official title is Nurse Consultant for the Maryland Newborn Screening Follow-up Program.

Q: What are your principal duties at MDH?

A: My principal duties consist of coordinating and supporting the follow-up care of infants with abnormal newborn screening results. I work closely with primary care providers, specialists, and families to ensure timely and appropriate follow-up, and provide education and resources throughout the process.

Q: How long have you been with the NBS program?

A: I have been with the NBS program for about 2.5 years.

Q: What attracted you to NBS and what does NBS mean to you?

A: Throughout my career, I've worked closely with infants and I've personally performed newborn screenings in a clinical setting. Newborn screening has been a fundamental part of my practice for many years, and I've always been deeply interested in the pathophysiology of these conditions and their clinical management to ensure a timely and appropriate care of these infants. Beyond that, I have a special passion for chemistry and laboratory work, so for me, newborn screening really represents a fusion of these two interests—combining science, early detection, and compassionate care.

Q: What is your prediction on the future of NBS?

A: I believe that newborn screening is a dynamic, evolving process. As we gain a deeper understanding of a wider range of conditions, more conditions will be



added to the panel and testing methods will be improved, making them more accurate and efficient. This will ensure that newborn screening becomes even more central to early detection, ultimately improving long-term outcomes for countless infants.

Sickle Cell Disease Webinar Recordings

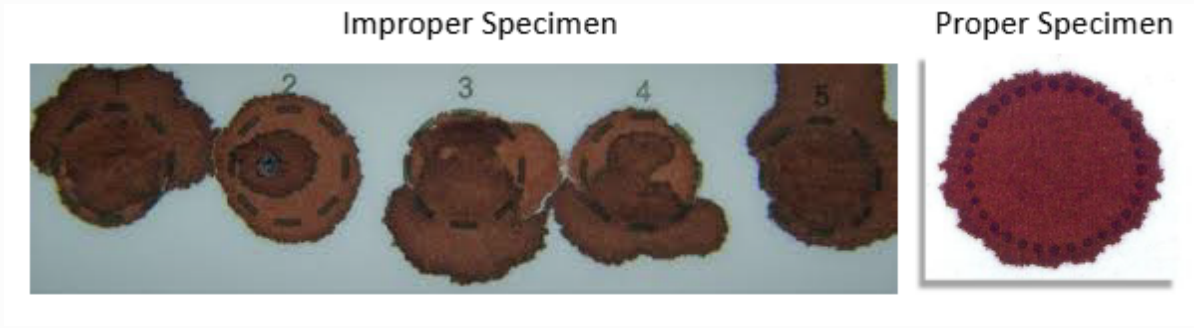
In April, The Maryland Assembly for School-Based Health Care (MASBHC) offered two Sickle Cell Disease (SCD) webinars. These webinars aimed to address a state mandate to educate all school staff about the needs of students with SCD. The first webinar, *Students with Sickle Cell Disease at School: What Educators Need to Know—Clinical Overview, Action Plans, and Accommodations That Work*, provided school nurses and other school staff members with practical tools to strengthen continuity of care and promote academic success for students with SCD. You can find the link to this webinar recording [here](#). The second webinar, *Sickle Cell Disease and the Brain: Supporting Students*, provided a comprehensive look at how Sickle Cell Disease (SCD) affects students and how schools can better support their academic and psychosocial success. You can find the link to this webinar recording [here](#). For more information on MASBHC or their upcoming webinars, please visit their [website](#).

Laboratory Employee Receives MDH Impact Award

Marvin Redfern was awarded the 2025 MDH Impact Award for his dedication to the newborn screening laboratory. He is very knowledgeable of the MS/MS area in screening for amino acids, organic acids and beta fatty acid oxidation disorders. Marvin ensures the area operates smoothly by ensuring supplies and reagents are available to minimize disruptions in testing. Marvin is flexible and adaptable. Recently, to balance the workload, the section took on second tier testing for x-linked adrenoleukodystrophy. Marvin was able to be quickly trained and in turn trained others to incorporate this testing into the normal routine. Since then, testing time has shortened significantly from once a week to same day or next day, consequently improving reporting turnaround time. By reducing turnaround time, babies who need attention due to a positive screen can be diagnosed and have an intervention introduced timely and thereby preventing disability and/or death. Marvin is dependable and is well liked by his peers and is worthy to receive this honor.



Specimen Collection Tip of the Quarter



Unsatisfactory 3 (UNS3) Cause	Tip on How to Prevent UNS3
Did not allow time for a blood drop to form.	Allow a full drop of blood to form. Use proper lancet size.
Used a capillary tube to distribute blood drop.	Do not use capillary tubes for collection.
Blood was applied multiple times to the same circle.	Avoid putting too much blood on the filter paper or applying more than one drop to each circle. Do not touch the same circle multiple times with blood.
The circle was filled on both sides of the paper.	Do not apply blood to both sides of the filter paper.

Newborn Screening Office Hours Update

We want to share an important scheduling update: our Newborn Screening Office Hours will now be held at noon **once a month on the first Wednesday**, instead of twice a month.

This change helps us streamline our time while continuing to focus on the questions, support, and topics that matter most to you. We're still here as a resource—just on a revised schedule.

Do you have something you'd like us to review during office hours? We welcome your questions and discussion topics. If you have any questions, please email us at mdh.newbornscreeningfollowup@maryland.gov.

On May 17th, our Newborn Screening Follow Up team attended the 6th Annual Baltimore Birth Festival at Patterson Park hosted by the Maryland Families for Safe Birth. This family-friendly community event brought together birth professionals, families, and local organizations to celebrate pregnancy, birth, and early parenting.



For more information, please visit the Maryland Families for Safe Birth website [here](#).



Celebrating National Nurses Week

During **National Nurses Week**, celebrated May 6-12, 2026, we proudly recognize and thank nurses for the compassion, dedication, and expertise they bring to patient care every day.

Did you know? Between Bloodspot, CCHD, and Sickle Cell programs, there are **five dedicated nurses** who help manage and follow up on every case sent to us from our laboratory. Their work includes coordinating care, supporting providers and families, reviewing results, and helping ensure newborns receive timely follow-up and services when needed.

Their commitment behind the scenes plays a vital role in protecting the health and well-being of Maryland's newborns and families. We are grateful for everything they do each and every day!

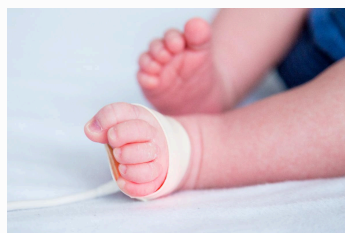
Celebrating Medical Laboratory Professionals Week

During **Medical Laboratory Professionals Week**, observed **April 19-25, 2026**, we proudly recognized the dedicated laboratory professionals whose expertise and commitment play a vital role in patient care every day.

From newborn screening to diagnostic testing, laboratory teams work behind the scenes to provide accurate and timely results that support critical healthcare decisions for patients and families across Maryland. Their precision, knowledge, and dedication are essential to protecting and improving public health.

To celebrate the week, the Newborn Screening Scientists participated in “Rep Your Team” Day and a fun-filled '90s Day celebration.

We extend our sincere appreciation to all laboratory staff for their hard work, professionalism, and continued commitment to excellence. Thank you for all that you do!



Heart Corner: Spotlight on Critical Congenital Heart Disease (CCHD)

In Maryland, CCHD results are not just for the medical record; they must be reported to the state to ensure the safety of the newborn population.

- **Birth Facilities:** Must report all CCHD screening results (Pass, Fail, or Not Screened with reason) to the Maryland Department of Health via the Database. ([Database Registration Form](#))
- **Transfer Cases:** If a baby is transferred to another facility before 24 hours, the **receiving facility** is responsible for performing and reporting the screen.
- **Submission of reporting to MDH:** Go to <http://www.mdehdi.com/Index.aspx> and log in once access is received.

Sc #	Age at Scrn	Test Time	Hand	Foot	Diff	Result	Suggested	In	Ov
1	25 h 7 m	01/12/2026 11:00:00 PM				Pass		M	

no note available

Home Helpdesk: (888) 727-3366 Friday, 20 March 2026 Home Contact

- Select "Enter Manual Screening Results"

new search
current search
current search results
import test results
patient journey
imported files
merge patients
manage patient notes
Audiology Care

Professional Contacts
CCHD
Letters
Reminders
Tools
Reports
Transfers
Admin

Preductal

Postductal

Oxygen Saturation

Heart Rate

Perfusion Index

SpO₂ Difference: N/A

date/time of screen 01/12/2026 11:00:00 PM

screening facility: CalvertHealth Medical Center screener: Screener, Well Nursery

screening result: Pass suggested result:

- Enter screening results

Patient Information:


Date of Birth: 01/11/2026

Additional Testing Information

Prenatal Ultrasound Diagnosis of Heart Defect: Unknown ▾

Cardiac Consult Indicated/Ordered Prior to Screen for Clinical Signs/HX of Cardiac Defect: Unknown ▾

Tests Ordered due to Failed Screening: None
Blood Culture
Chest X-Ray
Echocardiogram

Date of Echocardiogram, if done: 

Echocardiogram Results, if done: Please Select ▾

Diagnosis, if detected: Please Select ▾

False Negative:

CCHD Review Complete:

Save and Return to Child Information Page

Cancel

- If baby fails, please insert “additional testing information”

We’re shaping upcoming newsletters and would love your input: **What information would be most helpful for you to see included?**

Your feedback helps guide what we focus on—so don’t hesitate to share your thoughts! Email mdh.newbornscreeningfollowup@maryland.gov.

health.maryland.gov/phpa/cyshcn/Pages/home.aspx

Maryland Department of Health | 201 W. Preston St | Baltimore, MD 21201 US

[Unsubscribe](#) | [Update Profile](#) | [Constant Contact Data Notice](#)



Try email marketing for free today!