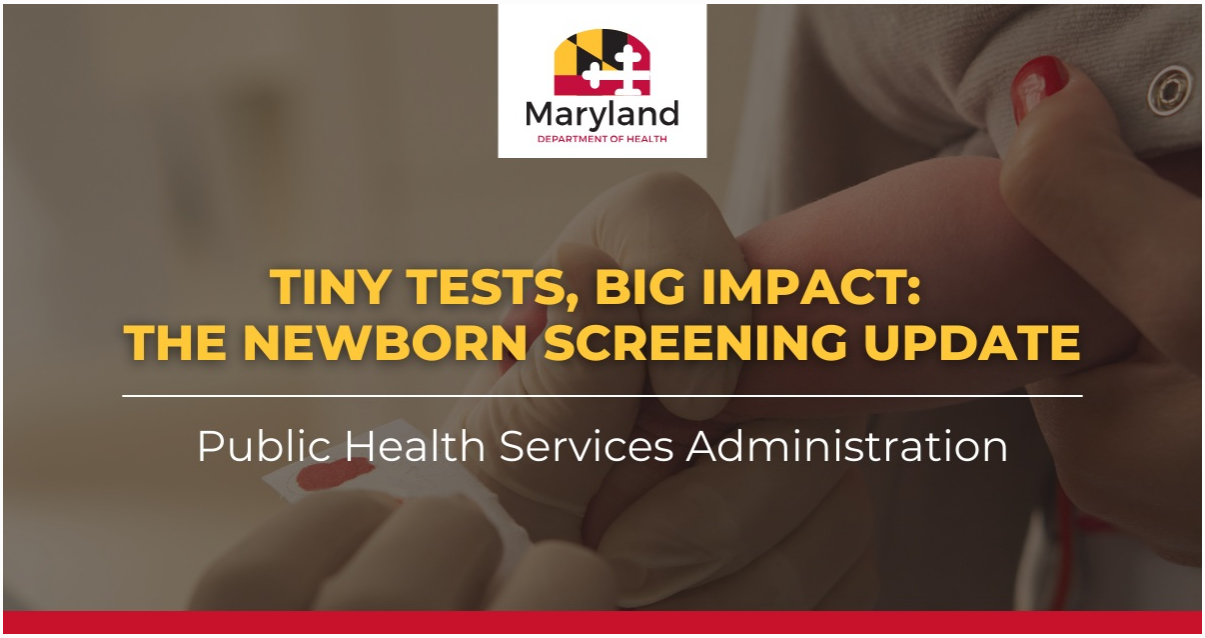
November 2025



Expanding Access for Timely Specimen Delivery

Starting November 10, 2025, primary care provider (PCP) offices located in the far eastern and western regions of Maryland will have new options for timelier specimen delivery!

These offices can now drop off newborn screening (NBS) specimens at designated satellite laboratory facilities, which will serve as convenient collection points. A daily courier pickup will transport specimens to the central NBS laboratory Monday to Friday (except for official state holidays) for processing, ensuring they arrive quickly, securely, and ready for testing.

This change supports faster turnaround times for reporting disorders that are time critical and helps ensure Maryland's newborns receive the best possible care from the very start.

 Learn more: Read the official letter here

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.

Webinar
Click here to view recordings of the recent NBS webinars.

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 member at your facility/practice. This will prevent delays in notifying

with details on drop-off procedures and participating satellite locations.

providers of critical results.

Employee Corner: Sharing Our Why

Meet Erin Filippone from the Early Hearing Detection and Intervention (EDHI) Team

Q: What originally brought you here (to OCYSHCN)? How does this work fit in with your professional goals (if stated)?

A: I actually fell into public health after the private, pediatric ENT practice I was working for abruptly closed. I went from a small, 3 person office in the suburbs with constant patient contact to the huge MDH complex in Baltimore in a strictly administrative role. It was a big change!

Q: What does a typical day look like for you?

A: The majority of my day is spent helping hospitals, audiologists, and PCPs manage the data needed to ensure that they and our follow up team can effectively ensure that the babies who need hearing health care are receiving it at the earliest possible opportunity.

Q: Is there anything that surprised you about the office or the work or the position?

A: Since I came to MDH from suburban, private practice, it was truly eye-opening for me to see just how fragile our healthcare system is. From devastating congenital health conditions and infant mortality to the un/underinsured and the scarcity of care providers in so many areas, I learned how vulnerable so many people are and how necessary the work we do really is.

Q: You've been here for many years. Why do you stay? What keeps you coming back?

A: I come back for the undiagnosed child who doesn't understand why everyone is angry with them all the time - "she just doesn't listen," "he hears when he wants to hear," - and who eventually gets labeled, officially and/or unofficially as a child with behavioral issues. I come back for the mom who cried when she asked me "So he never heard all those songs I sang to him and all the stories I read to him?" I come back for all of the potential we lose out on when late or never identified children aren't given the tools they need to become who they could have been.

Q: What would you tell anyone looking to go into the public service or health fields? What is one piece of advice for doing so?

A: Healthcare is a field that touches everyone and it is an absolute imperative in all our lives, but it is currently in serious crisis. We need more of every type of healthcare worker and we desperately need the support of government and business partners to make the necessary changes to the system infrastructure so

that we can continue the work we're doing. Healthcare, especially now, is routinely frustrating and often heartbreaking, but it is also still incredibly rewarding.

Coming Soon: NBS Office Hours!

We're excited to announce that NBS will soon be hosting bi-monthly office hours — your chance to connect directly with the EDHI, CCHD, and Bloodspot teams and get the support you need.

Join us to:

- Ask questions about data, reports, or processes
- Get clarity on policies and procedures
- Share feedback and ideas on how we can improve the program
- Stay up to date on NBS initiatives

Launching Soon – Twice a Month

Stay tuned for dates and details!

Maryland Department of Health Presents at the National Newborn Screening Symposium

We're proud to share that two representatives from the Maryland Department of Health recently attended the Association of Public Health Laboratories (APHL) Newborn Screening Symposium, October 5-9, in Providence, RI. The symposium is a national event bringing together leaders from across the country (and beyond!) to share advances in newborn screening, genetic testing, and public health policy.

The symposium explored emerging molecular technologies, new screening conditions, quality improvement initiatives, and strategies for effective family communication and follow-up care.

Spotlight:

Suraj Panthi, one of our NBS Laboratory Supervisors, presented Maryland's innovative implementation of N-acetyltyrosine (NAT) testing. NAT serves as a biomarker for newborns who have received parenteral nutrition, helping reduce false-positive screening results and easing unnecessary stress for families.

This achievement reflects Maryland's ongoing leadership in innovation, accuracy, and compassionate care.

Maryland NBS Team Shares Expertise and Strengthens Partnerships

The Maryland Newborn Screening (NBS) Program continues to expand outreach, collaboration, and education, ensuring that every baby in Maryland has the best possible start.

Inspiring the Next Generation

M. Christine Dorley, PhD, NBS Laboratory Division Chief, recently met with neurodevelopmental disabilities fellows at the Kennedy Krieger Institute to share an inside look at the newborn screening process. Her session highlighted how early detection leads to life-changing interventions for infants across the state.

Collaborating with Providers

Lauren Whiteman, Director of the Office for Children and Youth with Specific Health Care Needs, and Laportia Barrows, NBS Follow-Up Manager, visited a large multi-site pediatric primary care practice to collaborate on enhancing specimen collection practices and family education. They provided hands-on guidance, resources, and training to strengthen communication and ensure high-quality screening.

Together, these efforts reflect our commitment to education, partnership, and continuous improvement, all in service of Maryland's newborns and families.

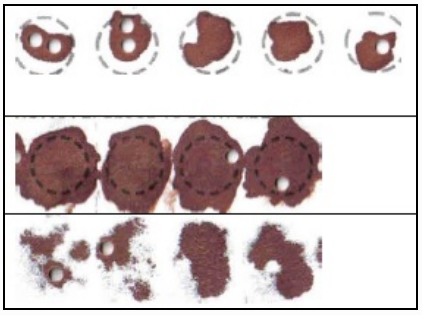
Stay connected!

Keep an eye out for future updates, resources, and outreach events from the NBS Program as we continue working hand-in-hand with our community partners.

Collection Tip of the Month

What Does It Mean When We Receive an "Unsatisfactory 1" Notification?

When a specimen is labeled “Unsatisfactory,” it means the newborn screening (NBS) card did not meet quality standards for testing and must be recollected.



Unsatisfactory 1 Definition	The blood spots collected on the newborn screening card are not completely filled or do not fully saturate the filter paper circles from one side to the other.
Why It’s a Problem	An insufficient amount of blood may result in incomplete or invalid testing, as the laboratory analyzer requires an adequate volume for each test. This can delay diagnosis and follow-up for time-sensitive conditions.
Common Causes	• Using too small of a blood drop when applying to the card. • Touching or blotting the blood before it soaks in, preventing full absorption. • Cold heel or poor blood flow, leading to slow collection. • Partially filling circles or stopping before all required spots are completed. • Collecting from an improper site or using excessive squeezing, which reduces flow.
How It Appears on the Card	• Circles partially filled, with white areas remaining. • The spot looks thin or faint in color. • Blood does not soak evenly through to the back of the filter paper. • Only one or two circles are completed when more are required.
Impact on the Program	• Unsatisfactory result requiring

	repeat collection. • Delays in screening results and possible missed early intervention. • Increased burden on families and clinical staff to recollect specimens. • Reduced confidence in the accuracy and reliability of the program's results.
Tips for Prevention	1. Warm the infant's heel (e.g., with a warm compress for 3–5 minutes) to improve blood flow. 2. Perform a proper heel stick using the recommended site — the outer edge of the heel — avoiding the center or arch. 3. Allow a large free-flowing drop of blood to form before touching the card. 4. Touch the drop gently to the filter paper — do not scrape or press — and let it soak naturally until the circle is fully filled. 5. Use a new drop of blood for each circle; do not layer multiple small drops. 6. Visually inspect both sides of the card — the blood should be evenly saturated through to the back. 7. If blood flow slows, gently massage above the puncture site to encourage flow — avoid excessive squeezing, which can dilute the specimen.

MD EHDI Presents: The Best Practices Series

The proven, and practical methods for providers working with hearing screenings and diagnostics.

This issue will focus on best practice tips for audiologists.
Check out Maryland Early Hearing Detection and Intervention (MD EHDI) Program for other best practice tips for other providers.

When working on rescreenings…
- Always rescreen both ears if one ear fails the initial test for accuracy

When working on a diagnostic evaluation for 0-6 months of age…
- Use tympanometry with a 1000 Hz probe tone to evaluate middle ear status.

When working with medical homes…
- Refer all children with a permanent hearing status to a genetics evaluation as their hearing status directly impacts their language acquisition.

When working with families…
- Empower parents to make decisions by providing resources immediately. Maryland EHDI resources are available to families and professionals. Strongly

encourage them to also connect with other families of children who are Deaf or hard of hearing through family support services.

Please forward to any colleagues who might find this of interest!

EHDI reminds you: “When the child is delayed in language development, they’re chasing after a racing train that gets faster and faster as time goes on.” (Yoshinaga-Itano et al., 1998)

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

Congenital Heart Disease (CHD) is the most common birth defect, affecting about 8 out of every 1,000 babies. Among these, Critical CHD (CCHD) occurs in 3 to 4 out of every 1,000 babies and often requires intervention within the first year of life.

□ Why Early Detection Matters

Early identification through newborn screening is essential to:

- Prevent serious complications
- Ensure timely treatment
- Support better outcomes for infants with heart conditions

□ Featured Resource: CCHD Screening Video

The American Academy of Pediatrics (AAP) has released a new video providing an excellent overview of Critical Congenital Heart Disease screening.

This short, informative video is a great tool for:

- New staff onboarding and orientation
- Refresher training for experienced team members

□ Watch the video here:

Critical Congenital Heart Defects: Updated Newborn Screening Guidelines for Pediatricians

⍰ Special Note: Please Document All CCHD Information in OZ

All pulse oximetry screening data must be thoroughly documented in OZ. The medical record should include:

- The age of the baby at the time of screening
- The specific values of each oximetry result
- The extremity from which each reading was obtained
- Whether the screening was a pass or a fail
- If the screening was not performed, document the reason(s)
- Any subsequent actions following a failed screen (e.g., clinical exam, echocardiogram)

⍰ Accurate and complete documentation ensures proper follow-up and supports the quality of newborn care.

Want something included in the next quarterly newsletter? Email mdh.cyshcn@maryland.gov

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