

March 2025



TINY TESTS, BIG IMPACT: THE NEWBORN SCREENING UPDATE

Public Health Services Administration

Maryland Site Visit with Association of Public Health Laboratories

The Maryland Newborn Screening Program hosted the [Association of Public Health Laboratories \(APHL\) Newborn Screening Technical Assistance and Evaluation Program \(NewSTEPs\)](#) for a non-regulatory site visit of both the Newborn Screening Laboratory and the Newborn Screening Follow-Up Program.

The site visit occurred over four days from January 13, 2025, to January 16, 2025. The site visit included reviews of both the laboratory and follow-up programs

ICYMI- In Case You Missed It

Provider Request Form

The Maryland Newborn Screening Program has a new electronic request form to update specimen information, submit a newborn screening refusal form, order lab slips, or request sickle cell trait results.

The form is available [here](#).

Webinar

The Maryland Newborn Screening Program recently hosted a webinar to share program updates.

A recording of the webinar can be viewed [here](#).

Educational Materials

Interested in Newborn Screening educational materials for your patients and families? Order MDH

protocols and processes, discussions with pediatric specialists who collaborate with the newborn screening programs, visits to birthing facilities, and review of point of care newborn screening, including hearing screening and critical congenital heart disease screening. A comprehensive report will be provided by APHL to guide and assist the MD Newborn Screening Program with overall quality improvement.



materials [here](#).

Provider Contact Information

Please complete [this form](#) to provide the direct phone number for a clinical staff member to your facility/practice. This will prevent delays in notifying providers of critical results.

Employee Corner: Sharing Our Why

Meet Winivette (Wini) Andrews

Q: What is your official title?

A: Administrative Officer II

Q: What are your principal duties at MDH?

A: My principal duties here at MDH are to provide Administrative Support for our Newborn Screening staff and for our Providers. Primarily, I

help create and manage our submitter accounts for the MyLims database as well as new submitter accounts. I routinely help with correcting reports for our providers, while also processing Blood Collection Form orders for our submitters. Any questions our providers may have, I am ready and willing to answer or direct you to the best person to help answer your question.



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

A: 7 years

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

A: When I initially started working for MDH-Newborn Screening Division, I was drawn to the patient/provider care aspect of the department. I absolutely love children and come from a large family full of them lol. So the idea of helping to provide the best customer service I can to the babies of Maryland, DOD's and other neighboring states, brings me so much joy. Helping all of the Nurses, Doctors and staff members provide excellent patient care is a duty I strive to be my best at. Knowing I have a small part in making sure our babies are taken care of brings me comfort. I also enjoy hearing and talking to the babies from time to time when I interact with the nurses ☐.

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

A: In the future I see an even more advanced and proficient newborn screening. Bringing more information about newborn screening to providers and families in the early stages of family planning. We will strive to improve patient care by quickly reporting results to the specialists they need. Lastly, I see NBS working harder to share preventative care methods with our local providers in order to deter our children from illnesses that can be prevented. NBS has a bright future!

Newborn Screening Collection Tip of the Month

- What is unsatisfactory 3 code on the newborn screening report?
 - Unsatisfactory 3 means the blood is clotted or layered on the sample.

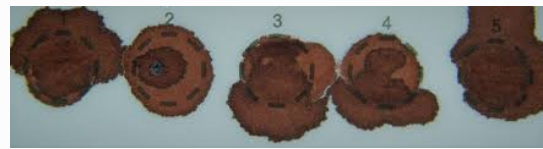
| Common Causes of UNS3 | Tips on How to Prevent UNS3 |
|--|--|
| Did not allow time for a blood drop to form. | Allow a full drop of blood to form. Use proper |

| | |
|--|--|
| | 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 filter paper. | Do not apply blood to both sides of the filter paper. |

Proper Specimen



Improper Specimen



Your Feedback Needed!

The team at RTI International has been working to identify family outcomes of newborn screening and now needs feedback from the “public” (e.g., individuals who have been impacted by newborn screening or work within the newborn screening system) to complete a survey. This includes parents, patient advocates, clinicians, and newborn screening staff. **The goal of this anonymous public survey is to identify concepts—and eventually questions—that should be included on a scale to measure how families benefit from newborn screening. RTI is casting a wide recruitment net, and hopes to get feedback that reflects the diversity of individuals impacted by, or connected to, newborn screening.** Thank you in advance for your participation!!!

The survey is available in English and Spanish and takes about 20 minutes to complete.

- English link: <https://survey.alchemer.com/s3/7973704/survey-for-public-comment>
 - Spanish link: <https://survey.alchemer.com/s3/8203338/SPANISH-Survey-for-public-comment-measuring-family-benefits-of-newborn-screening>
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Heart Corner (CCHD)

The American Academy of Pediatrics (AAP) has updated their clinical recommendations on a crucial heart screening protocol for newborn infants. The simple, noninvasive screening using pulse oximetry has been part of the U.S. Recommended Uniform Screening Panel since 2011. Today, it is a required part of newborn screening within the first 24 hours of life in all 50 states .

A clinical report containing the updates has been published in the January 2025 edition of Pediatrics. The report, "Newborn Screening for Critical Congenital Heart Disease: A New Algorithm and Other Updated Recommendations," includes endorsement of several new updates for health care providers as well as some other key takeaways from the first 14 years of national screening implementation. <https://doi.org/10.1542/peds.2024-069667> [doi.org]

Protocol updates reduce time from screening to intervention. The AAP recommendations refine the already successful protocol to ensure the screening is applied consistently, accurately and efficiently.

Changes include:

- A more simplified CCHD screening algorithm that eliminates a second verification re-screen so treatments can start sooner when intervention is urgent.
- Oxygen saturation measurements of 95% or greater in both the right hand and either foot for an infant to pass. Previously 95% or greater oxygen saturation measurements in the right hand or either foot would pass.

Below is the AAP website that provides resources and educational training videos for providers.

<https://www.aap.org/en/patient-care/congenital-heart-defects/newborn-screening-for-critical-congenital-heart-defect-cchd> [aap.org]

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