

## Need help remembering the results?

Use the space below to record your baby's newborn screening results

<b>Hearing Screening</b>	Passed <input type="checkbox"/>	Not Passed <input type="checkbox"/>
Follow-up appointment: ___/___/___ at _____		
Notes:		

<b>Pulse Oximetry Screening</b>	Passed <input type="checkbox"/>	Not Passed <input type="checkbox"/>
Follow-up appointment: ___/___/___ at _____		
Notes:		

<b>Blood Spot Screening</b>	Passed <input type="checkbox"/>	Not Passed <input type="checkbox"/>
Follow-up appointment: ___/___/___ at _____		
Notes:		

To learn more about newborn screening, visit:

[www.soundbeginnings.org](http://www.soundbeginnings.org)

[www.kdheks.gov/newborn\\_screening](http://www.kdheks.gov/newborn_screening)



Contact Us:

Kansas Department of Health and Environment

Special Health Services:

Newborn Hearing Screening Program: 785-368-7167

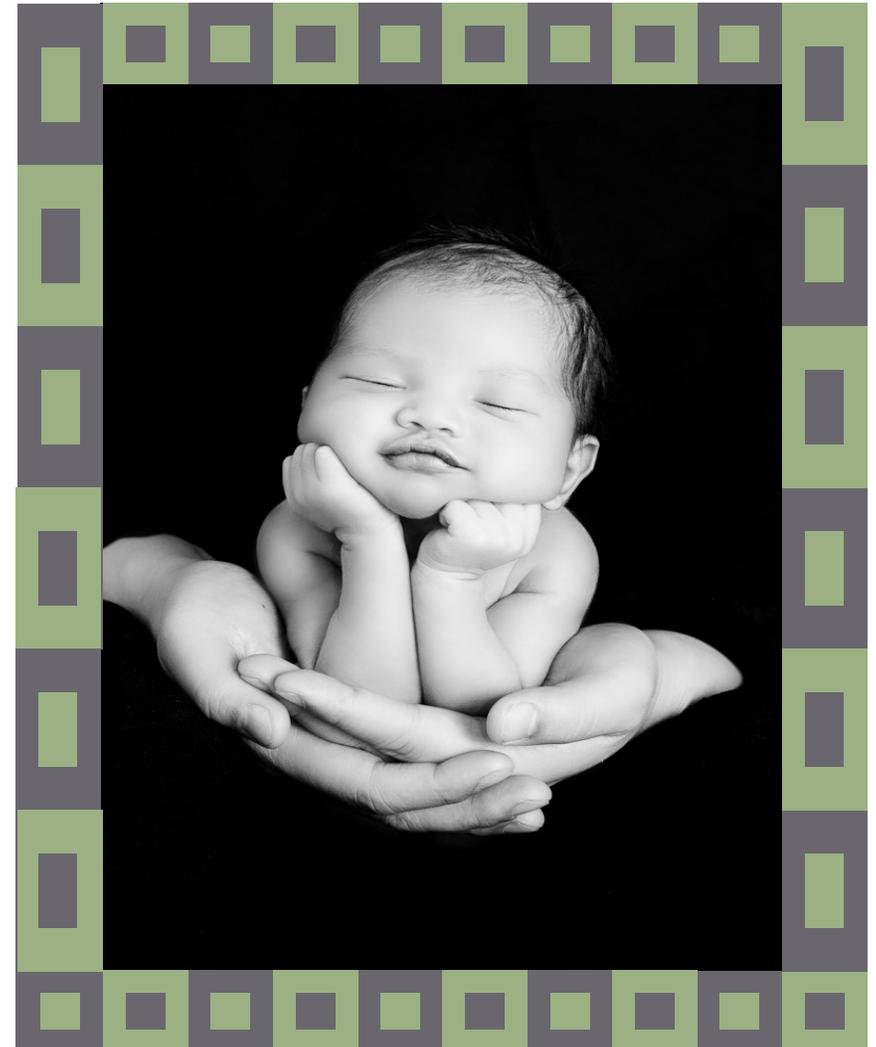
Newborn Metabolic Screening Program: 785-291-3363

Newborn Screening Program (Toll Free): 1-800-332-6262



Our Mission: To protect and improve the health and environment of all Kansans.

## Kansas Newborn Screening Program



Kansas Department of Health and Environment  
Bureau of Family Health/Special Health Services

## Kansas Newborn Screening

Newborn screening is a way to identify babies who may have serious medical conditions. These conditions may not be visible at birth, but can be treatable if diagnosed early. Early treatment of these conditions can prevent against more serious illness, disability or death. Newborn screening tests include:

- **Hearing Screening**
- **Pulse Oximetry Screening (Critical Congenital Heart Disease)**
- **Blood Spot Screening (Genetic or Congenital Disorders)**

Due to the importance of catching these conditions early, state law requires that newborns receive screens listed above. If you have questions, please refer to the appropriate contact information provided on the back of this booklet.

*If your baby does not pass a newborn screening, it is crucial that you follow-up as recommended. Early detection and intervention will result in the best possible outcome for your baby.*



## Hearing Screening

**What is it looking for?**

The hearing screening is a quick and effective way to determine if your baby can hear sounds needed to learn language.

**How is it done?**

Hearing screening is safe and will not hurt. It can be done in about 10 minutes. There are two types of screens done for hearing loss depending on the equipment available to the birthing facility or local audiologist, ABR and OAE. Neither test will make your baby uncomfortable and they are often done while your baby is asleep.

**How will I find out the results?**

A healthcare provider/audiologist will talk with you about the results of your baby's screening. Please make sure you tell your provider the name of your baby's doctor so they can send them the results. If your baby passed the hearing screen, you should continue to monitor any signs of late onset hearing loss.

**What if my baby does not pass?**

If your baby does not pass or is missed at the birth screening, make sure he or she is screened as soon as possible. Please take your baby back to the birthing facility or audiologist for a hearing screening within two weeks. It is important to find hearing loss quickly, because babies whose hearing loss is not found early may have a hard time learning language.



## Pulse Oximetry Screening

### What is it looking for?

The pulse oximetry screening looks for low levels of oxygen in the blood that may indicate a problem with the heart or lungs. Critical congenital heart disease occurs when a baby's heart does not develop normally.

### How is it done?

Pulse oximetry is fast, simple and accurate. It can be used on babies soon after they are born. Hospital nursery staff will do the screening when the baby is at least 24 hours old. A small sensor is placed on the baby's right hand and a foot allowing a connected device to measure the baby's oxygen levels.

### How will I find out the results?

Your baby's doctor or a nurse will tell you the results of the pulse oximetry newborn screen.

### What if my baby does not pass?

Your baby will not pass if:

- Your baby has a low level of oxygen
- There is a 3 percent difference between the reading in your baby's hand and foot.

At this point, a rescreen or complete physical examination will be completed to determine why your baby did not pass the screening. There may be several reasons, including respiratory problems or infections.



## Blood Spot Screening

### What is it looking for?

The blood spot screening looks for a variety of genetic and inherited disorders. A list can be seen on the next few pages.

### How is it done?

A few drops of blood are taken from your baby's heel and put on a special paper. The state public health laboratory then does the testing.

### How will I find out the results?

The Newborn Screening Program will notify your baby's provider. If there is an abnormal result, you will get a letter letting you know the next steps. Ask about your baby's results at your first well child check.

### What if my baby does not pass?

If you get a call from your baby's provider, it does not always mean your baby has one of these medical conditions. It is important to take your baby for further testing as soon as possible.

### What happens to the blood after the screening?

Most blood samples are destroyed one month after being received. Personal information associated with remaining samples is removed and samples may be used for training purposes to improve the Newborn Screening Program in Kansas. Parents may request that their baby's sample not be used for these purposes by submitting their request in writing to:

Neonatal Laboratory Manager  
Kansas Health and Environmental Laboratories  
6810 SE Dwight Street  
Topeka, KS 66620



## What will my baby be screened for?

### AMINO ACIDEMIAS

- Argininosuccinic aciduria (ASA)
- Citrullinemia, type 1 (CIT)
- Homocystinuria (HCY)
- Maple syrup urine disease (MSUD)
- Classic phenylketonuria (PKU)
- Tyrosinemia, type 1 (TYR-1)

### ORGANIC ACIDEMIAS

- Glutaric acidemia type 1 (GA-1)
- 3-Hydroxy 3-methylglutaric aciduria (HMG)
- Isovaleric acidemia (IVA)
- 3-Methylcrotonyl-CoA carboxylase (3-MCC)
- Methylmalonic acidemia—cobalamin disorders (Dbl-A,B)
- Methylmalonyl-CoA mutase deficiency (MUT)
- Beta-Ketothiolase ( $\beta$ KT)
- Propionic acidemia (PROP)
- Holocarboxylase synthetase deficiency (MCD)

### ENDOCRINE

- Congenital adrenal hyperplasia (CAH)
- Primary congenital hypothyroidism (CH)

## What will my baby be screened for? (cont.)

### FATTY ACID OXIDATION DISORDERS

- Carnitine uptake defect & Carnitine transport defect (CUD)
- Long-chain L-3 hydroxyacyl-CoA dehydrogenase (LCHAD)
- Medium chain acyl-CoA dehydrogenase deficiency (MCAD)
- Trifunctional protein deficiency (TFP)
- Very Long-chain acyl-CoA dehydrogenase deficiency (VLCAD)

### HEMOGLOBINOPATHIES

- Sickle cell anemia (Hb SS)
- Hemoglobin SC disease (Hb SC)
- Sickle beta-thalassemia (Hb S $\beta$ )

### OTHER

- Biotinidase deficiency (BIOT)
- Cystic Fibrosis (CF)
- Classic Galactosemia (GALT)
- Severe combined immunodeficiencies (SCID)

Physicians: If you have further questions, or have a patient with an abnormal result for one of these conditions, visit our website for further information and appropriate next steps:

[www.kdheks.gov/newborn\\_screening/info\\_professionals.htm](http://www.kdheks.gov/newborn_screening/info_professionals.htm)