

MINNESOTA NEWBORN SCREENS

Three tests to check newborns for serious, rare disorders that may not be visible at birth. Early detection can help prevent serious health problems, disability and even death.



BLOOD SPOT SCREENING

- Checks for about 60 rare but treatable genetic disorders.
- Done between 24–48 hours after birth by taking a few drops of blood from the newborn's heel.
- Sent to Minnesota Department of Health (MDH) for analysis and in a few days the results shared with patient's primary care provider.
- Majority of abnormal results referred to the Metabolic and Newborn Screening Follow-up Clinic at Children's Minnesota Genomic Medicine Program.
 - Children's Minnesota coordinates any clinic visits, relevant laboratory testing, and treatment if needed.
 - Genetic counselors support families from the initial visit and throughout the evaluation and treatment process.
 - Team includes biochemical geneticists who specialize in metabolic disorders, genetic counselors, a nurse and a metabolic nutritionist.
 - If a condition is ruled out, the initial newborn screen result will be considered a false positive result and no further interventions or follow-up may be necessary.
- Some test results may require referrals to specific specialists: cancer and blood disorders, endocrinology, cardiology, immunology, and pulmonology (cystic fibrosis).



HEARING SCREENING

- Checks for hearing loss in newborns.
- Early detection of hearing loss helps babies stay on track with speech, language, and communication skills and prevent delays in development.
- Done before the baby is discharged from the hospital.
- A device plays soft sounds and measures the baby's inner ear and/or brain response while sleeping.
- Results of the test will be shared same day.
- If the baby passes screen in both ears, no further testing is necessary.
- If the baby fails the screen in either or both ears, retest with an audiologist within two weeks.
- The audiologists at Children's Minnesota provide diagnostic and rehabilitative services using specialized equipment and methods appropriate for a newborn.
- Pediatric audiologists at Children's Minnesota are part of a comprehensive ENT program that is equipped to address any hearing concerns.



PULSE OXIMETRY SCREENING

- Checks for serious heart defects known as critical congenital heart disease (CCHD).
- If detected early, babies with CCHD can often be treated with surgery or other medical interventions.
- Done when newborn is at least a day old.
- Sensors are placed on the newborn's hand or foot to measure the amount of oxygen in the blood.
- Results of the test will be shared same day.
- Pulse oximetry screening does not detect all cases of CCHD so it is important to have regular check-ups with a primary care provider.
- If results are low oxygen levels, it may be redone in an hour; if still low, the care team will follow up to find out why.
- If follow up is necessary, The Children's Heart Clinic offers same-day in-hospital consultations with a pediatric cardiologist.
- Children's Minnesota has facilities for additional cardiovascular diagnostic testing.

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Children's Minnesota has specialists to help if any of these screens are abnormal. Primary care and other providers with questions or wanting to refer patients with positive newborn screens may contact Children's Minnesota Physician Access to speak to a biochemical geneticist, otolaryngologist/audiologists or cardiologist and schedule appointments.

For additional information on Minnesota newborn screenings, visit health.state.mn.us/people/newbornscreening.