



How is CF treated?

The cystic fibrosis team at Children’s is made up of people with special training and expertise in treating children with CF and their families. The team includes physicians, nurse practitioners, nurses, social workers, nutritionists, respiratory therapists, physical therapists, child life specialists, psychologists, pharmacists, genetic counselors, care managers, and integrative medicine specialists.

Some treatments for CF include:

- clearing mucus from the airways.
- eating a healthy, high-calorie diet with vitamin supplements.
- fighting bacteria-causing infections with antibiotics.

The benefits of treating CF early include:

- controlling symptoms.
- improving cognitive function.
- ensuring more normal growth.
- improving nutrition.

Although there is no cure for CF, new treatments and therapies are continuously being discovered that can help improve the quality of life and life expectancy of those with CF.

Additional information

For more information, or if you have questions or concerns, contact the Cystic Fibrosis Center at Children’s Hospitals and Clinics of Minnesota.

Children’s – Minneapolis

Cystic Fibrosis Center
617 Medical Office Building
2545 Chicago Avenue South
Minneapolis, MN 55404
(612) 863-3226

www.childrensmn.org/communities/cysticfibrosis.asp

The Cystic Fibrosis Center at Children’s Hospitals and Clinics of Minnesota is an affiliate center accredited by the Cystic Fibrosis Foundation.

Additional resources:

Cystic Fibrosis Foundation

6931 Arlington Road, 2nd Floor
Bethesda, MD 20814
(800) 344-4823
E-mail: info@cff.org
www.cff.org

Minnesota Department of Health

Newborn Screening Program
(800) 664-7772
www.health.state.mn.us/newbornscreening

Understanding newborn screening for cystic fibrosis

Common questions following a positive screening result



Delivering Next Generation Care

Cystic fibrosis (CF) is one of more than 50 conditions the Minnesota Department of Health screens for shortly after the birth of a baby.



What is cystic fibrosis?

CF is a chronic, genetic disease that affects about 30,000 people in the United States. With CF, cells make a mucus that is thick and sticky, affecting the respiratory, digestive, and reproductive systems.

Most infants who receive a positive newborn screening result do not have CF but are carriers. Another test, called a "sweat test," is done to rule out CF.

What is a sweat test and how does it work?

A sweat test is a painless test in which sweat is collected from the skin and analyzed for salt content. Your primary care provider will make arrangements for the sweat test to be done at Children's Cystic Fibrosis Center. Results are usually available the same day.

The genetic counselor at Children's will then talk with you about the results of the newborn screen and sweat test.



What do the results of the sweat test mean?

There are four possible outcomes of a sweat test:

1. A positive sweat test means your child has CF. The next step is to make an appointment at Children's Cystic Fibrosis Center, where early treatment can be started.
2. A negative sweat test means your child does not have CF but is probably a carrier. Carriers do not have symptoms of CF.
3. A borderline sweat test means the value is below the level required to diagnose CF, but it is elevated. The sweat test is repeated and an appointment is made at Children's Cystic Fibrosis Center, where additional tests may be ordered.
4. Some infants do not produce enough sweat during the test, so it must be repeated.

What causes CF?

Cystic fibrosis is a genetic condition, so for a child to have CF, two copies of the nonworking CF gene must be inherited — one from each parent. A carrier, though, has only one copy of a CF gene mutation, which means that they do not have the disease or symptoms.

Parents of a child with a positive newborn screen for CF may wish to be tested to determine if they have a CF gene mutation.

What is carrier testing and why is it important?

The carrier test can help detect carriers of CF, who could pass CF onto their children. Carrier testing can be important because it determines if one parent is a carrier or if both parents are carriers for CF. Each time two carriers of a CF gene mutation have a child, there is a 25 percent chance that the child will have CF, as shown in the diagram.

