Newborn Screening: On-the-Spot–Home Edition

Introduction:

Welcome to the First Edition of our Newborn Screening On-The-Spot/Home Edition, a newsletter geared specifically to the midwives/small provider practices in our service area!

The aim of this bi-annual newsletter is to address specific issues and concerns for the birthing service providers outside of a hospital setting. We want this to be an interactive forum for you. Please send us any questions, comments or suggestions that you may want to see addressed in future editions of the Newborn Screening On-The-Spot-Home Edition.

Please find our contact information in the box located to the right.

Test Request Form (TRF) Important Reminder...

Make sure all the fields on the TRF are filled out completely. Please be sure to fill in the follow up pediatrician’s information (name, address and telephone number) in the section provided. Your information and provider code should be filled in the section marked “Facility/Submitter Drawing Specimen”. This helps us locate the baby faster when follow up activity is needed. Filling in this information correctly also allows the CA NBS Program to send a copy of the Results Mailer to both the pediatrician as well as to your practice for record keeping/review.

Lab and GSO Shipping Update!!!

Are you using a GSO courier or are you taking your specimens to a drop off box at a location near you?

In either case, check the mailing labels as they should be addressed to the NAPS laboratory in Long Beach (for Los Angeles, Ventura and Santa Barbara County providers) or to the NAPS laboratory in San Jose/Mountain View (for San Luis Obispo County providers). Please discard any “old” mailing labels that you may have left over from before August 2014, as the recent NAPS lab consolidation became effective on September 1, 2014.

Make Sure You’re Watching Out For Expiring Test Request Forms (TRF’s)!

Pay close attention to the expiration date on the Test Request Forms (TRF’s) located on the lower right corner of the form, next to the little hour glass symbol. ☰ 2015-02 The next series of TRF’s set to expire in February 2015, will be the forms starting with the lot number 28, located on the upper right corner of the TRF. ☰ 28 402 172 81 Please use these forms NOW and make sure to discard any 28 series TRF’s by the expiration date. If you use an expired form to collect a baby’s Newborn Screening specimen, the test will be deemed “inadequate” and will not be run by our state screening laboratory. This means another specimen will need to be collected on the baby. Having an inadequate specimen causes discomfort for both the baby and your practice. It also delays mailing the results mailer to the PCP.

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Spotlight On Primary Congenital Hypothyroidism (PCH)

Primary Congenital Hypothyroidism (PCH) is the most common disorder found through Newborn Screening. Approximately 1:1900 babies in California are diagnosed with this disorder annually. Recent data from many studies, including data from the American Academy of Pediatrics (AAP) (Pediatrics: Vol. 125 No. Supplement 2, May 1, 2010: Prevalence of Congenital Hypothyroidism; Richard S. Olney et. al.), show a steady increase in the prevalence of this disorder during the past two decades (1:4098 to 1:2379 United States overall). The reasons for this rapid increase in prevalence are not fully understood and more studies are needed. Hypothyroidism results when the thyroid gland does not produce enough thyroid hormone to meet the body’s needs. The outward signs of hypothyroidism can be subtle and are often missed in the young infant. Untreated, PCH leads to growth retardation, learning disabilities and/or mental delay. The current recommendation from the AAP is that treatment with Levothyroxine or Synthroid should be started in the first 2 weeks of life to allow for optimal growth and cognitive development. The California NBS Program has tested babies for PCH since October, 1980. Over 17.6 million babies have been screened in California throughout the past 34 years. Of these, over 7,400 babies were diagnosed with PCH from their newborn screen.

NEWBORN SCREENING SAVES LIVES!

Tick-Tock Beat The Clock

Timeliness is of the essence in the Newborn Screening process; from specimen collection, transport and processing to confirmatory testing, diagnosis and treatment. The clock starts ticking from the moment a baby is born as some of the disorders on the Newborn Screening panel may cause health problems as early as 6 – 10 days of life.

What can YOU do to ensure your babies are screened and their specimens are transported to the NAPS laboratory in a timely manner?

Diagnosed Cases of the UCLA ASC 2008 thru 2013 n=806

Look for our new UCLA ASC Website coming soon in 2015!