UCLA ASC Newsletter

Newborn Screening: On-The-Spot

Home Edition

Winter 2016

Newborn Screening "On Time – EVERY TIME" Quality Improvement Campaign

The California Newborn Screening Program (NBS) has embarked on a Quality Improvement Campaign to have 95% of all Newborn Screening specimens collected between 12 – 48 hours of birth. As you know, the Newborn Screening Program has expanded to include over 80 disorders on the NBS panel, some of the disorders require treatment within the first few days of life. **"Best practice" has identified NBS collections within 24-48 hours** as having the best outcomes for newborns. Specimens collected before 12hrs of life have been shown to be less reliable for some disorders and if collected after 48hrs can delay the processing of results.

Timely collection ***"12-48 hours"*** is important for the specimen to be analyzed and all the necessary arrangements to be made in order for the family to be notified and treatment started.

Our second and equally important **goal is to have all NBS specimens reach the laboratory within 2 days** from specimen collection. Make sure you are using current GSO Labels and Transport Logs with every shipment. Moreover, please assure you are sending out the specimens to your designated lab as soon as they are dry (3 hours after collection) and ready to go!

Early detection and early treatment can prevent serious health problems!

On the Horizon

Online Specimen Tracking (OST) i.e. the ability to verify ONLINE that the NBS specimen you have sent to the lab for processing has been received will be available to you soon.

Our hospital partners have been using this system to verify receipt of their specimens within 2-5 days of collection since March 2013.

We are excited to expand this program to include all active midwife/birthing service providers in the near future! Look for more information and announcements in the coming year!

Keeping in Mind

Did you know that specimens detached from their TRF will not be processed by our lab?

When a baby's blood card separates from its demographic information during collection or transport our state lab will deem the specimen as inadequate if they cannot verify appropriate assignment—even if the specimen was sent by itself. Thus, if you notice the specimen has separated from the TRF or looks to be separating you may fill in at least 3 items of identification (e.g. **baby name, DOB, mother's name**) on the card below the blood spots. Filling in this information will allow us to confirm who the blood belongs to; allowing the specimen to be processed normally and "on-time" without delays.

Fall Cleaning

Time to clean out all the old forms!

2015-11

Every effort should be made to use a current Test Request Form (TRF). Please look through your materials as the old set of **TRF's starting with "29" expired this past November.**

Check Digits
29 488 004 80

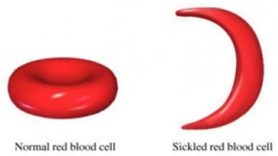
Please do not use any expired forms as they will be AUTOMATICALLY rejected by the laboratory. This means the test will be unusable and a repeat test will need to be collected from the baby.

Current forms begin with a 30 or 31

Newborn Screening Area Service Center designation and funding are provided by the California Department of Public Health, Genetic Disease Screening Program

Spotlight On Sickle Cell Disease

September is Sickle Cell Disease awareness month! Sickle cell disease (sickle cell anemia, sickle hemoglobin C disease, sickle hemoglobin D disease, sickle hemoglobin E disease, and sickle beta thalassemia) is a group of hereditary disorders that affect the red blood cells. In sickle cell disease, there is no hemoglobin A. Instead, there is only sickle hemoglobin, called hemoglobin S, or there may be hemoglobin S and another type of hemoglobin (C, D, E, or beta thalassemia). Under certain conditions, the blood cells of infants with sickle cell disease become sickle shaped, causing obstruction in the blood vessels.



This leads to pain and/or damage to the tissues. The most serious problem for infants is infections, which can prove fatal. These babies can easily develop high fevers or pneumonia which requires prompt treatment. Eventually, the sickling can affect growth and cause organ damage. Newborns diagnosed with sickle cell disease are placed on daily antibiotic therapy and parents are provided information and instruction about preventive health measures as well as identification of symptoms requiring prompt medical attention.

Sickle cell disease and other hemoglobinopathies are present in all population groups but are more prevalent in persons of African, Mediterranean, Asian, Southeast Asian, Caribbean, and South and Central American origins. In California, the incidence of sickle cell disease is about 1 per 4,400. The Newborn Screening Program detects approximately 125 cases each year.

Source: California Department of Public Health Website http://www.cdph.ca.gov/programs/nbs/Pages/NBSSCDProviders.aspx

Out of NBS Materials?

You may order supplies by phone at: **(510) 412-1542** or email at: **NBSOrders@cdph.ca.gov**

We'd Love to Hear from You !!!

Please let us know if you would like to receive Newsletters and/or your Hospital Evaluation Performance Profile (HEPP) reports via email!

Drop a note to our email address: **newbornscreening@mednet.ucla.edu** and we will be happy to add you to our growing number of email recipients!

For more information on Newborn Screening in California please visit:

www.cdph.ca.gov/programs/nbs

Great News: Our UCLA ASC Website is Finally Here!

Please visit us at: https://www.uclahealth.org/Mattel/Pages/Newborn-Screening/Newborn-Screening-Program.aspx

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