

NEWBORN METABOLIC SCREENING PROGRAMME (NMSP)

Newborn Metabolic Screening Protocol for Babies Under 1500 grams

SCOPE OF THE PROTOCOL

This protocol describes the timing of screening for newborns with a birth weight under 1500 grams.

OVERVIEW OF THE SCREENING PROTOCOL

Metabolic screening protocol in New Zealand is to obtain a dried blood spot sample from all babies at 48 hours with informed consent obtained from the parents for taking and storing or returning the sample.

Many very low birth weight and sick babies have false positive screens for congenital adrenal hyperplasia and other conditions due to their immaturity at 48 hours. There is also a risk of screening missing the diagnosis of congenital hypothyroidism because the pituitary-hypothalamic axis is insufficiently developed to produce an elevated level of TSH in response to a low thyroxine level.

This protocol has been developed in consultation with New Zealand endocrinologists, paediatricians and neonatologists.

GENERAL PRINCIPLES

- Blue coloured blood spot cards are to be used for all babies.
- A sample from all babies at 48 hours of age or as soon as possible thereafter.
- A second sample at 2 weeks for babies with a birth weight under 1500 grams.
- A third sample at 4 weeks for babies with a birth weight under 1000 grams.

- Results highly suggestive of a screened disorder will be phoned.
- All results will be reported.
- Reporting will be to the individual(s) and/or role named on the card.

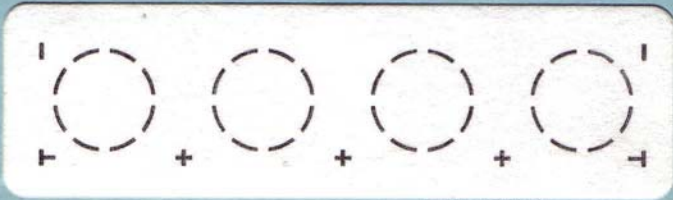
Note: the screening programme does not send reminders that further samples need collecting. Complete screening and correct result interpretation and reporting rely on clinical staff filling the forms correctly and taking the samples at the right time.

For further details on the Newborn Metabolic Screening Programme (NMSP) please see www.nsu.govt.nz

For screening results please call LabLINK at Auckland District Health Board on 0800 522 7587.



Blood spot card for NICU/SCBU babies



NTC USE ONLY

BABY NAME _____

NHI # _____

NTC USE ONLY

BABY INFORMATION - USE LABEL

NHI Number _____

Surname _____

First Name _____

Sex: _____

MOTHER'S INFORMATION - if not on label

Surname _____ First Name _____

REPORT TO

Name or role _____

COPY TO (LMC OR WELL CHILD PROVIDER)

Name _____ Address _____

Hospital _____ Ethnicity: _____

Birth Time: _____ Birth Date: _____

Birth Wt. (g) _____ Gestation age _____ wk

Collection Time _____ Collection Date _____

Select 1st 2nd 3rd sample