 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-C-33-P01
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	Document Title:	EXPANDED NEWBORN SCREENING GUIDELINES

PURPOSE:


- 1 In compliance with Republic Act 9288 an act promulgating a comprehensive policy and a national system for ensuring newborn screening.
- 2 To screen newborns for the 28 genetic disorders included in the Expanded Newborn Screening Program including:
 - 2.1 Glucose-6 Phosphate Dehydrogenase Deficiency
 - 2.2 Congenital Hypothyroidism
 - 2.3 Congenital Adrenal Hyperplasia
 - 2.4 Galactosemia
 - 2.5 Phenylketonuria
 - 2.6 Maple Syrup Urine Disease
 - 2.7 Cystic Fibrosis
 - 2.8 Biotinidase Deficiency
 - 2.9 Organic Acid Disorders
 - 2.10 Fatty Acid Oxidation Disorders
 - 2.11 Amino Acid Disorders
 - 2.12 Urea Cycle Disorders
 - 2.13 Hemoglobin Disorders
- 3 To provide appropriate management and counseling for patients with positive results in the screening.

LEVEL:

Department of Pediatrics, Nursing Services Division

DEFINITION OF TERMS:


1. **Newborn screening (NBS)** is an essential public health strategy that enables the early detection and management of several congenital disorders, which if left untreated, may lead to mental retardation and/or death. Early diagnosis and initiation of treatment, along with appropriate long-term care help ensure normal

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growth and development of the affected individual. It has been an integral part of routine newborn care in most developed countries for five decades, either as a health directive or mandated by law.¹

POLICY:

1. In accordance Republic Act 9288 or The Newborn Screening Act of 2004, every baby born in Dr. Pablo O. Torre Memorial Hospital is offered the opportunity to undergo newborn screening and thus be spared from heritable conditions that can lead to mental retardation and death if left undetected and untreated.
2. Any health practitioner who delivers, or assists in the delivery of a Newborn in the Philippines shall, prior to delivery, inform the parents or legal guardian of the newborn of the availability, nature and benefits of newborn screening.
3. Newborn Screening shall be performed after 24 hours of life but not later than 3 days from delivery of the neonate. Residents and nurses may perform the procedure. A newborn that must be placed in intensive care in order to ensure survival (ie. Sick, preterm, or with low birth weight) may be exempted from the 3-day requirement but must be tested by 7 days of life.
4. Consent form shall be signed by the parent/guardian. A parent or legal guardian may refuse testing on the grounds of religious beliefs but shall acknowledge in writing their understanding that refusal for testing places their newborn at risk for undiagnosed heritable conditions. A copy of refusal documentation shall be made part of the newborn's medical record.
5. Blood specimen may extracted from the heel, cord, or from venous blood extraction. Any clean, dry and secured place can be designated for sample collection.

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6. The newborn screening filter card should be properly filled up by the nurse or resident. Data should be complete and accurate to prevent mislabeling.
7. Air drying of the sample is done for 3 hours and sent immediately to the newborn screening center (Newborn Screening Center Visayas).
8. All patients who have undergone newborn screening are documented in a designated logbook.
9. Regular pick-up of the samples by a courier should be arranged.
10. Performance of tests of all disorders included in the Newborn screening program is done by a duly accredited Newborn screening center.
11. Abnormal or elevated results and instructions are relayed immediately by the newborn screening center via phone or email. Normal results are relayed by the Newborn screening center to the newborn screening facility. Results are sent to the newborn screening facility through email and courier.
12. Informing and recall of the patient with positive screens is the responsibility of the newborn screening facility. Information is relayed immediately through phone or email.
13. Recall and follow-up of patient for confirmatory testing is done immediately.
14. Long term management of patients confirmed to have one of the conditions in the newborn screening panel is the responsibility of the attending physician or the newborn screening facility.

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Special Considerations:

The following circumstances may sometimes be encountered in newborn screening. It is important to note and indicate these information in the filter card:

1. Stillbirth/Neonatal Deaths
2. Feeding
3. Antibiotics
4. Blood transfusion
5. Premature, low birth weight, sick infants

When requested, repeat sampling should not be delayed. Repeat sampling is needed for the following:

1. Insufficient or contaminated samples
2. Early sample collection (less than 24 hours old)
3. No oral feeding since birth
4. Newborn screening sample received by the newborn screening center more than 14 days from the date of collection.
5. Patient is on total parenteral nutrition (TPN)

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DOCUMENTATION:


New Policy

DISSEMINATION:

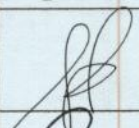
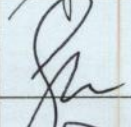
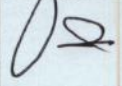
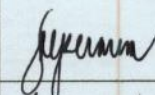
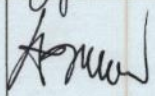
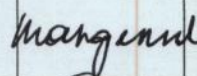
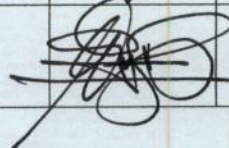
1. Policies and Procedures
2. Health Education

REFERENCE:

¹ Newborn Screening Program, August 11, 2020. <https://doh.gov.ph/newborn-screening>

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