

GENOMICS & NEWBORN SCREENING

Maternal & Child Health Division of Indiana State Department of Health

HEARING SCREEN

Hearing loss is one of the most common conditions present at birth and can have long-lasting effects on a child's ability to develop speech and language if left undetected. With UNHS, the age of identification has decreased to fewer than 6 months of age. Research has shown that earlier identification of hearing loss significantly improves speech and language outcomes for these children. Current goals for EHDl are detection by 1 month, diagnosis by 3 months, and intervention by 6 months.

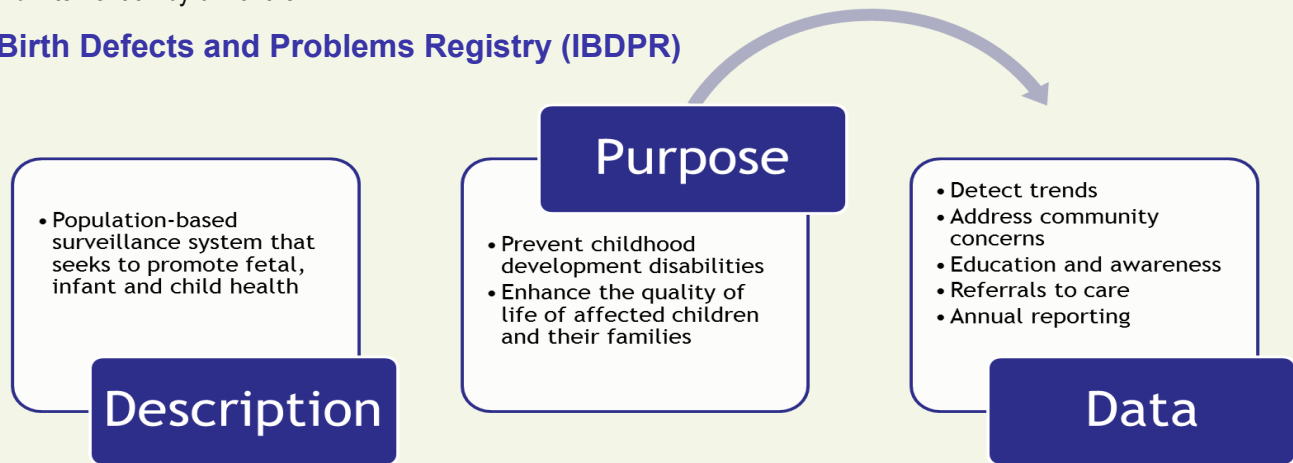
PULSE OXIMETRY

Pulse oximetry detects seven different types of Critical Congenital Heart Defects (CCHD): d-Transposition of the great arteries, hypoplastic left heart syndrome, pulmonary atresia (with intact septum), totally anomalous pulmonary venous connection, Tetralogy of Fallot, tricuspid atresia and truncus arteriosus.

HEELSTICK

Detecting 49 genetic conditions, the heelstick is one of the most time sensitive portions of Newborn Screening (NBS). A newborn baby may look healthy, but he/she can have a serious condition that cannot be seen. With early detection and rapid intervention, babies can get treatment preventing serious health problems, including mental retardation or death.

Indiana Birth Defects and Problems Registry (IBDPR)



New in GNBS

Starting July 1, 2020, the heelstick portion of NBS will be expanding to include three more conditions on the panel. On July 1, 2020, screening will begin for Krabbe, Pompe and Mucopolysaccharidosis type I (MPS I) or Hurler syndrome. This will bring the heelstick screening panel up to 52 conditions!



CONTACT US!

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LOCAL HEALTH DEPARTMENTS

Our team engages local health departments and the public health nurses in order to connect with families for rescreens and other follow-up regarding Genomics and Newborn Screening and those families that are at risk of not receiving adequate NBS and become lost to follow-up.

Creating a more collaborative program between our local health departments, public health nurses and the Genomics and Newborn Screening program at ISDH is key to helping reduce our infant mortality rate and maintaining a centralized program.

Public Health Nurses play a critical role in linking resources and ensuring rapid detection through NBS for our families.



PROGRAM GOALS

- Partner with LHDs for telegenetics to increase accessibility across the state
- Data sharing for continuum of care
- Birth defects case review for Indiana Birth Defects and Problems Registry (IBDPR)
- Educational outreach

Ensure NBS Card is not expired and fill in necessary information with family.

If resources allow, administer all 3 parts of NBS accordingly. Please call us if you are unable to complete all NBS or have questions!

•Religious Waivers are available online

Let the blood spots dry for atleast 3 hours and do a last quality check of the NBS Card and then mail to the NBS Lab or drop off at nearest birthing center.