Much more than a PKU

Newborn Screening Program

Newborn Screening Newsletter

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Breathe In, Breathe Out....

Its springtime in Utah! Just because the weather hasn't received the message doesn't mean we cant celebrate the changing of seasons. This new season is a great time of year to schedule a Newborn Screening in-service for your staff. It's a time of renewal and it feels amazing to brush up on our knowledge and skills! Plus, these trainings have been shown to decrease the number of unsatisfactory specimens returned to your office. They are fun and interactive. Please call 801.584.8256 to schedule a time that works best!

A Complete Card is a Happy Card....

Just a friendly reminder, we need all of the information requested on the card to be completed in order to process the specimen. It may seem tedious but our littlest citizens are worth the extra effort. We receive several cards with missing or faulty information. This delays testing and could result in a negative outcome.

Thank you to all of our community providers for giving exceptional patient care and as always we are here facilitate the business of newborn screening. We love to do what we can to make your job easier and more pleasurable!

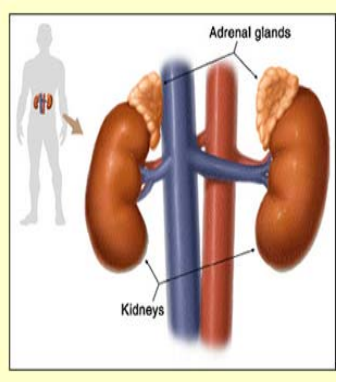
Newsletter Spotlight

Springtime trainings available

Please complete ALL the information on the card

The NBS program has been screening for CAH since 2006

CAH: Congenital Adrenal Hyperplasia



Congenital Adrenal Hyperplasia is an autosomal recessive disorder. Production of cortisol and in some cases aldosterone is blocked. This leads the adrenal glands to overproduce androgen. CAH exists in three forms: Salt wasting, simple virilizing, and non-classical. Only 5-8% of cases are non-classical. 60-75% are salt wasters (SW), both cortisol and aldosterone pathways are affected. 25-30% are simple virilizing (SV), only the cortisol pathway is affected. The classical forms of the disorder (SW, SV) result in excessive adrenal androgen secretion from early fetal life, resulting in virilization of the genitals in females. This makes baby girls easier to identify. Presumably healthy baby boys are more of a concern since they are typically overlooked in the hospital but present to the ER in adrenal crisis in the first weeks of life. Elevated levels of 17-hydroxyprogesterone is considered presumptively diagnostic. The NBS the 17-OHP is tested via Elisa, if abnormal it is rescreened via tandem mass spectrometry. If the screen is still abnormal we may call your office and request a confirmatory 17-OHP AND electrolytes. Baby could show signs of sleepiness, poor feeding, FTT, vomiting, pallor, hypertension. Electrolytes could show hyponatremia , hyperkalemia, hypoglycemia, and acidosis.

For more information: www.medicalhomeportal.org