
Newborn Bloodspot Collection and Screening 2021

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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a large, dark blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, rounded rectangular background.

Oregon
Health
Authority

Three types of newborn screening

- Bloodspot (NBS)
- CCHD/pulse ox*
- Hearing*



GOAL of Newborn Screening: Diagnose and treat disorders before they cause permanent harm- we screen because we can treat!

*typically performed by birthing provider

What clinicians need to know about newborn bloodspot screening

Why it's important:

- Prevents death and/or disability
- Babies may look and act healthy at birth
- The disorders are not very common
- The disorders we screen for have treatments
- It's not just the "PKU" test!



Newborn Screening Saves Lives

- Baby boy, uncomplicated pregnancy, normal vaginal delivery at 38 weeks, joining two healthy parents and a healthy sibling.
- Apgars were 8&9, discharged after 24 hours with mom and baby doing very well, bilirubin at discharge was low-risk at 5.8. Newborn bloodspot screen (NBS) collected prior to discharge.
- 3 days of age: appt with PCP, gaining weight well, feeding well (exclusively breastmilk) every 2-4 hours, no jaundice, no parental or provider concerns.
- 9 days of age: presented to PCP for circumcision, parents and provider noted jaundice. Child otherwise well-appearing. NBS results received that day concerning for galactosemia (GALT of 0.0; Galactose of 30 (nl <20))

Continued...

- Due to NBS results in conjunction with the jaundice, child sent straight to emergency dept, and found to be in liver failure: Tbili at 32.9, Dbili 18.5, INR 2.12, AST 185, ALT 208, Alk Phos 786.
- Admitted to neonatal ICU
 - Immediate cessation of breast feeding
 - IV fluid with D10, then PO feedings with Isomil (soy) infant formula
 - Phototherapy x2 days for jaundice
- Discharged on admit day 4 in good health



Neonatal Emergency

- Children who aren't quickly identified with galactosemia have a high rate of mortality (liver failure, overwhelming sepsis, bleeding)
- Rare: 1:40,000-1:60,000 births in Western countries
- Making the diagnosis early will save the baby's life: transition feeding from breast milk or lactose-containing formula (typically to soy formula) and supportive care until condition improves.
- Lactose-free diet for life.



Newborn Bloodspot Screening includes



- Cystic Fibrosis
- Endocrine disorders
- Congenital hypothyroidism
- Fatty acid disorders
- Amino acid disorders
- Organic acid disorders
- Immune disorders
- Galactosemia
- Hemoglobin disorders
- Lysosomal storage disease
- More coming!

Dry Blood Spot Collection

- DBS is whole blood collected on filter paper from a heel stick
- Screening infants includes *proper specimen collection, proper handling and packaging, prompt shipment to the state lab for testing*
- An issue in any of these areas can result in a unsatisfactory screening attempt! This can delay a life-saving diagnosis!

What to tell parents?

- Educate parents about newborn screening
- Know your pediatrician or provider at time of birth
 - *we need to know where to result out to or who to contact. This is so important and often missed!*
- Ask your provider about the results
 - *don't assume no news is good news*
- Look for the card that is part 2 of the “kit” and bring it to your baby’s doctor

Parents should be sent home after birth with part 2 of the “kit” and a brochure about testing.

They should bring this to their baby’s Doctor for the 2-week check-up.

RETURN TO: OREGON STATE PUBLIC HEALTH LAB
7202 NE EVERGREEN PARKWAY SUITE 100
HILLSBORO, OR 97124 (503)693-4174

1st Newborn Screening
SPECIMEN NM SN *12207738134*

DO NOT WRITE IN THIS SPACE

Baby's Last Name: _____ Baby's First Name: _____ PCP Name: _____ CODE: _____

() Single Birth, or () Multi-Birth A B C D E F Circle One

Sex: M F ID Chart #: _____

Food Source Last 24 Hours: Breast Soy Formula NPO

(Check all that apply) Lactose Formula Other _____

Other Factors: Early discharge/Transfer TPN Transfusion Last RBC Transfusion Date: ____/____/____ OR None

Hosp. or Hosp. CODE/Submitter ID and Address: _____

Specimen taken by: _____

PCP Phone Number: _____

Birth Date: (____/____/____) 24 Hour Time: _____ Birth WL: _____ Lbs. oz _____ gms

Specimen Date: (____/____/____) 24 Hour Time: _____ Present WL: _____ Lbs. oz _____ gms

Baby's Race: White Black Amer. Ind./Native Hispanic? Unknown/Other Asian/Pacific Islander No Yes

Mother's Last Name: _____ First Name: _____ Mother's Birth Date: ____/____/____

Mother's Address-Number & Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ 2nd Telephone Contact: _____

Mother's Maiden Name: _____ Name: _____ Number: _____

Be sure that blood soaks completely through filter paper. Only collect on ONE SIDE of the card. Do NOT spot blood on top of blood. Do NOT use capillary tubes. It is acceptable to spot blood on and outside of lines.

2025-12-31 903TM NM SN 1207738134

RETURN TO: OREGON STATE PUBLIC HEALTH LAB
7202 NE EVERGREEN PARKWAY SUITE 100
HILLSBORO, OR 97124 (503)693-4174

2nd Newborn Screening
SPECIMEN NM SN *22207738134*

DO NOT WRITE IN THIS SPACE

Baby's Last Name: _____ Baby's First Name: _____ PCP Name: _____ CODE: _____

() Single Birth, or () Multi-Birth A B C D E F Circle One

Sex: M F ID Chart #: _____

Food Source Last 24 Hours: Breast Soy Formula NPO

(Check all that apply) Lactose Formula Other _____

Other Factors: Early discharge/Transfer TPN Transfusion Last RBC Transfusion Date: ____/____/____ OR None

Hosp. or Hosp. CODE/Submitter ID and Address: _____

Specimen taken by: _____

PCP Phone Number: _____

Address: _____

Birth Date: (____/____/____) 24 Hour Time: _____ Birth WL: _____ Lbs. oz _____ gms

Specimen Date: (____/____/____) 24 Hour Time: _____ Present WL: _____ Lbs. oz _____ gms

Mother's Last Name: _____ Mother's First Name: _____

Mother's Maiden Name: _____

2nd Telephone Contact: _____ Name: _____ Number: _____

Be sure that blood soaks completely through filter paper. Only collect on ONE SIDE of the card. Do NOT spot blood on top of blood. Do NOT use capillary tubes. It is acceptable to spot blood on and outside of lines.

2025-12-31 903TM NM SN 2207738134

INSTRUCTIONS FOR HEEL STICK SPECIMEN COLLECTION



COLLECT SPECIMEN FROM SHADED AREA. ONE LARGE DROP/CIRCLE.

The law requires all infants be tested twice. The first specimen should be collected between 24-48 hours of age. The second specimen should be collected between 10-14 days of age, but will be accepted until six months of age.

1. Disinfect skin with alcohol (not Betadine) swab and air dry.
2. Puncture the skin in one continuous motion using a sterile lancet with tip no longer than 2.0 mm. Wipe away and discard the first drop of blood since it may be contaminated with disinfectant or tissue fluid.
3. Allow the second drop to form by spontaneous free flow of blood.
4. Touch the drop of blood (not the heel) to the center of the filter paper circle. Fill the circle with a single application of the filter paper to the heel. DO NOT APPLY BLOOD TO BOTH SIDES.
5. Air dry at room temperature in a horizontal position for 2-3 hours. Do not stack.
6. Expedited service to our physical address is preferred via FedEx or UPS: 7202 NE Evergreen Parkway, Suite 100, Hillsboro, OR 97124.
7. If mailing with the USPS, please use our PO box: PO Box 275, Portland, OR 97207-0275.

Don't forget to check the expiration date on the back of the card!

The specimen on the card must be tested at the lab prior to the date of card expiration.



1) Do not touch sample area 2) Do not use if damaged

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What to tell parents?

- The heel stick isn't a dangerous or risky procedure, and you can also help it be as comfortable for the baby as possible:
 - No anesthetic creams can be used (might interfere with the analytic testing) BUT:
 - You can gently massage the newborn's leg before doing a heel stick
 - You can provide non-nutritive sucking (such as a pacifier)
 - You can allow the newborn to breastfeed during the heel stick
 - You can give an oral glucose: sucrose (20-30%) solution a couple minutes before the heel stick
 - Swaddle the baby in an upright position during the heel stick



Timing of Specimen Collection

- Normal newborns should be tested at 24-48 hours old. Do it as soon as the baby has achieved 24 hours of life!
- The second screening for a normal newborn is collected between 10-14 days of age (typically at the 2 week follow up visit)
- NICU infants will get 3 screens
- Non-critical abnormal results: may require an *urgent* repeat screen, or early 2nd screen
- Unsatisfactory Specimen: requires an *urgent* repeat screen
- The goal is to have lab results to report at 5 days of life!

Why Two Screens?

If you only do one screen, some disorders may be missed!

A percentage of some disorders are found on the 2nd screen after a normal first screen

- | | |
|-----------------------------|--------|
| • Hypothyroidism | 10% |
| • Adrenal Hyperplasia | 20% |
| • Non-PKU Aminoacidopathies | 10-50% |
| • MCAD | 5% |
| • CPT1 | 78% |
| • Carnitine Uptake | 60% |
| • LCHAD/VLCAD | 15% |

*Not all testing performed on a first screen is repeated on the second screen.

Who is responsible for which screen?

- Before leaving birth facility (due to early discharge home, or transfer to another facility for any reason), a first screen must be obtained
- This may mean the first NBS screen is obtained prior to 24hrs of age
 - please check the box on the card if this is the case!
 - if this cannot be done for a specific medical reason, this must be documented in the chart and the accepting facility must be informed
 - the goal is to prevent a missed first screen
- Subsequent screenings will happen at the accepting facility
 - at the usual timing intervals
 - as requested by the Oregon newborn screening follow up team
- After discharge home, the primary care provider is responsible for newborn bloodspot screening
 - Must obtain, review, and act upon (as needed) all previous screens
 - Must collect any additional screens as needed

Two Screens or Three Screens?

Table 2 — Age of infant at specimen collection

	Collection Kit	First specimen	Second specimen	Third specimen
Routine Birth	Double Kit	As soon as possible after 24 hours of age but before 48 hours of age	10-14 days	Not Collected
NICU infants transfused prior to 24 hours of age	Triple Kit	Prior to transfusion	48-72 hours after birth	~ 1 month, no sooner than 28 days
NICU infants not transfused prior to 24 hours of age	Triple Kit	As soon as possible after 24 hours of age but before 36 hours of age and prior to transfusion	10-14 days of age (11-15 days of life)	~ 1 month, no sooner than 28 days

Collecting a specimen: Gather your supplies

You will need:

- Blood collection card (Part 1 or Part 2, depending if this is the first or second screen)
- Gloves
- Alcohol wipe and gauze
- Heel warmer
- Lancet device (one specific for DBS collection!)



Complete the demographic form

- Fill in the demographic information **completely** before collecting the specimen.
- Make sure to include the full name of the PCP/Clinic. Use the provider code if known. This is needed to follow up on results.
- 1st and 2nd contact info needed, and phone numbers

RETURN TO: OREGON STATE PUBLIC HEALTH LAB
7202 NE EVERGREEN PARKWAY SUITE 100
HILLSBORO, OR 97124 (503)693-4174

2025-12-31 903TM

1st Specimen NM SN 1207738134

Specimen taken by: _____

PCP Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

2nd Telephone Contact: _____

Number: _____

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

Be sure that blood soaks completely through filter paper. Only collect on ONE SIDE of the card. Do NOT spot blood on top of blood. Do NOT use capillary tubes. It is acceptable to spot blood on and outside of lines.

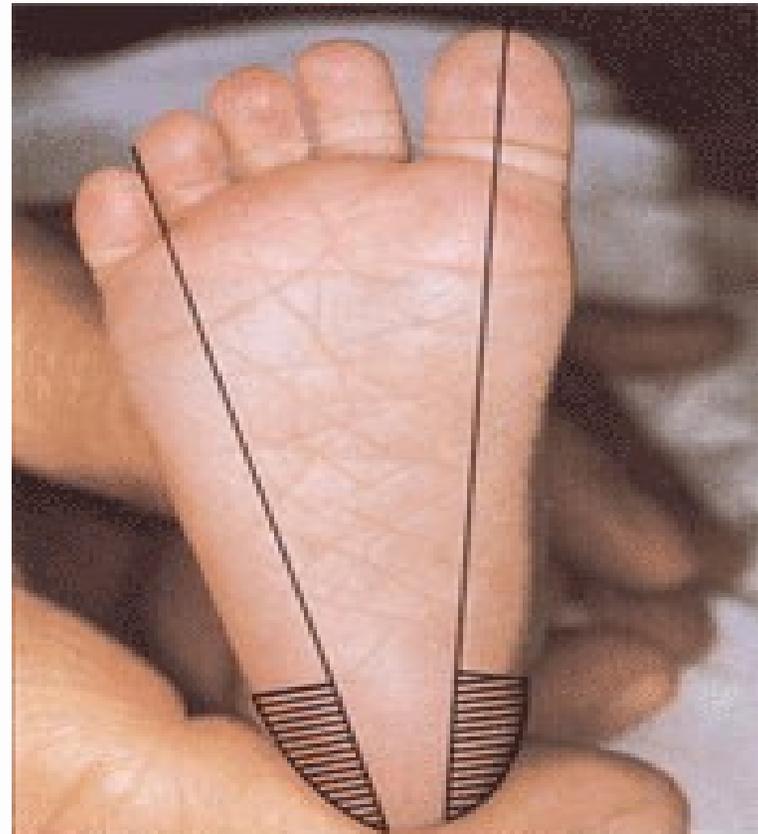
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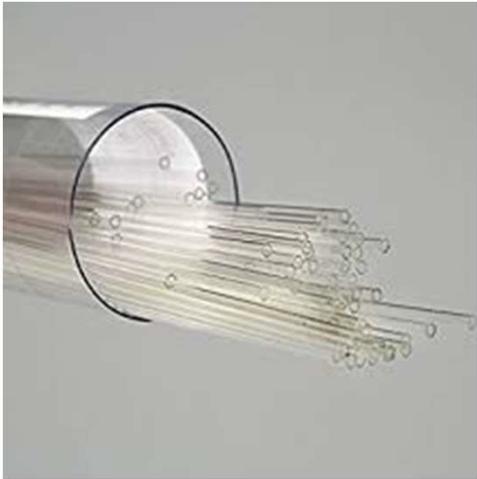
Choose your collection site

- A heel stick is preferred
- IV and central lines (sometimes used in NICU) not preferred due to high risk of fluid contamination and uneven saturation.

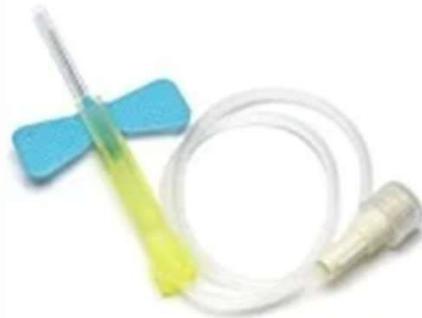


Hatched area () indicates safe areas for puncture site.

Avoid capillary tubes or needles when applying blood to filter paper



- Scratches or tears filter paper
- Causes uneven saturation
- Needles & cap tubes lyse the red cells, which leads to false negative or positive results!



Heel Stick Procedure, step-by-step:

- Fill out the demographic data on the card. It must be complete- every detail counts when we are interpreting the results or need to follow up
- Use appropriate patient identification technique. Make sure you have the right filter paper kit (Part 1 or 2)
 - Note: be careful not to crush or compress filter paper while it is being stored for use, or put anything on top of the card- it will keep the blood from saturating properly
- Don't touch the filter paper- handle properly and wear gloves to avoid contamination.
 - Always use Universal Safety Precautions (as with any other specimen collection)
 - Do not touch or contaminate filter paper on the card with hands, gloves, bodily fluids, powder, formula, water, coffee, or anything else
 - DNA testing is sometimes performed as part of the NBS process, and it is important to prevent contamination with extraneous DNA from handlers!

Heel Stick Procedure, step-by-step:

- Apply heat pack- this will improve your blood flow!
- Cleans the site on the baby's heel with alcohol swab and air dry
- Lance the site, and *wipe away the first drop of blood* (it will be contaminated)
- Allow one large drop to collect, and drop to the filter paper so that it fills up the circle completely AND is able to saturate the filter paper evenly- the front side and back side should look the same. Continue for each circle
 - Take care to avoid touching the heel directly to the filter paper! Only the blood drop itself should come into contact with the paper!



- Apply pressure to heel until bleeding stops

Helpful Hints

- Positioning baby
- Massage the blood downwards
- Apply lancet to the heel with some pressure
- Forewarn parents: it might take more than one heel stick
- You can apply blood anywhere on the filter paper

An example:

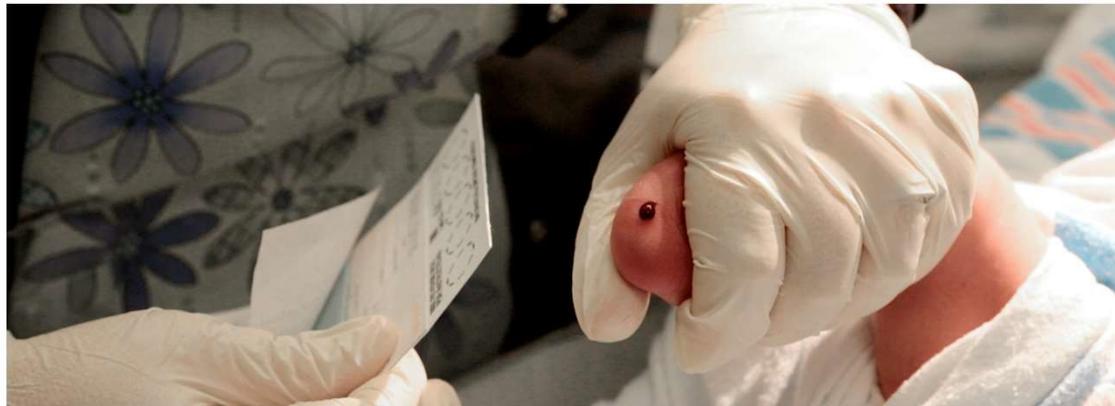
<https://www.youtube.com/watch?v=30qbkhp1jQ8>

<https://www.youtube.com/watch?v=u5S3OfWFelc>



Helpful Hints

- Neatness does not count!
- You can use either side of the filter paper to fill, but only fill from one side
- Don't superimpose or put blood drops on top of each other ("layering")
- Don't "milk" the heel- you will get serosanguinous fluid and we need whole blood only
- If the blood flow is slow, restick!



Proper Handling Post-Collection

- Take care not to touch or smear your blood spots
- Allow to air-dry horizontally for 3-4 hours at room temp
- Keep away from direct sunlight
- No not heat, stack or allow the blood spots to touch other surfaces during the drying process



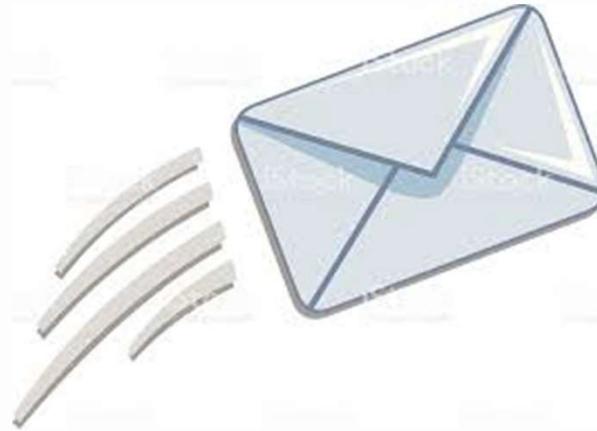
- No need to dry longer than 3-4 hrs
- No not hang filter paper in a dependent position
- Do not cover blood spots with end paper until dry
- Do not store or ship in plastic bags

And then ship to the OSPHL

- Place the protective cover over the DBS
- When stacking multiple cards, reverse ends so blood spots don't touch
- Make sure all demographic data is complete and card is fully filled out. Inspect to be sure the DBS are adequate
- Prepare a packing list of the specimens
- Put the specimens into their sealable paper envelopes or your large mailing envelope (when sending multiple specimens)
- Ship the same day by courier, express mail or a postal service
- Don't accumulate specimens
- Consider weather and holidays

Weekends and Holidays

- Keep your specimens in a cool, dry, and at room temperature until able to send out. **AVOID** sunlight, heat, humidity, hot mailboxes, or similar conditions.
- **Send by overnight or express mail on the following business day.**
- **Even with holidays, the goal is always to have the specimen received by the OSPHL within 1-2 days of the specimen collection.**



A Good Specimen Collection

- The circles are completely filled
- Blood is evenly saturated
- Looks the same on both sides of filter paper
- No contamination evident
- No heat/humidity exposure
- Was laid flat to dry



Uneven Saturation

- When blood applied with needle or capillary tube
- Touching filter paper with gloves or hands
- Other contaminate or damage to paper
- Hanging them to dry
- Poor blood flow!



Front



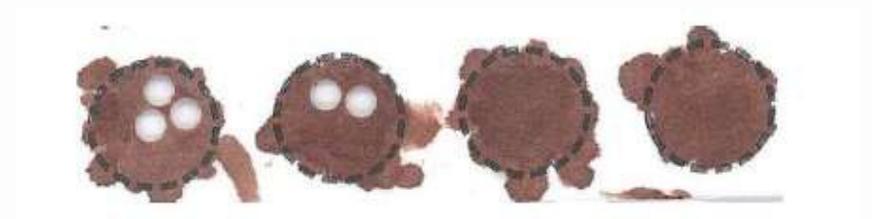
Back

Uneven Saturation

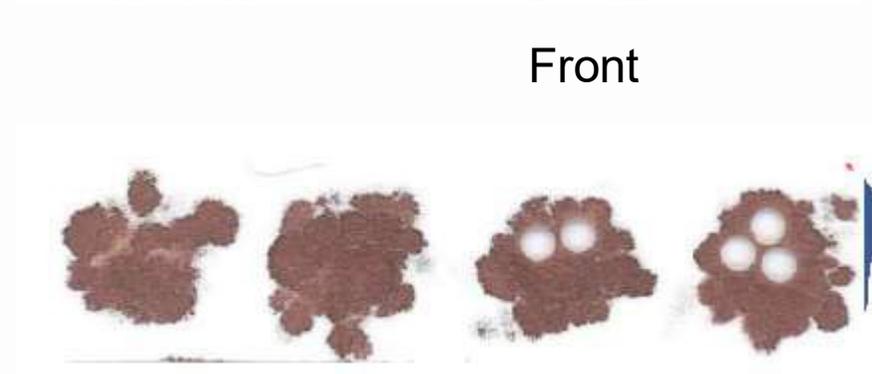


Layering

- Usually due to collecting multiple small spots to fill in the circle
- Happens when blood flow is poor



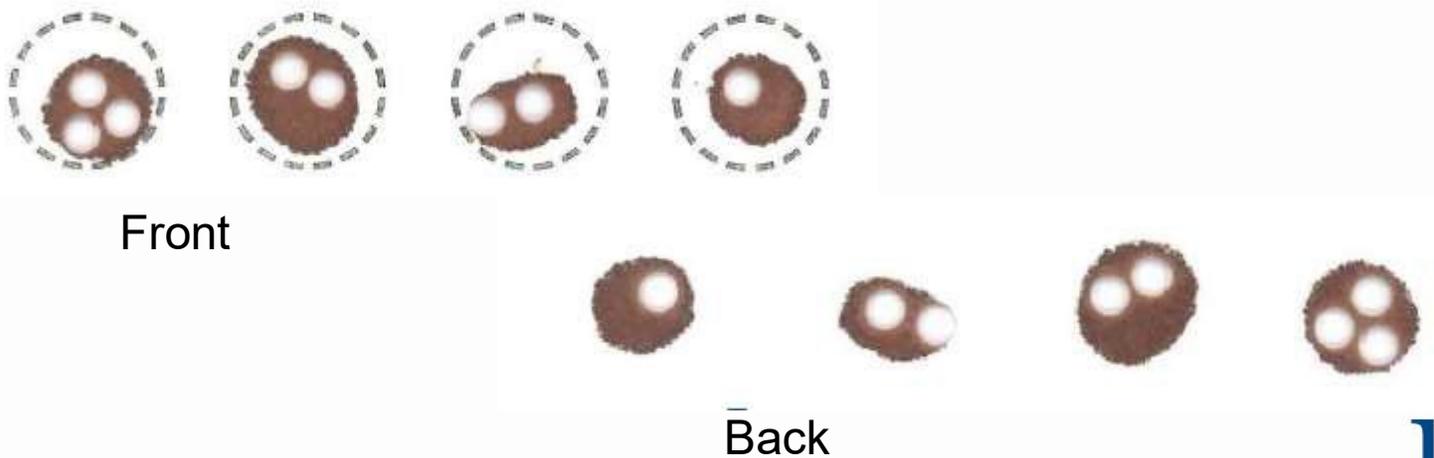
Front



Back

Quantity Not Sufficient

- When not enough blood is applied within the circles
- When the drops of blood are too small to saturate the filter paper
- Inadequate blood flow



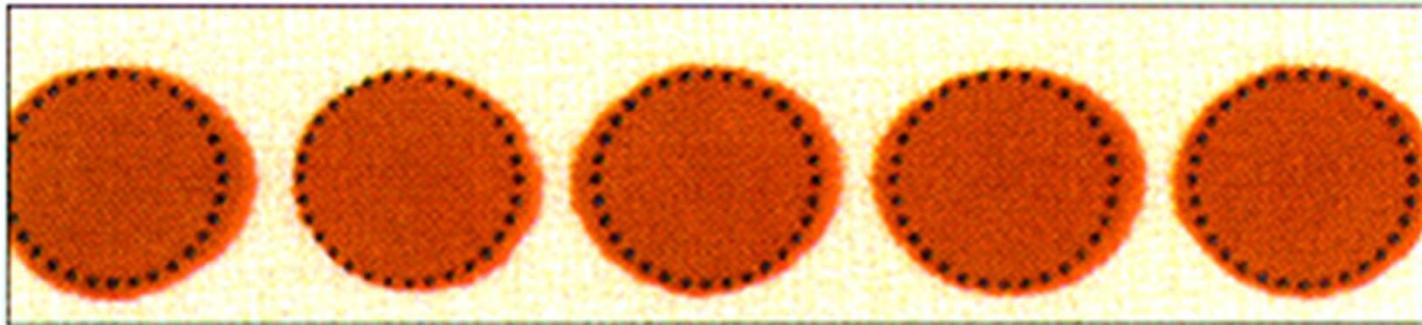
Scratched or abraded

- Applying blood with a capillary tube or a needle
- Oversaturation can abrade the paper
- Not dried properly



Odd color, or wet

- Specimen not dried sufficiently
- Sometimes if baby is very anemic pre-transfusion



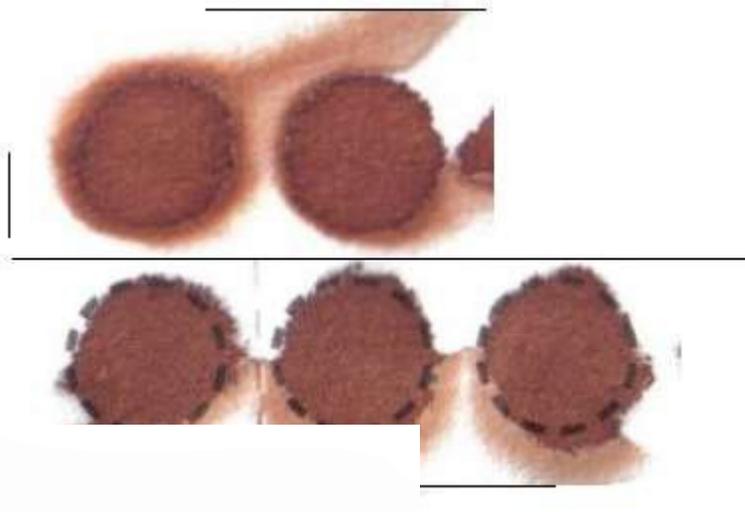
Clotted, layered, or super-saturated

- Applying excess blood, usually from a device
- Blood applied from both sides of the filter paper
- Blood applied on top of dried or semi-dried or already-saturated blood- usually when a restick should have been done due to insufficient blood flow.



Serum rings and contamination

- Not letting alcohol dry, not wiping away the first drop
- Contamination, with IV fluid, water, another substance
- Milking heel- sero sanguinous fluid
- Improper drying- exposed to heat or humidity, sunlight
- Cap tubes- can separate blood components



NM Newborn Screening contacts

Carla Ortiz RN, BSN

Newborn Screening Manager

State Genetic Coordinator

Ph: (505) 476-8858/(505) 699-0406

Fax: 505 476-8990

carlaa.ortiz@state.nm.us

Caroline Manzanares RN, BSN

Newborn Screening Nurse Consultant

Ph.(505) 476-8857

Cell: (505) 699-0049

caroline.manzanarez@state.nm.us

Education

These Tests Could Save Your Baby's Life
New Mexico Newborn Screening Tests



Why does my baby need Newborn Screening tests?
Most babies are healthy when they are born. We test all babies because a few babies look healthy but have a rare health problem. If we find problems early, we can help prevent serious problems like mental retardation or death. New Mexico requires a second test on all babies.

How will my baby be tested?
Before you leave the hospital, a nurse will take a few drops of blood from your baby's heel. The hospital will send the blood sample to a newborn screening lab.

At your first visit to the baby's doctor bring the test form they gave you in the hospital for the second test.

How will I get the results of the test?
Parents are notified of test results if there is a problem. Ask about results when you see your baby's health professional.



Why do some babies need more testing?
Your baby may be retested if you leave the hospital before the blood sample. Some babies need more tests because there is a problem in the blood sample. A few babies need more tests because the first test shows health problem.

What if my baby needs more tests?
Your baby's health professional or the State Health Department Newborn Screening Program will contact you if you retests. They will tell you why the baby needs to be retested. If your baby needs to be retested, get it done right. Make sure that your hospital and health professional address and phone number.

What if I have questions?
Ask your baby's health professional if you do.

New Mexico Practitioner's Manual



Northwest Regional Newborn Screening Program

Skills Babies Should Develop During Their First Year

Birth to 3 Months:

- Startles to loud sounds
- Recognizes your voice and quits crying
- Quiets or smiles when spoken to
- Increases or decreases sucking behavior in response to sound
- Coos and makes pleasure sounds
- Cries differently for different needs
- Smiles when see you

4 to 6 Months:

- Moves eyes in direction of sounds
- Notifies toys that make sounds
- Babbles in a speech-like way and uses many different sounds including "p", "b", and "m"
- Vocalizes excitement and displeasure
- Makes gurgling sounds when alone or playing with you

7 Months to 1 Year:

- Enjoys playing peek-a-boo and pat-a-cake
- Turns head and looks in the direction of sounds
- Pays attention when spoken to
- Understands words for common items such as "cup", "shoe", "book", "juice"
- Responds to requests such as "Come to Mommy" or "Want more?"
- Babbles to get and keep your attention
- Babbles using long and short groups of sounds such as "baba", "mamama"
- Communicates using gestures such as waving "bye-bye" or holding up arms to be picked up
- Imitates different speech sounds
- Says one or two words such as "Hi", "dogg", "Dada", "Mama" around first birthday

Where else can I get information about newborn hearing screening or about things a baby with normal hearing should be able to do?

- Visit the website www.babyhearing.org




NEW MEXICO DEPARTMENT OF HEALTH

Children's Medical Services
Newborn Hearing Screening Program

Toll free at 1-877-890-4692 or 1-505-476-8862

Your Baby's Hearing Screen

Finding hearing loss early can make a big difference in your baby's life!

Resource from: Babysfirsttest.org

Screening Checklist

First Trimester	WEEK
● First Trimester Ultrasound	5 - 8
Determines: Viable pregnancy, heartbeat, gestational age, molar or ectopic pregnancies, abnormal gestation	
● Prenatal Blood Work	8
Determines: Blood type, Rh factor, glucose, iron and hemoglobin levels, rubella immunity, STDs, hepatitis, toxoplasmosis infection	
● First Trimester Screening	11 - 14
Assesses: Risk of Down Syndrome and Trisomy 18	

Second Trimester	WEEK
● Second Trimester Screening	15 - 20
Assesses: Risk of Down Syndrome, Trisomy 18, and neural tube defects	
● Second Trimester Ultrasound	18 - 20
Determines: Structural abnormalities, amniotic fluid levels, well-being	
● Glucose Screening	24 - 28
Determines: Mother's risk of gestational diabetes	

Third Trimester	WEEK
● Strep B Test	35 - 37
Determines: Presence of group B strep infection	

Newborn Screenings	WEEK
● Blood Test	24-48 hours
Results:	
● Hearing Screens	24-48 hours
Results:	
● Pulse Oximetry Test	24-48 hours
Results:	

Prenatal & Newborn Screening

My Contacts

OB/GYN
Phone: ()

Pediatrician
Phone: ()

Appointment Notes:

For more information about newborn screening, please visit www.babysfirsttest.org