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**POLICY ON NEWBORN SCREENING**

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**POLICY NO. : NSO-019**

**DIVISION:** NURSING SERVICE DIVISION

**SECTION:** NICU/OB/GYN WARD/OPD

**POLICY REVIEWED DATE:** FEBRUARY 21, 2015

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**OBJECTIVES:**

- I. To educate patients in the importance and advantage of Newborn screening test.
- II. Provides the opportunity for early treatment of diseases that can be diagnosed before the symptoms appear, this providing affected newborn the chance to grow and develop normally.

**COVERAGE:**

This policy will cover this division, the medical and ancillary division.

**RESPONSIBILITIES:**

- I. In compliance to Republic Act No. 9288 otherwise known as “Newborn Screening Act of 2004”, our institution shall implement its program guidelines for all newborn delivered in our institution.
- II. COMPOSITION & RESPONSIBILITIES OF HOSPITAL NEWBORN SCREENING TEAM

**Hospital Coordinators:**

- a. Attend regular meetings of hospital coordinators
- b. Information dissemination
- c. Coordinator of the project
  - Implementation of NBS in the hospital
  - ensure screening of patients
  - receive and disseminate information
  - ensure prompt recall of positive screened patients and recommendation for confirmatory test and management

**Consultant Staff:**

- a. parental education and consent
- b. prompt patient recall of patients with positive result for repeat sample (by telephone, mailing system, home visit)
- c. diagnosis and management

**Resident Staff:**

- a. assist coordinators in implementing newborn screening
- b. assist coordinators and consultants in obtaining consent

**Nursing Staff (OPD, OBGYN Ward, NICU)**

- a. assist physician in implementing newborn screening
- b. information dissemination
- c. administrative record keeping

**LABORATORY STAFF**

Test Performed

Screening for the following:

- 1. Congenital Hypothyroidism
- 2. Congenital Adrenal Hyoperplasia
- 3. Phenylketunoria
- 4. Galactosemia
- 5. Homicystenuria
- 6. Glucose 6 Phosphate Deficiency

**Responsibilities**

- Performance of tests
- Analysis of results
- Coordination with international counterparts for transfer of technology
- Quality assurance
- Training

## **POLICY**

- I. All hospital staff must be aware of the implementation of Newborn Screening Test in our institution.
- II. Medical and nursing staff shall begin the education classes focusing in the right of every newborn to service and feel healthy development as normal individual

### **Guidelines for NBS test:**

- a. Newborn screening is ideally done immediately after 24 hours from birth to not more than 14 days old. Aged 21 days old is still acceptable but is to be discouraged as to be able to catch the disease at its early stage and to reinforce treatment if needed.
- b. All information required in the filter card must be fully and properly filled-up by the nurses at the NICU or the Ward if still admitted or by the OPD Nurse if in outpatient basis.
- c. NBS testing fee shall be incorporated into the bill of the mother amounting to Php 600.00
- d. Results are available by 7 - 14 working days from the time samples are received at the NSC.
- e. Positive NBS results are relayed to the parents immediately by the health facility. Please ensure that the address and phone number you will provide to the health facility are correct.

### **The following system must be observed:**

1. OB/GYN Ward and NICU section forward NBS charge ticket to the billing section
2. For paid NBS fee, parents shall be instructed by the OB-GYN Ward/NICU nurse for the test/scheduling.
3. For unpaid NBS fee due to financial constraint. Refusal to the test, the billing section shall indicate the reason on the charge ticket and return back to OB-GYN Ward/NICU section. The nurse will still have to encourage the parents on the importance of Newborn screening.
4. Parents who will refuse to have their child undergo NBS must sign a dissent form in duplicate; one copy will be retained in the patient chart and shall form part of the permanent record of the child and the other copy to be forwarded to the nursing office.
5. Any patient referral coming from the health centers shall be accepted initially until they are able to set up their own membership into the program.
6. Walk-in patient shall be accepted if qualified.
7. The laboratory section shall accommodate all qualified candidates only in the afternoon from 1pm-5pm. If still admitted, the Med tech shall proceed to Ward, if on Outpatient basis, shall perform at the Laboratory area with detailed explanation of the procedure to the patient.
8. "No receipt, no kit" policy shall be reinforce while no subsidy has yet been approved.
9. All result shall be followed up by the NBS coordinators at the NBS Center of the NIH (National Institute of Health, UP-PGH)
10. All patient who turned out positive to any of the test shall recalled through mail or home visit by the NBS coordinators and initially referred to the Pediatric Consultants for assessment. If any further confirmatory test is needed, parents of these Newborns shall be referred back

to the NSC-NIH for further testing.

11. Parents of the Newborn are advised to follow-up results after 2 weeks; unclaimed result will be notified by person and be mailed after.
12. Monitoring and evaluation of the implementation of the program shall be made by our NBS coordinators. Reports of monthly census shall be submitted by the same to NSC-NIH thru fax. Reports must be in duplicate. One (1) for NBS coordinator file and one to the Chief of Hospital for her file.
13. Babies on TPN for more than a week, request NBS after seven (7) days and had 24 hours Lactose (milk) intake.

## **APPENDIX**

1. NBS test instruction/request
2. NBS flow of operation
3. Dissent form

## **IMPLEMENTATION DATE**

This policy has been implemented since 2005, with minor revision August 2011  
-DOH Memorandum December 16, 2006 NB test fee  
-NOI 017-11 August 15, 2011

## **SCHEDULE FOR POLICY REVIEW**

This policy shall be reviewed every three (3) years or as deemed necessary.

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**OSPITAL NG PARANAQUE**  
**NEWBORN SCREENING TEST REQUEST/INSTRUCTION**

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**OSPITAL NG PARANAQUE**  
**NEWBORN SCREENING TEST REQUEST/INSTRUCTION**

NAME: \_\_\_\_\_ DATE/TIME OF BIRTH \_\_\_\_\_ SEX: \_\_\_\_\_

AOG: \_\_\_\_\_ WT. in Gms. \_\_\_\_\_ FEEDING: \_\_\_\_\_ UNIT: \_\_\_\_\_

ATTENDING PRACTITIONER: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS/CONTACT#: \_\_\_\_\_  
\_\_\_\_\_

NEWBORN SCREENING TEST INSTRUCTION:

\_\_\_\_\_

ACTUAL DISCHARGE DATE & TIME: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Discharging Nurse  
Giving instruction & Designation

\_\_\_\_\_  
Signature of Patient/Relative/Others  
Taking Patient Home/Transfer

**OSPITAL NG PARANAQUE**  
**WAIVER ON NEWBORN SCREENING**

DATE: \_\_\_\_\_

Ako po ang ina ni Bb. \_\_\_\_\_ na  
Nangangako na ibabalik ang aking anak para sumailalim sa Newborn Screening Test ng hindi  
lalagpas ng \_\_\_\_\_ (2 linggo mula ng petsa ng kapanganakan)  
Petsa

\_\_\_\_\_  
Pangalan at Lagda ng Ina

\_\_\_\_\_  
Witness  
(NARS)

## NEWBORN SCREENING FLOW OF OPERATIONS

### NBS Flow of Operation

Motivating the parents  
↓  
Collecting Blood Samples  
↓  
Handling & Transporting Samples

