

What if my baby has a condition?

Help and resources are available. Depending on the diagnosis, there are many treatments available such as medication, changes to your baby's diet, or corrective surgery.

What if I have other questions?

Contact your baby's health care provider. Additional information is available at:

newbornscreening.nj.gov
babysfirsttest.org



Newborn Screening Laboratory
P.O. Box 371
Trenton, NJ 08625-0371
(609) 530-8371, Fax: (609) 530-8373
njnbs.results@doh.nj.gov

Newborn Screening Follow Up
P.O. Box 364
Trenton, NJ 08625-0364
(609) 292-1582
njnbsfu@doh.nj.gov

Early Hearing Detection and Intervention Program
P.O. Box 364
Trenton, NJ 08625-0364
(609) 292-5676
ehdi@doh.nj.gov

Critical Congenital Heart Defects Program
P.O. Box 364
Trenton, NJ 08625-0364
(609) 292-1582
njnbsfu@doh.nj.gov

newbornscreening.nj.gov



Newborn Screening

These Screening Tests Could Save Your Baby's Life



What is Newborn Screening?

Newborn screening is a group of three separate screening tests that check for serious but treatable health conditions that are not obvious at birth. Testing usually happens between 24-48 hours after birth. The three screenings are:

Bloodspot Screening, since 1964

Hearing Screening, since 2001

Pulse Oximetry Screening, since 2011

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 out early, we can help prevent serious problems like physical disabilities or death.

Know your baby's results.

Before you leave the hospital, ask if the newborn screening tests were done for your baby. If you leave the hospital before 24 hours, or if your baby was not cared for in a hospital, please contact your baby's health care provider to have the testing done.

Bring the parent copy of the bloodspot form (pictured below) with you to your baby's first appointment.

BABY'S LAST NAME (PRINT) <input type="text"/>	
SEX <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X	
Instructions to Submitter: After entering the newborn's name, remove this copy and give it to the parents of this newborn.	Parents, Your baby has had his/her Newborn Screening blood test. This is an important public health service that can protect your baby. Infants may look healthy but have certain rare health problems which can be found by this test. A small amount of blood was taken from your baby's heel and sent to the New Jersey Newborn Screening Laboratory for testing. The hospital has given you the brochure "These Tests Could Save Your Baby's Life." This brochure has more information about Newborn Screening. Please take this notice to your baby's doctor, who can get a copy of the results by contacting the Newborn Screening Laboratory. <i>Por favor lleve esta carta al doctor de su bebé.</i>
 State of New Jersey NEWBORN SCREENING New Jersey Department of Health http://www.newbornscreening.nj.gov	
PARENT COPY	

How will my baby be tested?

The hearing test checks for hearing loss.

The results of these tests are available at the time the test is done.



The pulse oximetry test checks for Critical Congenital Heart Defects (CCHD).

The results of these tests are available at the time the test is done.



The bloodspot tests a small sample of blood to check if a baby is at risk for certain rare disorders. *The results of these tests are available a few days after the test is done.*



Make sure the hospital has the correct information for you and your baby

- Provide your correct address and phone number
- Provide your baby's health care provider information

What happens when my baby needs another test?

Your baby's health care provider, the hospital where your baby was born, or the State Newborn Screening Program will call or send a letter to explain the next steps.

- **Take your baby for repeat testing right away.**

Track your baby's Newborn Screening results.

Bloodspot Screening	Passed <input type="checkbox"/>	Not Passed <input type="checkbox"/>
----------------------------	------------------------------------	--

Hearing Screening	Passed <input type="checkbox"/>	Not Passed <input type="checkbox"/>
--------------------------	------------------------------------	--

Pulse Oximetry Screening	Passed <input type="checkbox"/>	Not Passed <input type="checkbox"/>
---------------------------------	------------------------------------	--