mandala midwifery

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Newborn Screen (NBS)

The State of California requires that prenatal care providers give pregnant women informational material about the Newborn Screening Program.

❑ I have received the Information Pamphlet provided by the Newborn Screening Program.

This is a blood screen to check newborns for metabolic diseases such as Phenylketonuria (PKU), Galactosemia, Maple Syrup Disease, MCADD, Biotinidase Deficiency; endocrine diseases such as Hypothyroidism and Congenital Adrenal Hyperplasia; hemoglobin diseases such as Sickle Cell Diseases and Hemoglobin H disease; and genetic disorders such as Cystic Fibrosis. Detection of certain conditions may prevent development of morbidity and mortality with diet or lifestyle changes.

According the Federal Department of Health and Human Services, Newborn Screening Contingency Plan of July 2010, 4 million babies are screen each year, 6,000 of which are found to have a detectable and treatable condition. It is not stated how many of these newborns had signs and symptoms of their condition prior to the screen, or how many of these newborns are perceived to be healthy in the first days of life.

The specimen is obtained after the 12th hour of life, but before the 6th day of life. It requires approximately 1-3 punctures to the baby's heel in order to saturate 6 circles of filter paper. It takes 1-15 minutes to complete. Generally Mandala Midwifery performs this screen at home on the fifth day of life.

Unless other arrangements are made, the test provided by Mandala Midwifery is from the California Genetic Disease Branch and costs approximately $111.75. All tests are kept in a data bank forever. Newborns screens are also available from a private lab, PerkinElmer Genetics, for those of you concerned with government registration of your child's DNA. You will need to order the test in advance of the birth. It costs roughly $200.

_____ I have read and understand the contents within this NBS Informed Decision form, any information provided and am satisfied that all my questions have been answered regarding the NBS. I believe I can make an informed decision regarding the NBS.

_____ I choose for our newborn to NOT receive the Newborn Screen. Please also sign State mandated Decline Form.

_____ I choose for our newborn to receive the Newborn Screen.

Client (Please Print)	*Signature*	*Date*
Partner (Please Print)	*Signature*	*Date*
Midwife (Please Print)	*Signature*	*Date*