NEWS RELEASE
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ADPH recognizes three hospitals for newborn screening reliability

FOR IMMEDIATE RELEASE

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Two years ago more than one in four newborns screened for metabolic and other inherited disorders in Alabama had to be retested. But thanks to improved training and performance in hospitals and physician offices, plus the outstanding work by the Alabama Department of Public Health Newborn Screening Laboratory, the number of infants who had to undergo repeat screening has dropped to only slightly more than 1 in 10.

These results follow an accelerated training program which set a statewide goal of reducing the unsatisfactory blood collection rate to less than 5 percent. Alabama's five perinatal regional directors went to each of the state's 54 birthing hospitals and more than 500 physician offices to provide training on the proper techniques for collection, storage and transportation of these critical samples. Hospitals receive report cards every six months to track their progress compared with other hospitals.

The health department gives special recognition to three Alabama hospitals which exceeded goals for submitting their satisfactory newborn screening blood specimens for calendar year 2008: Providence Hospital, Mobile County, 97.1 percent; Thomas Hospital, Baldwin County, 96.2 percent; and Walker Baptist Medical Center, Walker County, 95.5 percent.

Newborn screening is a series of blood and hearing tests that are administered within the first few days of an infant's life and are required by state law. These tests search for signs of unseen inherited or acquired disorders that potentially could have disastrous results if left undetected or untreated. Alabama screens for 28 primary disorders in the more than 60,000 initial newborn screening tests conducted each year.

During 2008, the health department's Newborn Screening Laboratory and university consultants detected a total of 109 disorders, which were as follows: Cystic Fibrosis, 11; Sickle Cell, 57; Congenital Adrenal Hyperplasia, 7; Congenital Hypothyroidism, 14; Medium-chain acyl-CoA dehydrogenase deficiencies (MCAD), 3; Carnitine Uptake Defect, 2; Methylmalonic Acidemia, 2; Glutaric Acidemia (Type I), 1; 2-Methylbutyryl-CoA dehydrogenase, 1; Homocystinuria, 1; Hyperphe, 7; and phenylketonuria/hyperphenylalaninemia (PKU), 3. In addition, at least 29 infants were identified with some level of hearing loss. Results are pending on additional hearing tests.

“Our continuing, intense emphasis on proper collection of newborn screening samples is just one of our strategies to help reverse the increase in infant mortality and to provide better protection for Alabama infants and their families,” Dr. Donald Williamson, state health officer, said. “We believe more satisfactory handling of samples will help ensure all infants are appropriately screened.”

Bob Hinds, director of the Newborn Screening Division, added, “We are happy that these three hospitals have done so well and are leading the way in providing complete, correct and readable blood samples and we praise those hospitals which are close to meeting our reliability goals.”

Hinds further stated, “Other hospitals are also showing improvement and just missed being recognized. Although the state repeat rate has been reduced by more than 50 percent, we will not be satisfied until we exceed our goal at every hospital. That will take teamwork and commitment, but, for the sake of our infants, we are convinced that we can get there.”

For more information about newborn screening, please contact your local hospital or the Alabama Newborn Screening Division, Bureau of Family Health Services, Alabama Department of Public Health, at 334-206-5556, or log onto the Newborn Screening Web site at http://www.adph.org/newbornscreening.

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