

# Recommendations for the Timing and Frequency of Specimen Collection

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**DECLINE/DEFER: If a parent wishes to decline the Newborn Screen, or if the specimen collection will be deferred to a later time, please have parents fill out the Newborn Screening Decline or Defer Form located at the back of the newborn screening blotter card and provide the Information Sheet for Parent or Guardian before discharge**

### Healthy Newborns

- **The recommended time for newborn screening specimen collection from healthy newborns is 24 - 48 hours after birth.**
- If collection is not completed during this timeframe, collection should be done no later than 7 days of age to ensure early detection of these treatable disorders.
- Samples taken from babies who are greater than 7 days of age are analyzed, however may require consultation for interpretation.
- If a specimen is collected prior to 24 hours of age, a repeat specimen collection is necessary as soon as possible and ideally during the second day of life.

### Premature and Low Birth Weight Infants\*

- **Infants who are premature (gestational age less than 34 weeks) and/or infants with very low birth weight (less than 2000 grams) should have two screening specimens collected.**
- The first specimen should be collected at 24-48 hours of age
- If the infant was in NICU or similar advanced care unit when the specimen was collected, this should be documented in the indicated spot on the specimen card.
- The second specimen should be collected at 14 days of age or prior to discharge from the NICU, whichever comes first.

### Same Sex Twins

- **Infants who are same sex twins should have two screening specimens collected.**
- The first specimen should be collected at 24-48 hours of age.
- 'Same sex, multiple birth' should be documented in the indicated spot on the specimen card.
- The second specimen should be collected at 14 days of age.

### Infants Receiving Transfusions

- The initial newborn screening specimen should always be collected prior to transfusion, regardless of infant's age.
- If the initial newborn screening specimen was not collected pre-transfusion, or was collected prior to 24 hours of age, collect a newborn screening specimen at 48 hours post-transfusion.
- If the initial newborn screening specimen was not collected pre-transfusion, another specimen should be collected 3 months following the last date of transfusion. This will be coordinated by the Maritime Newborn Screening Program.

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### Infants Receiving Special Nutrition

- If the infant is on total parenteral nutrition (TPN), this should be documented in the indicated spot on the specimen card.

### Maternal Complications of Pregnancy

- If the mother had significant pregnancy complications, including acute fatty liver of pregnancy, HELLP, or any form of diabetes, this should be documented in the indicated spot on the specimen card.
- If the mother has a history of Previous Sudden Infant Death, this should also be documented in the indicated spot on the specimen card.

### Infants Receiving Antibiotics

- Although there is not an indicated spot on the specimen card, if the infant is receiving antibiotics at the time of specimen collection, it is helpful for the names of the drugs to be documented on the side or bottom of the specimen card.

### Early Discharge

- It is recommended that a specimen be collected prior to discharge, even if this occurs prior to 24 hours of age. However, the mother may defer this early screening after reading and signing the defer form of the specimen card.
- **In either case, a sample is still required during the recommended time of 24-48 hours.**
- The need for, and timing of, repeat specimen collection should be part of the discharge summary.

### Facility Transfers

- If the infant requires transfer to another facility, a specimen should be collected prior to transfer, regardless of infant's age.
- If the specimen was not collected, the transferring facility is responsible for informing the admitting facility of the need for specimen collection.
- The receiving facility is responsible for ensuring follow up.

**For questions or concerns, please contact the MNSP Clinical Coordinator at 902-470-7560.**

\*Based on CLSI Guidelines: Newborn Screening for Preterm, Low Birth Weight, and Sick Newborns; Approved Guideline (2009) Vol 29, Num 24