Conditions screened for by blood tests, continued:

- Hb S/C disease (Hb S/C)
- Holocarboxylase synthetase deficiency (MCD or multiple carboxylase deficiency)
- Homocystinuria (HCY)
- Isovaleric acidemia (IVA)
- Long-chain L-3-OH acyl-CoA dehydrogenase deficiency (LCHAD)
- Maple syrup urine disease (MSUD)
- Medium-chain acyl-CoA dehydrogenase deficiency (MCAD)
- Methylmalonic acidemia: cobalamin A, B (Cbl A, B)
- Methylmalonic acidemia: mutase deficiency (MUT)
- Mucopolysaccharidosis type I (MPS I)
- Phenylketonuria (PKU)
- Pompe disease
- Propionic acidemia (PROP)
- Severe combined immunodeficiency (SCID)
- Sickle cell anemia (SCA or Hb S/S)
- Spinal muscular atrophy (SMA)
- Trifunctional protein deficiency (TFP)
- Tyrosinemia type I (TYR I)
- Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)
- X-linked adrenoleukodystrophy (X-ALD)

Two other screening tests are performed at the birth hospital or by midwives:

- Critical congenital heart disease (CCHD)
- Hearing

Questions? Call us at
800-660-4427 or 802-951-5180

VERMONT
DEPARTMENT OF HEALTH

Vermont Newborn Screening Program

healthvermont.gov/family/newbornscreening
Fax: 802-951-1218

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Vermont Newborn Screening Program

VERMONT
DEPARTMENT OF HEALTH

All babies born in Vermont have the opportunity to receive newborn screening tests to check for rare but serious conditions which may not be obvious at birth.

Why does my baby need newborn screening tests?

- We recommend that all babies get newborn screening tests, even if they are healthy.
- Newborn screening tests check the baby's blood for rare health problems that can cause illness or death.
- When these health problems are found early by testing, babies can get the treatment and care they need.
- Most babies are healthy when they are born but it is still important to test.

How will my baby be tested?

- A health care professional at the hospital will take a small amount of blood from your baby's heel and send it to the laboratory.
- The health care professional will also check for hearing and heart problems. These tests don't require any blood.
- Midwives can do the tests if your baby is born at home.
- Parents or guardians who do not want to have their baby tested can decline by signing a form. A health care professional should explain the risk of not having the tests before the form is signed.

How will I get the results of the tests?

- Your baby's health care professional will tell you the results.
- It can take a few days before the blood test results are ready.
- The results from the hearing and heart tests are available right away.

Why would my baby need to have another test?

- If the test is done before your baby is 24 hours old.
- If there was a problem with the way the test was done.
- If the results of the first test showed a possible health problem.

What do I do if my baby needs another test?

- Your baby's health care professional or the Newborn Screening Program will contact you if your baby needs another test. They will tell you why your baby needs another test and what to do next.
- It is important to follow the health care professional's instructions and take your baby to get the test.
- Make sure that the hospital and your baby's health care professional have your address and phone number in case they need to talk to you about the test results.

What happens to my baby's blood sample?

- In Vermont, blood samples are stored at the laboratory and destroyed after one year. The sample can be destroyed sooner or saved longer by sending a written request to the Vermont Newborn Screening Program.

Vermont routinely screens newborns for 35 conditions. Of those, 33 are screened for by blood tests:

- 3-Methylcrotonyl-CoA carboxylase deficiency (3MCC)
- 3-OH 3-CH3 glutaric aciduria (HMG)
- Argininosuccinic acidemia (ASA)
- Beta-ketothiolase deficiency (BKT)
- Biotinidase deficiency (BIOT)
- Carnitine uptake defect (CUD)
- Citrullinemia (CIT)
- Congenital adrenal hyperplasia (CAH)
- Congenital hypothyroidism (CH)
- Cystic fibrosis (CF)
- Galactosemia (GALT)
- Glutaric acidemia type I (GA I)
- Hb S/Beta-thalassemia (Hb S/Th or Hb S/A)

continued on other side