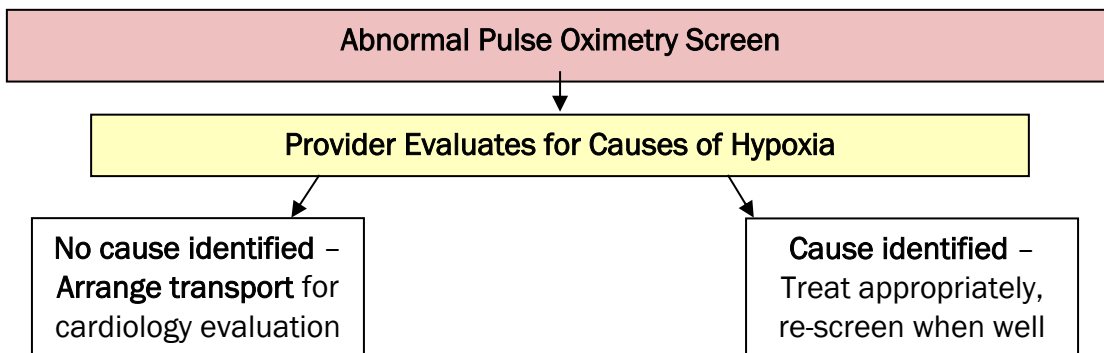


- Newborns with abnormal (“failed”) screening results for Critical Congenital Heart Defects (critical CHDs) must be evaluated promptly by their medical provider for causes of hypoxia. Common causes include sepsis, pneumonia, pneumothorax, persistent pulmonary hypertension of the newborn, respiratory distress syndrome, meconium aspiration syndrome, hypoglycemia, and congenital heart disease.
- Pulse oximetry screening does not detect all critical CHDs, so it is possible for a baby with a normal (“passed”) screening result to still have a critical CHD or other congenital heart defect.
- If no cause is identified, the newborn must be evaluated promptly for a critical CHD by echocardiogram.
- See recommended follow up protocol below. Please note that these recommendations do not replace clinical judgment.



Referral Center	Abnormal Critical CHD Screen Follow-Up	Contact Information
University of Vermont Medical Center Children’s Hospital (VT)	<ul style="list-style-type: none"> <li>• Provider evaluation</li> <li>• Contact Regional Transfer Center</li> </ul>	Regional Transfer Center: 866-648-4886
Albany Medical Center (NY)	<ul style="list-style-type: none"> <li>• Provider evaluation</li> <li>• Contact neonatologist for NICU transfer</li> </ul>	AMC Transport Line: 518-262-4660
Baystate Medical Center (MA)	<ul style="list-style-type: none"> <li>• Provider evaluation</li> <li>• Contact neonatologist for NICU transfer</li> </ul>	NICU: 1-800-332-9568
Dartmouth Hitchcock Medical Center (NH)	Provider evaluation Contact CHaD cardiologist to coordinate transfer	Manchester: 603-695-2745 Lebanon: 603-653-6825 Nashua: 603-727-7980

AAP Screening Algorithm: [Newborn Screening for Critical Congenital Heart Disease](#)