Normal Results:

Blood Spot Screen Results Notification

Your baby had NORMAL newborn blood spot screening results.

The newborn blood spot screen was normal (also known as 'negative' or 'in-range') for the disorders on the Minnesota newborn screening panel. This means that **your baby is at low-risk** for having one of these conditions.

This sheet was developed for use as part of a University of Minnesota Medical School Quality Assurance Project. This sheet will help explain what newborn blood spot screening is and what it means for your baby to have normal screening results.

What is Newborn Blood Spot Screening?

Newborn blood spot screening is done by taking a few drops of blood from your baby's heel when your baby is between 24 and 48 hours of age. Sometimes this test is called the "heel stick" or the "24-hour test." These drops of blood are sent to the Minnesota Newborn Screening Program to be screened for over 55 conditions.

Why is this screening important?

Newborn blood spot screening helps find babies at risk for certain serious disorders, so treatment can be started right away. These conditions can be found in any family - even families without a family history of these conditions. In most cases, these babies look healthy at birth, so newborn screening is often the only way to tell whether a baby is at risk.

What happens next?

Your baby's results show that your baby is at low-risk, so no more testing is needed. But, if you have any more questions about newborn screening, follow-up with your baby's healthcare provider.

Could my child have a disorder on the panel, but have a normal result?

Yes, but this is very unlikely. Because newborn screening is not a diagnostic test, a child with a condition on the screening panel may not be identified by screening (this is known as a "false negative" result). While newborn screening looks for serious, treatable conditions, it does not test for all health problems. Further testing should be done if your child shows any health problems even if the newborn screening results were normal.

You know your child best - if you have any health concerns, it is important to contact your baby's healthcare provider right away.

Resources

Baby's First Test:
www.babysfirsttest.org

MN Newborn Screening Program:
651-201-5466 or www.health.state.mn.us/newbornscreening/

Minnesota Newborn Screening Panel

Minnesota Newborn Screening Checks Babies For:

Arginemia
Argininosuccinate acidemia
Beta ketothiolase deficiency
Biopterin cofactor defects (2 types)
Biotinidase deficiency
Carnitine acylcarnitine translocase deficiency
Carnitine palmitoyltransferase deficiency (2 types)
Carnitine uptake defect
Citrullinemia (2 types)
Congenital adrenal hyperplasia
Congenital hypothyroidism
Cystic fibrosis
Dienoyl-CoA reductase deficiency
Galactokinase deficiency
Galactoepimerase deficiency
Galactosemia
Glutaric acidemia (2 types)
Hemoglobinopathy variants
Homocystinuria
Hypermethioninemia
Hyperphenylalaninemia
Isobutyryl-CoA dehydrogenase deficiency
Isovaleric acidemia
Long-chain hydroxyacyl-CoA dehydrogenase deficiency
Malonic acidemia
Maple syrup urine disease
Medium-chain acyl-CoA dehydrogenase deficiency
Medium/short-chain hydroxy acyl-CoA dehydrogenase deficiency
Medium-chain keto acyl-CoA thiolase deficiency
Methylmalonic acidemia (3 types)
Mucopolysaccharidosis type I
Multiple CoA carboxylase deficiency
Phenylketonuria
Pompe disease
Primary T-cell lymphopenias
Propionic acidemia
Severe combined immunodeficiency
Short-chain acyl-CoA dehydrogenase deficiency
Sickle cell disease
Sickle-C disease
S-βeta thalassemia
Spinal Muscular Atrophy
Trifunctional protein deficiency
Tyrosinemia (3 types)
Very long-chain acyl-CoA dehydrogenase deficiency
X-linked adrenoleukodystrophy
2-Methyl-3-hydroxybutyric acidemia
2-Methylbutyryl-CoA dehydrogenase deficiency
3-Hydroxy-3-methylglutaryl-CoA lyase deficiency
3-Methylcrotonyl-CoA carboxylase deficiency
3-Methylglutaconyl-CoA hydratase deficiency

At the hospital, your baby also had:

Hearing screening: checks for hearing loss in the range where speech is heard. Identifying hearing loss early helps babies stay on track with speech, language, and communication skills.

Pulse oximetry screening: checks for a set of serious, life-threatening heart defects known as critical congenital heart disease (CCHD). If detected early, babies with CCHD can often be treated with surgery or other medical interventions.

You should have been given your baby's hearing screening and pulse oximetry screening results at the hospital. If you did not receive these results, ask your baby's healthcare provider.

For questions, please contact the Minnesota Newborn Screening Program QA Project Partner:

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