OKLAHOMA STATUTE

Oklahoma State Statute 63 O.S., Sections 1-533 and 1-534 requires all babies born in Oklahoma to be screened for more than 50 hidden disorders. These disorders include, but are not limited to, phenylketonuria (PKU), congenital hypothyroidism, galactosemia, sickle cell diseases, cystic fibrosis, congenital adrenal hyperplasia, medium-chain acyl coenzyme A dehydrogenase deficiency (MCAD), biotinidase deficiency, severe combined immunodeficiency (SCID), spinal muscular atrophy (SMA), x-linked adrenoleukodystrophy (X-ALD), mucopolysaccharidoisis type I (MPS I) and pompe disease. An inclusive list of disorders, along with information for each disorder, can be found on our website using the QR code provided.

Contact Newborn Screening staff with questions.

NEWBORN SCREENING

Phone | 405-426-8220
Press 1 for hearing and 2 for blood spot and/or heart screening.

Email | newbornscreen@health.ok.gov

OKLAHOMA State Department of Health

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NEWBORN SCREENING

BLOOD SPOT

Identify a hidden condition early

Every Baby **IN OKLAHOMA**

is required to have a blood test in the first week of life, usually at around 24 hours of age. The blood test uses a small amount of blood from the baby's heel to find out if your baby might have any NBS disorders.
(see QR code for full list)

The OSDH Public Health Lab performs the test, and any abnormal results are given to the health care provider you indicate will take care of your baby. If more testing is needed, you will be notified by a phone call from your health care provider or a letter from OSDH. If your baby is found to have one of the NBS disorders, immediate care is needed by a pediatric specialist.

FAQs:

What happens if a **BABY WITH A DISORDER DOES NOT GET SCREENED?**

Babies with a disorder often appear healthy at birth. This makes it difficult for health care providers to know the baby has a disorder without a blood test. Failure to treat a baby who has a disorder within the first month of life can lead to developmental delays, severe illness or death.

How does a **BABY GET A DISORDER?**

In most cases, a baby inherits the disorder from both parents. Usually, the parents have no known family history of the disorder and are healthy.

Will the screening test **IDENTIFY ALL LISTED DISORDERS?**

Newborn screening tests are very accurate, but no screening test is perfect. It is uncommon for the screening test not to identify a baby with a disorder. It is important for your baby to have regular health check-ups by a health care provider. If you become concerned about your baby's health you should talk with your baby's health care provider.

How are **TESTS REPORTED?**

Results are reported to the birth hospital/attendant and made available to the follow up provider through the Newborn Screening Results Portal.

Will my baby **NEED MORE TESTING?**

A repeat test is needed if:
- Screen result is abnormal.
- Testing could not be done on the blood specimen.
- Test was collected before your baby was 24 hours of age.
- Your baby's doctor desires a repeat test.
- Your baby is premature or sick at birth.
- Your baby had a blood transfusion before the test was collected.

Does an abnormal **SCREENING TEST MEAN MY BABY HAS A DISORDER?**

An abnormal screen does not mean your baby has a disorder but it does mean that your baby is at risk for a disorder and needs more testing.

How often are **BABIES FOUND TO HAVE A DISORDER?**

Approximately 1 in 450 infants in Oklahoma will be identified with a disorder through screening.

Will this test **DETECT ALL CHILDHOOD DISORDERS?**

No, the blood spot test only screens for a limited number of childhood conditions that if treated early have a positive impact on the child's quality of life.

What is the **PARENT'S ROLE?**

1. Ask for NBS results from your baby's health care provider.
2. Tell your baby's health care provider if:
   - You have a family history of cystic fibrosis or any of the other NBS disorders.
   - Your baby was on soy or lactose-free formula when the blood test was collected.
3. If given, follow instructions received from your baby's health care provider or received in the letter from OSDH.
4. Ask questions if you do not understand.