

TITLE: Critical Congenital Heart Disease (CCHD) Newborn Screening Policy

I. POLICY

- A. Statement: All infants in the well baby Nursery will have a CCHD screen at 24-48 hours of age
- B. Purpose: To identify cases of critical congenital heart defects that may go undetected during routine newborn examination.

The seven primary targets of CCHD screening are:

1. Hypoplastic Left Heart Syndrome
2. Pulmonary Atresia (with intact atrial septum)
3. Tetralogy of Fallot
4. Total Anomalous Pulmonary Venous Return
5. Transposition of the Great Arteries
6. Tricuspid Atresia
7. Truncus Arteriosus

All of these defects require some type of intervention, often surgical, soon after birth.

Secondary screening targets include:

8. Aortic Arch Atresia or Hypoplasia
9. Interrupted Aortic Arch
10. Coarctation of the Aorta
11. Double-outlet right ventricle
12. Ebstein's anomaly
13. Pulmonary stenosis/atresia
14. Atrioventricular septal defect
15. Ventricular septal defect
16. Other single ventricle defect (other than hypoplastic left heart syndrome and tricuspid atresia)

The secondary defects can be just as serious as primary screening targets but may not be detected as consistently with pulse oximeter screening.

II. PROCEDURE

- A. Equipment/Supplies
 1. Pulse oximeters
 2. Pulse oximeter probes
 3. Log book/electronic medical record
- B. Screening of Infant
 1. Place probe on right upper extremity (pre-ductal), record saturation in room air.
 2. Place probe on a lower extremity (post-ductal), record saturation in room air.

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3. Refer to attached CCHD screening algorithm for interpretation and management of screening result. This result is documented in the patient's medical record. Additional documentation, i.e. log book, is optional.

II. DOCUMENTATION

- A. Patient medical record
- B. CCHD screening brochure provided and explained to parents.

III. REFERENCES:

- A. TXPOP toolkit provided