Newborn Bloodspot Screening

We recommend that all babies have newborn bloodspot screening done.
It could save your baby's life.

What?

Newborn bloodspot screening is often called the 'heel prick'.

It is done to see if your baby is at risk of having any of these eight rare but serious conditions:

1. PKU (phenylketonuria)
2. CHT (congenital hypothyroidism)
3. CGAL (classical galactosaemia)
4. GA 1 (glutaric aciduria type 1)
5. HCU (homocystinuria)
6. MSUD (maple syrup urine disease)
7. CF (cystic fibrosis)
8. MCADD (medium chain acyl CoA dehydrogenase deficiency)

Most of these conditions are inherited.

Why?

If your baby does have one of these conditions, early treatment can improve their health and prevent disability. It can even prevent death.

When?

The heel prick is done 3-5 days after your baby is born.

Where?

The heel prick may be done by your midwife in hospital, or by your public health nurse in your home.

How?

- If you would like your baby to be screened, sign the newborn bloodspot screening card.
- Your midwife or public health nurse will prick your baby's heel.
- They will collect some drops of blood onto the screening card.
- This card is sent to the National Newborn Bloodspot Screening Laboratory.
- You can get the results of the screen from your public health nurse.

The heel prick won't harm your baby but they might cry. You can help by making sure your baby is warm and comfortable. Be ready with a cuddle and a feed afterwards!

For further information on newborn bloodspot screening visit
www.newbornscreening.ie

Children's Health Ireland at Temple Street

The National Healthy Childhood Programme

mychild.ie

Seirbhís Sláinte Níos Fearr á Forbairt | Building a Better Health Service

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