



# POINT OF CARE NEWSLETTER

CCHD SCREENING

BA SCREENING

Newborn Screening Ontario

Summer 2024

*News and updates around Point of Care Screening at NSO*



## BILIARY ATRESIA (BA) SCREENING

- All babies born in Ontario are provided with an **Infant Stool Colour Card (ISCC)** by the birth hospital or Midwife allowing families to screen for BA.
- Screening for pale stool is standard of care in Ontario.
- When BA is detected early, the **Kasai Procedure** can be performed sooner, giving babies with BA a better chance to grow and develop normally.



*Did you know the older a baby is when identified the more likely they are to need a liver transplant?*

## CRITICAL CONGENITAL HEART DISEASE (CCHD) SCREENING

- **The CCHD form has some important changes, please see the details on the next page.**
- Every baby should have a completed CCHD form with either a screen result OR a reason the screen was not done. **Please don't submit blank forms.**
- NSO follows up on all unsatisfactory and missed CCHD screens as well as referrals (screen positives).



Visit our updated **NSO website** for more information on CCHD and BA screening, ordering instructions, health care provider and family resources.

<https://www.newbornscreening.on.ca>

# CCHD Screening

## Documentation Card Revision

The documentation form for CCHD screening has been revised and the new version is finding its way into circulation. Please see a summary of the changes below in the diagram.

The title is changed to  
**Point of Care  
Screening  
Documentation Sheet**  
(previously CCHD  
screening results  
sheet).

There is a place to  
indicate a confirmation  
that the family has a  
**biliary atresia Infant  
Stool Colour Card  
(ISCC)**.

(If they don't have one,  
please provide one  
with instruction on  
how to use it).

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**POINT OF CARE SCREENING DOCUMENTATION SHEET**

**INFANT**

Last Name: [ ] First Name: [ ] Multiple Birth: [ ]  
Sex: [ ] M [ ] F [ ] Ambiguous [ ]  
Health Card Number: [ ] Date of Birth: [ ]  
Submitter Unique Number: [ ] Time of Birth: [ ]

**SUBMITTING HEALTH CARE PROVIDER**

Parent/Guardian's Last Name: [ ] First Name: [ ]  
Hospital/Midwifery Practice Name: [ ]  
Address: [ ] City: [ ]  
Screen Performed By: Last Name: [ ] First Name: [ ]

☐ REPEAT DBS, NO CCHD SCREEN REQUIRED

☐ confirm family has a biliary atresia screening card (ISCC). Done ☐

**CCHD Initial Screen** Evaluate screening result with NSO CCHD screening algorithm or evaluation chart

Date of CCHD screen: [ ] R Hand: [ ] % ☐ Pass  
Foot: [ ] % ☐ Repeat  
Difference: [ ] % ☐ Refer\*

Time of screen: [ ]

**First repeat (if applicable)**

Date of CCHD screen: [ ] R Hand: [ ] % ☐ Pass  
Foot: [ ] % ☐ Repeat  
Difference: [ ] % ☐ Refer\*

Time of screen: [ ]

**Second repeat (if applicable)**

Date of CCHD screen: [ ] R Hand: [ ] % ☐ Pass  
Foot: [ ] % ☐ Repeat  
Difference: [ ] % ☐ Refer\*

Time of screen: [ ]

\* URGENT physician assessment required at time of screen

**Reason screen not done (check all that apply)**

☐ Decline/deferred (complete form on back of page)  
☐ Infant in or is expected to be in NICU/SCN over 7 days  
☐ Infant diagnosed prenatally with heart defect (if known, specify: [ ])  
☐ Infant diagnosed with heart defect postnatally prior to screening  
☐ Other (ex. limb anomaly) Specify: [ ]

REF 10534785 Rev. AD LOT 7288423W221 Eastern Business Forms LLC 530 Old Suburban Springs Rd. Greenville, SC 29607, USA

The reminder for  
a repeat blood  
spot/no CCHD  
screen option is  
bolder with a  
slightly larger font.  
(Please check this  
box instead of  
submitting a  
blank card).

Please select **all**  
applicable reasons why  
the screen was not  
done. (more than one  
if necessary)


Also, there is an  
option to provide a  
little more  
information if a  
cardiac issue is  
present.

Questions?

Please reach out to NSO at **NSOCCHD@cheo.on.ca** or **613-737-7600 ext.3086**




# Biliary Atresia Screening



NEWBORN SCREENING ONTARIO  
DÉPISTAGE NÉONATAL ONTARIO

BILIARY ATRESIA  
ATRÉSIE DES VOIES BILIAIRES



### INSTRUCTIONS

Check your baby's stool (poop) colour every day for the first month after birth to screen for biliary atresia.

If your baby has an abnormal stool colour (see above colours 1,2,3,4,5,6), please **contact Newborn Screening Ontario** by phone or email or by scanning the QR code below.

### INSTRUCTIONS

Vérifiez la couleur des selles (cacas) de votre bébé chaque jour durant le premier mois de vie pour dépister l'atrésie des voies biliaires.

Si les selles de votre bébé ont une couleur anormale (voir couleurs ci-dessus 1,2,3,4,5,6), veuillez **contacter Dépistage Néonatal Ontario** par téléphone, par courriel, ou en scannant le code QR ci-dessous.

Phone / Téléphone : **1-833-POOP-CHK**  
(1-833-766-7245)Online / En ligne : [www.newbornscreening.on.ca/poop](http://www.newbornscreening.on.ca/poop)Email / Courriel : [NSOBA@cheo.on.ca](mailto:NSOBA@cheo.on.ca)

Screening for biliary atresia using the **Infant Stool Colour Card (ISCC)** is the standard of care in Ontario. Birth hospitals and midwifery practices are responsible for providing this opportunity to families by handing out ISCCs. Please give the card to families directly instead of placing it in a discharge package.

Ensure the family is given instruction on using the ISCC at home (refer to the [Education Script for BA ISCC](#) use on the NSO website). Document the distribution and education in the patient record and **check the confirmation box** on the NSO Point of Care documentation form (see above).

Always keep a robust supply of ISCCs in stock and reorder from VWR as necessary the same way as you order blood spot cards. The cards are provided to you free of charge!

Please remember that the original ISCC should always be provided to families. Do not use photocopies or versions printed off the internet. This ensures that the colours of the validated stool images are accurate for families to compare at home.



Questions?

Please reach out to NSO at [NSOBA@cheo.on.ca](mailto:NSOBA@cheo.on.ca) or **613-737-7600 ext.2830**

***Thank you for your frontline contribution to newborn screening!***

