

POINT OF CARE NEWSLETTER

CCHD SCREENING

BA SCREENING



**Newborn Screening
Ontario**

Winter 2025

*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)**.
- This **standard of care** allows parents to be the screeners at home, monitoring for pale stool, a sign of the rare, life-threatening liver disease, biliary atresia.
- **Ordering** ISCC for your organization is easy, you can find the [instructions on our website](#). The cards are provided to you **free of charge**!
- Maintaining an **adequate inventory** of ISCC is critical. Stockouts can have serious consequences, including the potential for families to miss essential home screening, which can significantly impact their **infants' health and well-being**.

CRITICAL CONGENITAL HEART DISEASE (CCHD) SCREENING

CCHD SCREENER RESPONSIBILITIES:

- Follow the NSO recommended algorithm
- Perform the screen adhering to best practice standards
- Escalate a screen positive with an urgent assessment by a physician
- Document completely and accurately on the point of care documentation card
- Educate parents/guardians



DID YOU KNOW that in the immediate newborn period, babies with CCHD can have a normal newborn exam with no heart murmur and no clinical cyanosis but most will have hypoxemia?

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

February is heart month - a perfect time to consider the difference CCHD screening can make...



Screen Positive Escalation Recommendations

- An urgent referral is made to a physician at the time of the positive screen.
 - Exam should include a physical assessment including full vital signs, pre and post ductal saturations and femoral pulses; also consider 4-limb BPs, ECG and chest X-ray to rule out other non-cardiac causes of cyanosis.
- If the most likely cause remains cardiac or is unclear, consultation with paediatric cardiology to rule out CCHD is warranted.
- Cardiac consultation should occur prior to discharging the infant to ensure an appropriate timeline for follow-up.
- After consultation, it may be reasonable to keep a newborn in hospital for further investigation rather than transport to another facility to reduce false positive results.
- Echocardiogram is the gold standard for cardiac diagnosis.
- A positive screening result does not confirm CCHD, but rather indicates the need for further investigation.

NSO will follow up on all screen positives to determine clinical path and outcome to assure program evaluation and quality.

REMINDER: Revision of Point of Care Documentation Card

The documentation form for CCHD screening has been revised and the new version is finding its way into circulation.

Key Changes:

- The reminder for 'Repeat blood spot/No CCHD screen' option is bolder with a slightly larger font. Please check this box instead of submitting a blank card with repeat dried blood spot (DBS) samples.
- 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.
- Screen Not Done option - Please select all applicable reasons why the screen was not done.

Questions?

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



Biliary Atresia Screening



Biliary Atresia Screening - The First 2 Years

620 contacts to NSO

An average of 6 calls per week

NSO has received calls from across Ontario - as far north as Timmins, as far south as Windsor, as far west as Thunder Bay, and as far east as Ottawa.

30% of calls about pale stool were referred

18% of referrals had elevated direct or conjugated bilirubin

Several cases of biliary atresia were identified!

What happens at home?

For the first time, families are in the screening role! After receiving the ISCC from the hospital or midwife, families compare their baby's stool colour to the various examples on the card. If they see an abnormal pale stool colour, they are to reach out to NSO using one of the contact methods on the card. A clinical team member will contact them within one business day.

A screening determination will be made with the assistance of stool photos submitted by the family. If pale stool is confirmed, NSO will expedite a referral to a GI specialist, quickly connecting the family for critical next steps, which include blood work for conjugated bilirubin.

Parent contacts NSO → Clinical Assessment → Screen Positive → Referral to GI specialist

Since implementation, the average time from referral to confirmatory bloodwork is **1.3 days**.



Your efforts at the bedside are making a difference!!!

"You saved my baby's life."

I never would've known that a baby who is eating only beige food should not have beige poop. Thanks to the stool card and swift action of you and your team, my baby was diagnosed with biliary atresia within the first 3-weeks of being born. "
(Mom of infant, screen positive for BA)

Questions?

Please reach out to NSO at NSOBA@cheo.on.ca or **613-737-7600 ext.2830**

Thank you for your frontline contribution to newborn screening!

