Although the Nebraska Department of Health and Human Services is responding to COVID-19, newborn screening guidelines are not changing at this time. An update will be sent if regulations are suspended via Executive Order.

1st Bloodspot Screen

- OR prior to parenteral nutrition or RBC transfusion
- OR prior to discharge, even if before 24 hours

- If safe, encourage parents to keep the baby at the hospital until 24 hours to avoid having to return to get a repeat after 24 hours, by 7 days of age.
- Because of the increased risk of false-positive results or uncertainty of results, these diseases are not screened on <24-hour specimens: CPH, CAH, CF, PD MPS-I, and X-ALD. AA disorders may not be detected reliably in early samples.

Hearing Screening

The Joint Committee on Infant Hearing has established 1-3-6 goals for newborn hearing screening and follow-up.

- All infants should receive a hearing screening by one month of age.
- All infants who refer should receive a diagnostic evaluation by three months of age.
- All infants who are identified as deaf or hard of hearing should begin receiving early intervention services by six months of age.

We understand that there may be delays in the follow-up process during this uncertain time, and we will work with families and professionals to accommodate any changes due to limited access to care.

CCHD Screening

- Complete pulse ox at 24 hours of age, no later than 48 hours
- If the baby fails, follow usual reporting, evaluation and referral protocols

Early screening at <24 hours of age increases the risk of both false-positive and false-negative results.

Nebraska Newborn Screening does not recommend deviating from these testing timelines. Regulations continue to be in effect.