



# Patient Safety Notification

## National Newborn Bloodspot Screening



22

The number of incidents relating to National Newborn Bloodspot Screening (NNBS) reported on NIMS in a three-month period in 2019



### Examples of incidents relating to the NNBS, specifically the communication process surrounding screening:

- Incomplete discharge documentation (lacking the screening due date or status of completion)
- Late or absent public health nurse (PHN) notifications
- Lack of clarity on who was responsible for completing the newborn bloodspot
- Lack of weekend arrangements
- Notifications sent to the wrong liaison office

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# Advice for enhancing communication process surrounding screening

NNBS is an integral part of the healthcare service provided to newborn babies. Screening involves the collaboration of many services involved in sample collection, sample transport, sample analysis, recording of results and the referral and management of those babies diagnosed with one of the conditions. It is a complex process to ensure that all babies born in hospital or in the community are offered screening and followed up until the screening process is complete. There is a potential for serious adverse outcomes for a baby if the NNBS is missed or taken either too early or too late. The [Clinical Risk Unit](#) in the [State Claims Agency](#) has identified incidents related to NNBS and has prepared the following advice.

## Risk Considerations

Maternity units are responsible for ensuring that all babies born in hospital are offered screening. If the test is not performed in the maternity unit before discharge, hospital staff are responsible for ensuring that the baby is screened either by returning to the unit or by informing PHNs of the baby's discharge and requirement for NNBS in the community.

The sample should be collected in babies, including those who are breastfed, between 72-120 hours after birth. In view of the new conditions included in the newborn screening programme (particularly \*MCADD), there is no longer an emphasis on taking the sample at the end of the 72-120 hour window for breastfed babies and the sample can be taken at any time during this window.

## Advice for Safe Practice

- If it is not appropriate to carry out screening before discharge from hospital - the nurse / midwife should ensure that the baby is screened either **by returning to hospital or in the community**
- The **nurse / midwife discharging a baby** from hospital before screening has been carried out, must ensure that the mother understands the **importance of screening, when it should be done and by whom**
- The nurse / midwife should **notify the PHN** that the baby has been discharged prior to screening to enable the PHN to take the NNBS sample on the baby
- **Weekend sampling** varies across the country as not all areas provide a weekend PHN service and babies may have to return to the hospital for the sample to be taken. Appropriate arrangements should be in place in each maternity unit / hospital

### References:

*Health Service Executive (2018) A Practical Guide to Newborn Bloodspot Screening in Ireland (7th edition). Dublin: HSE, 2018;[cited 2020 March 11].*

\*MCADD – *Medium-chain acyl-coenzyme A dehydrogenase deficiency*