

## Did you know...

- Many cases of sudden cardiac death in teens and young athletes are caused by undiagnosed heart defects.
- Adults with CHDs require lifelong medical care from trained heart specialists; follow-up visits are recommended from every six months to every five years, depending on the type of defect.
- Women with heart defects should check with their cardiologist before becoming pregnant. Women with CHDs, or a family history of heart defects, may need careful monitoring by a high-risk obstetrician, as well as their cardiologist, throughout pregnancy.

### **PARTICIPATING PEDIATRIC CARDIOLOGY PRACTICES:**

#### **NorthWest Children's Heart Care**

253.396.4868

#### **Northwest Pediatric Heart Specialists**

253.272.1812

#### **Swedish Pediatric Cardiology**

206.215.2700

This publication sponsored in part by the Fraternal Order of Eagles.

### **WAS THIS HELPFUL?**

- Did you learn something new?
- Did you recognize the signs of CHD in a child that was then diagnosed or treated for a heart defect?

If so, we would like to hear from you. Please call or write to us and share your story.

### **FOR MORE INFORMATION**

For questions or comments, please contact

#### **Mary Bridge Pediatric Heart Center**

311 South L Street  
Tacoma, WA 98405  
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multicare.org/marybridge/heart

**MultiCare**   
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# Newborn Screening for Heart Defects

Information for Parents & Parents-To-Be



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# Newborn Screening for Heart Defects

## THE FACTS

Congenital Heart Defects (CHDs) are defects that are present at birth and affect the structure or function of the heart or vessels.

- Heart defects are the most common birth defect.
- CHDs occur in 8-10 of every 1,000 births.
- About 40,000 babies with CHD are born in the US each year.
- Heart defects are the leading cause of newborn and infant death.
- Although some babies will be diagnosed before birth or at birth, sometimes the diagnosis is not made until days, weeks, months or even years later.

## NEWBORN SCREENING

A screening study to identify heart defects in newborns is being conducted at MultiCare's Tacoma General Hospital, Women & Newborn Center.

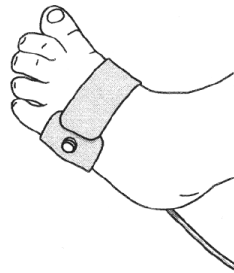
This study, by the Mary Bridge Pediatric Heart Center, will evaluate if pulse oximetry should be used to detect congenital heart defects (CHDs) in newborns.

Pulse oximetry monitoring uses a light source and sensor to measure oxygen in the blood.

A sensor is wrapped around the baby's foot.

Light passing through the foot measures the amount of oxygen in the blood.

The test is quick (3-5 minutes) and painless. Pulse oximetry monitoring should detect most heart defects.



**Please inform your obstetrician if you wish to participate in this study at Tacoma General Hospital.**

## FAQS

### **Why is it important to check babies for heart defects?**

If undetected, some congenital heart defects can cause serious or even life-threatening problems. Early detection and early treatment lead to better outcomes.

### **How can I participate in this study?**

Inform your obstetrician. In order to participate in this study, your baby must be born at Tacoma General Hospital. Newborn screening is done in the Women & Newborn Center when the baby is more than 24 hours old and before discharge from the hospital. Babies in the Neonatal Intensive Care Unit (NICU) and Intermediate Care Nursery (ICN) can be screened once they are healthy enough to be transferred to the Women & Newborn Center.

### **Why do you check the blood oxygen level?**

A low oxygen saturation level may indicate the presence of a heart defect.

### **What are the risks of the study?**

Families may experience stress or anxiety while waiting for and receiving the results of the screening evaluation.

### **What are the benefits of the study?**

Mary Bridge Pediatric Heart Center team is available on-site for diagnosis and treatment of CHDs. Critical congenital heart defects, requiring immediate repair, can be performed before discharge from the hospital.

### **Will screening find all types of heart defects?**

No current screening tool exists to detect CHDs 100 percent of the time. Pulse oximetry screening should detect most heart defects (those associated with a low blood oxygen level). However, some heart defects may not be found on screening (those not associated with a low blood oxygen level). Parents are advised to review the signs and symptoms of heart defects in infants and children.

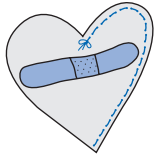
### **What will happen if my baby has a low blood oxygen level?**

The pulse oximetry test will be done again. If the level is still lower than expected, then an echocardiogram (sonogram of the heart) will be done. A pediatric cardiologist will 'read' the echocardiogram to check for the presence of a heart defect.

### **If my baby has a heart defect, what can be done?**

If a CHD is found, you will meet with a pediatric cardiologist to talk about the findings and treatment options. Most heart defects can be corrected or improved with surgery, procedures and/or medications.

## HEART DEFECT SIGNS & SYMPTOMS



### **INFANTS** (up to age 1)

Parents should be alert to the following symptoms in infancy:

- Tires easily during feeding (falls asleep before feeding finishes)
- Sweating around the head, especially during feeding
- Fast breathing when at rest or sleeping
- Pale or bluish skin color
- Poor weight gain
- Sleeps a lot, not playful or curious for any length of time
- Puffy face, hands and/or feet
- Often irritable, difficult to console

### **CHILDREN** (ages 1-17)

Some children with CHDs may not have any symptoms until later in childhood. Things to look for include:

- Gets out of breath during play (crouches or squats to catch breath)
- Difficulty "keeping up" with playmates
- Tires easily/sleeps a lot
- Change in color during active play or sports (looks pale or has a bluish tint around mouth and nose)
- Frequent colds and respiratory illnesses
- Slow growth and weight gain/poor appetite
- Complains of chest pain and/or heart pounding

Source: *The Congenital Heart Information Network*  
[www.tchin.org](http://www.tchin.org)

**Congenital Heart Defect Awareness Week**  
**February 7-14**

*Remembering the millions affected*