

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

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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

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multicare.org/marybridge/heart

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Newborn Screening for Heart Defects

Information for Parents



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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 nurse if you wish to participate in this study.



FAQS

Why do you check the blood oxygen level?

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

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. [We estimate that only 1 in 100 newborns will need to have an echocardiogram.]

If my baby is found to have a heart defect, what can be done?

If a heart defect 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.

Will I be billed for these tests?

There is no charge for the pulse oximetry testing. If an echocardiogram is done, there should be no additional charge on your hospital bill for the echocardiogram or interpretation; they will be done as part of your normal newborn care.

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 two-thirds of heart defects (those associated with a low blood oxygen level). One-third of 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.

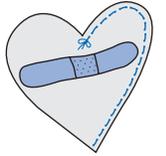
What are the benefits of the study?

If undetected, some congenital heart defects can cause serious or even life-threatening problems. Critical congenital heart defects, requiring immediate repair, can be performed prior to discharge.

What are the risks of the study?

Approximately 0.2 percent of the time, the test may be positive when, in fact, there is no heart defect (a low blood oxygen level can be caused by other conditions unrelated to the heart). Families may experience stress or anxiety while waiting for and receiving the results of the screening evaluation.

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

Congenital Heart Defect Awareness Week
February 7-14

Remembering the millions affected