



# Newborn Screening

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## *PNSP Seminar in Cebu*

**h**ospitals in the Queen City of the South may soon be able to offer newborn screening to their neonates. On August 19, 1998, a Newborn Screening & Birth Defects Registry Orientation Seminar was held at Casino Español de Cebu, Cebu City. The event was attended by an unexpected 110 obstetricians and pediatricians from different hospitals. Dr. Carmelita F. Domingo and Dr. Carmencita D. Padilla flew in from Manila to make the presentation.

The meeting was organized by Dr. Tessa Fortunato, immediate past President of the Philippine Pediatrics Society-Central and Eastern Visayas Chapter, in collaboration with Dr. Raida Varona, President of the Philippine Obstetrics and Gynecology Society-Central and Eastern Visayas Chapter. Dr. Jude

Faelnar, Vice President of PPS-CEV, welcomed the participants, and Dr. Emma Llanto, PRO of PPS-CEV, gave the closing remarks. Wyeth Philippines sponsored the successful activity.

The participants' response to the project proposal was very positive. Dr. Llanto expressed the sentiment of the group in her closing remarks, "Thank you...for coming over and involving us in this really laudable project... this is really something we should participate in..." Within the next few weeks, the pediatricians and obstetricians who attended the seminar will disseminate information, obtain consensus and make decisions as to whether, when, and how they could join the Newborn Screening Study Group. Hopefully, by September 1998, the Cebu group of hospitals would be able to commence with the project.

## **COUNTDOWN 2000 BEGINS**

### **DONORS' UPDATE**

**f**or two years, newborn screening was offered to charity patients for free through the support of research granting agencies. In Phase II, however, a moratorium was set on charity patients making newborn screening available only to those who can afford the fee. With the task of raising funds for charity patients, the Perinatal Research Foundation is looking for 2000 individuals who are willing to sponsor at least 1 child per month for a period of at least 1 year. Twelve postdated checks worth P350.00 may be addressed to the Perinatal Research Foundation. Below is a list of those who have responded to our call.

Be involved in the future of our newborns.

1. Dr. Lorna Abad
2. Ms. Dulce Ramos
3. Ms. Tess Naing
4. Dr. Leticia Buenaluz
5. Dr. Manuel Ferreria
6. Dr. Carmelita Domingo
7. Dr. Carmencita Padilla
8. Dr. Felisa King
9. Dr. Corazon Almirante
10. Dr. Alma Enriquez
11. Ms. Delila Lojo
12. Dr. Joy Yaplito-Lee

## *Newborn Screening in Metropolitan Hospital*

**June 1996**

**W**hen Metropolitan Hospital first joined the Newborn Screening Study Group in June 1996, things were far from smooth-sailing. Dr. Nancy Lao, PNSP Overall Coordinator for Metropolitan Hospital, narrated that she and Dr. Lily Chua had to present newborn screening to their fellow consultants and convince them of its significance. Convincing, however, was actually the easiest part of their beginnings.

The real problems began with the actual commencement of the project. A

large percentage of their samples was rejected because the residents were yet unskilled with the heelprick technique. They also encountered difficulties with obtaining adequate supplies for their 200 or so deliveries every month.

Only two years later, these problems have come to belong to the past. What happened? How did Metropolitan Hospital handle the obstacles and emerge as one of the best performing hospitals of the Newborn Screening Study Group?

### **How they did it**

In a personal interview with Dr.

Nancy Lao, she emphasized that the close collaboration between Metropolitan Hospital's Pediatrics and Obstetrics Departments was the critical plus factor to the successful implementation of newborn screening. The obstetricians took as much part in the project as the pediatricians. Both departments' consultant staff recognized the significance of newborn screening to their patients and are committed to give them the best chances. Good organization was another forte of Metropolitan Hospital. Newborn screening protocols were successfully integrated with the hospital's

## Study Group opens doors to non-PPS, non-POGS accredited hospitals

In June 1996, the Newborn Screening Study Group which comprises 24 PPS and POGS accredited hospitals in Metro Manila launched the Philippine Newborn Screening Project. In two years time, the group grew to include 37 hospitals, seven of which are outside Metro Manila. With the end of Phase I, it is noteworthy that the endorsements of the Philippine Pediatrics Society, then under its President, Dr. Mary Chua, and the Philippine Obstetrics and Gynecology

Society, then under its President, Dr. Wilfredo Sumpaico, have tremendously contributed to the successful implementation of the project in these hospitals. Funds from the Philippine Council for Health Research and Development, Institute of Biotechnology, and the University of the Philippines Manila provided initial assistance for the study group.

Because of its impressive achievements, and pursuant to its vision of making newborn screening available to as many Filipino newborns as possible, the study

group will expand to include non-PPS and non-POGS accredited hospitals nationwide. This step is consistent with the planned expansion for Phase II. Plans pertaining to the inclusion of these hospitals are currently formulated and may take effect on the last quarter of 1998. Moreover, the expansion likewise includes solicitation of support of other health-related organizations such as the Philippine Nurses' Association and the Integrated Midwives Association of the Philippines.

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system. The results, which now include a high percentage of newborns screened, fewer rejected samples, good recall rate, prompt relay of results and effective information dissemination, are not only worthy of mere admiration; they are actually worth emulating.

Dr. Jerry Mercado, a senior pediatrics resident, detailed Metropolitan Hospital's guidelines for screening newborns. The obstetrician is usually the first to explain newborn screening to the mother during her prenatal visits. After delivery, the pediatrician orders newborn screening and consent is obtained. Meanwhile, the

first year resident assigned in the nursery is tasked to list down every morning the previous day's deliveries in a logbook. This logbook contains columns for the mother's name, the baby's birthday, complete address and contact number, and initial of the person who performed newborn screening. The residents assigned in the nursery takes note of the babies due for sample collection. Since healthy babies are normally roomed-in with their mothers soon after delivery, sample collection is done in a specified area near the nurses' station. On the other hand, sick babies or those needing special care gets pricked in the nursery. Parents who are discharged before the 48th hour of the baby's life are instructed to return for the

Metropolitan Hospital, the residents themselves recall the patient through telephone or telegram. The same holds true for patients with elevated results except that greater urgency is applied. Moreover, because they have a ready logbook, they can provide the Secretariat Office with the patient's address and contact number in no time at all.

Perhaps most remarkable of all is how results are relayed from the Secretariat Office to the parents. The resident *copies all patient results* from the Confirmation Report to the Individual Results Form. The properly filled Individual Results Form are then distributed to the consultants so that when the mothers return for their baby's check-up, the consultant can release the results.

Collaboration. Commitment. Organization. These are the humble but highly effective secrets of Metropolitan Hospital.

### STUDY UPDATE August 1998

**Total Number of Patients Screened 70,709**

**Total Number of Patients with Elevated Results 218 (1:324)**

CAH	102
CH	51
PKU	9
GAL	48
HCY	7
MULT	1

**Total Number of Patients with Confirmed Results 21 (1:3,145)**

CAH	5
CH	13
PKU	1
GAL	2

Classical Galactosemia 1 (1:62,841)  
Galactokinase Deficiency 1 (1:62,841)

babies' sample collection. Sad to say, babies who miss newborn screening are usually from this group.

The residents of Metropolitan Hospital have long mastered the heelprick technique such that rejected samples are now reduced to a minimum. In the rare event of a rejected sample, the nursery resident immediately lists down the patient's name on a white board and informs the attending pediatrician, who in turn recalls the patient. For patients who do not consult with a pediatrician in

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