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# newborn screening

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## BMCH policies push coverage to 90%

The Bulacan Maternity and Children's Hospital (BMCH) is a secondary government specialty hospital located in Calumpit, Bulacan, about 54 kilometers north of Manila. Its average number of deliveries per month is 150 - 170.

Newborn Screening was started in this hospital in December 2003 after an orientation given by a group from the National Institutes of Health (NIH). It was not an easy take-off. Slowly, however, we were able to reach our target through a step-by step process.

During the initial part of the program, the agreement form issued by the Department of Health (DOH) was used to document compliance with NBS. Parents were given the option to have their newborns screened or not. Because of the perceived high cost of screening, few number of patients complied. Until the last quarter of 2005, the screening rate was only 8%.

### Partial Prenatal Payment Scheme (PPPS)

The cost of newborn screening and the lack of awareness among mothers prompted the hospital to initiate the partial prenatal payment scheme (PPPS) in August 2005 to prepare the parents mentally and financially and enable them to comply with newborn screening. The scheme was a result of a masteral thesis



Dr. Arvin Escueta and Ms. Minnie Espino giving a lecture on NBS during a mother's class at BMCH

entitled "Effectiveness of the Partial Prenatal Payment Scheme in Secondary Hospital" by the then BMCH Chief of Hospital Dr. Rosario Santos. With the PPPS, the agreement form was transformed into a consent form. The consent form was designed to address the need of the baby to be screened and to facilitate payment on installment basis prior to delivery.

Aside from this, information about newborn screening was repeatedly communicated during prenatal checkups by our Chief Nurse, Mrs. Minnie Espino. Be-

cause of the scheme, screening rate rose from 8% in 2005 to 53% in 2006.

We tried adding the Post Partum Installment scheme. However, it did not gain much support from the parents as they never returned after delivery.

With the growing number of babies being screened, the Chief of Hospital decided to have our Radiologic Technologist undergo training in phlebotomy.

In October 2006, further innovations

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## Lubang, Oriental Mindoro: Working out Obstacles

Part of the services of Newborn Screening Centers (NSCs) to their member facilities is assistance in terms of newborn screening implementation and advocacy in their respective areas. Usually, this is accomplished through hospital visits and telephone updating. However, in some areas, the local government units initiate such activities for the benefit of their constituents, such as in the case of the Municipality of Lubang, Occidental Mindoro.

With the objective of upgrading the health services of the Lubang District Hospital (LDH) and Rural Health Unit (RHU), a two-day Health Training (HT) was initiated by the office of Lubang City Mayor Juan Sanchez, in coordination with the UP Manila Ugnayan ng Pahinungód. The training was conducted for 13 LDH and 11 RHU staff and around 150 Barangay Health Workers (BHWs) on January 20-21, 2008. The Newborn Screening Center of the Institute of Human Genetics was one of the participating units in the said training, along with the PGH Department of Emergency Medicine and the Department of Laboratories and the UP Manila Center for Gender and Women Studies.

While the lecture-workshop for the BHWs focused on how to advocate and educate the residents of Lubang on the importance of Newborn Screening (NBS), the LDH and RHU discussion was mainly on the Newborn Screening program implementation. Although the LDH was already a member facility since May 2007 while the RHU was not yet a member during that time, they raised similar issues.

Lubang Island is a six-hour trip via shipping vessel with a twice-a-week schedule. The main concern of LDH and RHU was the prompt transport of the NBS specimen and other related documents to and from Lubang. At present, no courier company is situated in Lubang and postal mail takes almost two weeks of transmission. To resolve this matter, it was decided upon that the Lubang facilities will coordinate with the shipping lines regarding the transport of samples and/or documents to Manila and the NSC shall book the pick-up from the port. This and other related arrangements were thoroughly discussed. This type of set-up is not new to NSC since there are other facilities that have similar concerns which are solved through proper coordination and thorough assessment of the situation in the area. The key is to maximize all possible means of transport, be it via land, sea or air.



### 1st LGU Assembly held in Manila

With the goal of increasing newborn screening (NBS) coverage and involving Local Government Units (LGUs) in advocating and implementing NBS at the community level, an LGU Assembly was conducted in Manila on February 21, 2008.

The assembly entitled "Role of LGUs in Saving Babies" was organized by NSC-NIH and NSRC. Local chief executives, city/municipal health officers, barangay chairmen, and representatives were invited to participate in the event. Among those who attended were representatives from Pulilan, Bulacan, Padre Burgos, Quezon, and Laoag City. During the assembly, it was agreed upon that NBS activities will be set in cooperation with the LGUs present in the said assembly.

The event served as an ideal opportunity for advocates and implementers of NBS to share practices and experiences in promoting and putting NBS into practice. It also provided an excellent venue to identify opportunities and barriers to setting up or expanding NBS within different communities in the country.

### Consultative cluster meeting in Cordillera

The Newborn Screening Center-NIH (NSC-NIH), in partnership with the Center for Health Development-Cordillera Administrative Region (CHD-CAR), held a consultative meeting on April 4, 2008 at the Multi-purpose Hall of UP Baguio. There were 36 Newborn Screening Facilities (NSFs) invited from the

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region and 29 of these facilities attended.

Concerns and clarifications pertaining to the over-all operations of Newborn Screening in their respective areas were discussed and addressed during the meeting. These were mostly on the availability of courier services and the mode of receiving NBS results. Ms. Wenalyn Viaña, the acting Program Manager of NSC-NIH, recommended ways to lessen or totally eradicate the unsatisfactory samples.

Dr. Jovita Austria, NBS Regional Coordinator of CHD-CAR, mentioned a DOH and DSWD program that can help their indigent patients avail of newborn screening services. She also encouraged them to address their training needs to CHD-CAR. The meeting ended with the participants writing their commitments on how to improve their NBS operations and their suggestions and concerns on the program at the hospital and national levels.

The consultative cluster meeting at the Cordillera was the second initiated by the NSC-NIH with the CHDs. The first was held last November to December 2007 with 294 NSFs from the National Capital Region (NCR). NSC-NIH will be holding the meeting per region with CHD as its partner.

### 1st Program Implementation Review Held in Antipolo

“By 2010, Newborn Screening as a world class program with high coverage through empowered mothers, and committed advocates, fully supported by various stakeholders thereby producing healthy children”. This was the vision that CHD NBS Coordinators and Licensing Officers committed to realize by year

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## LGU NBS WATCH: Empowering the Community in Lucena

“Kung hindi ngayon, kailan pa?” This was the question that moved the spirits of the people of Lucena City and drove them to support the Newborn Screening Advocacy Plan of the *Sangguniang Bayan* of Lucena City through the leadership of Mayor Ramon Y. Talaga and City Councilor Benito Brizuela.

The City Council of Lucena coordinated with the Newborn Screening Reference Center (NSRC) and the NIH Newborn Screening Center (NIH- NSC) to conduct a three-day activity for Newborn Screening.

Held at the *Sangguniang Panglungsod* Conference Hall, the activity gathered around 200 participants from different sectors of the Local Government Unit (LGU), namely: the barangay captains, councilors, *Sangguniang Kabataan*, barangay health workers, city health officers, city councilors, vice mayor and mayor.

Dr. Rowena Pua, President of the Newborn Screening Society of the Philippines, Inc. and Ms. Wenalyn Viaña, Acting Program Manager of NSC-NIH, started the event with their sharing of inspiring messages. Subsequently, Ms.



Aster Lynn Sur, genetic nurse of the NIH Institute of Human Genetics (IHG), discussed the role of LGUs in the implementation of Newborn Screening.

The highlight of the event was the presence of the Cueto Family. Mr. Redentor Cueto is one of the active advocates of Newborn Screening. His son, JR, is affected with a disorder called Congenital Hypothyroidism, a condition resulting from a lack or absence of thyroid hormone essential for the growth of the brain and the body. His presence and Mr. Cueto’s stirring message touched the hearts of all those present in the event.

On the second day, the Project Development Officers and the Nurse Coordinator of the NIH-NSC facilitated the lecture-discussion and hands-on training on the implementation of Newborn Screening. It was held at Quezon Medical Center and participated in by selected barangay health workers and representatives from the District Health Units (DHUs).

On the last day of the event, the participants were awarded with certificates of completion and attendance. The City Council of Lucena ended the event by mandating the three DHUs to start offering newborn screening in their areas of responsibility. City Councilor Benny Brizuela expressed hope that the people of Lucena City will start giving importance to their health and that Lucena City will serve as a role model to other LGUs on newborn screening.

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were made to attract more parents to the program. During that year, the Newborn Screening Indigent Fund was organized to support other parents who cannot afford to pay the screening fee. Funds were obtained from the parents who made initial payments but failed to come back for newborn screening within two months after giving birth. The funds are being handled by Chief Nurse Mrs. Espino.

It was also during this year that the Newborn Screening Card was introduced. The card contains information about the baby, the date when newborn screening was done and a record of installment payments during prenatal check-ups.

Philhealth fulfilled its own vital role in the implementation of Newborn Screening. It was in February 2007 when the hospital started reimbursing benefits for Newborn Screening and Hepatitis B vaccine through the Newborn Care Package. Our Newborn screening performance rate increased to almost 70% because of these benefits.

The challenge in our payment scheme comes from babies whose prenatal care was not given by the hospital, thus,

cannot avail of the NBS program. In such cases, we sought sponsorship from the local government of Calumpit to subsidize these patients. A Memorandum of Agreement (MOA) was created in May of 2008, which is awaiting signature as of this writing. The MOA seeks to finance 15 babies per month. This effort of involving the support of Local Government Units aims to increase our screening rate to 90%.

**The NBS Parent Support Group**

With the growing number of patients being screened, incidence rate of newborns with positive results increased, particularly for G6PD deficiency.

Last November 2007, an NBS Support Group composed of concerned parents was created. It was followed by a local seminar about Understanding G6PD deficiency, a program adopted from the National Institutes of Health. This will be a regular event of the support group. The seminar is given to parents with G6PD positive babies. The NBS Support Group's primary goal is to assist parents cope with the disorder and teach them what to do in times of crisis. Parents conduct research and observation in coordination with the NBS Coordinator.

The same parent support group was tapped as area coordinators whose main responsibility is to contact parents whose babies must undergo confirmatory tests on G6PD at the NIH. The areas extend from Calumpit to Pulilan and Pampanga. They provide the list of patients who will be included in the free ambulance trip to NIH. The use of emergency ambulance to bring patients with G6PD at the confirmatory center was initiated by the new chief of hospital Dr. Al Bacolod.

The support group is further reinforced with more undertakings currently being done by this writer: tracing of patients with G6PD who transferred to other localities; and profiling of G6PD patients (which is at the data gathering stage).

Having encountered two cases of Congenital Hypothyroidism (CH), the facility is helping patients fund the confirmatory tests for TSH and T4. The effort is supported by the NBS Indigent Fund.

Aside from the performance target, our goal is to apply the PPP scheme to other government hospitals. Based on experience, we believe that it can be done.

- Dr. Arvin Escueta  
Newborn Screening Coordinator – BMCH

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2010 during the Shared Visioning Exercise of the three-day Program, Implementation, and Review of the NBS program.

In an effort to improve the NBS program efficiency and effectiveness, the Department of Health, in coordination with the NIH Newborn Screening Reference Center, conducted the program review last March 11-13, 2008 at Cloud 9 Hotel, Antipolo City. The P.I.R was attended by NBS program coordinators and representatives from the



Licensing Division of the various Centers for Health Development.

The participants did not only enjoy the scenic view of Antipolo over

looking the city but most importantly, they were provided with information and analytical tools to help them formulate leadership strategies and implementation plans for their regions.

The three-day activity assessed the effectiveness of program implementation; formulated steps towards increasing NBS coverage; ensured quality by identifying and analyzing the gaps; and developed strategies and mechanisms to realize the National Comprehensive Newborn Screening System Strategic Plan.