

newborn screening

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DECEMBER 2008

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Fabella Hospital to boost NBS coverage

With a daily average of 60-100 deliveries, Dr. Jose Fabella Memorial Hospital (DJFMH) is described by Asia Times as one of Asia's largest maternity hospitals. It is a government-run hospital which caters mostly to indigents in Metro Manila.

In a meeting held last January 13, 2009, Dr. Carmencita Padilla, Director of Newborn Screening Reference Center (NSRC), Dr. Ma. Paz Corrales, NBS Program Coordinator of CHD-Metro Manila, and DJFMH Medical Director Dr. Ruben Flores, discussed the issues and challenges confronting the hospital in NBS implementation.

Among the major concerns raised were lack of funding for indigent patients and advocacy materials. The meeting came up with the following resolutions: intensification of advocacy and strengthening of partnership with local government units.

Dr. Corrales committed to assist DJFMH by providing advocacy materials, such as flipcharts, posters and billboards and helping lobby for funding from local government



L-R: V Mendoza, C Padilla, R Flores, MP Corrales, S Asis

units to sponsor NBS of their indigents.

Dr. Flores, on the other hand, vowed to strengthen the hospital administration's support to the newborn screening program through advocacy and hospital policy as recommended by the NBS monitoring team. Regular conduct of mother's classes integrating NBS in the lecture, encouraging active involvement of OB Department in advocating NBS at pre-natal clinics, and distribution of brochures to every expectant mother during pre-natal visits and after delivery are some of the strategies that Fabella is plan-

ning to undertake to boost its NBS coverage. Moreover, the hospital intends to provide a television and DVD player in the waiting area for the showing of videos on NBS. Flipcharts, posters and billboards will also be placed in strategic locations within the hospital.

DJFMH, like other DOH retained hospitals, remains one of the most challenged NBS facilities in NBS implementation. Dr. Padilla believes that if these strategies will work in Fabella, then there is a greater possibility that it will also work in other DOH-retained hospitals.

AO on Rapid Reduction of Maternal and Newborn Deaths released

The Department of Health, lead agency for NBS implementation, its partners, and other program stakeholders, remain aggressive in their efforts to increase the coverage of screened babies across the nation and ensure quality standards in the implementation of the National Comprehensive Newborn Screening System. One of the efforts being initiated is the full institutionalization of the program.

In September 2008, newborn

screening was included in the maternal and newborn service package as essential service for the newborn through the Administrative Order on Rapid Reduction of Maternal and Newborn Deaths in the Philippines.

The order applies the Fourmula One for Health (F1) approach for the local implementation of an integrated Maternal, Neonatal and Child Health and Nutrition (MNCHN) Strategy. This strategy, as stipulated in the AO, "shall guide the develop-

ment, implementation and evaluation of various programs aimed at women, mothers and children, with the ultimate goal of reducing maternal and neonatal mortality in the country. It shall also serve as guide in the engagement, assistance and empowerment of local government units (LGUs) and other partners in rapidly achieving the maternal and neonatal mortality reduction goal".



Clarification on PhilHealth's Newborn Care Package

Republic of the Philippines
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PHILHEALTH CIRCULAR

No. 67, s-2009

TO : ALL CONCERNED

SUBJECT : Clarification on PhilHealth's Newborn Care Package and Normal Spontaneous Delivery and Maternity Care Package

A. NEWBORN CARE PACKAGE (Circular Nos. 24 s. 2006 and 20 s. 2007)

1) Newborn Care Package (NCP) may be availed by any qualified PhilHealth dependent delivered in accredited hospitals and non-hospital facilities for MCP that are certified as a newborn screening facility.

a. Qualified dependents include babies delivered via cesarean section, breech extraction or vaginal deliveries.

b. Claim for NCP is independent from the mother's claim for delivery.

i. Therefore, a claim can be filed for a baby's NCP even if the mother's delivery is not covered by PhilHealth. For this reason, babies of 5th and subsequent normal deliveries are also qualified for NCP.

ii. Baby's claim need not be attached to mother's claim for delivery.

iii. Moreover, the only required premium for dependents of Employed and Individually Paying members is three (3) months of contribution within the immediate six (6) months prior to delivery.

2) Newborn screening test, BCG and Hepatitis B immunization may be given on outpatient basis since normal newborn babies can be sent home as soon as possible.

a. The following are considered as incomplete provision of services: 1) Immunization done in private doctors' clinics and 2) Newborn screening test done in another facility. In these cases, the member may be advised to file directly with PhilHealth.

b. The claims for NCP must only be submitted after completion of provision of said required services (newborn screening test, BCG and Hepatitis B immunization) if provided in RHU.

3) Resuscitation is a series of actions (e.g., suctioning, administration of oxygen) to establish normal breathing, heart rate, color, tone and response of an infant with an abnormal vital signs or low Apgar score.

a. Normal babies require no resuscitation.

b. Resuscitation is required only for newborns with abnormal breathing 1 minute after delivery or newborns with Apgar scores below 7. If performed, resuscitation of the newborn should be included in Part IV c item No. 3 of Phil-

Health Claim Form 2.

4) Claims for NCP are exempted from the submission of Statement of Accounts.

5) Since home deliveries are not covered for NSD, MCP or Newborn Care Package, members are advised to deliver only in PhilHealth-accredited facilities.

6) Rural Health Units and Health centers are encouraged to apply for a separate accreditation as a provider of the maternity care package so they can be reimbursed expenses for the MCP and NCP.

B. NORMAL SPONTANEOUS DELIVERY AND MATERNITY CARE PACKAGE (Circular No. 20 s. 2008)

1) Normal Spontaneous Delivery (NSD) Package is the benefit provided by PhilHealth for the coverage of normal deliveries of the first four births in accredited hospitals. On the other hand, PhilHealth benefit for the coverage of the first four births in accredited non-hospital facilities (e.g., lying-in clinics, birthing homes, midwife-managed clinics) is termed Maternity Care Package or MCP.

2) With the implementation of the extended coverage of normal deliveries of the first four births, the case rate for the NSD and Maternity Care Package remains the same at 4,500 pesos per case including 2,000 pesos for professional fee in accredited hospitals.

3) Maternity Care Package covers the following services: prenatal care, delivery, postpartum care and family planning. Newborn care services that are previously covered by the MCP may now be covered separately thru the Newborn Care Package as per PhilHealth Circular No. 20 series of 2007.

C. ERRATUM

1) The Relative Value Unit for the treatment of incomplete abortions that are completed surgically (RVS Code 59812) remains at 40 and not 60 as listed in PhilHealth Circular No. 20 series of 2008.

CODE	DESCRIPTIVE TERMS	RVU
59812	Treatment of incomplete abortion completed surgically	40

The provisions of previous Circulars, Office Orders and other related issuances that are not inconsistent with any provisions of this Circular remain in effect.

ORIGINAL SIGNED 10.2.09
Dr. REY B. AQUINO
President and CEO

Midwives formulate a resolution in support of Newborn Screening

Last February 3, 2009, 23 officers of midwives organizations in the Philippines participated in a consultative workshop held at the Audiovisual Rm., DAP Bldg, San Miguel Ave., Ortigas Center, Pasig City. The organizations included the Philippine League of Government and Private Midwives Inc., Well Family Midwife Clinics Partnership Foundation, Inc. (WFPI), Midwives Foundation of the Philippines, Inc. (MFPI), Integrated Midwives Association of the Philippines (IMAP), and the Association of Philippine Schools of Midwifery.

The one-day workshop entitled, "Strengthening the Midwives' Role in Increasing Newborn Screening Coverage" focused on generating input and support of the participants and their organizations towards strengthening their role in increasing the national coverage of newborns

screened. The participants worked together to identify strategic solutions and critical roles their organizations could undertake which were incorporated in their organization's action plans. The workshop culminated with the formulation of a resolution that commits their organizations to actively support newborn screening through various initiatives. These are awareness campaigns and public health education on newborn screening among its members and the general public, lobbying for the issuance of resolutions/ordinances on newborn screening for the newborn population and pursuing the inclusion of newborn screening in the midwifery curriculum, among others.

Representatives from key agencies involved in the implementation of newborn screening were present to lend support: the Philippine Health Insurance Corporation headed by Dr. Giovanni Roan; Dr. Yolanda Oliveros, Director of the NCDPC-DOH; Dr. Juanita Basilio Officer-in-Charge of MCH-DOH and Dr. Carmencita Padilla of NSRC.

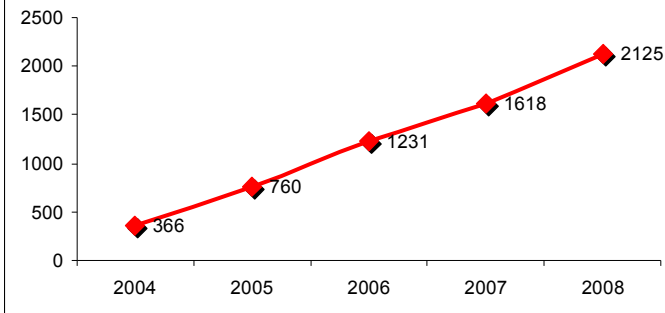


Participants to the Strengthening the Midwives' Role in Increasing Newborn Screening Coverage held in DAP

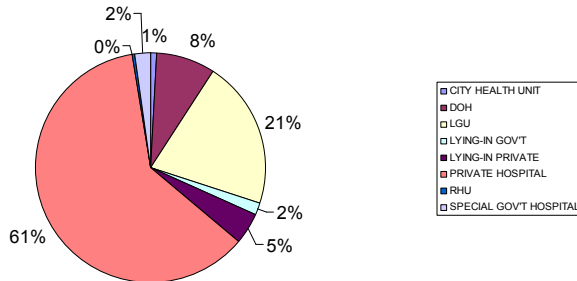
2008 Statistics

Newsbits

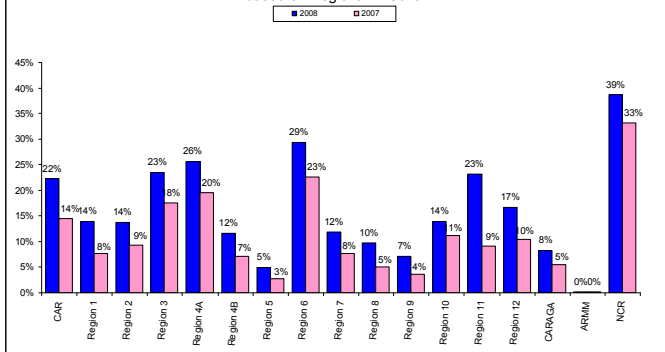
Growth in the Number of NSFs



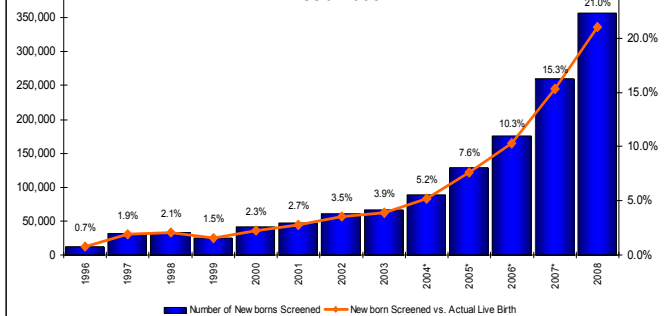
SAMPLES RECEIVED BY TYPE OF NSF



Regional Performance 2008 vs 2007
based on Regional Livebirth*



National Coverage 1996-2008



Workshop on Strengthening Newborn Screening Quality Systems

To provide Filipino newborns with quality service through newborn screening, the Newborn Screening Reference Center (NSRC) conducted the 1st Workshop on Strengthening the Newborn Screening Quality System on January 17, 2009 at the National Institutes of Health, University of the Philippines Manila.

All the medical technologists, nurses and technical personnel from the newborn screening centers or laboratories (NIH and Visayas) participated in the review, discussion and assessment of the current laboratory quality standards vis-à-vis the laboratories' quality goal. The workshop was facilitated and led by NSRC Quality Assurance Officer Ms. Charity Jomento and organized by NSRC.

Opening of the Newborn Screening Center in Northern Luzon

As part of the strategic plan of the National Comprehensive Newborn Screening System, the next Newborn Screening Center (NSC) in Luzon will be established. This will be 4th Newborn Screening laboratory to be set-up in the country.

The establishment of additional laboratories is stipulated in Section 23 of the Implementing Rules of RA 9288 which states that *“the establishment and accreditation of either free-standing or hospital-based NSC shall be phased.”* Initially, four (4) NSCs were considered to serve the whole country. However, additional NSCs may be established if found necessary.

The establishment and accreditation of NSCs take into consideration the following: *“strategic and geographical access to the public, data on the number of live births in each of the following areas in relation to the minimum required number of test run (at least 50,000 samples per annum), and the network component including the availability of courier services”* among others.

The Department of Health is now accepting applications for NSC in Northern Luzon. The deadline for application is on **March 30, 2009**.

Saving Filipino Newborns through NBS: The Role of Women’s Organizations

“Mahirap mag-alaga ng mentally retarded na bata at karaniwan ang mga babae o mga nanay ang nagpapasan ng ganitong responsibilidad,” says Aster Lyn Sur, Genetic Nurse, in her orientation-lecture on NBS during a forum with the women’s organization entitled *“Saving the Filipino Newborns through Newborn Screening: The Role of Women’s Organization in the Philippines”*. The forum was held last Feb. 16, 2009 at the NIH Building, U.P. Manila.

The forum was intended to promote awareness on Newborn Screening and increase the number of newborn screened at the community level. The goal is for women’s organization and interest groups in the informal sector to initiate advocacy and actively participate in the program implementation. The activity was attended by representatives from various women’s organizations including Philippine Women’s University-Development Institute for Women in Asia-Pacific (PWU-DIWA), Developmental Advocacy of Women Volunteerism Foundation Inc. (DAWV), Likhaan, and Center for Women’s Resources (CWR).

Announcement

All inquiries for newborn screening training will be forwarded to the respective Centers for Health Development (CHDs). The conduct of training will be a prerogative of the CHDs. Contact details of Regional Coordinators are available at <http://www.newbornscreening.ph/popcoord.html>

Erratum

For Volume 12 Issue # 2
April–June 2008

Dr. Marilou Neri should be Dr. Marilou Nery

Acknowledgment

All efforts of San Lorenzo Ruiz Women's Hospital to achieve 100% NBS coverage is fully supported by its Chief of Hospital, Dr. Ma. Isabelita M. Estrella.

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DOH, NSRC facilitate the opening of new G6PD confirmatory laboratories

One out of 54 (1:54) babies born in the Philippines is affected by Glucose-6-Phosphate Dehydrogenase (G6PD) Deficiency, a condition where the body lacks the enzyme called G6PD. Babies with this deficiency may have hemolytic anemia resulting from exposure to oxidative substances found in drugs, foods, and chemicals.

As of February 2009, only the National Institutes of Health (NIH) Central Laboratory located at P.Gil St, Ermita, Manila is offering confirmatory testing for G6PD Deficiency. Patients from as far as Ilocos Norte come to NIH and patients from Visayas and Mindanao send whole blood samples to NIH, making the confir-

matory test less accessible and affordable, especially to indigents.

To make the confirmatory test available to all babies screened positive for the disease, the Department of Health and Newborn Screening Reference Center called on interested tertiary hospitals in all regions which are equipped and willing to integrate G6PD enzyme assay testing as one of their services. An initial group of ten facilities with existing laboratory equipment from Regions I, II, III, IVA, X, XI and NCR signified interest.

A half-day orientation seminar was conducted on March 9, 2009 at Hotel Kimberly, Manila to discuss the roles of a confirmatory laboratory; requirements

for participation; cost for the confirmatory test; incentives; and finalization of partnership between DOH and the facilities.

The said seminar was facilitated by Dr. Anna Victoria Sombong, Pathologist (NSC-Visayas) and participated by hospital administrators and laboratory pathologists from the following facilities: MCU-FDT Medical Foundation Hospital; Dr. Jose Fabella Memorial Hospital; Mariano Marcos Memorial Hospital & Medical Center; Cagayan Valley Sanitarium & Hospital; Cagayan De Oro Polymedic General Hospital; Tagum Doctor's Hospital, Inc.; AUF Medical Center; University of Perpetual Help Medical Center; Our Lady of Lourdes Hospital; and Batangas Regional Hospital.



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