

# Newborn Screening

## CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

Primary care providers are required to review each infant's newborn screening results: blood spot, hearing, and pulse oximetry. Early detection of conditions on the newborn screening panel ensures infants receive timely care, treatment, or interventions.

### C&TC standards

#### General

Primary care providers are required to review each infant's newborn screening results and follow all the Minnesota Department of Health (MDH) Newborn Screening program recommendations regarding follow-up.

#### Personnel

A licensed health care provider (physician, nurse practitioner, physician assistant) should review results and ensure recommended follow-up is completed and documented.

Obtain copies of all newborn screening results from the birth hospital, midwife, or electronically through the [MDH Newborn Screening portal](#). Contact the Newborn Screening program at 1-800-664-7772 for assistance

#### Documentation

Place the newborn screen report(s) in the child's medical record. Document actions taken based on screening results.

Refer to the [C&TC Provider Documentation Forms](#) for documentation examples or to

use as a template with your electronic medical record.

### Procedure

Professionals who care for newborns are required to make newborn screening available for every Minnesota birth, but parents may opt out of all or part of newborn screening as per [Minnesota Statute 144.125](#).

- Hearing and pulse oximetry screening results should be available the day the screen is performed.
- Blood spot screening results are usually complete a week after the sample collection and returned to the submitting provider (typically the hospital). Results are also available from MDH when completed.
- Review all screening results and share results with the infant's parent(s) or guardian(s), preferably at the first well-child visit.

### Follow-up

Most screening results will be normal, requiring no additional follow-up. Some results may require additional screening and/or testing.

Effective communication to parents about abnormal screening improves the family's experience with newborn screening (Advisory Committee on Heritable Disorders in Newborns and Children). Ensure recommended follow-up is pursued.

Newborn screening is not diagnostic. False positive and false negative results may occur. Newborn screening should not replace diagnostic testing, especially if a child presents with clinical concerns for a screened condition.

### Blood spot screening

If a child has an abnormal blood spot screen requiring clinical action, MDH contacts the indicated provider. If you have not heard from MDH about an abnormal result on a patient's report, call the Newborn Screening program at 651-201-3548.

Refer to [Newborn Screening Information for Providers: Blood Spot Screening Results](#) for descriptions of possible results and follow-up practices. Follow-up recommendations depend on the specific screening result

### Hearing screening

If the child did not pass their hearing screening, ensure a diagnostic audiology evaluation occurs before 3 months of age.

Refer to [Newborn Screening Information for Providers: Hearing Screening for Primary Care Providers](#) and [Information for Medical Home – Primary Care Providers](#).

### Pulse oximetry screening

If the child did not pass the pulse oximetry screen, review in-hospital evaluation and follow-up recommendations. Continue evaluating for other causes of hypoxemia in children who did not pass the screening,

even if critical congenital heart disease is ruled out (Oster, et al., 2025).

## Importance of screening

If untreated, conditions identified on the newborn screen can lead to illness, physical and/or intellectual disabilities, or death. Referral, specialized care, and treatment can ensure the best possible outcome (Centers for Disease Control and Prevention, 2024).

## Professional recommendations

### American Academy of Pediatrics

Newborn screening and appropriate follow-up are recommended as a part of routine well-child care (American Academy of Pediatrics, 2025).

## Resources

### Minnesota Department of Human Services

- [C&TC Schedule of Age-Related Screening Standards](#)
- [Minnesota Health Care Programs \(MHCP\) Provider Manual - C&TC Section](#)

### Minnesota Department of Health

- [Child and Teen Checkups \(C&TC\)](#)
- [Newborn Screening Program](#)
- [Longitudinal Follow-Up for Newborn Screening Conditions](#)

## Other resources

- [Newborn Screening](#)
- [Advisory Committee on Heritable Disorders in Newborns and Children](#)

## For more information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3650 or email [health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us).

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## Resource links

- [MDH Newborn Screening portal](#)  
(<https://nbsreporting.health.mn.gov/toolbar/login.aspx>)
- [C&TC Provider Documentation Forms](#)  
(<https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/ctc-resources>)
- [Minnesota Statute 144.125](#)  
([www.revisor.mn.gov/statutes/cite/144.125](http://www.revisor.mn.gov/statutes/cite/144.125))
- [Newborn Screening Information for Providers: Blood Spot Screening Results](#)  
([www.health.state.mn.us/people/newbornscreening/providers/bloodresults.html](http://www.health.state.mn.us/people/newbornscreening/providers/bloodresults.html))
- [Newborn Screening Information for Providers: Hearing Screening for Primary Care Providers](#)  
([www.health.state.mn.us/people/newbornscreening/providers/hearingprimary.html](http://www.health.state.mn.us/people/newbornscreening/providers/hearingprimary.html))
- [Information for Medical Home – Primary Care Providers](#)  
(<https://www.health.mn.gov/people/childrenyouth/improveehdi/medhome.html>)
- [C&TC Schedule of Age-Related Screening Standards](#)

(<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG>)

- [Minnesota Health Care Programs \(MHCP\) Provider Manual - C&TC Section](#)  
([www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_150092](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_150092))
- [Child and Teen Checkups \(C&TC\)](#)  
([www.health.state.mn.us/people/childrenyouth/ctc/index.html](http://www.health.state.mn.us/people/childrenyouth/ctc/index.html))
- [Newborn Screening Program](#)  
([www.health.state.mn.us/people/newbornscreening](http://www.health.state.mn.us/people/newbornscreening))
- [Longitudinal Follow-Up for Newborn Screening Conditions](#)  
(<https://www.health.state.mn.us/people/childrenyouth/ncfu/index.html>)
- [Newborn Screening](#)  
(<https://www.cdc.gov/newborn-screening/>)
- [Advisory Committee on Heritable Disorders in Newborns and Children](#)  
(<https://www.hrsa.gov/advisory-committees/heritable-disorders>)

## References

Advisory Committee on Heritable Disorders in Newborns and Children. (n.d.). *Communication Guide*. Retrieved from Health Resources and Services Administration: <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/heritable-disorders/resources/achdnc-communication-guide-newborn.pdf>

American Academy of Pediatrics. (2025, February). *Recommendations for Preventive Pediatric Health Care*. Retrieved from [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)

Centers for Disease Control and Prevention. (2024, December). *About Newborn Screening*. Retrieved from <https://www.cdc.gov/newborn-screening/about/index.html>

Oster, M., Pinto, N., Pramanik, A., Markowsky, A., Schwartz, B., Kemper, A., . . . Martin, G. (2025). Newborn Screening for Critical Congenital Heart Disease: A New Algorithm and Other Updated Recommendations: Clinical Report. *Pediatrics*.