The Royal College of Pathologists
Pathology: the science behind the cure

Screening factsheet

◆ Each year over 800,000 newborns are screened (more than 99% of all the babies born each year), in a successful screening programme.

◆ By screening newborns, we can find out which babies have rare, serious, inherited diseases.

◆ If any babies do have a condition, screening is life-saving because early treatment (often as simple as modifying a baby's diet) can improve their health, prevent disability and even death.

◆ All babies in England are screened for phenylketonuria (PKU), congenital hypothyroidism (CHT), sickle cell disease (SCD), cystic fibrosis (CF) and medium-chain acyl-CoA dehydrogenase deficiency (MCADD).

◆ You can also screen newborns for whether they are a carrier of a disease (CF or SCD). And it is possible to also identify **beta thalassaemia major** where the baby does not make enough red blood cells and will have severe anaemia.

◆ Screening is not 100% accurate, and is not compulsory.
But it is strongly recommended.

◆ A midwife will prick the one-week old baby's heel to place the drops of blood onto a neonatal blood spot card.

◆ By 4-6 weeks old, parents will know if their baby has a condition, or is a carrier. If their baby has a condition, further tests may be required to confirm this and they will be invited to see a specialist.

◆ Blood spot cards are kept for at least five years. Parents may be invited to take part in further research into inherited conditions.