



# Newborn Screening and Services:

A guide for hospital healthcare providers





**Department of Health**

Three Capitol Hill  
Providence, RI 02908-5097  
HEALTH Information Line:  
401-222-5960 / RI Relay 711  
[www.health.ri.gov](http://www.health.ri.gov)

## **Newborn Screening and Services:**

### **A guide for hospital healthcare providers**

Rhode Island screens newborns for 29 conditions, including hearing loss. Newborn screening is mandated for all babies born in Rhode Island. The Rhode Island Department of Health provides additional preventive health services to families of newborns and young children through its First Connections home visiting program. **This guide contains information on hospital public health requirements for newborn screening.** It also includes copies of the brochures and refusal of consent forms that you must make available to parents.

#### **For every hospital birth, your hospital is required to:**

1. Know both the HIV status and hepatitis B surface antigen (HBsAg) status of the mother. Follow the hospital protocol for HIV positive pregnant women. Report hepatitis B positive cases to the mother's physician, nursery staff, and the hospital's infection control department.
2. Collect a newborn screening bloodspot specimen 24-48 hours after the birth. (See the labeled sections of this guide for specimen handling and mailing instructions.)
3. Inform the parents of the Centers for Disease Control and Prevention (CDC) recommendation that all babies receive hepatitis B vaccine and vaccinate the newborn as appropriate.
4. Inform the parents of the newborn hearing screening requirement and have the baby's hearing screened before the baby is discharged.
5. Provide the parents with the "Newborn Screening and Services" brochure. Include the baby's hearing screening results in this brochure.
6. Talk to the parents about the benefits of the First Connections home visiting program and offer to arrange a home visit for them.
7. If the parents refuse to have their baby receive any or all of the required newborn screenings (bloodspot or hearing) or the hepatitis B vaccine, have the parents sign a refusal of consent form. Parents may refuse to have their babies screened or vaccinated if it conflicts with their religious beliefs. This guide includes copies of the bloodspot screening, hearing screening, and hepatitis B vaccine refusal forms and information about where to send the refusal forms.

For more information on state newborn screening laws, search for the Rhode Island General Laws §23-13-13, §23-14-14 at [www.rilin.state.ri.us/Statutes](http://www.rilin.state.ri.us/Statutes). For general information, call the HEALTH Information Line at 401-222-5960 / RI Relay 711 or visit [www.health.ri.gov](http://www.health.ri.gov)



## Perinatal HIV and Hepatitis B Screening

All pregnant women need to be screened early, in each pregnancy, for HIV and hepatitis B surface antigen (HBsAg) status. Hard copies of the laboratory results should be included in the prenatal record and forwarded to the hospital prior to admission to the labor and delivery unit.

### What the Labor and Delivery Unit should do

#### **If there are no HIV or HBsAg lab results in the chart:**

- Have the labs drawn as soon as possible.

#### **If the mother has an HIV positive test result:**

- Follow the hospital protocol for HIV positive pregnant women.

#### **If the mother has an HBsAg positive test result, inform the:**

- Nursery
- Obstetrical care provider
- Infection control nurse

### What the Nursery should do

#### **1. If the mother is HIV positive:**

- Follow the hospital protocol for newborns born to HIV positive mothers.

#### **2. Inform parents of the Centers for Disease Control and Prevention (CDC) recommendation that all babies receive hepatitis B vaccine, and talk with them about the benefits of vaccination.**

#### **3. Review the mother's HBsAg status and follow the steps below to vaccinate the baby.**

**HBsAg positive mother:** Administer single-antigen hepatitis B vaccine (0.5 mL, IM) and hepatitis B immune globulin (HBIG 0.5 mL, IM), at separate injection sites, within the first 12 hours of life, regardless of infant weight.

**HBsAg negative mother:** Administer single-antigen hepatitis B vaccine (0.5 mL, IM) before discharge to infants weighing > 2 kg (4.4lbs). Infants weighing < 2 kg at discharge will receive hepatitis B vaccine from their primary care provider when their weight is > 2kg. For these infants, document on the discharge summary that hepatitis B vaccine was not given in the hospital.

#### **HBsAg status of mother unknown:**

- If the baby is medically stable and weighs > 2 kg (4.4 lbs), administer hepatitis B vaccine with the first 12 hours of life. Follow directions above for infants weighing < 2 kg.
- If the maternal HBsAg result comes back positive and the baby is younger than 7 days old, administer HBIG as above. If the baby is already discharged from the hospital, inform the baby's healthcare provider of the result and the need for HBIG, if the baby is younger than 7 days old. If a baby is older than 7 days, HBIG is not given.

**4. If a mother refuses hepatitis B vaccine or HBIG immune globulin for her infant**

- Send a copy of the refusal form to the address listed on the form.
- Document the refusal in the baby's medical record.
- Find extra forms in this guide. For additional forms, please print from Rhode Island Department of Health website at [www.health.ri.gov/newbornscreening/for/providers](http://www.health.ri.gov/newbornscreening/for/providers). Refusal forms are located in the "Forms" box on the right side of the page.



## Newborn Blood Screening

In accordance with Rhode Island General Law §23-13-14, hospital staff are required to collect a newborn screening, blood spot, filter-paper specimen for every baby born in the hospital. Specimens are screened for metabolic, endocrine, hemoglobin, and other conditions that newborn screening can identify. Based on screening results, babies are referred to specialty clinics as needed.

### What you and your staff should do

#### 1. Ensure that the baby is screened within 24-48 hours.

- Talk with parents about the benefits of newborn blood screening. Use the Newborn Screening and Services brochure as a resource when answering questions.

#### 2. Fill out the specimen collection card.

- Complete all required fields. An example of a completed card is included in this guide.
- Order additional cards by calling Karen Lemke at the VNA of Care New England at 401-737-6050 x 1126.

#### 3. Follow proper procedures for collecting the blood spot specimen.

- Collect the specimen between 24 and 48 hours after the baby's birth.
- Dry the specimen on a flat, clean, dry surface for 3-4 hours before mailing it.
- Specimens are considered unsuitable for testing and require repeat tests if they are:
  - Collected too early (before the baby reaches 24 hours of age).
  - Poorly soaked, contaminated, clotted, or not thoroughly dried before they are mailed.

#### 4. Prepare the specimen and collection card for pickup.

- Place specimen cards in prepaid envelopes for pickup by UPS. UPS envelopes and labels are provided by the NBS Coordinator at the VNA of Care New England.
- Refer to your hospital policy for specimen pickup and delivery. UPS picks up specimens Monday through Friday. Women and Infants Hospital has an additional pick up on Saturday.
- UPS delivers specimens to the New England Newborn Screening Laboratory, 305 South Street, Jamaica Plain, MA 02130. The laboratory reports out-of-range results and specimens unsuitable for testing to the Newborn Screening Coordinator at the VNA of Care New England. The Newborn Screening Coordinator reports abnormal results and unsatisfactory specimens that need a repeat to the healthcare provider or the hospital, if the baby is an inpatient.

#### 5. Should the parents refuse to have newborn bloodspot screening performed, have the parents sign a refusal of consent form.

- Send a copy of the refusal form to the address listed on the form.
- Document the refusal in the baby's medical record.
- Find extra forms in this guide. For additional forms, please print from Rhode Island Department of Health website at [www.health.ri.gov/newbornscreening/for/providers](http://www.health.ri.gov/newbornscreening/for/providers). Refusal forms are located in the "Forms" box on the right side of the page.

Form Name	NE - Rhode Island NBS
Design ID	NERI20101025005
Version	005
Design Date	10/25/10

----- Dotted Magenta lines signify perf lines.

**Face of Part 4 and 5**  
 SCREENING -- Short vertical lines: 15%; "mo day yr": 20%  
 Box at right = 8%

Slub Length  
 3/4" (19mm)

Sample specimen slip

<b>SUBMIT TO: NEW ENGLAND NEWBORN SCREENING PROGRAM</b> 305 SOUTH STREET JAMAICA PLAIN, MA 02130		11RI <input checked="" type="checkbox"/> 2013-10
<input checked="" type="checkbox"/> FIRST SPECIMEN HOSPITAL OF BIRTH: <u>Henne Birth</u> BABY'S MEDICAL RECORD NO.: _____	<input type="checkbox"/> REPEAT SPECIMEN CHECK I/F SUBMITTER: _____ HOSPITAL OF TRANSFER: _____	SN <b>436301</b>
MOTHER'S NAME (LAST): <u>DOE</u> MOTHER'S NAME (FIRST): <u>Sange</u> STREET (P.O. BOX): <u>2 Captain St</u> CITY: <u>Providence</u> STATE: <u>RI</u> ZIP: <u>02908</u> HOME TEL: <u>(999) 999-9999</u> CELL: <u>(666) 666-6666</u> BABY'S DOCTOR: <u>Dr. Peterson</u> CHECK I/F SUBMITTER: <input checked="" type="checkbox"/>	MOTHER'S BIRTH DATE: <u>051885</u> CITY: <u>Providence</u> STATE: <u>RI</u> ZIP: <u>02908</u> STREET (P.O. BOX): <u>305 South St</u> STATE: <u>MA</u> ZIP: <u>02130</u> CITY: <u>Jamaica Plain</u> STATE: <u>MA</u> ZIP: <u>02130</u> TELEPHONE: <u>(999) 999-9999</u> FOR TEST RESULTS CALL: R.I. Department of Health Newborn Screening Program (401) 737-6050 TESTS BY: New England Newborn Screening Program 305 South Street, Jamaica Plain, MA 02130	As of 7-1-06 tested for analytes associated with 26 treatable disorders of metabolic, endocrine and hemoglobin function. These include Galactosemia, Biotinidase Deficiency, Hypoglycemia, Hypocalcemia, Congenital Adrenal Hyperplasia, Cystic Fibrosis, and Phenylketonuria. Only fecal, urine, and organic acid metabolites. Collector's Initials: <u>PT</u>
BABY'S NAME (LAST): <u>DOE</u> (FIRST): <u>JACKIE</u> SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Single Birth <input type="checkbox"/> Multiple Birth <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C BIRTH DATE: <u>01/08/10</u> TIME: <u>8:25</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM SPECIMEN DATE: <u>01/27/10</u> TIME: <u>8:25</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM BIRTH WEIGHT: grams _____ OR lbs/oz: <u>9</u> / <u>3</u> CURRENT WEIGHT: grams _____ OR lbs/oz: <u>7</u> / <u>5</u>	HAS THIS BABY BEEN TRANSFUSED IN LAST 48 HOURS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE OF LAST TRANSFUSION: _____ IS BABY IN NICU/SPECIAL CARE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FEEDING: <input checked="" type="checkbox"/> BREAST <input type="checkbox"/> FORMULA <input type="checkbox"/> OTHER _____ COMMENTS: _____	11RI
436301      436301      436301		
Ahlstrom 226    LOT 0120201 / 1001297    SEE INSTRUCTIONS ON BACK SATURATE ALL CIRCLES COMPLETELY		

Total Form Width (all parts) 4 1/4" (208mm)

Part 4: 105# Manila CF; Reflex Blue Ink face only, Black and Red 185 ink back only, Red Marginal Phrase and Black 3/16" Arabic Numbers 7 3/4" (196.9mm)

Part 5: Grade 226; ID3333 Biologically inactive ink face only 1 5/8" (41.3mm)

ID Biological S Y S T E M S

Form Name	NE - Rhode Island NBS
Design ID	NERI20101025005
Version	005
Design Date	10/25/10

Dotted Magenta lines signify perf lines.

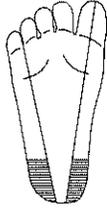
Back of Part 6 (no copy on face)

Stub Length  
3/4" (19mm)

**INSTRUCTIONS - PLEASE PRINT**

- Use ball-point pen.
- Please fill out form completely.
- Store specimen cards in a cool dry place.
- Do not handle filter paper portion. Skin oils will prevent saturation.

**SAMPLE COLLECTION**



**COLLECT SAMPLE FROM SHADED AREA**

<b>RIGHT</b>		<b>ACCEPTABLE</b> Circle filled and evenly saturated
<b>WRONG</b>		<b>UNACCEPTABLE</b> Layering
		Insufficient, multiple applications
		Serum rings present

1. Sterilize and dry skin. Puncture heel with sterile lancet. Discard first drop of blood from heel before sampling.
2. Allow large blood droplet to form (without excessive squeezing).
3. Touch filter paper to blood; allow blood to soak through completely in each circle. Total saturation of the circles must be evident when the paper is viewed on both sides (but do not apply blood to both sides).
4. Allow blood spots to air-dry thoroughly for three hours at room temperature. Keep away from direct sunlight and heat. Never superimpose one wet filter paper on another before thorough drying.
5. Submit specimen to the screening laboratory within 24 hours of collection.

Note: Specimens may be UNSATISFACTORY if:

- All circles not completely filled.
- Oversaturated due to layering of blood.
- Contaminated.
- Specimen not allowed to dry thoroughly (e.g. specimen should not be sealed in plastic bag).

If, for any reason, your hospital is not collecting a specimen on this baby, please complete the demographic information and forward the newborn screening form to the Newborn Screening Program. (Complies with NCCLS standard LA4-A5)

DO NOT WRITE IN BOXES BELOW (FOR LAB ONLY)

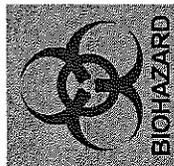
	Phe	Leu	Met	Gal	Bio	Hgb	CAH	T4	TSH	MCAD	19MET	CF
1												
2												
3												



2013-10

Manufactured By:  
**ID Biological**  
SYSTEMS  
Greenville, SC USA

FOLD BACK DURING DRYING BUT DO NOT REMOVE THIS COVER FLAP. IT IS FOR THE PROTECTION OF THE SPECIMEN AND THE SPECIMEN HANDLERS. PLEASE MAKE SURE THAT THE BLOOD SPOTS ARE COMPLETELY DRY AND PROTECTIVE FLAP IS IN PLACE BEFORE SUBMITTING SPECIMEN.



Total Form Width (all parts)  
4 1/4" (208mm)

Part 6: 28# White Ledger; Black and Red 185 Ink back only  
10 1/2" (266.7mm)

**ID Biological**  
SYSTEMS

100214\_Rev0 16-Sep-2008



## Newborn Hearing Screening

Rhode Island General Law §23-13-13 requires hospitals to offer hearing screening for all newborns. To fill this responsibility, all birthing hospitals in Rhode Island employ newborn hearing screeners. The Rhode Island Hearing Assessment Program trains hearing screeners, provides hospitals with screening equipment, and performs follow-up diagnostic screening on babies who do not pass hospital screening tests. National hearing screening goals are to screen all babies before one month of age, to diagnose referred babies before three months of age, and to initiate Early Intervention for babies diagnosed with hearing loss before six months of age.

### What screeners should do

#### 1. Offer hearing screening for the baby.

- Talk with parents about the benefits of newborn hearing screening. Use the Newborn Screening and Services brochure as a resource when answering questions.

#### 2. Screen the baby for hearing loss.

- Give the parents the results of their baby's hearing screening (pass/fail) before they are discharged from the hospital.
- Provide a written copy of the results as an insert in the Newborn Screening and Services brochure.

#### 3. If the baby does not pass the hearing screening, make an appointment for the parents to bring the baby back for a second screening test.

- The parents should return to the same hospital for the second screening.
- If the baby fails the second screening, notify the Rhode Island Hearing Assessment Program (RIHAP) via the hospital's weekly data transfer. RIHAP then contacts the family and provides information on options for audiologic diagnostic testing.

#### 4. Should the parents refuse to have newborn hearing screening performed, have the parents sign a refusal of consent form.

- Send a copy of the refusal form to the address listed on the form.
- Document the refusal in the baby's medical record
- Find extra forms in this guide. For additional forms, please print from Rhode Island Department of Health website at [www.health.ri.gov/newbornscreening/for/providers](http://www.health.ri.gov/newbornscreening/for/providers). Refusal forms are located in the "Forms" box on the right side of the page.

# Congratulations!

Congratulations on the birth of your baby! This guide explains several early screening tests and services that Rhode Island offers for newborns. Before leaving the hospital, your baby will have these screening tests to detect serious conditions that may affect his or her health and development. All conditions identified through these screenings can be treated if found early. You do not have to pay for any of these screenings.



# HEALTH Information Line

If you need more information about any of the newborn screening services or programs described in this guide, call the HEALTH Information Line at **401-222-5960** / **RI Relay 711**, weekdays from 8:30 a.m. to 4:30 p.m. Our team speaks English and Spanish.



NBS 03-012711

# Newborn Screening and Services

A guide to tests, screenings,  
and programs for newborns.





## Newborn Blood Screening

Before your baby goes home from the hospital, a few drops of blood will be taken from your baby's heel. The blood will be screened for metabolic (how the body digests food), endocrine (how the body controls many functions), and hemoglobin (blood) conditions (refer to insert for more details about these conditions). Newborn blood screening is required by law. Blood samples are stored until your baby reaches adulthood. To refuse, you must sign a waiver stating that you understand the risk of not having the screening test done.

The newborn blood screening should be done when your baby is at least 24 hours old. If your baby leaves the hospital before this time, you will have to bring your baby back for the screening. Sometimes, a screening may need to be repeated. This does not necessarily mean that your baby has a condition. If your baby's screening needs to be repeated, a doctor or nurse will call and tell you. The screening needs to be repeated as soon as possible. It is best to do this at the hospital where your baby was born, but you can go to the lab at any maternity hospital in Rhode Island.

Results from these screenings are reported to your baby's doctor. Screening is available for many conditions beyond those included in Rhode Island's Newborn Screening Program. These additional screenings are available for a fee through other labs. If you would like to have your baby receive additional screening tests, talk to a doctor or nurse while you are in the hospital about the tests and where you can get them done.

## Newborn Hearing Screening

During your hospital stay, your baby's hearing will be screened to measure how the ear responds to soft sounds. A small microphone will be put in your baby's ear. The screening takes 10 to 15 minutes and does not hurt. If the results are not clear, the screening may need to be repeated. If this is needed, the Rhode Island Hearing Assessment Program will contact you. Bring your baby back to the hospital for the repeat screening as soon as possible.

If the screening shows that your baby might have hearing loss, or your baby has any other risk factors for hearing loss, the Rhode Island Hearing Assessment Program will recommend that you take your baby to a hearing specialist (audiologist) for more testing, either right away or at six months of age. The program will contact you to make this appointment.

## Birth Defects Program

Babies identified with birth defects in the newborn period are included in a Birth Defects Information System at the Rhode Island Department of Health. The Birth Defects Program uses information in this system to make sure that families and their children receive appropriate services and referrals. This information is also used to study patterns of birth defects. All information in the system is confidential and is protected under state and federal privacy laws.

If you do not want your child's information entered into the Birth Defects Information System, you may either contact your child's doctor directly or call the HEALTH Information Line at **401-222-5960 / RI Relay 711**, weekdays from 8:30 a.m to 4:30 p.m. You also have the right to restrict the release of information on your child from the Birth Defects Information System and to choose to not be contacted by the Birth Defects Program.

## First Connections Program

While you and your baby are in the hospital, a nurse will review your pregnancy and delivery records. The nurse will look to see if there are any reasons your baby's development could be delayed.

Based on the review of your records, the nurse may refer you to the First Connections Program, a home visiting program for families with newborns and young children. At no cost to the family, the program offers information on topics such as breastfeeding and nutrition, when to call your baby's doctor, and how to make your home safe for your baby. Home visitors provide support and link you to resources in your community that help you and your baby get off to a healthy start.

While you are in the hospital, a nurse from the First Connections Program may stop in to tell you more about it. If a nurse doesn't see you while you are in the hospital, the program may call you to schedule a home visit. If you are not offered a home visit but would like one, call the HEALTH Information Line at **401-222-5960 / RI Relay 711**, weekdays from 8:30 a.m. to 4:30 p.m.

## KIDSNET

All babies born in Rhode Island are enrolled in KIDSNET, Rhode Island's information system that helps families and doctors make sure that children receive complete preventive healthcare.

KIDSNET contains information from your child's birth certificate and information such as your name, address, and your child's doctor. As your baby grows, your doctor and others will add your child's immunizations, height and weight measurements, nutritional status, medical conditions, and results of the following health screenings: developmental assessment, hearing assessment, newborn blood screening, and lead screening. Information from the First Connections, Early Intervention, and WIC Programs is also in KIDSNET.

KIDSNET is used is to remind families and doctors when immunizations, lead screenings, and other services are needed. If your child has been to different doctors, KIDSNET will keep track of all of his or her immunizations in one place. KIDSNET also helps to see whether all Rhode Island children are getting the care they need.

KIDSNET information is confidential and is protected under state and federal privacy laws. Only the Rhode Island Department of Health, doctors,



nurses, and other approved professionals such as school nurses or the Head Start Program can see KIDSNET information. You have the right to see your child's information. If you feel the information is incorrect or incomplete, you have the right to ask that it be changed. You also have the right to restrict who can see your child's information. For details about how to do this, call the HEALTH Information Line at **401-222-5960 / RI Relay 711**, weekdays from 8:30 a.m. to 4:30 p.m.





## First Connections Home Visiting Program

Staff from the VNA of Care New England screen, identify, and refer families to the First Connections home visiting program. This program provides free, voluntary services to families with young children younger than age three. The program trains caring professionals to visit with families during the day, in the evening, and on the weekend. Anyone can call to set up a home visiting appointment for a family, including hospital healthcare providers.

Home visitors tailor their visits to the needs of individual families and can answer questions parents may have about their children or about community resources. The home visiting staff includes certified lactation counselors who can provide support to breastfeeding mothers. Many home visitors also speak more than one language. All home visitors can help families find services in their community, such as:

- Breastfeeding support
- Child care
- Early Intervention
- Healthcare options
- Immunizations
- Mental health services
- Parenting classes
- Rite Care (Rhode Island's Medicaid managed care program)
- Screening for their children's development
- SNAP (the federal Supplemental Nutrition Assistance Program)
- WIC

### What you and your staff should do

#### **1. Offer the First Connections brochure to the parents and explain the benefits of the First Connections Program.**

- Find extra copies of this brochure in this guide. Order additional brochures online at [http://www.health.ri.gov/forms/onlineordering/form\\_fop.php](http://www.health.ri.gov/forms/onlineordering/form_fop.php)

#### **2. Offer to arrange a home visit for the parents.**

- Anyone can arrange a home visit on behalf of a family.
- If the parents are interested in a home visit, call the First Connections program to make an appointment.
- Contact information for appointments is based on where the parents live and is listed on the back of the First Connections brochure or online at [www.health.ri.gov/programs/firstconnections](http://www.health.ri.gov/programs/firstconnections)

#### **3. Remind parents that they can make a home visiting appointment at a later date.**

- Home visiting is available at any time to all families with young children younger than age three. Families can make appointments by calling the number listed on the back of the First Connections brochure.

**Home visitors can help you find services such as:**

- Screening for your child's development
- Immunizations
- Healthcare options
- Child care
- Parenting classes
- Mental health services



- WIC (Nutrition Program for Women, Infants, and Children)
- RIte Care
- Early Intervention
- SNAP (Supplemental Nutrition Assistance Program)

**Call the First Connections agency that serves your community.**

**VNS Home Health Services  
782-0500**

Charlestown	North Kingstown
Coventry	Richmond
East Greenwich	South Kingstown
Exeter	Warwick
Hopkinton	West Greenwich
Narragansett	West Warwick
New Shoreham	Westerly

**VNS of Newport and Bristol Counties  
682-2100**

Barrington	Middletown
Bristol	Newport
East Providence	Portsmouth
Jamestown	Tiverton
Little Compton	Warren

**Family Resources Community Action  
766-0900**

Burrillville	North Providence
Cumberland	North Smithfield
Foster	Scituate
Glocester	Smithfield
Johnston	Woonsocket
Lincoln	

**Children's Friend and Service  
721-6400**

Central Falls	Pawtucket
Cranston	Providence

For more information about First Connections, call the HEALTH Information Line 401-222-5960 / RI Relay 711 [www.health.ri.gov](http://www.health.ri.gov)



Jan 2011

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## First Connections



## Rhode Island's Home Visiting Program



There's so much to think about when it comes to having a baby and raising a child. You may have questions about how you are feeling or how your child is developing.



First Connections helps families with young children. Our home visitors are caring professionals who are available to visit with you and your family during the day, in the evening, and on the weekend, whenever it's best for you. We come to your home because we know how busy family life can be.



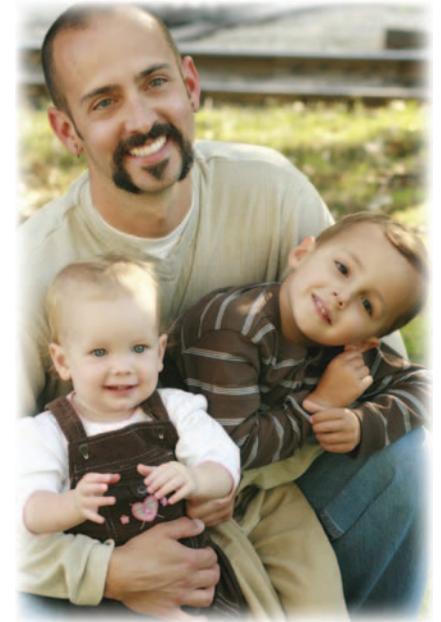
### Home visitors can answer questions that parents often have:

- I should be happy as a new mom, so why am I crying so much?
- What tips can you give me to make my baby's first bath easier?
- My baby cries a lot. What should I do?
- How will I know when my baby is hungry?
- How do I care for my baby's umbilical cord?
- How should I dress my baby?
- What is normal newborn weight gain?
- When should I take my child to the doctor?
- My child is a picky eater. How can I make sure he eats healthy foods?
- How do I know if my child is growing and learning as expected?
- How can I make my home safe for my child?

### Home visitors can also answer questions about community resources:

- What programs exist for parents?
- Who can I talk to about breastfeeding?
- I will be going back to work. Where can I find child care for my baby?
- I have no insurance. How can I get healthcare for my child?
- Should I be worried about child lead poisoning?

Many of our home visitors speak more than one language, so we are able to help all families get the information and services they need to be as healthy as possible. And best of all, there is no cost to you.



Infancy and early childhood are important times in life. We're here to help you and your family during these times. The First Connections agency serving your community is listed on the back of this brochure.

For more information about First Connections, call the HEALTH Information Line 401-222-5960 / RI Relay 711. We speak English and Spanish.



## Refusal of Consent for Hepatitis B Vaccine or Hepatitis B Immune Globulin (HBIG)

I/We, the parent(s) of \_\_\_\_\_, born on \_\_\_\_\_,  
Full name of infant Date of birth  
refuse to have my/our child receive hepatitis B vaccine and/or hepatitis B immune globulin (HBIG).

I/We understand that the hepatitis B vaccine and, if needed, HBIG will protect my/our baby from getting the hepatitis B virus (HBV).

I/We understand that when a person gets the hepatitis B virus, their risk for chronic (lifelong) infection varies according to the age when the person becomes infected, and that the risk is greatest among young children.

I/We understand that approximately 90% of infants and 25% to 50% of children 1 to 5 years old who get the hepatitis B virus will stay infected with the virus during their lifetime.

I/We understand that up to 25% of those who become chronically infected with the hepatitis B virus during childhood and 15% of those who become chronically infected after childhood die prematurely from cirrhosis or liver cancer; and that most of these people do not show any symptoms until much later in life, when they develop cirrhosis or end-stage liver disease.

I/We understand the benefits of being vaccinated to prevent the hepatitis B virus, and the potential danger of not having my/our child vaccinated has been explained to me/us. My/Our decision to refuse hepatitis B vaccine and, if needed, HBIG, was made freely and without force or encouragement by my/our doctor or midwife, my/our baby’s doctor, the hospital staff, or state officials.

I/We accept all responsibility, legal and otherwise, for the consequences of this decision.

Required: \_\_\_\_\_  
Full name of mother Signature Date

Encouraged: \_\_\_\_\_  
Full name of father Signature Date

Required: \_\_\_\_\_  
Full name of licensed healthcare provider Signature Date

Please check what you are refusing:  hepatitis B vaccine  hepatitis B immune globulin (HBIG)

Check one:  Hospital birth  Home birth

### Healthcare provider instructions:

1. Complete this form for each infant when the parent(s) refuse(s) hepatitis B vaccine and/or HBIG.
2. Send the original form to the Rhode Island Perinatal Hepatitis B Program, Rhode Island Department of Health, Three Capitol Hill, Providence, RI 02908.
3. Provide a copy of the form to the parents and send a copy to the baby’s primary care provider.
4. Keep a copy for your records.
5. For additional forms, please print from Rhode Island Department of Health website at [www.health.ri.gov/newbornscreening/for/providers](http://www.health.ri.gov/newbornscreening/for/providers). Refusal forms are located in the “Forms” box on the right side of the page.



## Refusal of Consent for Newborn Blood Screening

I/We, the parent(s) of \_\_\_\_\_, born on \_\_\_\_\_,  
Full name of infant Date of birth

refuse to have blood taken from my/our child for the purpose of determining if he or she might have a metabolic, endocrine, hemoglobin, or other disorder that can be detected through newborn screening.

I/We have been informed that newborn screening is mandated for all babies born in the State of Rhode Island unless the screening conflicts with the religious tenets and practices of the parent(s).

I/We have read the Newborn Screening and Services Brochure and discussed newborn screening with my/our baby’s doctor, midwife, a member of the hospital nursing staff, or other healthcare provider. I/We feel that all of my/our questions have been answered to my/our satisfaction.

I/We understand that the screening is done for the early detection of treatable disorders and that symptoms sometimes do not appear for several weeks or months.

I/We understand that when newborn screening conditions are not detected and treated in the newborn period, there can be permanent damage such as mental retardation, developmental delays, growth failure, and even death.

I/We understand the benefits of newborn screening and the potential dangers of not being screened have been explained to me/us. My/Our decision to refuse the testing was made freely and without force or encouragement by my/our doctor or midwife, my/our baby’s doctor, the hospital staff, or state officials.

I/We accept all responsibility, legal and otherwise, for the consequences of this decision.

Required: \_\_\_\_\_  
Full name of mother Signature Date

Encouraged: \_\_\_\_\_  
Full name of father Signature Date

Required: \_\_\_\_\_  
Full name of licensed healthcare provider Signature Date

Check one:  Hospital birth  Home birth

### Healthcare provider instructions:

1. Have the parent(s) read the Newborn Screening and Services Brochure insert listing and describing the disorders included in newborn screening.
2. Complete this form for each infant when the parent(s) refuse(s) newborn screening.
3. Send the original form to the Rhode Island Newborn Screening Program at the Rhode Island Department of Health, Three Capitol Hill, Room 302, Providence, RI 02908.
4. Provide a copy of the form to the parents and send a copy to the baby’s primary care provider.
5. Keep a copy for your records.
6. For additional forms, please print from Rhode Island Department of Health website at [www.health.ri.gov/newbornscreening/for/providers](http://www.health.ri.gov/newbornscreening/for/providers). Refusal forms are located in the “Forms” box on the right side of the page.



## Refusal of Consent for Newborn Hearing Screening

I/We, the parent(s) of \_\_\_\_\_, born on \_\_\_\_\_,  
Full name of infant Date of birth

refuse to have hearing screening performed on my/our child to determine if he or she might have a hearing related loss.

I/We have been informed that newborn hearing screening is mandated for all babies born in the State of Rhode Island unless the screening conflicts with the religious tenets and practices of the parent(s).

I/We have read the Newborn Screening and Services Brochure and discussed newborn screening with my/our baby’s doctor, midwife, a member of the hospital nursing staff, or other healthcare provider. I/We feel that all of my/our questions have been answered to my/our satisfaction.

I/We understand that the screening is done for the early detection of hearing loss, which can affect speech and language development.

I/We understand the benefits of newborn hearing screening and the potential dangers of not being screened have been explained to me/us. My/Our decision to refuse the testing was made freely and without force or encouragement by my/our doctor or midwife, my/our baby’s doctor, hospital staff, or state officials.

I/We accept all responsibility, legal and otherwise, for the consequences of this decision.

Required: \_\_\_\_\_  
Full name of mother Signature Date

Encouraged: \_\_\_\_\_  
Full name of father Signature Date

Required: \_\_\_\_\_  
Full name of licensed healthcare provider Signature Date

Check one:  Hospital birth  Home birth

### Healthcare provider instructions:

1. Have the parent(s) read the Newborn Screening and Services Brochure insert listing and describing the disorders included in newborn screening.
2. Complete this form for each infant when the parent(s) refuse(s) newborn hearing screening.
3. Send the original form to the Rhode Island Hearing Assessment Program, c/o Director of Audiology, 134 Thurbers Avenue, Suite 215, Providence, RI 02905.
4. Provide a copy of the form to the parents and send a copy to the baby’s primary care provider.
5. Keep a copy for your records.
6. For additional forms, please print from Rhode Island Department of Health website at [www.health.ri.gov/newbornscreening/for/providers](http://www.health.ri.gov/newbornscreening/for/providers). Refusal forms are located in the “Forms” box on the right side of the page.