UW Medicine

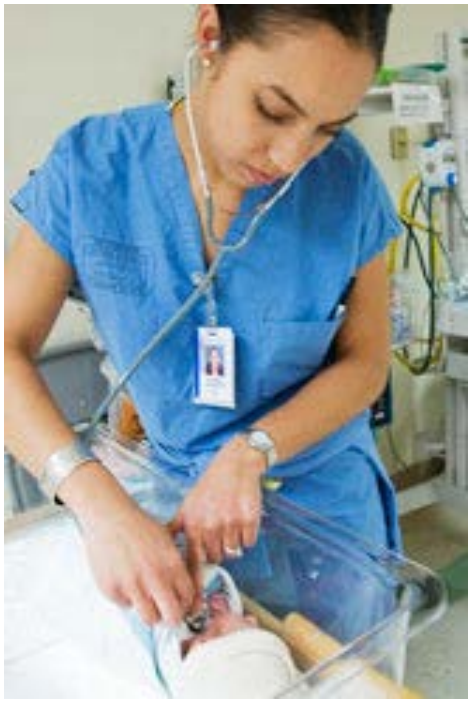
新生儿的筛查

解说

在医院期间、您的宝宝需要做几项*筛查*（测试）。 这些测试可以帮助我们在问题变得严重或危及生命之前、尽早发现并治疗某些问题。

代谢筛查

华盛顿州要求凡在华盛顿出生的婴儿都必须作*新生儿代谢筛查*。该测试使用数滴婴儿的血液。将血液收集在专用纸上、干后、送到检验室。做此筛查是为了发现一些遗传病疾病、如不及时治疗、可能导致严重或危及生命。



您的宝宝在出院前需要做几项测试

美国儿科学会（AAP）建议在婴儿在出院前必须由他们出生的医院做*先天性疾病检查*。先天性疾病是出生时就有的健康状况。 一般是非常罕见的。

第一次筛查可检验出大多数患有这些遗传病的婴儿、但有些疾病可能不会立即出现。**这就是为什么第二次代谢筛查测试对您的宝宝是非常重要。**是在出生后约 7 至 14 天做筛查。

听力筛查

听力筛查是检查新生儿听力的一项简短测试。测试婴儿是否有听力障碍、以便需要时可以开始治疗、这是很重要的。

最好在新生儿大约 1 天大的时候且在入睡中、在一个安静的地方做听力测试。测试时、会将一块柔软的橡胶片放在婴儿的耳朵里面。这是一个很容易也不会让宝宝疼痛的测试、但是您的宝宝可能不喜欢橡胶片在耳朵中的感觉。

脉搏血氧饱和度筛查

美国儿科学会(AAP) 还建议做脉搏血氧饱和度筛查。 此筛查可以显示婴儿是否患有*严重的先天性心脏缺陷*（CCHD）。当婴儿的年龄在 24 至 48 小时之间时、便需做此筛查。这种筛查不会给您的宝宝带来任何疼痛。

在您带宝宝回家之前、我们会做此测试、因为心脏缺陷的迹象可能要到婴儿过了几天后才会出现。
测试时我们用一个称为*脉搏血氧仪* 的探头放在婴儿的右手上测试、然后再将它放在一只脚上几分钟。探头会测试到宝宝的血液中的氧气含量是否正常。

如您宝宝的血液中的氧气含量不正常、我们会转介您去看心脏病专家（心脏医生）以便做进一步的检查。如发现心脏有缺陷、宝宝就可以立即接受特殊护理。

黄疸的筛查

黄疸 会导致皮肤发黄。在新生婴儿中这是很常见的。当婴儿血液中积聚一种称为胆红素的化学物质时、就会发生这种情况。由于新生儿的肝脏仍在发育、因此它分解胆红素的速度非常缓慢。黄疸可能发生在任何种族或肤色的婴儿中。在少数的情况下、高水平的胆红素会损害到脑细胞。

在华大医疗中心 UWMC、所有婴儿在出院的那天都要做黄疸筛查。我们使用*经皮氧张力测定仪* 放在婴儿的额上做测试。如测试显示胆红素高于正常水平、就可能需要再做血液检查、以便我们为您宝宝计划一个正确的护理方式。

筛选结果

如新生儿筛查测试显示可能有些问题、**请尽快与您的儿医合作、做其他各项必要的后续检查。**

现在、请回到本手册的目录并勾选此题材的框框、以便让护士知道您已经阅读了本章。

您有疑问吗？

我们很重视您的提问。如对您的宝宝有疑问、请致电您的儿科医生。

Published PFES: 12/2012, 09/2016, 04/2018
Clinician Review: 04/2018
CHINESE translation by UWMC Interpreter Services
Reprints on Health Online: https://healthonline.washington.edu

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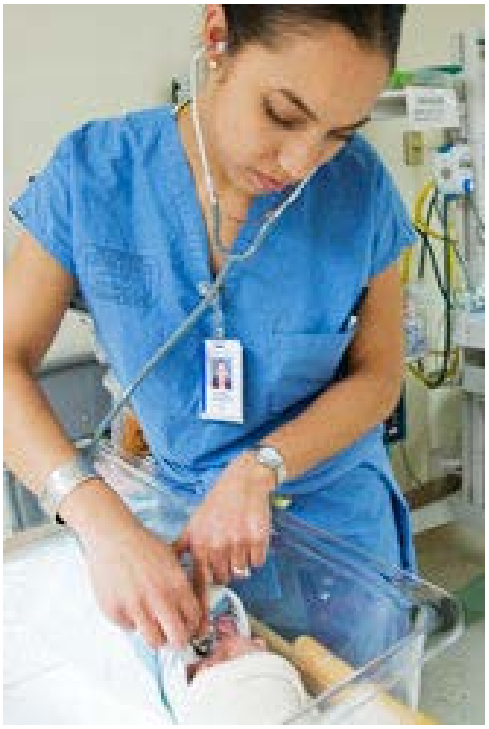
Newborn Screenings

What to expect

There are several *screenings* (tests) that are done while your baby is in the hospital. These tests can help us find and treat some problems early, before they become serious or life-threatening.

Metabolic Screening

Washington state requires that all babies born in Washington have *newborn metabolic screening*. This test uses several drops of the baby's blood. The blood is collected on a special paper, dried, and sent to the lab. This screening is done to find inherited problems that can lead to serious or life-threatening illness if they are not treated.



Your newborn will have some tests before leaving the hospital.

The American Academy of Pediatrics (AAP) advises testing for *congenital disorders* before babies are discharged from the hospital where they are born. Congenital disorders are health conditions that are present at birth. Most are very rare.

The first screening test finds most of the babies with these inherited conditions, but some conditions may not show up right away. **That is why a 2nd metabolic screening test is very important for your baby**. It is done about 7 to 14 days after birth.

Hearing Screening

Hearing screening is a short test to check your newborn's hearing. It is important to find out if infants have hearing problems so that they can start therapy.

It is best to do a hearing screening while the newborn is asleep, in a quiet place, and about 1 day old. For the test, a soft rubber piece is placed in the baby's ear. The test is easy and is not painful, but your baby may not like how the rubber piece feels in their ears.

Pulse Oximetry Screening

Pulse oximetry screening is also advised by the AAP. This screening can show if an infant has *critical congenital heart defects* (CCHDs). It is done when the baby is between 24 and 48 hours old. This screening does not cause your baby any pain.

We do this screening before you take your newborn home because signs of heart defects might not appear until a baby is a few days old.

For the test, a probe called a *pulse oximeter* is placed onto your baby's right hand and then on 1 foot for a few minutes. The probe checks to see if your baby's blood has a normal amount of oxygen.

If your baby's blood does not have a normal amount of oxygen, we will refer you to a *cardiologist* (heart doctor) for more tests. If a heart defect is found, your baby can receive special care right away.

Screening for Jaundice

Jaundice causes yellow skin color. It is common in newborn babies. It happens when a chemical called *bilirubin* builds up in the baby's blood. Newborns break down bilirubin very slowly because their liver is still developing. Jaundice can occur in babies of any race or color. Very rarely, a high level of bilirubin can harm brain cells.

At UWMC, all babies are screened for jaundice the day they are discharged from the hospital. For the test, a device called a *transcutaneous meter* is touched to the baby's forehead. If the meter shows that their bilirubin is higher than normal, a blood test may be done so that we can plan the right kind of care for your baby.

Screening Results

If your baby's newborn screening tests show that there could be a problem, **work with your baby's doctor to get any needed follow-up tests as soon as you can**.

Questions?

Your questions are important. If you have questions about newborn screening, please ask your baby's healthcare provider.

Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.

Published PFES: 12/2012, 09/2016, 04/2018
Clinician Review: 04/2018
Reprints on Health Online: https://healthonline.washington.edu